

2024

Komprehensibong Pormularyo

(Listahan ng Mga Saklaw na Gamot)

wellcare

TM

Wellcare Dual Liberty (HMO D-SNP)

20



PAKIBASA: NAGLALAMAN ANG DOKUMENTONG ITO NG IMPORMASYON TUNGKOL SA MGA GAMOT NA SAKLAW NAMIN SA PLANONG ITO

ID ng Pagsusumite ng File ng Pormularyo na Inaprubahan ng HPMS 24154, Numero ng Bersyon 19

Na-update ang pormularyong ito noong 12/01/2024. Para sa mas kamakailang impormasyon o iba pang tanong, makipag-ugnayan sa Mga Serbisyo para sa Miyembro ng Wellcare sa **1-800-431-9007** (dapat tumawag ang mga TTY user sa **711**), sa pagitan ng Oktubre 1 at Marso 31, available ang mga kinatawan pitong araw kada linggo, 8 a.m. hanggang 8 p.m., sa pagitan ng Abril 1 at Setyembre 30, available ang mga kinatawan Lunes–Biyernes, 8 a.m. hanggang 8 p.m., o bisitahin ang **[wellcare.com/healthnetCA](https://www.wellcare.com/healthnetCA)**.

Abiso sa mga kasalukuyang miyembro: Nabago na ang pormularyong ito simula noong nakaraang taon. Pakibasa ang dokumentong ito para tiyakin kung narito pa rin ang mga gamot na ginagamit ninyo.

Kapag tinutukoy sa listahan ng gamot (pormularyo) na ito ang “kami,” “namin” o “amin,” nangangahulugan ito ng Wellcare. Kapag binanggit ang mga salitang “plano” o “aming plano,” tumutukoy ito sa Wellcare Dual Liberty (HMO D-SNP).

Kasama sa dokumentong ito ang listahan ng mga gamot (pormularyo) para sa aming plano na kasalukuyang listahan simula noong 12/01/2024. Para sa isang updated na pormularyo, mangyaring makipag-ugnayan sa amin. Makikita ang aming impormasyon sa pakikipag-ugnayan, pati ang petsa kung kailan namin huling na-update ang pormularyo, sa mga pahina ng pabalat sa harap at likod.

Sa pangkalahatan, dapat kayong gumamit ng mga parmasya na nasa network para magamit ang benepisyo ninyo sa inireresetang gamot. Maaaring magbago ang mga benepisyo, pormularyo, parmasyang nasa network, at/o bahaginan-sa-bayad/coinsurance sa Enero 1, 2024, at nang pana-panahon sa kabuuan ng taon.

Ano ang Pormularyo ng Wellcare Dual Liberty (HMO D-SNP)?

Ang pormularyo ay isang listahan ng mga saklaw na gamot na pinili ng aming plano sa pakikipagkonsulta sa isang team ng mga tagabigay ng serbisyo sa pangangalagang pangkalusugan, na nagpapakita ng mga inireresetang lunas na pinapaniwalaan bilang mahalagang bahagi ng isang de-kalidad na programa sa paggamot. Sasaklawin ng aming plano sa pangkalahatan ang mga gamot na nakalista sa aming pormularyo hangga't medikal na kinakailangan ang gamot, pupunan ang reseta sa isang parmasyang nasa network ng plano, at susundin ang iba pang panuntunan ng plano. Para sa higit pang impormasyon tungkol sa kung paano punan ang inyong mga reseta, pakibasa ang inyong Katibayan ng Pagsaklaw.

Maaari bang mabago ang Pormularyo (listahan ng gamot)?

Nangyayari ang karamihan ng mga pagbabago sa saklaw sa gamot tuwing Enero 1, pero maaari kaming magdagdag o mag-alis ng mga gamot sa Listahan ng Gamot sa loob ng isang taon, maglipat ng mga ito sa ibang mga tier sa bahagian sa gastos, o magdagdag ng mga bagong paghihigpit. Kailangan naming sundin ang mga patakaran ng Medicare kapag isinasagawa ang mga pagbabagong ito.

Mga pagbabagong maaaring makaapekto sa inyo ngayong taon: Sa mga sitwasyon sa ibaba, maaapektuhan kayo ng mga pagbabago sa saklaw sa loob ng isang taon:

- **Mga bagong generic na gamot.** Maaaring magtanggap kami kaagad ng branded na gamot sa aming Listahan ng Gamot kung papalitan namin ito ng bagong generic na gamot na makikita sa pareho o mas mababang tier ng bahagian sa gastos, at may mga pareho o mas kaunting paghihigpit. Gayundin, kapag idinaragdag ang bagong generic na gamot, maaari kaming magpasya na panatilihin ang branded na gamot sa aming Listahan ng Gamot, pero kaagad naming ililipat ito sa ibang tier ng bahagian sa gastos o magdaragdag kami ng mga bagong paghihigpit. Kung kasalukuyan ninyong ginagamit ang branded na gamot na iyon, posibleng hindi namin kayo maabisuhan nang maaga bago namin gawin ang pagbabagong iyon, ngunit bibigyan namin kayo ng impormasyon kalaunan tungkol sa partikular na (mga) pagbabagong ginawa namin.
 - Kung gagawa kami ng ganitong pagbabago, maaari ninyong hilingin o ng inyong tagapagreseta sa amin na gumawa ng eksepsiyon at patuloy na saklawin ang branded na gamot para sa inyo. Ang abisong ibibigay namin sa inyo ay mayroon ding kasamang impormasyon tungkol sa kung paano humiling ng eksepsiyon, at makakakita kayo ng impormasyon sa seksyon sa ibaba na pinamagatang “Paano ako hihiling ng eksepsiyon sa Pormularyo ng Wellcare Dual Liberty (HMO D-SNP)?”

Mga gamot na tinanggal sa merkado. Kung natukoy ng Food and Drug Administration na ang isang gamot sa aming pormularyo ay hindi ligtas o kung tinanggal ng manufacturer ng gamot ang gamot sa merkado, agad naming tatanggalin ang gamot sa aming pormularyo at mag-aabiso kami sa mga miyembrong umiinom ng gamot.

- **Iba pang pagbabago.** Maaari kaming magsagawa ng iba pang pagbabagong makakaapekto sa mga miyembrong umiinom ng gamot. Halimbawa, maaaring magdagdag kami ng generic na gamot na hindi na bago sa merkado para palitan ang isang branded na gamot na kasalukuyang nasa pormularyo, o maaaring magdagdag kami ng mga bagong paghihigpit sa branded na gamot o ilipat ito sa ibang tier sa bahagian sa gastos o pareho. O kaya ay maaari kaming magsagawa ng mga pagbabago batay sa mga bagong klinikal na alituntunin. Kung mag-aalis kami ng mga gamot sa aming pormularyo, o magdaragdag kami ng mga paghihigpit na paunang awtorisasyon, mga limitasyon sa dami at/o step therapy sa isang gamot, dapat naming abisuhan ang mga apektadong miyembro tungkol sa pagbabago nang hindi bababa sa 30 araw bago magkaroon ng bisa ang pagbabago, o sa panahong humihiling ang miyembro ng pag-refill ng gamot, kung saan makakatanggap ang miyembro ng 30 araw na supply ng gamot.
 - Kung gagawin namin ang iba pang pagbabagong ito, maaari ninyo o ng inyong tagapagreseta na hilingin sa aming magsagawa ng eksepsiyon at patuloy na saklawin ang branded na gamot para sa inyo. Ang abisong ibibigay namin sa inyo ay mayroon ding kasamang impormasyon tungkol sa kung paano humiling ng eksepsiyon, at makakakita rin kayo ng impormasyon sa seksyon sa ibaba na pinamagatang “Paano ako hihiling ng eksepsiyon sa Pormularyo ng Wellcare Dual Liberty (HMO D-SNP)?”

Mga pagbabagong hindi makakaapekto sa inyo kung kasalukuyan ninyong iniinom ang gamot. Sa pangkalahatan, kung umiinom kayo ng gamot na nasa aming 2024 na pormularyo na saklaw sa simula ng taon, hindi namin ihihinto o babawasan ang saklaw sa gamot sa buong 2024 na saklaw na taon maliban na lang sa mga nakasaad sa itaas. Nangangahulugan ito na mananatiling available ang mga gamot na ito sa parehong bahagian sa gastos at nang walang bagong paghihigpit para sa mga miyembrong gumagamit ng mga ito para sanatitirang bahagi ng taon ng saklaw. Hindi kayo direktang aabisuhan sa taong ito tungkol sa mga pagbabagong hindi makakaapekto sa inyo. Gayunpaman, sa Enero 1 ng susunod na taon, maaapektuhan na kayo ng mga ganoong pagbabago, kaya mahalagang tingnan ninyo ang Listahan ng Gamot para sa bagong taon ng benepisyong para sa anumang pagbabago sa mga gamot.

Ang nakalakip na pormularyo ang kasalukuyang pormularyo simula noong 12/01/2024. Para makatanggap ng updated na impormasyon tungkol sa mga gamot na saklaw ng aming plano, mangyaring makipag-ugnayan sa amin. Nasa mga pabalat na pahina sa harap at likod ang aming impormasyon sa pakikipag-ugnayan.

Buwan-buwang ia-update ang pormularyo at ipo-post ito sa aming website. Para makatanggap ng updated na naka-print na pormularyo o ng impormasyon tungkol sa mga gamot na saklaw ng aming plano, mangyaring pumunta sa aming website o tumawag sa Mga Serbisyo sa Miyembro sa aming impormasyon sa pakikipag-ugnayan sa mga pahina ng pabalat sa harap at likod.

Paano ko gagamitin ang Pormularyo?

May dalawang paraan para mahanap ninyo ang inyong gamot sa pormularyo:

Medikal na Kundisyon

Nagsisimula ang pormularyo sa pahina 1. Nakagrupo sa mga kategorya ang mga gamot sa pormularyong ito depende sa uri ng mga medikal na kundisyong nilulunasan ng mga ito. Halimbawa, ang mga gamot na ginagamit para gamutin ang isang kundisyon sa puso ay nakalista sa ilalim ng kategoryang “Cardiovascular, Hypertension / Lipids.” Kung alam mo kung para saan ginagamit ang inyong gamot, hanapin ang pangalan ng kategorya sa listahan na nagsisimula sa pahina 1. Pagkatapos, hanapin ang inyong gamot sa ilalim ng pangalan ng kategorya.

Alphabetical na Listahan

Kung hindi kayo sigurado kung sa anong kategorya titingin, dapat ninyong hanapin ang inyong gamot sa Index na nagsisimula sa pahina INDEX-1. Nagbibigay ang Index ng alphabetical na listahan ng lahat ng gamot na kasama sa dokumentong ito. Parehong nakalista sa Index ang mga branded at generic na gamot. Hanapin sa Index ang inyong gamot. Sa tabi ng inyong gamot, makikita ninyo ang numero ng pahina kung saan ninyo mahanap ang impormasyon ng saklaw. Pumunta sa pahinang nakalista sa Index at hanapin ang pangalan ng inyong gamot sa unang column ng listahan.

Ano ang mga generic na gamot?

Sinasaklaw ng aming plano ang parehong mga branded na gamot at generic na gamot. Ang isang generic na gamot ay aprubado ng FDA bilang gamot na mayroong parehong aktibong sangkap na gaya sa branded na gamot. Sa pangkalahatan, mas mura ang mga generic na gamot kaysa sa mga branded na gamot.

Mayroon bang anumang paghihigpit sa aking saklaw?

Ang ilang saklaw na gamot ay maaaring may mga karagdagang kinakailangan o limitasyon sa saklaw. Maaaring kabilang sa mga kinakailangan at limitasyong ito ang mga sumusunod:

- **Paunang Awtorisasyon:** Kinakailangan sa aming plano na kumuha kayo o ang inyong doktor ng paunang awtorisasyon para sa ilang partikular na gamot. Ibig sabihin, kakailanganin ninyo ng pag-apruba mula sa aming plano bago ninyo makuha ang mga inirereseta sa inyong gamot. Kung hindi kayo makakakuha ng pag-apruba, posibleng hindi saklawin ng aming plano ang gamot.
- **Mga Limitasyon sa Dami:** Para sa ilang partikular na gamot, nililimitahan ng aming plano ang dami ng gamot na sasaklawin ng aming plano. Halimbawa, nagbibigay ang aming plano ng 18 tableta kada reseta para sa 5mg na rizatriptan. Posibleng dagdag ito sa karaniwang isang buwan o tatlong buwang supply.
- **Step Therapy:** Sa ilang sitwasyon, kinakailangan sa aming plano na subukan muna ninyo ang ilang partikular na gamot para gamutin ang inyong medikal na kundisyon bago namin saklawin ang ibang gamot para sa kundisyong iyon. Halimbawa, kung parehong nalulunasan ng Gamot A at Gamot B ang inyong medikal na kundisyon, posibleng hindi saklawin ng aming plano ang Gamot B maliban kung susubukan muna ninyo ang Gamot A. Kung hindi tatalab sa inyo ang Gamot A, saka pa lang sasaklawin ng aming plano ang Gamot B.

