

2025

Tus Qauv Tshuaj

(Daim Ntawv Teev Tshuaj Uas Tau Txais

Kev Duav Roos los sis “Daim Ntawv Teev Tshuaj”)



- Wellcare Dual Access (HMO D-SNP),
- Wellcare Dual Access (HMO-POS D-SNP),
- Wellcare Dual Access Open (PPO D-SNP),
- Wellcare Dual Liberty (HMO D-SNP),
- Wellcare Dual Liberty (HMO-POS D-SNP),
- Wellcare Dual Liberty Nurture (HMO-POS D-SNP),
- Wellcare Dual Liberty Open (PPO D-SNP),
- Wellcare Dual Reserve (HMO D-SNP),
- Wellcare Dual Reserve (HMO-POS D-SNP),
- Wellcare Dual Select (HMO-POS D-SNP),
- Wellcare Fidelis Dual Access (HMO D-SNP),
- Wellcare ‘Ohana Dual Liberty (HMO-POS D-SNP)

02



THOV NYEEM: DAIM NTAWV NO MUAJ COV NTAUB NTAWV QHIA PAUB HAIS TXOG COV TSHUAJ UAS PEB DUAV ROOS HAUV TXOJ PHIAJ XWM NO

HPMS Kev Xa Cov Ntaub Ntawv Tus Qauv Tshuaj Uas Tau Txais Kev Pom Zoo Lawm Tus ID 25040

Tus qauv tshuaj no tau txais kev hloov kho tshiab hauv 10/15/2024. Hais txog cov ntaub ntawv qhia paub tsis ntev kiag los no ntau ntxiv los sis lwm cov lus nug, thov tiv tauj peb, Wellcare Cov Chaw Pab Cuam Rau Tswv Cuab ntawm tus naj npawb xov tooj los sis lub vev xaib rau koj txoj phiaj xwm uas teev cia nyob sab hauv cov phlaub npog ntawv pem hauv ntej thiab sab tom qab ntawm tus qauv tshuaj no, ncuaj sij hawm Lub Kaum Hlis Ntuj Tim 1 thiab Lub Peb Hlis Ntuj Tim 31, muaj cov neeg sawv cev ua hauj lwm rau xya hnuv hauv ib lub lim tiam, 8 teev sawv ntxov txog 8 teev tsaus ntuj, ncuaj sij hawm Lub Plaub Hlis Ntuj Tim 1 thiab Lub Cuaj Hlis Ntuj Tim 30, muaj cov neeg sawv cev ua hauj lwm rau Hnuv Monday–Hnuv Friday, 8 teev sawv ntxov txog 8 teev tsaus ntuj.

Arizona

HMO D-SNP

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

[wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ)

Arkansas

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

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

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

Wellcare Dual Access (HMO-POS D-SNP)

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

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

Connecticut

HMO-POS D-SNP

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

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

Florida

HMO D-SNP

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

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

Georgia

HMO-POS D-SNP

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

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

Hawaii

HMO-POS D-SNP

1-877-457-7621 (TTY: 711)

[wellcare.com/ohana](https://www.wellcare.com/ohana)

Iowa

HMO-POS D-SNP

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

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

Kentucky

HMO-POS D-SNP, PPO D-SNP

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

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

Louisiana

HMO-POS D-SNP

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

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

Maine

HMO-POS D-SNP

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

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

Mississippi

HMO-POS D-SNP

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

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

Nevada

HMO-POS D-SNP

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

[wellcare.com/allwellNV](https://www.wellcare.com/allwellNV)

New York

Wellcare Dual Access (HMO D-SNP),
Wellcare Dual Access Open (PPO D-SNP)

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

wellcare.com/medicare

Wellcare Fidelis Dual Access (HMO D-SNP)

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

wellcare.com/fidelisNY

Oregon

HMO-POS D-SNP

1-844-867-1156 (TTY: 711)

wellcare.com/trilliumOR

Pennsylvania

HMO D-SNP

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

wellcare.com/allwellPA

South Carolina

HMO-POS D-SNP, PPO D-SNP

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

wellcare.com/medicare

Tennessee

HMO-POS D-SNP

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

wellcare.com/medicare

Texas

HMO D-SNP

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

wellcare.com/medicare

Washington

HMO-POS D-SNP

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

wellcare.com/medicare

Wisconsin

HMO-POS D-SNP

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

wellcare.com/allwellWI

Lus cim tseg rau cov tswv cuab uas twb muaj nyob lawm: Tus Qauv Tshuaj no tau hloov pauv txij xyoo dhau los lawm. Thov tshuaj xyuas daim ntawv no los xyuas kom paub tseeb tias nws tseem muaj cov tshuaj uas koj noj.

Thaum Daim Ntawv Teev Tshuaj no (Tus Qauv Tshuaj) hais txog “peb,” “peb” los sis “peb li,” nws txhais tau tias yog Wellcare. Thaum nws hais txog “txoj phiaj xwm” los sis “peb txoj phiaj xwm,” nws txhais tau tias yog Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Fidelis Dual Access (HMO D-SNP), Wellcare ‘Ohana Dual Liberty (HMO-POS D-SNP).

Daim ntawv no yuav muaj Daim Ntawv Teev Tshuaj (tus qauv tshuaj) rau peb txoj phiaj xwm uas muab kho kom tshiab rau thaum 10/15/2024 lawm. Hais txog Daim Ntawv Teev Tshuaj (tus qauv tshuaj) uas hloov kho tshiab lawm, thov tiv tauj peb. Peb cov ntaub ntawv tiv tauj, ua ke nrog hnuv tim uas peb tau hloov kho tshiab kawg nkaus rau Daim Ntawv Teev Tshuaj (tus qauv tshuaj), yuav tshwm nyob sab hauv cov phab ntawv phlaub sab pem hauv ntej thiab sab tom qab.

Feem ntau koj yuav tsum tau siv lub khw muag tshuaj hauv pab pawg koom tes los siv peb cov txiaj ntsig kev pab txog tshuaj raws daim ntawv sau yuav tshuaj. Cov txiaj ntsig kev pab, tus qauv tshuaj, pab pawg koom tes ntawm lub khw muag tshuaj, thiab/los sis cov kev sib koom them ua ke/kev tuav pov hwm sib koom ua ke yuav hloov pauv hauv Lub Ib Hlis Ntuj Tim 1, 2025, thiab ua ntu zus hauv lub xyoo.

Tus qauv tshuaj ntawm Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Fidelis Dual Access (HMO D-SNP), Wellcare ‘Ohana Dual Liberty (HMO-POS D-SNP) yog dab tsi?

Hauv daim ntawv no, peb siv cov lus siv Daim ntawv teev tshuaj thiab tus qauv tshuaj los txhais tias yog tib yam. Tus qauv tshuaj yog daim ntawv teev tshuaj uas tau txais kev duav roos uas raug xaiv los ntawm peb txoj phiaj xwm uas tau muab los sab laj nrog pab pawg saib xyuas ntawm cov kws muab kev pab cuam saib xyuas kev noj qab haus huv, uas sawv cev rau cov kev kho mob raws daim ntawv sau qhia uas ntseeg tias yuav yog feem tseem ceeb ntawm lub khoos kas kev kho mob uas zoo tsim nyog. Feem ntau peb txoj phiaj xwm yuav duav roos cov tshuaj uas muaj npe nyob hauv peb tus qauv tshuaj tsuav yog tias qhov tshuaj yog qhov tsim nyog rau fab kev kho mob, yuav mus ntxiv cov tshuaj raws daim ntawv yuav tshuaj rau ntawm txoj phiaj xwm lub khw muag tshuaj hauv pab pawg koom tes, thiab tau ua raws li txoj phiaj xwm lwm cov cai lawm. Yog xav paub ntau ntxiv txog txoj hau kev yuav ntxiv koj cov tshuaj raws daim ntawv sau yuav tshuaj, thov tshuaj xyuas koj qhov Pov Thawj txog Kev Duav Roos.

Tus qauv tshuaj puas yuav hloov pauv tau?

Cov kev hloov pauv feem ntau rau hauv kev duav roos tshuaj yuav muaj nyob hauv Lub Ib Hlis Ntuj Tim 1, tab sis tej zaum peb yuav ntxiv los sis tshem cov tshuaj tawm hauv tus qauv tshuaj nyob hauv lub xyoo, muab lawv txav mus rau cov theem kev sib faib tus nqi, los sis ntxiv cov kev txwv tshiab. Peb yuav tsum ua raws li Medicare cov cai hauv kev ua cov kev hloov pauv no. Cov kev hloov kho tshiab rau tus qauv tshuaj yuav raug muab tshaj tawm hauv txhua hli rau peb lub vev xaib uas yuav tshwm nyob rau sab hauv cov phab ntawv phlaub pem hauv ntej thiab tom qab.

Cov kev hloov pauv tuaj yeem cuam tshuam rau koj rau lub xyoo no: Hauv cov xwm txheej hauv qab no, koj yuav tau txais kev cuam tshuam los ntawm cov kev hloov pauv rau kev duav roos hauv lub xyoo tau:

- **Kev hloov rau qee cov hom tshuaj uas muaj npe hom tshuaj tshiab thiab cov khoom lag luam uas muaj yam muaj sia li thaum ub kiag tam sim ntawd.** Tej zaum peb yuav tshem hom tshuaj tawm ntawm peb tus qauv tshuaj kiag tam sim ntawd yog tias peb tab tom yuav hloov pauv nws nrog qee hom tshiab ntawm cov tshuaj ntawd uas yuav tshwm muaj nrog cov kev txwv zoo tib yam ntawd los sis tsawg dua ntawd. Thaum peb ntxiv ib hom tshiab ntawm hom tshuaj rau peb tus qauv tshuaj, peb yuav txiav txim siab khaws hom tshuaj uas muaj npe hom tshuaj los sis hom khoom lag luam uas muaj yam muaj sia li ib txwm cia hauv peb tus qauv tshuaj, tab sis yuav ntxiv cov kev txwv tshiab rau kiag tam sim ntawd.