Maaari ninyong alamin kung mayroong anumang karagdagang kinakailangan o limitasyon sa inyong gamot sa pamamagitan ng pagtingin sa pormularyo na nagsisimula sa pahina 1. Maaari din kayong makakuha ng higit pang impormasyon tungkol sa mga paghihigpit na nalalapat sa mga partikular na saklaw na gamot sa pamamagitan ng pagbisita sa aming website. Nag-post kami ng mga online na dokumentong nagpapaliwanag sa aming mga paghihigpit sa paunang awtorisasyon at step therapy. Maaari din ninyong hilingin sa amin na padalhan kayo ng kopya. Makikita ang aming impormasyon sa pakikipag-ugnayan, pati ang petsa kung kailan namin huling na-update ang pormularyo, sa mga pahina ng pabalat sa harap at likod.

Maaari ninyong hilingin sa aming plano na magsagawa ng eksepsiyon sa mga paghihigpit o limitasyong ito o para sa listahan ng iba pang katulad na gamot na maaaring magpagaling sa inyong kundisyon sa kalusugan. Tingnan ang seksyong, “Paano ako hihiling ng eksepsiyon sa pormularyo ng Wellcare Dual Liberty (HMO D-SNP)?” sa pahina V para sa impormasyon tungkol sa kung paano humiling ng eksepsiyon.

Paano kung wala sa Pormularyo ang aking gamot?

Kung hindi kasama ang inyong gamot sa pormularyong (listahan ng mga saklaw na gamot) ito, dapat muna kayong makipag-ugnayan sa Mga Serbisyo sa Miyembro at itanong sa kanila kung sinasaklaw ang inyong gamot.

Kung malalaman ninyong hindi saklaw ng aming plano ang gamot ninyo, may dalawa kayong opsyon:

- Maaari kayong humiling sa Mga Serbisyo sa Miyembro ng listahan ng mga katulad na gamot na sinasaklaw ng aming plano. Kapag natanggap na ninyo ang listahan, ipakita ito sa inyong doktor at hilingin sa kanyang magreseta ng katulad na gamot na saklaw ng aming plano.
- Maaari ninyong hilingin sa aming plano na magsagawa ng eksepsiyon at saklawin ang inyong gamot. Tingnan sa ibaba ang impormasyon tungkol sa kung paano humiling ng eksepsiyon.

Paano ako hihiling ng eksepsiyon sa Pormularyo ng Wellcare Dual Liberty (HMO D-SNP)?

Maaari ninyong hilingin sa aming plano na magsagawa ng eksepsiyon sa aming mga panuntunan sa saklaw. May ilang uri ng mga eksepsiyon na maaari ninyong hilingin sa amin na gawin.

- Maaari ninyong hilingin sa amin na saklawin ang isang gamot kahit na wala ito sa aming pormularyo. Kung maaprubahan, sasaklawin ang gamot na ito sa paunang natukoy na antas sa bahagian sa gastos, at hindi ninyo mahihiling sa amin na ibigay ang gamot sa mas mababang antas sa bahagian sa gastos.
- Maaari ninyong hilingin sa aming isantabi ang mga paghihigpit o limitasyon sa saklaw para sa inyong gamot. Halimbawa, para sa ilang partikular na gamot, nililimitahan ng aming plano ang dami ng gamot na sasaklawin namin. Kung may limitasyon sa dami ang inyong gamot, maaari ninyong hilingin sa aming isantabi ang limitasyon at saklawin ang mas malaking halaga.

Karaniwan na sasaklawin lang ng aming plano ang inyong kahilingan para sa eksepsiyon kung ang mga alternatibong gamot na kasama sa pormularyo ng plano, o ang mga karagdagang paghihigpit sa paggamit ay hindi magiging kasing-bisa sa paggamot ng inyong kundisyon at/o magdudulot sa inyo ng mga hindi kaaya-ayang medikal na epekto.

Dapat kayong makipag-ugnayan sa amin para humiling sa amin ng paunang desisyon sa saklaw para sa eksepsiyon sa pormularyo, o paghihigpit sa paggamit. **Kapag humiling kayo ng eksepsiyon sa pormularyo, o paghihigpit sa paggamit, dapat kayong magsumite ng pahayag mula sa inyong tagapagreseta o doktor na sumusuporta sa inyong kahilingan.** Sa pangkalahatan, dapat kaming makapagdesisyon sa loob ng 72 oras pagkatapos matanggap ang pansuportang pahayag ng tagapagreseta ninyo. Maaari kayong humiling ng pinabilis (mabilis) na eksepsiyon kung naniniwala kayo o ang inyong doktor na maaaring magdulot ng malubhang pinsala sa inyong kalusugan ang paghihintay ng hanggang 72 oras para sa isang desisyon. Kung mapagbibigyan ang inyong kahilingan sa pagpapabilis, dapat kaming magdesisyon nang hindi lalampas sa 24 na oras pagkatapos naming makatanggap ng pansuportang pahayag mula sa inyong doktor o iba pang tagapagreseta.

Ano ang dapat kong gawin bago ako makipag-usap sa aking doktor tungkol sa pagbabago ng aking mga gamot o paghiling ng eksepsiyon?

Bilang isang bago o nagpapatuloy na miyembro sa aming plano, posibleng umiinom kayo ng mga gamot na wala sa aming pormularyo. O posibleng umiinom kayo ng gamot na nasa aming pormularyo, ngunit limitado ang kakayahan ninyong makuha ito. Halimbawa, maaaring kailangan ninyo ng paunang awtorisasyon mula sa amin bago ninyo mapunan ang inyong reseta. Dapat kayong makipag-usap sa inyong doktor para pagpasyahan kung dapat kayong lumipat sa naaangkop na gamot na sinasaklaw namin o dapat kayong humiling ng eksepsiyon sa pormularyo nang sa gayon ay saklawin namin ang gamot na ginagamit ninyo. Habang nakikipag-usap kayo sa inyong doktor para matukoy ang mga tamang hakbang para sa inyo, maaari naming saklawin ang inyong gamot sa ilang partikular na sitwasyon sa loob ng unang 90 araw na miyembro kayo ng aming plano.

Para sa bawat isa sa inyong mga gamot na wala sa aming pormularyo o kung limitado ang kakayahan ninyong makuha ang inyong mga gamot, sasaklawin namin pansamantala ang supply para sa 30 araw. Kung ang inyong reseta ay para sa mas kaunting bilang ng araw, papayagan namin ang mga pag-refill para makapagbigay ng hanggang sa maximum na 30 araw na supply ng gamot. Pagkaubos ng inyong supply para sa unang 30 araw, hindi na kami magbabayad para sa mga gamot na ito, kahit na naging miyembro kayo ng plano nang wala pang 90 araw.

Kung isa kayong residente sa isang pasilidad ng pangmatagalang pangangalaga at kailangan ninyo ng gamot na wala sa aming pormularyo o limitado ang inyong kakayahang makakuha ng inyong mga gamot, pero lampas 90 araw na kayong miyembro ng aming plano, sasaklawin namin ang isang 31-araw na emergency supply ng gamot na iyon habang naghahain kayo ng eksepsiyon sa pormularyo.

Kung makakaranas kayo ng pagbabago sa antas ng pangangalaga (gaya ng lumabas o na-admit sa isang pasilidad ng pangmatagalang pangangalaga), maaaring tumawag ang inyong doktor o parmasya sa aming Sentro ng Serbisyo ng Provider at humiling ng isang beses na pag-override. Ang isahang beses na pag-override na ito ay para sa hanggang 30 araw na supply (maliban na lang kung para sa mas kaunting araw ang reseta sa inyo).

Para sa higit pang impormasyon

Para sa mas detalyadong impormasyon tungkol sa saklaw ng inyong plano sa inireresetang gamot, pakibasa ang inyong Katibayan ng Pagsaklaw (Evidence of Coverage) at iba pang materyal ng plano.

Kung mayroon kayong mga tanong tungkol sa aming plano, mangyaring makipag-ugnayan sa amin. Makikita ang aming impormasyon sa pakikipag-ugnayan, pati ang petsa kung kailan namin huling na-update ang pormularyo, sa mga pahina ng pabalat sa harap at likod.

Kung mayroon kayong mga pangkalahatang tanong tungkol sa pagsaklaw sa inireresetang gamot ng medicare, pakitawagan ang Medicare sa 1-800-MEDICARE (**1-800-633-4227**) 24 na oras kada araw/7 araw kada linggo. Ang mga gumagamit ng TTY ay dapat tumawag sa **1-877-486-2048**. O bisitahin ang **<http://www.medicare.gov>**.

Ang Pormularyo ng aming plano

Nagbibigay ang pormularyo sa ibaba ng impormasyon sa saklaw tungkol sa mga gamot na sinasaklaw ng aming plano. Kung nahihirapan kayong hanapin ang inyong gamot sa listahan, pumunta sa Index na nagsisimula sa pahina INDEX-1.

Nasa unang column ng chart ang pangalan ng gamot. Ang mga branded na gamot ay **naka-capitalize** (hal., **ELIQUIS**) at ang mga generic na gamot ay nakalista sa italic na maliliit na titik (hal., *simvastatin*).

Isinasaad sa inyo ng impormasyon sa column na Mga Kinakailangan/Mga Limitasyon kung may anumang espesyal na kinakailangan ang aming plano para sa pagsaklaw ng inyong gamot.

- Ang **NM** ay nangangahulugang hindi available ang gamot sa pamamagitan ng inyong buwanang benepisyo sa serbisyo sa koreo. Nakatala ito sa column na Mga Kinakailangan/ Mga Limitasyon ng inyong pormularyo. Maaari kayong makatanggap ng mahigit sa isang buwang supply ng karamihan sa mga gamot sa inyong pormularyo sa pamamagitan ng serbisyo sa mail sa mas mababang bahagian sa gastos. Pakibasa ang Kabanata 5 ng inyong Katibayan ng Pagsaklaw para sa higit pang impormasyon.
- Ang **PA** ay nangangahulugang Prior Authorization o Paunang Awtorisasyon: Pakibasa ang pahina IV para sa mga detalye.
- Ang **PA-NS** ay nangangahulugang Prior Authorization for New Starts o Paunang Awtorisasyon para sa Mga Bagong Simula: Ibig sabihin nito, kung bago sa inyo ang gamot na ito, kakailanganin ninyong magpaapruba sa amin bago ninyo punan ang inyong reseta. Kung iniinom na ninyo ang gamot na ito noong kayo ay nag-enroll, hindi ninyo kakailanganing tugunan ang mga pamantayan para sa pag-apruba.
- Ang **B/D** ay nangangahulugang Sinasaklaw sa ilalim ng Medicare B o D: Maaaring maging kwalipikado ang gamot na ito para sa pagbabayad sa ilalim ng Medicare Part B o Part D. Kinakailangan ninyo (o ng inyong doktor) na kumuha ng paunang awtorisasyon sa amin para malaman kung sinasaklaw ang gamot na ito sa ilalim ng Medicare Part D bago ninyo punan ang inyong reseta para sa gamot na ito. Kung walang paunang pahintulot, maaaring hindi namin masaklaw ang gamot na ito.
- Ang **QL** ay nangangahulugang Quantity Limits o Mga Limitasyon sa Dami: Pakibasa ang pahina IV para sa mga detalye.
- Ang **LA** ay nangangahulugang gamot na may Limitadong Access (Limited Access). Maaaring available lang ang resetang ito sa ilang partikular na parmasya. Para sa higit pang impormasyon, konsultahin ang inyong Direktoryo ng Parmasya o tumawag sa Mga Serbisyo sa Miyembro sa **1-800-431-9007** (ang mga gumagamit ng TTY ay dapat tumawag sa **711**), sa pagitan ng Oktubre 1 at Marso 31, available ang mga kinatawan mula Lunes–Linggo, 8 a.m. hanggang 8 p.m., sa pagitan ng Abril 1 at Setyembre 30, available ang mga kinatawan Lunes–Biyernes, 8 a.m. hanggang 8 p.m., o bisitahin ang **wellcare.com/healthnetCA**.
- Ang **ST** ay nangangahulugang Step Therapy: Pakibasa ang pahina IV para sa mga detalye.
- Ang ibig sabihin ng **^** ay maaaring available ang Gamot ng hanggang sa 30 araw na supply lamang.

Mga halaga ng bahaginan-sa-bayad/coinsurance sa tier ng gamot

Nakapangkat ang mga inireresetang gamot sa isang tier. Para malaman kung nasa aling tier ang inyong gamot, tumingin sa column ng Tier ng Gamot ng pormularyo na nagsisimula sa pahina 1. Para sa higit pang detalyadong impormasyon tungkol sa inyong mga gastos mula sa bulsa para sa mga reseta, kabilang ang anumang naibabawas na maaaring nalalapat, mangyaring sumangguni sa inyong Katibayan ng Pagsaklaw at iba pang materyal sa plano.

- **Ang Tier 1 (Lahat ng Mga Saklaw na Gamot sa Part D)** ay kinabibilangan ng mga branded at generic na gamot.
 - o Bahaginan-sa-bayad: \$0

Sumangguni sa inyong Katibayan ng Pagsaklaw o Buod ng Mga Benepisyo para sa inyong mga naaangkop na bahaginan-sa-bayad/coinsurance at halagang babayaran.