Peb tuaj yeem ua cov kev hloov pauv kiag tam sid no tau tsuav yog tias peb yuav ntxiv hom tshuaj uas muaj neeg siv nthuav dav tshiab ntawm hom tshuaj uas muaj npe hom tshuaj, los sis kev ntxiv qee hom tshuaj uas muaj yam muaj sia zoo sib xws tshiab ntawm yam khoom lag luam muaj yam muaj sia li ib txwm ntawd rau, uas twb tau nyob rau hauv tus qauv tshuaj lawm xwb (piv txwv li, kev ntxiv hom tshuaj uas muaj yam muaj sia zoo sib xws uas tuaj yeem siv sib hloov pauv tau rau yam khoom lag luam uas muaj yam muaj sia li ib txwm los ntawm lub khw muag tshuaj uas tsis tas muaj kev sau ntawv yuav tshuaj daim tshiab li).

Yog tias tam sim no koj tab tom noj hom tshuaj uas muaj npe hom tshuaj los sis yam khoom lag luam uas muaj yam muaj sia li ib txwm, peb yuav tsis qhia rau koj ua ntej li ua ntej peb yuav ua kev hloov pauv kiag tam sid no, tab sis tom qab ntawd peb yuav muab cov ntaub ntawv qhia paub hais txog (cov)qhov kev hloov pauv tshwj xeeb uas peb tau ua no qhia rau koj paub.

Yog tias peb ho ua kev hloov pauv li ntawd, koj los sis koj tus kws muab tshuaj tuaj yeem thov kom peb muab qhov kev zam tau thiab duav roos rau koj hom tshuaj uas tab tom yuav raug hloov pauv no txuas ntxiv mus. Yog xav paub ntau ntxiv, mus saib hauv tshooj hauv qab no uas muaj npe “Kuv yuav thov qhov kev zam txog Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Fidelis Dual Access (HMO D-SNP), Wellcare ‘Ohana Dual Liberty (HMO-POS D-SNP) Tus Qauv Tshuaj tau li cas?”

Qee yam ntawm cov hom tshuaj no tej zaum yuav yog hom tshiab rau koj. Yog xav paub ntau ntxiv, saib hauv tshooj hauv qab no uas muaj npe “Cov khoom lag luam uas muaj yam muaj sia li ib txwm yog dab tsi thiab lawv muaj qhov sib cuam tshuam nrog cov tshuaj uas muaj yam muaj sia zoo sib xws ntawd zoo li cas thiab?”

- **Hom tshuaj uas raug muab tshem tawm ntawm lub khw lawm.** Yog tias hom tshuaj uas raug thim tawm ntawm kev muag los ntawm lub chaw tsim tshuaj los sis Food and Drug Administration (FDA) txiav txim siab kom muab thim tawm hais txog rau cov laj thawj fab kev nyab xeeb los sis kev siv hauj lwm tau zoo, peb yuav tshem hom tshuaj ntawd tawm ntawm peb tus qauv tshuaj kiag tam sim ntawd thiab tom qab ntawd mam li muab ntawv ceeb toom rau tus tswv cuab uas noj hom tshuaj ntawd.
- **Lwm cov kev hloov pauv.** Tej zaum peb yuav ua lwm cov kev hloov pauv uas cuam tshuam rau tus tswv cuab uas tam sim no noj hom tshuaj ntawd. Piv txwv li, tej zaum peb yuav tshem hom tshuaj uas muaj npe hom tshuaj tawm ntawm tus qauv tshuaj thaum ntxiv ib hom uas sib npaug rau yam uas muaj neeg siv nthuav dav los sis tshem yam khoom lag luam uas muaj yam muaj sia li ib txwm tawm thaum ntxiv yam tshuaj muaj yam muaj sia uas zoo sib xws li ntawd. Tej zaum peb kuj yuav muaj cov kev txwv tshiab siv rau hom tshuaj uas muaj npe hom tshuaj los sis hom khoom lag luam uas muaj yam muaj sia li ib txwm, los txav nws mus rau theem kev sib faib tus nqi sib txawv, los sis tag nrho ob yam kiag. Tej zaum peb yuav ua cov kev hloov pauv raws li cov lus taw qhia fab kev kho mob tshiab uas muaj tuaj. Yog tias peb tshem cov tshuaj tawm ntawm peb tus qauv tshuaj los sis, ntxiv kev tso cai ua ntej, cov kev txwv rau qhov ntau tsawg thiab/los sis kev kho mob raws kauj ruam cov kev txwv txog hom tshuaj, peb yuav tsum ceeb toom qhia rau tus tswv cuab uas tau txais kev cuam tshuam los ntawm kev hloov pauv yam tsawg kawg 30 hnuv ua ntej kev hloov pauv yuav pib siv tau. Los sis thaum uas tus tswv cuab thov ntxiv tshuaj, lawv yuav tau txais kev ntxiv tshuaj kom siv tau ntev txog 30-hnuv thiab daim ntawv ceeb toom txog kev hloov pauv.