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Pangalan ng Gamot**Tier ng Gamot****Mga Kinakailangan / Limitasyon****CARDIOVASCULAR, ALTAPRESYON / MGA LIPID****ANTIHYPERTENSIVE THERAPY**

<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	QL (30 EA per 30 days)
<i>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</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	1	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	1	QL (30 EA per 30 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG	1	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	1	QL (30 EA per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	PA
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA; ^
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>nebivolol oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	1	^
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	1	^
<i>olmesartan oral tablet 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>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</i>	1	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	QL (30 EA per 30 days)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	1	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	1	PA-NS; ^
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; LA; ^
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; LA; ^
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; LA; ^
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (74 EA per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>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</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	^
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	
<i>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)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	B/D
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	1	PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL POWDER IN PACKET 25 MG	1	PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	1	PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; LA; QL (60 EA per 30 days); ^
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 EA per 30 days)
IBA PANG CARDIOVASCULAR AGENT		
CORLANOR ORAL SOLUTION 5 MG/5 ML	1	QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	QL (60 EA per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	QL (30 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 EA per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	1	PA
MGA ANTIARRHYTHMIC AGENT		
<i>amiodarone intravenous solution 50 mg/ml</i>	1	
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
MGA LIPID/CHOLESTEROL LOWERING AGENT		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	1	ST; QL (30 EA per 30 days); ^
<i>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</i>	1	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	1	ST; QL (30 EA per 30 days)
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	QL (60 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	1	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	1	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	1	ST; QL (30 EA per 30 days)
MGA NITRATE		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
ENDOCRINE/DIABETES		
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
<i>alcohol pads topical pads, medicated</i>	1	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	1	PA; QL (3.4 ML per 28 days)
<i>diazoxide oral suspension 50 mg/ml</i>	1	
FARXIGA ORAL TABLET 10 MG, 5 MG	1	QL (30 EA per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (90 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	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	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	^
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	^
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30 EA per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	Generic for Glucophage XR; QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	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	1	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	(brand RELION not covered)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	(brand RELION not covered)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	(brand RELION not covered)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	(brand RELION not covered)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	(brand RELION not covered)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	(brand RELION not covered)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	(brand RELION not covered)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	(brand RELION not covered)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	(brand RELION not covered)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 ML per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	1	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	1	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	QL (30 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	QL (60 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	
TRADJENTA ORAL TABLET 5 MG	1	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	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	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	1	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	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	1	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	1	QL (15 ML per 30 days)
IBA PANG HORMONE		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	1	PA; ^
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	B/D
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	B/D
<i>calcitriol oral solution 1 mcg/ml</i>	1	B/D
CERDELGA ORAL CAPSULE 84 MG	1	PA; LA; ^
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; ^
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	B/D; QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	1	B/D; QL (120 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>desmopressin injection solution 4 mcg/ml</i>	1	^
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	B/D
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	1	PA; ^
KORLYM ORAL TABLET 300 MG	1	PA; LA; ^
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	1	PA; ^
<i>mifepristone oral tablet 300 mg</i>	1	PA; ^
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	PA; ^
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	B/D
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	1	^
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA; ^
<i>sapropterin oral tablet,soluble 100 mg</i>	1	PA; ^
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; QL (300 GM per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA; ^
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	B/D
MGA ADRENAL HORMONE		
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>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)</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	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	1	
MGA ANTITHYROID AGENT		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot

Tier ng Gamot Mga Kinakailangan / Limitasyon

MGA THYROID HORMONE

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

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

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

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

1

liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg

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

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

1

GASTROENTEROLOGY

IBA PANG GASTROINTESTINAL AGENT

alosetron oral tablet 0.5 mg

1

PA; QL (60 EA per 30 days)

alosetron oral tablet 1 mg

1

PA; QL (60 EA per 30 days); ^

aprepitant oral capsule 125 mg, 40 mg, 80 mg

1

B/D

aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)

1

B/D

balsalazide oral capsule 750 mg

1

betaine oral powder 1 gram/scoop

1

LA; ^

budesonide oral capsule,delayed,extend.release 3 mg

1

PA; QL (90 EA per 30 days)

budesonide oral tablet,delayed and ext.release 9 mg

1

PA; QL (30 EA per 30 days); ^

compro rectal suppository 25 mg

1

constulose oral solution 10 gram/15 ml

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

1

cromolyn oral concentrate 100 mg/5 ml

1

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D; QL (60 EA per 30 days)
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; LA; ^
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; LA; ^
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>generlac oral solution 10 gram/15 ml</i>	1	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	1	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (60 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	QL (180 EA per 30 days)
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	QL (120 EA per 30 days)
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 EA per 30 days)
OALIVA ORAL TABLET 10 MG, 5 MG	1	PA; LA; QL (30 EA per 30 days); ^
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	1	QL (30 GM per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	1	PA; ^
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	1	PA; ^
REMICADE INTRAVENOUS RECON SOLN 100 MG	1	PA; ^
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	PA; QL (10 EA per 30 days)
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	1	PA; QL (30 ML per 135 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; QL (2.4 ML per 56 days); ^
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	1	PA; ^
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
TRULANCE ORAL TABLET 3 MG	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
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	1	
MGA ANTIDIARRHEAL / ANTISPASMODIC		
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>loperamide oral capsule 2 mg</i>	1	
ULCER THERAPY		
CARAFATE ORAL SUSPENSION 100 MG/ML	1	
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg</i>	1	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (60 EA per 30 days)
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	QL (300 ML per 30 days)
<i>famotidine oral tablet 20 mg</i>	1	QL (120 EA per 30 days)
<i>famotidine oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	QL (60 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
IBA PANG SUPPLY		
IBA PANG SUPPLY		
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	BD Preferred
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	1	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	PA; QL (15 EA per 30 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	1	PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	1	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	1	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	PA; QL (15 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	1	PA; QL (15 EA per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	BD Preferred
V-GO 20 DEVICE	1	PA; QL (30 EA per 30 days)
V-GO 30 DEVICE	1	PA; QL (30 EA per 30 days)
V-GO 40 DEVICE	1	PA; QL (30 EA per 30 days)
IMMUNOLOGY, MGA BAKUNA / BIOTECHNOLOGY		
<i>MGA BAKUNA / IBA PANG IMMUNOLOGICAL</i>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	NM
BIVIGAM INTRAVENOUS SOLUTION 10 %	1	PA; NM; LA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	NM
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	1	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B/D; NM
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	1	PA; NM; ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA; NM; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	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 %)	1	PA; NM; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	1	PA; NM; LA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	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 %)	1	PA; NM; ^
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	NM
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	NM
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	NM
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	1	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	NM

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	1	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	1	PA; NM; ^
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	1	PA; NM; ^
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	1	NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU - 10 MCG/0.5ML	1	NM
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	B/D; NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA; NM; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	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)	1	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	B/D; NM

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	NM
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	A third dose may be considered in post-transplant members (PA required).; NM; QL (2 EA per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	1	NM
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	NM
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	1	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	1	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	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)	1	NM
MGA BIOTECHNOLOGY NA GAMOT		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA-NS; LA; ^
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; LA; ^
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA-NS; LA; ^
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA-NS; QL (14 EA per 28 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	1	PA; ^
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	1	PA; ^
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; QL (4 ML per 28 days); ^
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	PA; QL (2 ML per 28 days); ^
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; ^
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; ^
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; ^
MGA ANTI-INFECTIVE		
IBA PANG ANTIINFECTIVE		
<i>albendazole oral tablet 200 mg</i>	1	^
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	1	PA; LA; ^
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; LA; QL (84 ML per 56 days); ^
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	QL (30 EA per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>daptomycin intravenous recon soln 500 mg</i>	1	^
EMVERM ORAL TABLET,CHEWABLE 100 MG	1	QL (12 EA per 365 days); ^
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (20 EA per 30 days)
<i>linezolid 600 mg/300 ml-0.9% nacl single-use</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	QL (1800 ML per 30 days); ^
<i>linezolid oral tablet 600 mg</i>	1	QL (60 EA per 30 days)
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	1	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL (6 EA per 30 days); ^
<i>paromomycin oral capsule 250 mg</i>	1	
<i>pentamidine inhalation recon soln 300 mg</i>	1	B/D; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	PA
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; LA; ^
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	1	^
<i>tigecycline intravenous recon soln 50 mg</i>	1	^
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; QL (280 ML per 28 days); ^
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
TRECTOR ORAL TABLET 250 MG	1	
<i>vancomycin hcl 1.25 gram vial outer, sub</i>	1	
<i>vancomycin hcl 1.5 gram vial outer, sub</i>	1	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	1	
<i>vancomycin oral capsule 125 mg</i>	1	QL (80 EA per 180 days)
<i>vancomycin oral capsule 250 mg</i>	1	QL (160 EA per 180 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 EA per 30 days); ^
MGA ANTIFUNGAL AGENT		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	B/D
<i>amphotericin b injection recon soln 50 mg</i>	1	B/D
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	QL (150 EA per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	1	PA; ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	PA; ^
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	PA
<i>ketoconazole oral tablet 200 mg</i>	1	PA
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	^
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	1	PA; QL (630 ML per 30 days); ^
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1	PA; QL (630 EA per 30 days); ^
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	PA; QL (96 EA per 30 days); ^
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i>	1	PA; ^
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA; ^
<i>voriconazole oral tablet 200 mg</i>	1	PA; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	1	PA; QL (480 EA per 30 days)
MGA ANTIVIRAL		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	1	^
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	^
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	^
CIMDUO ORAL TABLET 300-300 MG	1	^
COMPLERA ORAL TABLET 200-25-300 MG	1	^
<i>darunavir oral tablet 600 mg</i>	1	QL (60 EA per 30 days); ^
<i>darunavir oral tablet 800 mg</i>	1	QL (30 EA per 30 days); ^
DELSTRIGO ORAL TABLET 100-300-300 MG	1	^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	1	^
EDURANT ORAL TABLET 25 MG	1	^
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	^
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	^
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL (30 EA per 30 days); ^
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; QL (28 EA per 28 days); ^
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; QL (56 EA per 28 days); ^
EPCLUSA ORAL TABLET 200-50 MG	1	PA; QL (56 EA per 28 days); ^
EPCLUSA ORAL TABLET 400-100 MG	1	PA; QL (28 EA per 28 days); ^
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	^
EVOTAZ ORAL TABLET 300-150 MG	1	^
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	^
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
GENVOYA ORAL TABLET 150-150-200-10 MG	1	^
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; QL (28 EA per 28 days); ^
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; QL (56 EA per 28 days); ^
HARVONI ORAL TABLET 45-200 MG	1	PA; QL (60 EA per 30 days); ^
HARVONI ORAL TABLET 90-400 MG	1	PA; QL (28 EA per 28 days); ^
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	^
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	^
ISENTRESS ORAL TABLET 400 MG	1	^
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	^
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	^
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	1	QL (40 EA per 180 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	^
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	^
<i>oseltamivir oral capsule 30 mg</i>	1	QL (168 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (84 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	\$0 Cost Sharing; QL (20 EA per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	\$0 Cost Sharing; QL (30 EA per 180 days)
PIFELTRO ORAL TABLET 100 MG	1	^
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; QL (30 EA per 30 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	^
PREZISTA ORAL SUSPENSION 100 MG/ML	1	QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	1	QL (240 EA per 30 days); ^
PREZISTA ORAL TABLET 600 MG	1	QL (60 EA per 30 days); ^
PREZISTA ORAL TABLET 75 MG	1	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	1	QL (30 EA per 30 days); ^
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	QL (120 EA per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	1	^
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	^
SELZENTRY ORAL SOLUTION 20 MG/ML	1	^
SELZENTRY ORAL TABLET 25 MG	1	
SELZENTRY ORAL TABLET 75 MG	1	^
STRIBILD ORAL TABLET 150-150-200-300 MG	1	^
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	1	^
SYM TUZA ORAL TABLET 800-150-200-10 MG	1	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	^
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	^
TRIUMEQ ORAL TABLET 600-50-300 MG	1	^
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	^
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	^
TYBOST ORAL TABLET 150 MG	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	^
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	1	^
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	^
VIREAD ORAL TABLET 150 MG, 250 MG	1	^
VIREAD ORAL TABLET 200 MG	1	
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; QL (28 EA per 28 days); ^
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
MGA CEPHALOSPORIN		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 gram, 500 mg</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>cefepodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefepodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	^
MGA ERYTHROMYCIN / IBA PANG MACROLIDE		
<i>azithromycin intravenous recon soln 500 mg</i>	1	
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	1	QL (20 EA per 10 days); ^
<i>e.e.s. 400 oral tablet 400 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
MGA PENICILLIN		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>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</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	
<i>nafcillin injection recon soln 10 gram</i>	1	^
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
<i>piperacil-tazobact 13.5 gm vl inner, muv, p/f 13.5 gram</i>	1	
MGA QUINOLONE		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	
MGA SULFA / NAUUGNAY NA AGENT		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
MGA TETRACYCLINE		
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	PA
MGA URINARY TRACT AGENT		
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
MGA ANTINEOPLASTIC / IMMUNOSUPPRESSANT NA GAMOT		
MGA ADJUNCTIVE AGENT		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	1	^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA-NS; ^
MGA ANTINEOPLASTIC / IMMUNOSUPPRESSANT NA GAMOT		
<i>abiraterone oral tablet 250 mg</i>	1	PA-NS; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA-NS; QL (60 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
ALECENSA ORAL CAPSULE 150 MG	1	PA-NS; LA; QL (240 EA per 30 days); ^
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
ALUNBRIG ORAL TABLET 30 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA-NS; LA; QL (30 EA per 180 days); ^
<i>anastrozole oral tablet 1 mg</i>	1	
AUGTYRO ORAL CAPSULE 40 MG	1	PA-NS; QL (240 EA per 30 days); ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
<i>azacitidine injection recon soln 100 mg</i>	1	B/D; ^
<i>azathioprine oral tablet 50 mg</i>	1	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	1	PA-NS; LA; ^
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	1	B/D; ^
<i>bexarotene oral capsule 75 mg</i>	1	PA-NS; ^
<i>bexarotene topical gel 1 %</i>	1	PA-NS; QL (60 GM per 30 days); ^
<i>bicalutamide oral tablet 50 mg</i>	1	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	PA-NS; ^
<i>bortezomib injection recon soln 3.5 mg</i>	1	PA-NS; ^
BOSULIF ORAL CAPSULE 100 MG	1	PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL CAPSULE 50 MG	1	PA-NS; QL (30 EA per 30 days); ^
BOSULIF ORAL TABLET 100 MG	1	PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA-NS; QL (30 EA per 30 days); ^
BRAFTOVI ORAL CAPSULE 75 MG	1	PA-NS; LA; QL (180 EA per 30 days); ^
BRUKINSA ORAL CAPSULE 80 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
CALQUENCE ORAL CAPSULE 100 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 300 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
<i>carboplatin intravenous solution 10 mg/ml</i>	1	B/D
<i>cisplatin intravenous solution 1 mg/ml</i>	1	B/D
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	1	B/D; ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA-NS; LA; QL (56 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA-NS; LA; QL (112 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA-NS; LA; QL (84 EA per 28 days); ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
COTELLIC ORAL TABLET 20 MG	1	PA-NS; LA; QL (63 EA per 28 days); ^
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	B/D; ^
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	1	B/D; ^
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	1	B/D
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D
<i>cytarabine injection solution 20 mg/ml</i>	1	
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	1	PA-NS; QL (30 EA per 30 days); ^
<i>dasatinib oral tablet 20 mg, 70 mg</i>	1	PA-NS; QL (60 EA per 30 days); ^
DAURISMO ORAL TABLET 100 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
DAURISMO ORAL TABLET 25 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
<i>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)</i>	1	B/D; ^
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	1	B/D; ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	PA-NS
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	1	B/D

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	1	PA-NS; ^
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	1	B/D
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	1	B/D; ^
ERIVEDGE ORAL CAPSULE 150 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 240 MG	1	PA-NS; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 60 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA-NS; QL (30 EA per 30 days); ^
<i>erlotinib oral tablet 25 mg</i>	1	PA-NS; QL (90 EA per 30 days); ^
<i>etoposide intravenous solution 20 mg/ml</i>	1	B/D
EULEXIN ORAL CAPSULE 125 MG	1	^
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA-NS; QL (30 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA-NS; QL (150 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA-NS; QL (90 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA-NS; QL (60 EA per 30 days); ^
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	1	B/D
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D; ^
<i>exemestane oral tablet 25 mg</i>	1	
EXKIVITY ORAL CAPSULE 40 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA-NS; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA-NS
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA-NS; LA; QL (21 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 1 MG	1	PA-NS; QL (84 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 5 MG	1	PA-NS; QL (21 EA per 28 days); ^
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	1	B/D; ^
GAVRETO ORAL CAPSULE 100 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
<i>gefitinib oral tablet 250 mg</i>	1	PA-NS; QL (30 EA per 30 days); ^
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	B/D

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D
<i>gengraf oral solution 100 mg/ml</i>	1	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	1	
GLEOSTINE ORAL CAPSULE 100 MG	1	^
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
<i>imatinib oral tablet 100 mg</i>	1	PA-NS; QL (180 EA per 30 days); ^
<i>imatinib oral tablet 400 mg</i>	1	PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA-NS; LA; QL (216 ML per 27 days); ^
IMBRUVICA ORAL TABLET 420 MG, 560 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	1	PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
INQOVI ORAL TABLET 35-100 MG	1	PA-NS; LA; QL (5 EA per 28 days); ^
INREBIC ORAL CAPSULE 100 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	B/D
IWILFIN ORAL TABLET 192 MG	1	PA-NS; LA; QL (240 EA per 30 days); ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	1	PA-NS; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	1	PA-NS; QL (30 EA per 30 days); ^
JYLAMVO ORAL SOLUTION 2 MG/ML	1	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	1	B/D; ^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	PA-NS; ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	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	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	1	PA-NS; QL (91 EA per 28 days); ^
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA-NS; QL (21 EA per 28 days); ^
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA-NS; QL (42 EA per 28 days); ^
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA-NS; QL (63 EA per 28 days); ^
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA-NS; ^
KRAZATI ORAL TABLET 200 MG	1	PA-NS; QL (180 EA per 30 days); ^
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA-NS; ^
<i>lapatinib oral tablet 250 mg</i>	1	PA-NS; QL (180 EA per 30 days); ^
LAZCLUZE ORAL TABLET 240 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
LAZCLUZE ORAL TABLET 80 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA-NS; LA; QL (28 EA per 28 days); ^
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	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)	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)	1	PA-NS; LA; QL (60 EA per 30 days); ^
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	1	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA-NS; LA; ^
LORBRENA ORAL TABLET 100 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
LORBRENA ORAL TABLET 25 MG	1	PA-NS; LA; QL (90 EA per 30 days); ^
LUMAKRAS ORAL TABLET 120 MG	1	PA-NS; LA; ^
LUMAKRAS ORAL TABLET 320 MG	1	PA-NS; ^
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	PA-NS; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
LYSODREN ORAL TABLET 500 MG	1	^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	1	PA-NS; ^
MATULANE ORAL CAPSULE 50 MG	1	LA; ^
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	1	PA-NS; QL (1200 ML per 30 days); ^
MEKINIST ORAL TABLET 0.5 MG	1	PA-NS; LA; QL (90 EA per 30 days); ^
MEKINIST ORAL TABLET 2 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
MEKTOVI ORAL TABLET 15 MG	1	PA-NS; LA; QL (180 EA per 30 days); ^
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	B/D
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B/D
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B/D
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	1	PA-NS; ^
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	B/D; ^
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D
<i>mycophenolic acid dr 180 mg tb</i>	1	mycophenolate sodium = mycophenolic acid; B/D
<i>mycophenolic acid dr 360 mg tb</i>	1	mycophenolate sodium = mycophenolic acid; B/D
NERLYNX ORAL TABLET 40 MG	1	PA-NS; LA; ^
<i>nilutamide oral tablet 150 mg</i>	1	^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA-NS; QL (3 EA per 28 days); ^
NUBEQA ORAL TABLET 300 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	^
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	PA
ODOMZO ORAL CAPSULE 200 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA-NS; QL (56 EA per 28 days); ^
OGSIVEO ORAL TABLET 50 MG	1	PA-NS; QL (180 EA per 30 days); ^
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	1	PA-NS; QL (96 ML per 28 days); ^
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA-NS; QL (16 EA per 28 days); ^
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA-NS; QL (20 EA per 28 days); ^
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA-NS; QL (24 EA per 28 days); ^
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA-NS; QL (30 EA per 30 days); ^
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	1	PA-NS; LA; QL (30 EA per 28 days); ^
ORSERDU ORAL TABLET 345 MG	1	PA-NS; QL (30 EA per 30 days); ^
ORSERDU ORAL TABLET 86 MG	1	PA-NS; QL (90 EA per 30 days); ^
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	B/D; ^
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	B/D
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	B/D; ^
<i>paraplatin intravenous solution 10 mg/ml</i>	1	B/D
<i>pazopanib oral tablet 200 mg</i>	1	PA-NS; QL (120 EA per 30 days); ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA-NS; LA; ^
<i>pemetrexed disodium 750 mg vl</i>	1	B/D; ^
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D; ^
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	1	B/D; ^
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA-NS; ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA-NS; LA; QL (21 EA per 28 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	1	^
QINLOCK ORAL TABLET 50 MG	1	PA-NS; LA; QL (90 EA per 30 days); ^
RETEVMO ORAL CAPSULE 40 MG	1	PA-NS; LA; QL (180 EA per 30 days); ^
RETEVMO ORAL CAPSULE 80 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
RETEVMO ORAL TABLET 40 MG	1	PA-NS; LA; QL (90 EA per 30 days); ^
REZLIDHIA ORAL CAPSULE 150 MG	1	PA-NS; QL (60 EA per 30 days); ^
REZUROCK ORAL TABLET 200 MG	1	PA; LA; QL (30 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 100 MG	1	PA-NS; LA; QL (150 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 200 MG	1	PA-NS; LA; QL (90 EA per 30 days); ^
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	1	PA-NS; QL (336 EA per 28 days); ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
RYDAPT ORAL CAPSULE 25 MG	1	PA-NS; QL (224 EA per 28 days); ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	B/D
SCSEMBLIX ORAL TABLET 100 MG	1	PA-NS; QL (120 EA per 30 days); ^
SCSEMBLIX ORAL TABLET 20 MG	1	PA-NS; QL (60 EA per 30 days); ^
SCSEMBLIX ORAL TABLET 40 MG	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)	1	PA; LA; ^
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D; ^
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA-NS; ^
<i>sorafenib oral tablet 200 mg</i>	1	PA-NS; QL (120 EA per 30 days); ^
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA-NS; QL (30 EA per 30 days); ^
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA-NS; QL (60 EA per 30 days); ^
STIVARGA ORAL TABLET 40 MG	1	PA-NS; LA; QL (84 EA per 28 days); ^
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA-NS; QL (30 EA per 30 days); ^
TABLOID ORAL TABLET 40 MG	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA-NS; ^
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA-NS; QL (840 EA per 28 days); ^
TAGRISSE ORAL TABLET 40 MG, 80 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	1	PA-NS; ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	1	PA-NS; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA-NS; QL (112 EA per 28 days); ^
TASIGNA ORAL CAPSULE 50 MG	1	PA-NS; QL (120 EA per 30 days); ^
TAZVERIK ORAL TABLET 200 MG	1	PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	1	PA-NS; ^
TEPMETKO ORAL TABLET 225 MG	1	PA-NS; LA; ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA-NS; LA; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA-NS; LA; QL (56 EA per 28 days); ^
TIBSOVO ORAL TABLET 250 MG	1	PA-NS; LA; ^
<i>toremifene oral tablet 60 mg</i>	1	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA-NS; ^
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	^
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	1	
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA-NS; QL (64 EA per 28 days); ^
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	1	PA-NS; ^
TUKYSA ORAL TABLET 150 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
TUKYSA ORAL TABLET 50 MG	1	PA-NS; LA; QL (300 EA per 30 days); ^
TURALIO ORAL CAPSULE 125 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA-NS; QL (56 EA per 28 days); ^
VENCLEXTA ORAL TABLET 10 MG, 50 MG	1	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA-NS; LA; QL (180 EA per 30 days); ^
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA-NS; LA; QL (42 EA per 28 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	B/D

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
VITRAKVI ORAL CAPSULE 100 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
VITRAKVI ORAL CAPSULE 25 MG	1	PA-NS; LA; QL (180 EA per 30 days); ^
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA-NS; LA; QL (300 ML per 30 days); ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
VONJO ORAL CAPSULE 100 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
VORANIGO ORAL TABLET 10 MG	1	PA-NS; QL (60 EA per 30 days); ^
VORANIGO ORAL TABLET 40 MG	1	PA-NS; QL (30 EA per 30 days); ^
VOTRIENT ORAL TABLET 200 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
WELIREG ORAL TABLET 40 MG	1	PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
XALKORI ORAL PELLET 150 MG	1	PA-NS; QL (180 EA per 30 days); ^
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA-NS; QL (120 EA per 30 days); ^
XATMEP ORAL SOLUTION 2.5 MG/ML	1	
XERMELO ORAL TABLET 250 MG	1	PA; LA; QL (84 EA per 28 days); ^
XOSPATA ORAL TABLET 40 MG	1	PA-NS; LA; QL (90 EA per 30 days); ^
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80 MG/WEEK (40 MG X 2)	1	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (20 MG X 3), 60 MG/WEEK (60 MG X 1)	1	PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA-NS; LA; QL (32 EA per 28 days); ^
XTANDI ORAL CAPSULE 40 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 40 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 80 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG	1	PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	1	PA-NS; LA; QL (240 EA per 30 days); ^
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	PA-NS; ^
ZOLINZA ORAL CAPSULE 100 MG	1	PA-NS; QL (120 EA per 30 days); ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
ZYKADIA ORAL TABLET 150 MG	1	PA-NS; LA; QL (90 EA per 30 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot

Tier ng Gamot

Mga Kinakailangan / Limitasyon

MGA AUTONOMIC / CNS NA GAMOT, NEUROLOGY / PSYCH

IBA PANG NEUROLOGICAL THERAPY

AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	1	PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	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	1	PA; QL (30 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	1	PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	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	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)	1	PA; QL (42 EA per 28 days); ^
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>donepezil oral tablet 10 mg</i>	1	
<i>donepezil oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg</i>	1	
<i>donepezil oral tablet,disintegrating 5 mg</i>	1	QL (30 EA per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	1	PA-NS; QL (28 EA per 28 days); ^
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA-NS; QL (30 ML per 30 days); ^
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA-NS; QL (12 ML per 28 days); ^
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA-NS; QL (30 ML per 30 days); ^
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA-NS; QL (12 ML per 28 days); ^
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA
<i>memantine oral solution 2 mg/ml</i>	1	PA
<i>memantine oral tablet 10 mg, 5 mg</i>	1	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	
NUDEXTA ORAL CAPSULE 20-10 MG	1	PA; QL (60 EA per 30 days); ^
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	1	PA-NS; QL (20 ML per 135 days); ^
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	1	PA; ^
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	1	PA; ^
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	QL (30 EA per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	1	PA-NS; LA; QL (14 EA per 7 days); ^
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	1	PA-NS; LA; ^
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	1	PA-NS; LA; QL (60 EA per 30 days); ^
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	PA-NS; QL (30 EA per 30 days); ^
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; QL (90 EA per 30 days); ^
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; QL (120 EA per 30 days); ^
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA-NS; LA; QL (120 EA per 30 days); ^
MGA ANTICONVULSANT		
APTIOM ORAL TABLET 200 MG, 400 MG	1	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	PA-NS; QL (600 ML per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA-NS; QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA-NS; QL (60 EA per 30 days); ^
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>carbamazepine oral tablet,chewable 100 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA-NS; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA-NS; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	1	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	1	PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA-NS; LA; QL (180 EA per 30 days); ^
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	1	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	1	
DILANTIN ORAL CAPSULE 30 MG	1	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA-NS; LA; QL (600 ML per 30 days)
<i>epitol oral tablet 200 mg</i>	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	1	PA-NS; QL (480 ML per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	^
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	PA-NS; QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	1	PA-NS; QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	1	PA-NS; QL (60 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	1	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	1	PA; QL (60 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	1	PA; QL (90 EA per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i>	1	QL (1200 ML per 30 days); ^
<i>lacosamide oral solution 10 mg/ml</i>	1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	QL (120 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	1	PA-NS; QL (10 EA per 30 days); ^
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	1	PA; QL (90 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	1	PA; QL (60 EA per 30 days)
<i>methsuximide oral capsule 300 mg</i>	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	PA-NS
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA-NS
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	1	PA-NS
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	1	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA-NS; QL (2400 ML per 30 days); ^
<i>rufinamide oral tablet 200 mg</i>	1	PA-NS; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	1	PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	1	QL (90 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	1	QL (360 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	1	QL (180 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	1	QL (120 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA-NS; QL (60 EA per 30 days); ^
SYMPAZAN ORAL FILM 5 MG	1	PA-NS; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	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)	1	
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigabatrin oral tablet 500 mg</i>	1	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral powder in packet 500 mg</i>	1	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral tablet 500 mg</i>	1	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigpoder oral powder in packet 500 mg</i>	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)	1	QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	1	QL (60 EA per 30 days); ^
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	1	QL (28 EA per 28 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	QL (28 EA per 28 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	PA-NS; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA-NS; QL (1100 ML per 30 days); ^
MGA ANTIPARKINSONISM AGENT		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	1	PA; LA; QL (90 ML per 30 days); ^
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	1	PA; QL (90 ML per 30 days); ^
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>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</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	1	PA; QL (300 EA per 30 days); ^
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	1	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	QL (30 EA per 30 days)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	PA
MGA MUSCLE RELAXANT / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
MGA NARCOTIC ANALGESIC		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (400 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	PA; QL (90 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>endocet oral tablet 10-325 mg</i>	1	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	QL (360 EA per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (120 EA per 30 days); ^
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	1	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (150 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	1	QL (600 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (180 EA per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
<i>methadone intensol oral concentrate 10 mg/ml</i>	1	PA; QL (90 ML per 30 days)
<i>methadone oral concentrate 10 mg/ml</i>	1	PA; QL (90 ML per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA; QL (450 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA; QL (90 EA per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (180 ML per 30 days)
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	1	
MORPHINE INJECTION SYRINGE 2 MG/ML	1	
<i>morphine injection syringe 4 mg/ml</i>	1	
<i>morphine intravenous solution 10 mg/ml, 50 mg/ml</i>	1	
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	1	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	1	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	QL (900 ML per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>morphine oral tablet 15 mg, 30 mg</i>	1	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL (90 EA per 30 days)
<i>morphine sulfate 4 mg/ml vial inner, sub</i>	1	
<i>oxycodone oral capsule 5 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	1	QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (900 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (240 EA per 30 days)
MGA NON-NARCOTIC ANALGESIC		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	1	QL (30 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (120 EA per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 GM per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1	QL (224 GM per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (120 EA per 30 days)
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	QL (90 EA per 30 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	QL (30 EA per 30 days)
<i>meloxicam oral tablet 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (120 EA per 30 days)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	QL (90 EA per 30 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (240 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	1	
MGA PSYCHOTHERAPEUTIC NA GAMOT		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	1	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	1	QL (1 EA per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (150 EA per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	1	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	1	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	1	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	1	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	1	QL (3.2 ML per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	PA-NS; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	1	QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	1	QL (30 EA per 30 days); ^
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	PA-NS
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	PA-NS; QL (180 EA per 30 days)
<i>clozapine oral tablet 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg, 25 mg</i>	1	
<i>clozapine oral tablet, disintegrating 150 mg</i>	1	QL (180 EA per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	1	QL (120 EA per 30 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	1	PA; QL (90 EA per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	PA-NS
<i>diazepam injection syringe 5 mg/ml</i>	1	PA-NS
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	PA-NS; QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	PA-NS; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA-NS; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	PA-NS; QL (120 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	1	PA-NS; QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (60 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	QL (30 EA per 30 days); ^
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA-NS; QL (60 EA per 30 days); ^
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	1	PA-NS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg</i>	1	PA; QL (30 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 3 mg</i>	1	PA; QL (60 EA per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	QL (0.75 ML per 28 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	QL (2.63 ML per 90 days)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg</i>	1	PA; QL (60 EA per 30 days)
<i>lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	1	PA; QL (30 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg</i>	1	PA; QL (60 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 40 mg, 50 mg, 60 mg</i>	1	PA; QL (30 EA per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL (150 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days); ^
<i>lurasidone oral tablet 80 mg</i>	1	QL (60 EA per 30 days); ^
MARPLAN ORAL TABLET 10 MG	1	QL (180 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	PA; QL (900 ML per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	PA; QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	1	PA; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	1	PA; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	PA; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 EA per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
NUPLAZID ORAL TABLET 10 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	1	QL (1 EA per 30 days)
<i>phenelzine oral tablet 15 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
QUETIAPINE ORAL TABLET 150 MG	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	PA-NS; QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	PA-NS; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	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	1	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg</i>	1	QL (90 EA per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	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	1	QL (30 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	1	PA; LA; QL (540 ML per 30 days); ^
<i>temazepam oral capsule 15 mg</i>	1	PA; QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranlycypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg</i>	1	QL (60 EA per 30 days)
<i>trimipramine oral capsule 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	PA-NS; QL (600 ML per 30 days); ^
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	QL (30 EA per 30 days); ^
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	1	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	1	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG	1	PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 40 MG, 50 MG, 60 MG	1	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	QL (6 EA per 3 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	1	PA-NS; ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	PA-NS; QL (2.4 EA per 30 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	PA-NS; QL (1.2 EA per 30 days); ^
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 ML per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	^
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	PA; QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; QL (3 ML per 30 days); ^
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	PA; QL (40 EA per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (12 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	1	PA; QL (16 EA per 30 days); ^
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (18 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	1	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (6 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	QL (12 EA per 30 days)
MGA BITAMINA, HEMATINIC / ELECTROLYTE		
IBA PANG NUTRITION PRODUCT		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	1	B/D
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	B/D
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	1	B/D
<i>electrolyte-148 intravenous parenteral solution</i>	1	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	1	
<i>electrolyte-a intravenous parenteral solution</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D
INTRALIPID INTRAVENOUS EMULSION 30 %	1	B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	B/D
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	1	B/D
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D
<i>travasol 10 % intravenous parenteral solution 10 %</i>	1	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	B/D
MGA BITAMINA / HEMATINIC		
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
MGA ELECTROLYTE		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	QL (360 EA per 30 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	QL (360 EA per 30 days)
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>lactated ringers intravenous parenteral solution</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	1	
MGA DERMATOLOGICAL/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>calcipotriene scalp solution 0.005 %</i>	1	PA; QL (120 ML per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	PA; QL (120 GM per 30 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	1	PA; QL (120 GM per 30 days)
<i>selenium sulfide topical lotion 2.5 %</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; QL (6 ML per 365 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; QL (6 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days); ^
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; QL (3 ML per 28 days); ^
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; QL (3 ML per 28 days); ^
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; LA; QL (3 ML per 28 days); ^
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	1	PA; QL (0.25 ML per 28 days); ^
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	1	PA; QL (0.5 ML per 28 days); ^
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA; LA; QL (3 ML per 28 days); ^
IBA PANG DERMATOLOGICAL		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
<i>dermacinrx lidocan topical adhesive patch, medicated 5 %</i>	1	PA; QL (90 EA per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; QL (4.56 ML per 28 days); ^
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; QL (8 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; QL (1.34 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; QL (4.56 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; QL (8 ML per 28 days); ^
<i>fluorouracil topical cream 5 %</i>	1	QL (40 GM per 30 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	1	QL (10 ML per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	PA; QL (60 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	1	QL (24 EA per 30 days)
<i>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 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	PA; QL (50 ML per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	PA; QL (30 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	PA; QL (50 ML per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	PA; QL (50 GM per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	PA; QL (30 GM per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocan v topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	1	PA-NS; QL (60 GM per 30 days); ^
<i>podofilox topical solution 0.5 %</i>	1	QL (7 ML per 28 days)
REGGRANEX TOPICAL GEL 0.01 %	1	QL (15 GM per 30 days); ^
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	QL (180 GM per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	QL (100 GM per 30 days)
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	1	PA-NS; LA; QL (60 GM per 30 days); ^
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	1	QL (7.5 GM per 28 days); ^
MGA TOPICAL ANTIBACTERIAL		
<i>gentamicin topical cream 0.1 %</i>	1	QL (30 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	1	QL (44 GM per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	QL (118 ML per 30 days)
SULFAMYLON TOPICAL CREAM 85 MG/G	1	QL (453.6 GM per 30 days)
MGA TOPICAL ANTIFUNGAL		
<i>ciclopirox topical cream 0.77 %</i>	1	QL (90 GM per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	1	QL (60 ML per 30 days)
<i>clotrimazole topical cream 1 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	1	QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (45 GM per 30 days)
<i>ketoconazole topical cream 2 %</i>	1	QL (60 GM per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (120 ML per 28 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>klayesta topical powder 100,000 unit/gram</i>	1	QL (60 GM per 30 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL (60 GM per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (30 GM per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (30 GM per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL (60 GM per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	1	QL (60 GM per 30 days)
MGA TOPICAL CORTICOSTEROID		
<i>ala-cort topical cream 1 %, 2.5 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>alclometasone topical ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	QL (120 ML per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	1	QL (120 ML per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	QL (120 ML per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	1	QL (50 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol topical gel 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol topical ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	QL (118.28 ML per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	1	QL (60 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	1	QL (120 GM per 30 days)
<i>fluocinolone topical oil 0.01 %</i>	1	QL (118.28 ML per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	1	QL (120 GM per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	1	QL (90 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	1	QL (60 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	QL (60 GM per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>fluocinonide topical solution 0.05 %</i>	1	QL (60 ML per 30 days)
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	QL (50 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	1	QL (50 GM per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %</i>	1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
MGA TOPICAL SCABICIDE / PEDICULICIDE		
<i>malathion topical lotion 0.5 %</i>	1	QL (59 ML per 30 days)
<i>permethrin topical cream 5 %</i>	1	QL (60 GM per 30 days)
THERAPY PARA SA ACNE		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>amneesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>azelaic acid topical gel 15 %</i>	1	QL (50 GM per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	QL (75 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	QL (75 ML per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL (60 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (60 ML per 30 days)
<i>ery pads topical swab 2 %</i>	1	QL (60 EA per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	1	QL (60 ML per 30 days)
FINACEA TOPICAL FOAM 15 %	1	QL (50 GM per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	QL (45 GM per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>metronidazole topical gel 0.75 %</i>	1	QL (45 GM per 30 days)
<i>metronidazole topical lotion 0.75 %</i>	1	QL (59 ML per 30 days)
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
NORITATE TOPICAL CREAM 1 %	1	QL (60 GM per 30 days); ^
<i>tazarotene topical cream 0.1 %</i>	1	PA; QL (60 GM per 30 days)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	1	PA; QL (60 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
MGA DIAGNOSTIC / IBA PANG AGENT		
IBA PANG AGENT		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	1	PA; LA; ^
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	PA; LA; ^
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	1	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	1	PA; ^
<i>deferasirox oral tablet 180 mg, 360 mg</i>	1	PA; ^
<i>deferasirox oral tablet 90 mg</i>	1	PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg</i>	1	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	PA; QL (180 EA per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	1	PA; LA; ^
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	1	PA; ^
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; LA; ^
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	B/D
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	B/D
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA; ^
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	1	PA; LA; ^
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL (30 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	1	QL (540 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	1	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL (540 EA per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA; ^
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA; ^
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
<i>trientine oral capsule 250 mg</i>	1	PA; ^
VELPHORO ORAL TABLET,CHEWABLE 500 MG	1	QL (180 EA per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	1	
<i>water for irrigation, sterile irrigation solution</i>	1	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	1	PA; LA; ^
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	
MGA SMOKING DETERRENT		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
NICOTROL INHALATION CARTRIDGE 10 MG	1	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	
<i>varenicline oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	1	QL (56 EA per 28 days)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	
MGA GAMOT SA TAINGA, ILONG / LALAMUNAN		
IBA PANG AGENT		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	1	QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	