Yog tias peb ua lwm cov kev hloov pauv no, koj los sis koj tus kws muab tshuaj tuaj yeem thov kom peb muab qhov kev zam rau koj thiab pab duav roos hom tshuaj uas koj twb tau noj los ntev lawm txuas ntxiv mus. Tsab ntawv ceeb toom uas peb muab rau koj kuj yuav muaj cov ntaub ntawv qhia paub txog txoj hau kev yuav thov txog qhov kev zam, thiab koj kuj tuaj yeem nrhiav tau cov ntaub ntawv qhia paub hauv tshooj hauv qab no uas muaj npe tias “Kuv yuav thov qhov kev zam txog Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Fidelis Dual Access (HMO D-SNP), Wellcare ‘Ohana Dual Liberty (HMO-POS D-SNP) Tus Qauv Tshuaj tau li cas?”

Cov kev hloov pauv uas yuav tsis cuam tshuam rau koj yog tias tam sim no koj tab tom noj hom tshuaj ntawd. Feem ntau, yog tias koj tab tom noj hom tshuaj hauv peb tus qauv tshuaj hauv xyoo 2025 uas tau txais kev duav roos nyob rau thaum pib ntawm lub xyoo, peb yuav tsis tso tseg los sis txo kev duav roos ntawm hom tshuaj hauv lub xyoo kev duav roos 2025 no tshwj tsis yog tias tau muab piav qhia cia saum toj no. Qhov no txhais tau tias cov tshuaj no tseem yuav muaj siv tau ntawm tib theem kev sib faib tus nqi thiab tsis muaj cov kev txwv tshiab rau cov tswv cuab no uas noj cov tshuaj ntawd rau ncuaj sij hawm uas tseem seem ntawm lub xyoo kev duav roos no. Koj yuav tsis tau txais tsab ntawv ceeb toom ncaj qha hauv lub xyoo no hais txog cov kev hloov pauv uas tsis cuam tshuam rau koj. Li cas los xij, hauv Lub Ib Hlis Ntuj Tim 1 ntawm llub xyoo tom ntej, cov kev hloov pauv ntawd yuav cuam tshuam rau koj, thiab nws yog qhov tseem ceeb yuav tau kuaj xyuas tus qauv tshuaj rau lub xyoo muab cov txiaj ntsig kev pab tshiab hais txog cov kev hloov pauv ib qho twg rau cov tshuaj.

Tus qauv tshuaj uas xa ua ke tuaj no muab ua kom tshiab rau thaum 10/15/2024. Yog xav tau cov ntaub ntawv qhia paub uas hloov kho tshiab hais txog cov tshuaj uas tau txais kev duav roos los ntawm peb txoj phiaj xwm thov tiv tauj tuaj rau peb. Peb cov ntaub ntawv tiv tauj yuav pom nyob rau sab hauv cov phab ntawv phlaub sab pem hauv ntej thiab sab tom qab.

Tus qauv tshuaj yuav tau txais kev hloov kho tshiab hauv txhua hli thiab muab tshaj tawm rau hauv peb lub vev xaib. Yog xav tau tus qauv tshuaj uas muab luam tawm hloov kho tshiab no los sis kom tau txais ntaub ntawv qhia paub txog cov tshuaj uas tau txais kev duav roos los ntawm peb txoj phiaj xwm, thov mus saib hauv peb lub vev xaib los sis hu rau Cov Chaw Pab Cuam Rau Tswv Cuab ntawm peb cov ntaub ntawv tiv tauj nyob sab hauv ntawm cov phab ntawv phlaub sab pem hauv ntej thiab sab tom qab.

Kuv yuav siv Tus Qauv Tshuaj tau li cas?

Muaj ob txoj hau kev yuav nrhiav tau koj hom tshuaj nyob hauv tus qauv tshuaj:

Qhov Xwm Txheej Kev Kho Mob

Tus qauv tshuaj yuav pib hauv phab thib 1. Cov tshuaj hauv tus qauv tshuaj no raug muab tso ua pawg nkag mus rau cov pab pawg khoom uas saib raws li hom ntawm cov xwm txheej kev kho mob uas muab lawv siv los mus kho tus mob ntawd. Piv txwv li, cov tshuaj uas muab siv los kho qhov zwj ceeb mob plawv uas muab teev cia rau hauv pab pawg “Mob Plawv thiab Hlab Ntsha Plawv, Mob Ntshav Siab / Mob Muaj Roj Ntau.” Yog tias koj paub seb koj cov tshuaj muab mus siv rau dab tsi, ces nrhiav hauv pab pawg lub npe hauv daim ntawv teev npe uas pib nyob hauv phab ntawv thib 1. Tom qab ntawd ces saib nyob hauv pab pawg lub npe rau koj hom tshuaj.

Kev Teev Npe Raws Tus Tsiav Ntawv

Yog tias koj tsis paub meej seb yuav mus nrhiav rau hauv pab pawg twg, ces koj yuav tsum nrhiav koj hom tshuaj hauv Daim Ntawv Qhia Ntxiv uas pib nyob hauv phab INDEX-1. Daim Ntawv Qhia Ntxiv muab daim ntawv teev npe raws tus tsiav ntawv ntawm tag nrho cov tshuaj uas muaj nyob hauv daim ntawv no. Tag nrho cov tshuaj uas muaj npe hom tshuaj thiab cov tshuaj muaj muag tom tej khw yeej muaj npe nyob hauv Daim Ntawv Qhia Ntxiv. Saib rau hauv Daim Ntawv Qhia Ntxiv thiab nrhiav koj hom tshuaj. Nyob ntawm koj hom tshuaj ib sab, koj yuav pom tus naj npawb phab ntawv uas koj tuaj yeem nrhiav tau cov ntaub ntawv qhia paub txog kev duav roos. Thuav mus rau phab ntawv uas teev cia nyob hauv Daim Ntawv Qhia Ntxiv thiab nrhiav lub npe ntawm koj hom tshuaj hauv thawj kem ntawv ntawm daim ntawv teev npe.

Cov tshuaj muaj muag tom tej khw yog dab tsi?

Peb txoj phiaj xwm duav roos tag nrho cov tshuaj uas muaj npe hom tshuaj thiab cov tshuaj muaj muag tom tej khw tib si. Cov tshuaj muaj muag tom tej khw tau txais kev pom zoo los ntawm FDA vim tias muaj yam tshuaj sib tiv uas muaj kuab zoo tib yam li hom tshuaj uas muaj npe hom tshuaj. Feem ntau, cov tshuaj muaj muag tom tej khw tsuas siv tau zoo ib yam nkaus thiab feem ntau raug tus nqi qis zog cov tshuaj uas muaj npe hom tshuaj. Muaj cov tshuaj muaj muag tom tej khw hloov pauv uas muaj rau ntau hom tshuaj uas muaj npe hom tshuaj. Cov tshuaj muaj muag tom tej khw feem ntau tuaj yeem muab los hloov chaw rau hom tshuaj uas muaj npe hom tshuaj nyob rau ntawm lub khw muag tshuaj yam tsis tas muaj daim ntawv sau yuav tshuaj tshiab los tau, saib raws li cov kev cai lij choj nyob hauv lub xeev.

Cov khoom lag luam muaj yam muaj sia li ib txwm yog dab tsi thiab lawv muaj feem cuam tshuam rau cov tshuaj uas muaj yam muaj sia zoo sib xws ntawd li cas?

Nyob hauv peb tus qauv tshuaj, thaum peb hais txog cov tshuaj, qhov no txhais tau tias yog ib qhov tshuaj los sis khoom lag luam uas muaj yam muaj sia. Cov khoom lag luam uas muaj yam muaj sia yog cov tshuaj uas muaj kuab sib cov pes daws dua cov tshuaj uas siv li ib txwm. Vim tias cov khoom siv nroj tsuag muaj ntau dua li cov tshuaj ib txwm siv, tsis yog muaj hom tshuaj feem dav, lawv muaj lwm txoj hauv kev hu ua cov khoom siv nrho tsuag ua (biosimilar). Feem ntau lawm, cov tshuaj uas muaj yam muaj sia zoo sib xws tsuas siv tau zoo ib yam li yam khoom lag luam uas muaj yam muaj sia li ib txwm thiab yuav raug tus nqi qis dua. Muaj lwm cov tshuaj uas muaj yam muaj sia zoo sib xws rau qee cov khoom lag luam uas muaj yam muaj sia li ib txwm. Qee cov tshuaj uas muaj yam muaj sia zoo sib xws yog cov tshuaj muaj yam muaj sia zoo sib xws uas yuav muab los hloov pauv tau thiab, saib raws li cov kev cai lij choj hauv xeev, yuav muab los hloov pauv rau yam khoom lag luam uas muaj yam muaj sia li ib txwm tau nyob rau ntawm lub khw muag tshuaj yam tsis tas muaj kev sau daim ntawv yuav tshuaj tshiab li, tsuas zoo ib yam li cov tshuaj muaj muag tom tej khw yeej tuaj yeem muab mus hloov pauv rau cov tshuaj uas muaj npe hom tshuaj tau.

- Hais txog kev sib tham txog cov hom tshuaj, thov mus saib hauv qhov Pov Thawj txog Kev Duav Roos, Tshooj 5, Nqe 3.1, “Daim Ntawv Teev Tshuaj’ qhia seb Ntu D cov tshuaj twg tau txais kev duav roos.”

Puas muaj cov kev txwv twg hauv kuv qhov kev duav roos?