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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>kourzeq dental paste 0.1 %</i>	1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	
<i>perio gard mucous membrane mouthwash 0.12 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
IBA PANG OTIC PREPARATION		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	QL (7.5 ML per 7 days)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
MGA UROLOGICAL		
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	QL (30 EA per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	1	
IBA PANG MISCELLANEOUS UROLOGICAL		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
CYTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; LA
ELMIRON ORAL CAPSULE 100 MG	1	PA
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
MGA ANTICHOLINERGIC / ANTISPASMODIC		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	ST; QL (30 EA per 30 days)

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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	1	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	1	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	1	QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>tropium oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
MITIGARE ORAL CAPSULE 0.6 MG	1	QL (60 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
IBA PANG RHEUMATOLOGICAL		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; QL (3.6 ML per 28 days); ^
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; QL (3.6 ML per 28 days); ^
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	PA; LA; ^
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; LA; QL (8 ML per 28 days); ^
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; QL (6 EA per 180 days); ^
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; QL (4 EA per 180 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; QL (4 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; QL (2 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; QL (4 EA per 28 days); ^
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; QL (8 ML per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; QL (8 ML per 28 days); ^
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	1	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	Only Humira NDCs starting 00074 are covered; PA; QL (4 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	Only Humira NDCs starting 00074 are covered; PA; QL (2 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; QL (6 EA per 180 days); ^
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; QL (4 EA per 28 days); ^

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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; QL (4 EA per 180 days); ^
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (4 EA per 28 days); ^
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	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)	1	PA; QL (55 EA per 180 days); ^
<i>penicillamine oral tablet 250 mg</i>	1	^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; QL (84 EA per 180 days); ^
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	PA; QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	PA
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; QL (480 ML per 24 days); ^
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; QL (60 EA per 30 days); ^
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; QL (30 EA per 30 days); ^
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	1	PA; ^
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG-5,600 UNIT	1	ST; QL (4 EA per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	QL (3 ML per 68 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	1	QL (3 ML per 68 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	QL (1 ML per 180 days)
<i>raloxifene oral tablet 60 mg</i>	1	
<i>risedronate oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)

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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	Only Teriparatide NDC 47781065289 is covered; PA; QL (2.48 ML per 28 days); ^
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	1	PA; ^
OBSTETRICS / GYNECOLOGY		
IBA PANG OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	
MGA ESTROGEN / PROGESTIN		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>camila oral tablet 0.35 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	
<i>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</i>	1	
<i>emzahh oral tablet 0.35 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>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</i>	1	

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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>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</i>	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	1	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	
<i>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</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>yuvafem vaginal tablet 10 mcg</i>	1	

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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
MGA ORAL CONTRACEPTIVE / NAUUGNAY NA AGENT		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>abra eq oral tablet 0.1-20 mg-mcg</i>	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	

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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>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</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>pirmella oral tablet 1-35 mg-mcg</i>	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	
OPHTHALMOLOGY		
IBA PANG GAMOT SA GLAUCOMA		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
IBA PANG OPHTHALMOLOGIC		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	1	PA; LA; ^
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	PA; LA; ^
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	1	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	QL (60 EA per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	1	
XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %	1	PA; QL (10 ML per 42 days); ^
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	1	
MGA ANTIBIOTIC		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	1	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
MGA ANTIVIRAL		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	
MGA BETA-BLOCKER		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
MGA NON-STEROIDAL ANTI-INFLAMMATORY AGENT		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	1	
MGA ORAL NA GAMOT PARA SA GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
MGA STEROID		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
MGA STEROID-ANTIBIOTIC COMBINATION		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	1	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	1	
MGA SYMPATHOMIMETIC		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
RESPIRATORY AT ALLERGY		
ANTI-HISTAMINE / MGA ANTIALLERGENIC AGENT		
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	PA
<i>desloratadine oral tablet 5 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	PA
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	PA
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA
MGA PULMONARY AGENT		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA-NS; 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	1	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	8.5 gm inhaler; QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	6.7 gm inhaler; QL (13.4 GM per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	1	18 gm inhaler; QL (36 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>alyq oral tablet 20 mg</i>	1	PA-NS; QL (60 EA per 30 days); ^
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA-NS; LA; QL (30 EA per 30 days); ^
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	B/D; QL (120 ML per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	QL (25.8 GM per 30 days)
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	1	PA; LA; QL (24 EA per 30 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	1	QL (10.7 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA-NS; 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	1	QL (60 EA per 30 days)
<i>breynta inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B/D
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; LA; QL (1 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; QL (0.5 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; LA; QL (1 ML per 28 days); ^
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL (75 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	1	PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	1	PA; LA; QL (20 EA per 30 days); ^
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; QL (27 ML per 30 days); ^
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	1	PA; QL (56 EA per 28 days); ^
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	1	PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	1	PA; LA; QL (56 EA per 28 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>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</i>	1	B/D
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	1	QL (30 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	1	PA-NS; LA; QL (30 EA per 30 days); ^
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; LA; QL (112 EA per 28 days); ^
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (270 EA per 30 days); ^
PIRFENIDONE ORAL TABLET 534 MG	1	PA; QL (90 EA per 30 days); ^
<i>pirfenidone oral tablet 801 mg</i>	1	PA; QL (90 EA per 30 days); ^
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	QL (3 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	B/D; ^
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	1	PA; LA; QL (27 ML per 30 days); ^
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	QL (60 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	generic for Revatio; PA-NS; QL (90 EA per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	1	PA; LA; QL (56 EA per 28 days); ^
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	1	generic for Adcirca; PA-NS; QL (60 EA per 30 days); ^
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	1	PA-NS; QL (300 ML per 30 days); ^
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	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)	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)	1	PA; LA; QL (84 EA per 28 days); ^
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	1	B/D; LA; ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	QL (36 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	1	PA; QL (32 ML per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; LA; QL (1 ML per 28 days); ^
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; LA; QL (8 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; LA; QL (1 ML per 28 days); ^
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update noong 12/01/2024

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<i>eluryng</i>	79	<i>erythromycin with ethanol</i>	71	FIASP PENFILL U-100 INSULIN.....	11
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<i>emtricitabine</i>	30	<i>estradiol valerate</i>	80	FINTEPLA.....	50
<i>emtricitabine-tenofovir (tdf)</i>	30	<i>estradiol-norethindrone acet</i>	80	FIRMAGON KIT W DILUENT	
EMTRIVA.....	30	<i>ethambutol</i>	27	SYRINGE.....	40

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<i>flecainide</i>	9	<i>ganciclovir sodium</i>	30	<i>haloperidol</i>	60
<i>fluconazole</i>	29	GARDASIL 9 (PF).....	23	<i>haloperidol decanoate</i>	60
<i>fluconazole in nacl (iso-osm)</i>	29	<i>gatifloxacin</i>	85	<i>haloperidol lactate</i>	60
<i>flucytosine</i>	29	GATTEX 30-VIAL.....	18	HARVONI.....	31
<i>fludrocortisone</i>	16	GATTEX ONE-VIAL.....	18	HAVRIX (PF).....	23
<i>flunisolide</i>	89	GAUZE PAD.....	21	<i>heather</i>	80
<i>fluocinolone</i>	70	<i>gavilyte-c</i>	18	<i>heparin (porcine)</i>	8
<i>fluocinolone acetonide oil</i>	75	<i>gavilyte-g</i>	18	<i>heparin (porcine) in 5 % dex</i>	8
<i>fluocinolone and shower cap</i>	70	GAVRETO.....	40	HEPARIN(PORCINE) IN 0.45% NACL.....	8
<i>fluocinonide</i>	70, 71	<i>gefitinib</i>	40	<i>heparin(porcine) in 0.45% nacl</i>	8
<i>fluocinonide-e</i>	71	<i>gemcitabine</i>	40, 41	HEPLISAV-B (PF).....	23
<i>fluocinonide-emollient</i>	71	GEMCITABINE.....	41	HIBERIX (PF).....	23
<i>fluoride (sodium)</i>	66	<i>gemfibrozil</i>	10	HUMIRA.....	77
<i>fluorometholone</i>	87	GEMTESA.....	76	HUMIRA PEN.....	77
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<i>fluoxetine</i>	60	<i>gengraf</i>	41	HUMIRA(CF) PEDI CROHNS STARTER.....	77
<i>fluphenazine decanoate</i>	60	GENOTROPIN.....	26	HUMIRA(CF) PEN.....	77
<i>fluphenazine hcl</i>	60	GENOTROPIN MINIQUICK.....	26	HUMIRA(CF) PEN CROHNS-UC- HS.....	77
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<i>flurbiprofen sodium</i>	86	<i>gentamicin</i>	27, 69, 85	HUMIRA(CF) PEN PSOR-UV- ADOL HS.....	77
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<i>fluvastatin</i>	10	GENVOYA.....	31	<i>hydralazine</i>	4
<i>fluvoxamine</i>	60	GILOTRIF.....	41	<i>hydrochlorothiazide</i>	5
<i>fondaparinux</i>	8	<i>glatiramer</i>	48	<i>hydrocodone-acetaminophen</i>	55
<i>formoterol fumarate</i>	89	<i>glatopa</i>	48	<i>hydrocodone-ibuprofen</i>	55
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<i>fosamprenavir</i>	30	<i>glipizide</i>	11	<i>hydroxychloroquine</i>	27
<i>fosinopril</i>	4	<i>glipizide-metformin</i>	11	<i>hydroxyurea</i>	41
<i>fosinopril-hydrochlorothiazide</i>	4	<i>glutamine (sickle cell)</i>	73	<i>hydroxyzine hcl</i>	88
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<i>fulvestrant</i>	40	GLYXAMBI.....	11	<i>ibandronate</i>	78
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<i>fyavolv</i>	80	<i>granisetron (pf)</i>	18	<i>ibuprofen</i>	57
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<i>gabapentin</i>	51	<i>griseofulvin microsize</i>	29	ICLUSIG.....	41
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<i>imipramine hcl</i>	60	JANUMET.....	12	<i>lamivudine-zidovudine</i>	31
<i>imiquimod</i>	68	JANUMET XR.....	12	<i>lamotrigine</i>	51
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IMVEXXY STARTER PACK.....	80	<i>jasmiel (28)</i>	82	<i>lapatinib</i>	42
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<i>irbesartan</i>	5	<i>kionex (with sorbitol)</i>	73	<i>levocarnitine (with sugar)</i>	73
<i>irbesartan-hydrochlorothiazide</i>	5	KISQALI.....	42	<i>levocetirizine</i>	88
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LIBERVANT	51	LYTGOBI	43	<i>metoprolol tartrate</i>	5
<i>lidocaine</i>	69	<i>lyza</i>	80	<i>metro i.v.</i>	27
<i>lidocaine (pf)</i>	68	<i>magnesium sulfate</i>	66	<i>metronidazole</i>	27, 71, 72, 79
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<i>lidocaine viscous</i>	69	<i>magnesium sulfate in water</i>	66	<i>metyrosine</i>	5
<i>lidocaine-prilocaine</i>	69	<i>malathion</i>	71	<i>micafungin</i>	29
<i>lidocan iii</i>	69	<i>maraviroc</i>	31	<i>microgestin 1.5/30 (21)</i>	83
<i>lidocan iv</i>	69	<i>marlissa (28)</i>	83	<i>microgestin 1/20 (21)</i>	83
<i>lidocan v</i>	69	MARPLAN	61	<i>microgestin fe 1.5/30 (28)</i>	83
<i>linezolid</i>	27	MATULANE	43	<i>microgestin fe 1/20 (28)</i>	83
<i>linezolid in dextrose 5%</i>	27	<i>matzim la</i>	5	<i>midodrine</i>	73
<i>linezolid-0.9% sodium chloride</i> ...	27	<i>meclizine</i>	18	<i>mifepristone</i>	15
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CHLORIDE	27	<i>mefloquine</i>	27	<i>mimvey</i>	80
LINZESS	18	<i>megestrol</i>	43	<i>minocycline</i>	37
<i>liothyronine</i>	17	MEKINIST	43	<i>minoxidil</i>	5
<i>lisdexamfetamine</i>	61	MEKTOVI	43	<i>mirtazapine</i>	62
<i>lisinopril</i>	5	<i>meloxicam</i>	57	<i>misoprostol</i>	20
<i>lisinopril-hydrochlorothiazide</i>	5	<i>memantine</i>	48	MITIGARE	76
<i>lithium carbonate</i>	61	MENACTRA (PF)	23	M-M-R II (PF)	24
<i>lithium citrate</i>	61	MENQUADFI (PF)	24	<i>modafinil</i>	62
LIVALO	10	MENVEO A-C-Y-W-135-DIP (PF) ..	24	<i>moexipril</i>	5
LOKELMA	73	<i>mercaptapurine</i>	43	<i>molindone</i>	62
LONSURF	42	<i>meropenem</i>	27	<i>mometasone</i>	71, 90
<i>loperamide</i>	20	MEROPENEM-0.9% SODIUM		MONJUVI	43
<i>lopinavir-ritonavir</i>	31	CHLORIDE	27	<i>mono-lynyah</i>	83
<i>lorazepam</i>	61	<i>mesalamine</i>	18	<i>montelukast</i>	90
<i>lorazepam intensol</i>	61	<i>mesalamine with cleansing</i>		MORPHINE	55
LORBRENA	42	<i>wipe</i>	18	<i>morphine</i>	55, 56
<i>loryna (28)</i>	82	MESNEX	37	<i>morphine (pf)</i>	55
<i>losartan</i>	5	<i>metformin</i>	12	<i>morphine concentrate</i>	55
<i>losartan-hydrochlorothiazide</i>	5	<i>methadone</i>	55	MOUNJARO	12
LOTEMAX	87	<i>methadone intensol</i>	55	MOVANTIK	18
<i>lovastatin</i>	10	<i>methazolamide</i>	86	<i>moxifloxacin</i>	36, 85
<i>low-ogestrel (28)</i>	82	<i>methenamine hippurate</i>	37	MOXIFLOXACIN-SOD.ACE,SUL-	
<i>loxapine succinate</i>	61	<i>methimazole</i>	16	WATER	36
<i>lubiprostone</i>	18	<i>methotrexate sodium</i>	43	<i>moxifloxacin-sod.chloride(iso)</i> ...	37
LUMAKRAS	42	<i>methotrexate sodium (pf)</i>	43	MRESVIA (PF)	24
LUMIGAN	84	<i>methsuximide</i>	51	MULTAQ	9
LUMIZYME	15	<i>methylphenidate hcl</i>	61, 62	<i>mupirocin</i>	69
LUPRON DEPOT	42	<i>methylprednisolone</i>	16	<i>mycophenolate mofetil</i>	43
<i>lurasidone</i>	61	<i>methylprednisolone acetate</i>	16	<i>mycophenolate sodium</i>	43
<i>luteru (28)</i>	83	<i>methylprednisolone sodium</i>		<i>myorisan</i>	72
<i>lyleq</i>	80	<i>succ</i>	16	MYRBETRIQ	76
<i>lyllana</i>	80	<i>metoclopramide hcl</i>	18	<i>nabumetone</i>	57
LYNPARZA	42	<i>metolazone</i>	5	<i>nadolol</i>	5
LYRICA CR	51	<i>metoprolol succinate</i>	5	<i>nafacillin</i>	36
LYSODREN	42	<i>metoprolol ta-hydrochlorothiaz</i> ...	5	<i>nafacillin in dextrose iso-osm</i>	35

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<i>nalbuphine</i>	57	<i>norethindrone-e.estradiol-iron</i> ...	83	OJEMDA	44
<i>naloxone</i>	57	<i>norgestimate-ethinyl estradiol</i> ...	83	OJJAARA	44
<i>naltrexone</i>	57	NORITATE	72	<i>olanzapine</i>	62
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<i>naproxen</i>	57	<i>nortrel 0.5/35 (28)</i>	83	<i>olmesartan-amlodipin-hcthiazyd</i> ...	6
<i>naproxen sodium</i>	57	<i>nortrel 1/35 (21)</i>	83	<i>olmesartan-hydrochlorothiazide</i> ..	6
<i>naratriptan</i>	64	<i>nortrel 1/35 (28)</i>	83	<i>olopatadine</i>	75, 85
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<i>neomycin-bacitracin-poly-hc</i>	87	NOVOLIN N NPH U-100 INSULIN	13	OMNIPOD CLASSIC PODS (GEN	3)
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<i>neomycin-polymyxin b-</i>		NOVOLIN R REGULAR U100		(GEN 4)	21
<i>dexameth</i>	87	INSULIN	13	OMNIPOD DASH PODS (GEN 4) ..	21
<i>neomycin-polymyxin-gramicidin</i> .	86	NOVOLOG FLEXPEN U-100		OMNIPOD GO PODS	22
<i>neomycin-polymyxin-hc</i>	75, 87	INSULIN	13	OMNIPOD GO PODS 10	
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NEUPRO	54	INSULN	13	OMNIPOD GO PODS 15	
<i>nevirapine</i>	31	NOVOLOG MIX 70-30FLEXPEN		UNITS/DAY	21
NEXPLANON	79	U-100	13	OMNIPOD GO PODS 20	
<i>niacin</i>	10	NOVOLOG PENFILL U-100		UNITS/DAY	21
<i>nicardipine</i>	5	INSULIN	13	OMNIPOD GO PODS 25	
NICOTROL	74	NOVOLOG U-100 INSULIN		UNITS/DAY	21
NICOTROL NS	74	ASPART	13	OMNIPOD GO PODS 30	
<i>nifedipine</i>	5	NOXAFIL	29	UNITS/DAY	22
<i>nikki (28)</i>	83	NUBEQA	43	<i>ondansetron</i>	19
<i>nilutamide</i>	43	NUDEXTA	49	<i>ondansetron hcl</i>	19
<i>nimodipine</i>	6	NULOJIX	43	<i>ondansetron hcl (pf)</i>	18, 19
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<i>nisoldipine</i>	6	NURTEC ODT	64	OPSUMIT	90
<i>nitazoxanide</i>	27	NUTRILIPID	66	ORGOVYX	44
<i>nitisinone</i>	73	<i>nyamyc</i>	70	ORKAMBI	90
<i>nitro-bid</i>	11	NYMALIZE	6	ORSERDU	44
<i>nitrofurantoin macrocrystal</i>	37	<i>nystatin</i>	29, 70	<i>oseltamivir</i>	31
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<i>cryst</i>	37	OALIVA	18	OTEZLA STARTER	78
<i>nitroglycerin</i>	11	OCREVUS	49	<i>oxacillin</i>	36
<i>nizatidine</i>	21	OCTAGAM	24	<i>oxaliplatin</i>	44
<i>nora-be</i>	80	<i>octreotide acetate</i>	43, 44	<i>oxaprozin</i>	57
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<i>norethindrone (contraceptive)</i>	80	ODOMZO	44	<i>oxybutynin chloride</i>	76
<i>norethindrone acetate</i>	80	OFEV	90	<i>oxycodone</i>	56
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<i>paclitaxel</i>	44	<i>pimozide</i>	63	PREVYMIS	31
PACLITAXEL PROTEIN-BOUND	44	<i>pimtrea (28)</i>	83	PREZCOBIX	32
<i>paliperidone</i>	62	<i>pindolol</i>	6	PREZISTA	32
<i>pamidronate</i>	15	<i>pioglitazone</i>	13	PRIFTIN	27
PANRETIN	69	<i>pioglitazone-glimepiride</i>	13	PRIMAQUINE	28
<i>pantoprazole</i>	21	<i>pioglitazone-metformin</i>	13	PRIMIDONE	52
PANZYGA	24	PIPERACILLIN-TAZOBACTAM	36	<i>primidone</i>	52
<i>paraplatin</i>	44	<i>piperacillin-tazobactam</i>	36	PRIORIX (PF)	24
<i>paricalcitol</i>	15	PIQRAY	44	PRIVIGEN	24
<i>paromomycin</i>	27	<i>pirfenidone</i>	90	<i>probenecid</i>	76
<i>paroxetine hcl</i>	62	PIRFENIDONE	90	<i>probenecid-colchicine</i>	76
PAXLOVID	31	<i>pirmella</i>	83	<i>prochlorperazine</i>	19
<i>pazopanib</i>	44	<i>piroxicam</i>	57	<i>prochlorperazine edisylate</i>	19
PEDIARIX (PF)	24	PLASMA-LYTE A	66	<i>prochlorperazine maleate</i>	19
PEDVAX HIB (PF)	24	PLENAMINE	66	PROCRIT	26
<i>peg 3350-electrolytes</i>	19	PLENVU	19	<i>procto-med hc</i>	19
PEGASYS	26	<i>podofilox</i>	69	<i>proctosol hc</i>	19
<i>peg-electrolyte soln</i>	19	<i>polymyxin b sulf-trimethoprim</i> ...	86	<i>proctozone-hc</i>	19
PEMAZYRE	44	POMALYST	44	<i>progesterone</i>	80
<i>pemetrexed disodium</i>	44	<i>portia 28</i>	83	<i>progesterone micronized</i>	80
PEMETREXED DISODIUM	44	<i>posaconazole</i>	29	PROGRAF	45
PEN NEEDLE, DIABETIC	22	<i>potassium chlorid-d5-0.45%nacl</i> 66		PROLASTIN-C	73
PENBRAYA (PF)	24	<i>potassium chloride</i>	67	PROLENSA	86
<i>penicillamine</i>	78	<i>potassium chloride in 0.9%nacl.</i> 66		PROLIA	78
PENICILLIN G POT IN DEXTROSE. 36		<i>potassium chloride in 5 % dex</i>	67	PROMACTA	8
<i>penicillin g potassium</i>	36	<i>potassium chloride in water</i>	67	<i>promethazine</i>	88
<i>penicillin g procaine</i>	36	<i>potassium chloride-0.45 % nacl.</i> 67		<i>propafenone</i>	9
<i>penicillin g sodium</i>	36	<i>potassium chloride-d5-0.2%nacl.</i> 67		<i>propranolol</i>	6
<i>penicillin v potassium</i>	36	<i>potassium chloride-d5-0.9%nacl.</i> 67		<i>propylthiouracil</i>	16
PENTACEL (PF)	24	<i>potassium citrate</i>	75	PROQUAD (PF)	24
<i>pentamidine</i>	27	PRALUENT PEN	10	PROSOL 20 %	66
<i>pentoxifylline</i>	8	<i>pramipexole</i>	54	<i>protriptyline</i>	63
<i>perindopril erbumine</i>	6	<i>prasugrel</i>	8	PULMICORT FLEXHALER	90
<i>periogard</i>	75	<i>pravastatin</i>	10	PULMOZYME	90
<i>permethrin</i>	71	<i>praziquantel</i>	27	PURIXAN	45
<i>perphenazine</i>	62	<i>prazosin</i>	6	<i>pyrazinamide</i>	28
PERSERIS	62	<i>prednisolone</i>	16	<i>pyridostigmine bromide</i>	54
<i>pfizerpen-g</i>	36	<i>prednisolone acetate</i>	87	QINLOCK	45
<i>phenelzine</i>	62	<i>prednisolone sodium phosphate</i>	16, 87	QUADRACEL (PF)	24
<i>phenobarbital</i>	52	<i>prednisone</i>	16	<i>quetiapine</i>	63
<i>phenobarbital sodium</i>	52	<i>prednisone intensol</i>	16	QUETIAPINE	63
PHENYTEK	52	<i>pregabalin</i>	52	<i>quinapril</i>	6
<i>phenytoin</i>	52	PREHEVBRIO (PF)	24	<i>quinapril-hydrochlorothiazide</i>	6
<i>phenytoin sodium</i>	52	PREMARIN	80	<i>quinidine sulfate</i>	9
<i>phenytoin sodium extended</i>	52			<i>quinine sulfate</i>	28

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<i>rabeprazole</i>	21	RUKOBIA.....	32	<i>spironolacton-hydrochlorothiaz</i>	6
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<i>raloxifene</i>	78	SANDIMMUNE.....	45	<i>sps (with sorbitol)</i>	74
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<i>ranolazine</i>	9	<i>sapropterin</i>	15	<i>ssd</i>	69
<i>rasagiline</i>	54	SAVELLA.....	78	STAMARIL (PF).....	25
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RELISTOR.....	19	SEREVENT DISKUS.....	90	<i>sulfacetamide sodium</i>	85
REMICADE.....	19	<i>sertraline</i>	63	<i>sulfacetamide sodium (acne)</i>	69
<i>repaglinide</i>	13	<i>setlakin</i>	83	<i>sulfacetamide-prednisolone</i>	85
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<i>ribavirin</i>	32	<i>sirolimus</i>	45	SUNLENCA.....	32
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<i>rivastigmine tartrate</i>	49	<i>sodium,potassium,mag sulfates</i> ..	19	TABRECTA.....	45
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Abiso sa Hindi Pandidiskrimina

Labag sa batas ang diskriminasyon. Sinusunod ng Wellcare By Health Net ang mga batas sa karapatang sibil ng Estado at Pederal. Ang Wellcare By Health Net ay hindi lumalabag sa batas na nagdidiskrimina, nagbubukod ng mga tao, o naiiba ang pakikitungo sa kanila dahil sa kasarian, lahi, kulay, relihiyon, ninuno, bansang pinagmulan, pagkakakilanlan ng pangkat etniko, edad, kapansanan sa pag-iisip, pisikal na kapansanan, medikal na kundisyon, genetic na impormasyon, katayuan sa pag-aasawa, kasarian, pagkakakilanlan ng kasarian, o oryentasyong sekswal.