Qee cov tshuaj uas tau txais kev duav roos yuav muaj cov cai yuav tsum tau muaj ntxiv los sis cov kev txwv txog qhov ntau tsawg nyob hauv kev duav roos. Cov cai no thiab cov kev txwv txog qhov ntau tsawg yuav muaj:

- **Kev Tso Cai Ua Ntej:** Peb txoj phiaj xwm tseev kom koj los sis tus kws muab tshuaj kom tau kev tso cai ua ntej rau qee cov tshuaj. Qhov no txhais tau tias koj yuav tsum tau txais kev pom zoo los ntawm peb txoj phiaj xwm ua ntej koj yuav ntxiv tau koj cov tshuaj raws daim ntawv sau yuav. Yog tias koj tsis tau txais kev pom zoo, tej zaum peb txoj phiaj xwm yuav tsis duav roos cov tshuaj.
- **Cov Kev Txwv Rau Qhov Ntau Tsawg:** Rau qee cov tshuaj, peb txoj phiaj xwm txwv rau qhov ntau ntawm hom tshuaj uas peb txoj phiaj xwm yuav duav roos rau. Piv txwv li, peb txoj phiaj xwm yuav muab hom tshuaj rizatriptan 5mg, ib zaug 18 ntsiav raws li daim ntawv sau yuav tshuaj. Tej zaum qhov no yuav mua ntxiv rau kev muab tshuaj uas siv tau hauv ib lub hlis los sis peb lub hlis raws li tus qauv.
- **Kev Kho Mob Raws Kauj Ruam:** Hauv qee cov xwm txheej, peb txoj phiaj xwm tseev kom koj sim qee cov tshuaj ua ntej los kho koj cov xwm txheej kev kho mob ua ntej peb yuav duav roos lwm hom tshuaj rau qhov xwm txheej kev kho mob ntawd. Piv txwv li, yog tias Hom Tshuaj A thiab Hom Tshuaj B puav leej kho tau koj qhov xwm txheej kev kho mob, peb txoj phiaj xwm yuav tsis duav roos Hom Tshuaj B tshwj tsis yog tias koj sim Hom Tshuaj A ua ntej lawm. Yog tias Hom Tshuaj A siv tsis tau rau koj, ces peb txoj phiaj xwm yuav duav roos Hom Tshuaj B.

Koj yuav nrhiav kom paub seb koj hom tshuaj puas muaj cov cai txwv ntxiv twg los sis cov kev txwv txog qhov ntau tsawg los ntawm kev mus saib tus qauv tshuaj uas pib nyob hauv phab ntawv thib 1. Koj kuj tuaj yeem tau txais ntaub ntawv qhia paub ntxiv hais txog cov kev txwv uas tau siv rau cov tshuaj uas tau txais kev duav roos tshwj xeeb los ntawm kev mus saib hauv peb lub vev xaib. Peb tau tshaj tawm cov ntaub ntawv rau hauv online uas piav qhia txog peb li kev tso cai ua ntej thiab cov kev txwv txog kev kho mob raws kauj ruam. Tej zaum koj kuj yuav thov kom peb xa ib daim ntawv theej tuaj rau koj tau. Peb cov ntaub ntawv tiv tauj, ua ke nrog hnuv tim uas peb tau hloov kho tshiab rau tus qauv tshuaj kawg nkaus, yuav tshwm nyob rau sab hauv qab ntawm cov phab ntawv phlaub sab pem hauv ntej thiab sab tom qab.

Koj tuaj yeem thov kom peb txoj phiaj xwm muab qhov kev zam rau cov kev txwv no los sis cov kev txwv qhov ntaub tsawg los sis rau daim ntawv teev npe ntawm lwm hom tshuaj uas zoo sib xws ntawd uas yuav kho tau koj qhov zwj ceeb kev noj qab haus huv. Saib hauv tshooj, “Kuv yuav thov qhov kev zam rau Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Fidelis Dual Access (HMO D-SNP), Wellcare ‘Ohana Dual Liberty (HMO-POS D-SNP) tus qauv tshuaj tau li cas?” hauv phab ntawv VIII kom paub hais txog txoj hau kev thov qhov kev zam.

Yuav ua li cas yog tias kuv hom tshuaj tsis muaj nyob hauv Tus Qauv Tshuaj?

Yog tias koj hom tshuaj tsis muaj nyob hauv tus qauv tshuaj no (daim ntawv teev tshuaj uas tau txais kev duav roos), koj tsim nyog tiv tauj Cov Chaw Pab Cuam Rau Tswv Cuab ua ntej thiab nug seb koj hom tshuaj puas tau txais kev duav roos.