Nagbibigay ang Wellcare By Health Net ng:

- Libreng tulong at mga serbisyo sa mga taong may mga kapansanan upang maging madali ang pakikipag-ugnayan nila sa amin, gaya ng:
 - Mga kwalipikadong interpreter ng sign language
 - Nakasulat na impormasyon na nasa iba pang format (malaking print, audio, mga accessible na elektronikong format, iba pang format)
- Mga libreng serbisyo sa wika sa mga taong hindi Ingles ang pangunahing wika, gaya ng:
 - Mga kwalipikadong interpreter
 - Impormasyong nakasulat sa iba pang wika

Kung kailangan ninyo ang mga serbisyong ito, makipag-ugnayan sa Wellcare By Health Net sa pamamagitan ng pagtawag sa **1-800-431-9007**. Sa pagitan ng Oktubre 1 hanggang Marso 31, maaari ninyo kaming tawagan 7 araw sa isang linggo mula 8 a.m. hanggang 8 p.m. Mula Abril 1 hanggang Setyembre 30, matatawagan ninyo kami nang Lunes hanggang Biyernes mula 8 a.m. hanggang 8 p.m. Isang messaging system ang ginagamit sa mga oras na sarado, tuwing Sabado at Linggo, at kapag pederal na holiday. Kung kayo ay hindi makarinig o makapagsalita nang maayos, maaaring tumawag sa **TTY 711**. Kapag hiniling, ang dokumentong ito ay maaaring maging available sa inyo sa braille, malaking print, audiocassette, o elektronikong anyo. Para makakuha ng kopya ng isa sa alternatibong mga format na ito, maaaring tumawag o sumulat sa:

Wellcare By Health Net

21281 Burbank Blvd.

Woodland Hills, CA 91367

1-800-431-9007 (TTY: 711)

Paano Maghahain ng Karaingan

Kung kayo ay naniniwala na ang Wellcare By Health Net ay nabigo sa pagbigay ng mga serbisyong ito o lumabag sa batas na nagtatanggi sa ibang paraan batay sa kasarian, lahi, kulay, relihiyon, ninuno, bansang pinagmulan, pagkakakilanlan ng pangkat etniko, edad, kapansanan sa pag-iisip, pisikal na kapansanan, medikal na kundisyon, genetic na impormasyon, katayuan sa pag-aasawa, kasarian, pagkakakilanlan ng kasarian, o oryentasyong sekswal, maaari kayong maghain ng karaingan sa Mga Serbisyo para sa Miyembro. Maaari kayong maghain ng karaingan sa telepono, sa pagsulat, personal, o sa elektronikong paraan:

- **Sa telepono:** Kontakin ang Civil Rights Coordinator ng Wellcare By Health Net sa pamamagitan ng pagtawag sa **1-866-458-2208**. Mula 8 a.m. hanggang 5 p.m., Lunes hanggang Biyernes. O, kung hindi kayo makarinig o makapagsalita nang maayos, maaaring tumawag sa TTY 711.

- Sa sulat: Magsagot ng form ng reklamo o sumulat at ipadala ito sa:
Wellcare Civil Rights Coordinator
P.O. Box 9103
Van Nuys, CA 91409-9103
- **Personal:** Bumisita sa opisina ng inyong doktor o ng Wellcare By Health Net at sabihin na gusto ninyong maghain ng karaingan.
- **Elektronikong Pamamaraan:** Bumisita sa website ng Wellcare By Health Net sa **wellcare.com/healthnetCA**.

Tanggapan para sa mga Karapatang Sibil – Kagawaran ng Mga Serbisyo sa Pangangalagang Pangkalusugan ng California

Maaari kayong maghain ng reklamo tungkol sa karapatang sibil sa Tanggapan para sa mga Karapatang Sibil ng Kagawaran ng Mga Serbisyo sa Pangangalagang Pangkalusugan ng California sa telepono, sa pagsulat, o elektronikong pamamaraan:

- **Sa telepono:** Tumawag sa **1-916-440-7370**. Kung hindi kayo makapagsalita o makarinig nang maayos, tumawag sa **TTY 711 (Telecommunications Relay Service)**.
- **Sa sulat:** Magsagot ng form ng reklamo o sumulat sa:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
 Available ang mga form ng reklamo sa **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.
- **Elektronikong pamamaraan:** Magpadala ng email sa **CivilRights@dhcs.ca.gov**.

Tanggapan para sa mga Karapatang Sibil – Departamento ng Mga Serbisyong Pangkalusugan at Pantao ng U.S.

Kung naniniwala kayo na nadiskrimina kayo batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan, o kasarian, puwede rin kayong maghain ng reklamo tungkol sa karapatang sibil sa Tanggapan para sa Mga Karapatang Sibil ng Departamento ng Mga Serbisyong Pangkalusugan at Pantao ng U.S. sa telepono, sa pagsulat, o elektronikong pamamaraan:

- **Sa telepono:** Tumawag sa **1-800-368-1019**. Kung kayo ay hindi makapagsalita o makarinig nang maayos, maaaring tumawag sa **TTY/TDD 1-800-537-7697**.
- Sa sulat: Magsagot ng form ng reklamo o sumulat sa:
U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, D.C. 20201
- **Elektronikong pamamaraan:** Bumisita sa Office for Civil Rights Complaint Portal sa **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**.

English: ATTENTION: If you need help in your language call **1-800-431-9007** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-431-9007** (TTY: **711**). These services are free of charge.

Arabic (العربية): انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم **1-800-431-9007** (TTY: **711**). تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقات مثل المستندات بطريقة برايل وبطباعة كبيرة. اتصل على الرقم **1-800-431-9007** (TTY: **711**). وهذه الخدمات مجانية.

Armenian (Հայերեն): Ուշադրություն: Եթե Ձեր լեզվով օգնության կարիք ունեք, գանգահարեք **1-800-431-9007** (TTY՝ **711**): Հասանելի են նաև օգնություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են՝ բրայլյան և խոշոր տառերով փաստաթղթերը: Չանգահարեք **1-800-431-9007** (TTY՝ **711**): Այս ծառայություններն անվճար են:

Cambodian (ភាសាខ្មែរ): ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូម ទូរសព្ទទៅលេខ **1-800-431-9007** (TTY:**711**)។ ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរធំសម្រាប់ជនពិការភ្នែក និងពុម្ពអក្សរធំ ក៏មានផងដែរ។ ទូរសព្ទទៅកាន់លេខ **1-800-431-9007** (TTY: **711**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

Chinese Mandarin (普通话): 注意：如果您需要语言支持，请致电 **1-800-431-9007** (TTY: **711**)。此外，还为残疾人提供辅助和相关服务，如盲文文件和大字体文件。请致电 **1-800-431-9007** (TTY: **711**)。这些服务均免费提供。

Chinese Cantonese (廣東話): 注意：如果您需要以您母語提供的協助，請致電 **1-800-431-9007** (TTY: **711**)。我們也為殘疾人士提供輔助和服務，例如點字和大字體印刷的文件。請致電 **1-800-431-9007** (TTY: **711**)。這些服務為免費服務。

Farsi (فارسی): توجه: اگر به زبان خود نیاز به کمک دارید با **1-800-431-9007** تماس بگیرید (رایگان: **711**). پشتیبانی و خدمات برای افراد دارای معلولیت، مانند اسناد با خط بریل و چاپ درشت، نیز موجود است. با **1-800-431-9007** (رایگان: **711**) تماس بگیرید. این خدمات رایگان است.

Hindi (हिंदी): ध्यान दें: अगर आपको अपनी भाषा में मदद चाहिए, तो **1-800-431-9007** (TTY: **711**) पर कॉल करें. विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज़ जैसी सहायता और सेवाएं उपलब्ध हैं. **1-800-431-9007** (TTY: **711**) पर कॉल करें. ये सेवाएं नि:शुल्क हैं.

Hmong (Lus Hmoob): THOV PAUB TXOG: Yog tias koj xav tau kev pab ua koj hom lus thov hu rau **1-800-431-9007** (TTY:**711**). Tsis tas i ntawd, peb tseem muaj cov neeg pab thiab cov kev pab cuam rau cov neeg uas muaj cov kev xiam oob qhab, xws li cov ntaub ntawv ua ntawv su rau neeg dig muag thiab ntawv luam loj. Hu rau **1-800-431-9007** (TTY: **711**). Cov kev pab cuam no tsis muaj nqi dab tsi ntxiv lawm.

Japanese (日本語): 注意：言語のヘルプが必要な場合は **1-800-431-9007** (TTY: **711**) までお電話ください。障害をお持ちの方には、点字や大判プリントなどの補助機能やサービスもご利用になれます。 **1-800-431-9007** (TTY: **711**) までお電話ください。これらのサービスは無料です。

Korean (한국어): 주의: 귀하의 구사 언어로 도움을 받으셔야 한다면 **1-800-431-9007** (TTY: **711**) 번으로 연락해 주십시오. 점자 및 큰 활자 인쇄 형식으로 된 문서 등 장애인을 위한 도움 및 서비스도 제공됩니다. **1-800-431-9007** (TTY: **711**) 번으로 연락해 주십시오. 해당 서비스는 무료로 제공됩니다.

Laotian (ພາສາລາວ): ສໍາຄັນ: ຖ້າຫາກວ່າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ໂທຫາ **1-800-431-9007** (TTY: **711**). ນອກຈາກນີ້, ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການ ສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ການພິມຂະໜາດໃຫຍ່. ໂທຫາ **1-800-431-9007** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນພຣິ.

Mien (Mienh): Liouh Eix: Oix se meih oix nongc zuqc gorngv mienh wac daih taengx meih, cingv meih mboqv dienx wac **1-800-431-9007** (TTY: **711**). Yie mbuo hac haih nongc mienh wac daih taengx waic fangx nyei mienh, hnangv zing mangc mv buatac lamh nyei mienh nongc nyei nzangc caux domh nzangc wenh jienx. Cingv meih mboqv dienx wac **1-800-431-9007** (TTY: **711**). Naiv deix bong zouc gong se maiv siou zinh nyanh nyei.

Punjabi (ਪੰਜਾਬੀ): ਧਿਆਨ ਦਿਉ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਚ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ **1-800-431-9007** ‘ਤੇ ਕਾਲ ਕਰੋ (TTY: **711**)। ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵੱਚ ਦਸਤਾਵੇਜ਼ਾਂ ਵਰਗੀਆਂ ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ। **1-800-431-9007** ‘ਤੇ ਕਾਲ ਕਰੋ (TTY: **711**)। ਇਹ ਸੇਵਾਵਾਂ ਬਲਿਕਲ ਮੁਫਤ ਹਨ।

Russian (Русский): ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру **1-800-431-9007** (TTY: **711**). Также доступны сопутствующая помощь и услуги для людей с ограниченными возможностями, такие как материалы, напечатанные крупным шрифтом и шрифтом Брайля. Позвоните по номеру **1-800-431-9007** (TTY: **711**). Эти услуги предоставляются бесплатно.

Spanish (Español): ATENCIÓN: Si necesita ayuda en su idioma llame al **1-800-431-9007** (TTY: **711**). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al **1-800-431-9007** (TTY: **711**). Estos servicios son gratuitos.

Tagalog (Tagalog): ATENSYON: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa **1-800-431-9007** (TTY: **711**). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-431-9007** (TTY: **711**). Walang bayad ang mga serbisyong ito.

Thai (ภาษาไทย): โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โปรดโทร **1-800-431-9007** (TTY:**711**) นอกจากนี้ ยังมีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารที่เป็นอักษรเบรลล์และเอกสารที่ใช้ตัวอักษรขนาดใหญ่ โทร **1-800-431-9007** (TTY: **711**) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Ukrainian (Українська): УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером **1-800-431-9007** (TTY:**711**). Також доступні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте за номером **1-800-431-9007** (TTY: **711**). Ці послуги є безкоштовними.

Vietnamese (Tiếng Việt): CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số **1-800-431-9007** (TTY:**711**). Các hỗ trợ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu bằng chữ nổi và bản in cỡ chữ lớn cũng được cung cấp. Gọi số **1-800-431-9007** (TTY: **711**). Các dịch vụ này được miễn phí.



Na-update ang pormularyong ito noong 12/01/2024.

Para sa mas kamakailang impormasyon o iba pang tanong, makipag-ugnayan sa Mga Serbisyo para sa Miyembro ng Wellcare sa **1-800-431-9007** (dapat tumawag ang mga TTY user sa **711**), sa pagitan ng Oktubre 1 at Marso 31, available ang mga kinatawan pitong araw kada linggo, 8 a.m. hanggang 8 p.m., sa pagitan ng Abril 1 at Setyembre 30, available ang mga kinatawan Lunes–Biyernes, 8 a.m. hanggang 8 p.m., o bisitahin ang **[wellcare.com/healthnetCA](https://www.wellcare.com/healthnetCA)**.

12/01/2024

Medicare_{Rx}
Prescription Drug Coverage