Yog tias koj paub tias peb txoj phiaj xwm tsis duav roos koj hom tshuaj, koj muaj ob txoj kev xaiv:

- Koj tuaj yeem thov ib daim ntawv teev npe cov tshuaj uas zoo sib xws ntawd uas tau txais kev duav roos los ntawm peb txoj phiaj xwm los ntawm Cov Chaw Pab Cuam Rau Tswv Cuab. Thaum koj tau txais daim ntawv teev npe, muab rau koj tus kws kho mob saib thiab thov kom lawv sau yuav hom tshuaj uas zoo sib xws ntawd uas tau txais kev duav roos los ntawm peb txoj phiaj xwm.
- Koj tuaj yeem thov kom peb txoj phiaj xwm muab qhov kev zam thiab duav roos koj hom tshuaj tau. Saib hauv qab no yog xav paub hais txog txoj hau kev thov txog qhov kev zam.

Kuv yuav thov qhov kev zam rau Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Fidelis Dual Access (HMO D-SNP), Wellcare ‘Ohana Dual Liberty (HMO-POS D-SNP) Tus Qauv Tshuaj tau li cas?

Koj tuaj yeem thov kom peb txoj phiaj xwm muab kev zam rau peb cov cai kev duav roos. Muaj ntau hom kev zam uas koj tuaj yeem thov kom peb muab tau.

- Koj tuaj yeem thov kom peb duav roos hom tshuaj txawm tias nws tsis nyob hauv peb tus qauv tshuaj los xij. Yog tias tau txais kev pom zoo lawm, hom tshuaj no yuav tau txais kev duav roos ntawm theem kev sib faib tus nqi uas tau txais kev txiav txim siab ua ntej, thiab koj yuav tsis muaj peev xwm yuav thov kom peb muab hom tshuaj tau ntawm theem kev sib faib tus nqi qis zog lawm.
- Koj tuaj yeem thov kom peb zam txoj kev txwv txog kev duav roos suav nrog kev tso cai ua ntej, kev kho mob raws kauj ruam, los sis cov kev txwv rau qhov ntau tsawg txog koj hom tshuaj. Piv txwv li, rau qee hom tshuaj, peb txoj phiaj xwm cov kev txwv txog qhov ntau tsawg ntawm hom tshuaj uas peb yuav duav roos. Yog tias koj hom tshuaj muaj cov kev txwv rau qhov ntau tsawg, koj tuaj yeem thov kom peb zam qhov kev txwv txog qhov ntau tsawg thiab duav roos qhov ntau tsawg kom ntau zog tuaj.

Feem ntau lawm, peb txoj phiaj xwm tsuas yuav pom zoo rau koj qhov kev thov txog qhov kev zam tau yog tias lwm cov tshuaj tau muaj nyob hauv txoj phiaj xwm tus qauv tshuaj lawm, los sis thov kom tau kev zam yuav siv tsis tau hauj lwm zoo rau koj thiab/los sis yuav ua rau koj muaj cov mob tshwm sim tsis zoo tau.

Koj los sis koj tus kws muab tshuaj yuav tiv tauj peb los thov txog qhov kev zam raws tus qauv tshuaj, suav nrog kev zam rau kev txwv ntawm kev duav roos. **Thaum koj thov rau ib qhov kev zam, koj tus kws muab tshuaj yuav tsum tau piav qhia txog cov laj thawj fab kev kho mob tias vim li cas koj thiaj li xav tau qhov kev zam.** Feem ntau, peb yuav tsum txiav txim siab nyob hauv 72 teev txij thaum tau txais tus kws muab tshuaj nqe lus hais muab kev txhawb nqa. Koj tuaj yeem thov rau kev txiav txim siab kom sai (nrawm) yog tias koj ntseeg, thiab peb pom zoo, tias koj li kev noj qab haus huv tuaj yeem rau kev phom sij hnyav heev los ntawm kev tos ntev li 72 teev mam li txiav txim siab. Yog tias peb pom zoo, los sis yog tias koj tus kws muab tshuaj thov txog kev txiav txim siab nrawm, peb yuav tsum muab kev txiav txim siab rau koj tsis pub dhau 24 teev tom qab peb tau txais koj tus kws muab tshuaj nqe lus hais muab kev txhawb nqa.

Kuv yuav ua tau dab tsi yog tias kuv hom tshuaj tsis nyob rau hauv tus qauv tshuaj los sis muaj kev txwv?

Tam li yog ib tus tswv cuab tshiab los sis nyob txuas ntxiv mus hauv peb txoj phiaj xwm koj tej zaum koj yuav noj cov tshuaj uas tsis muaj nyob rau hauv peb tus qauv tshuaj los tau. Los sis, tej zaum koj yuav noj hom tshuaj uas nyob rau hauv peb tus qauv tshuaj tab sis muaj kev txwv txog kev duav roos, xws li kev tso cai ua ntej. Koj yuav tsum nrog koj tus kws muab tshuaj tham txog kev thov kev txiav txim siab txog kev duav roos los qhia kom pom tias koj ua tau raws li tus qauv cai txog kev pom zoo, kev hloov mus rau lwm hom tshuaj uas peb duav roos, los sis kev thov qhov kev zam raws tus qauv tshuaj kom peb thiaj li yuav duav roos hom tshuaj uas koj noj. Txawm tias koj thiab koj tus kws kho mob txiav txim siab txog kev nqis tes ua kom haum rau koj lawm, tej zaum peb yuav duav roos koj hom tshuaj hauv qee cov xwm txheej nyob hauv ncuva thawj 90 hnuv uas koj los ua tus tswv cuab ntawm peb txoj phiaj xwm.

Rau txhua hom ntawm koj cov tshuaj uas tsis nyob hauv peb tus qauv tshuaj los sis muaj kev txwv txog kev duav roos, peb yuav duav roos kev muab tshuaj siv tau ntev txog 30-hnuv ib nyuag ntu. Yog tias koj daim ntawv sau yuav tshuaj muab sau kom siv tau li ob peb hnuv xwb, peb yuav tso cai kom ntxiv tau tshuaj los muab cov tshuaj kom siv tau ntev tshaj plaws txog 30 hnuv. Yog tias kev duav roos tsis tau txais kev duav roos, tom qab koj li tshuaj siv tau ntev txog 30-hnuv thawj zaug, peb yuav tsis them rau cov hom tshuaj no, txawm tias koj twb tau ua tus tswv cuab ntawm txoj phiaj xwm los tau tsawg dua 90 hnuv lawm.

Yog tias koj yog ib tug neeg nyob hauv lub chaw saib xyuas ncuva sij hawm ntev thiab koj xav tau hom tshuaj uas tsis muaj nyob hauv peb tus qauv tshuaj los sis yog tias koj lub peev xwm yuav tau txais koj cov tshuaj no raug txwv cia, tab sis koj twb nyob dhau thawj 90 hnuv ntawm kev ua tswv cuab hauv peb txoj phiaj xwm, peb yuav duav roos kev muab tshuaj thaum muaj xwm txheej ceev hauv 31-hnuv thaum uas koj ua kom tau txais qhov kev zam raws tus qauv tshuaj.

Yog tias koj ntsib them kev hloov pauv kev saib xyuas kho mob (xws li raug tso tawm los sis txais nkag rau lub chaw saib xyuas ncuva sij hawm ntev), koj tus kws kho mob los sis lub khw muag tshuaj tuaj yeem hu rau peb Lub Chaw Muab Kev Pab Cuam Rau Tus Kws Muab Kev Pab Cuam thiab thov kom rov muab kho dua ib zaug. Kev rov muab kho dua ib zaug no yuav yog qhov kev muab tshuaj siv tau ntev txog 30-hnuv (tshwj tsis yog koj muaj daim ntawv sau yuav tshuaj cia li ob peb hnuv).

Yog xav paub ntau ntxiv

Yog xav paub ntxaws ntxiv hais txog koj txoj phiaj xwm li kev duav roos hom tshuaj raws daim ntawv sau yuav tshuaj, thov tshuaj xyuas koj qhov Pov Thawj txog Kev Duav Roos thiab lwm cov ntaub ntawv hauv txoj phiaj xwm.

Yog tias koj muaj lus nug hais txog peb txoj phiaj xwm, thov tiv tauj peb. Peb cov ntaub ntawv tiv tauj, ua ke nrog hnuv tim uas peb tau hloov kho tshiab rau tus qauv tshuaj kawg nkaus, yuav tshwm nyob rau sab hauv qab ntawm cov phab ntawv phlaub sab pem hauv ntej thiab sab tom qab.

Yog tias koj muaj lus nug nthuav dav hais txog kev duav roos tshuaj raws daim ntawv yuav tshuaj ntawm Medicare, ces thov hu rau Medicare tau ntawm 1-800-MEDICARE (**1-800-633-4227**) 24 teev hauv ib hnuv/7 hnuv hauv ib lub lim tiam. Cov neeg siv TTY yuav tsum hu rau **1-877-486-2048**. Los sis, mus saib hauv **<http://www.medicare.gov>**.

Peb txoj phiaj xwm Tus Qauv Tshuaj

Tus qauv tshuaj hauv qab no muab tau ntaub ntawv qhia paub txog kev duav roos hais txog cov tshuaj uas tau txais kev duav roos los ntawm peb txoj phiaj xwm. Yog tias koj muaj teeb meen txog kev nrhiav koj hom tshuaj hauv daim ntawv teev npe, ces thuav mus rau Daim Ntawv Qhia Ntxiv uas pib nyob hauv phab INDEX-1.

Thawj kem ntawv ntawm daim tsham qhia teev muaj lub npe tshuaj. Cov tshuaj uas muaj npe hom tshuaj yuav muab sau ua tus ntawv loj (xws li, ELIQUIS) thiab cov tshuaj muaj muag tom tej khw yuav muag teev cia ua tus ntawv me tus ntawv qaij (xws li., *simvastatin*).

Cov ntaub ntawv qhia paub hauv kem ntawv Cov Cai Tswj Hwm/Cov Kev Txwv Txog Qhov Ntau Tsawg yuav qhia rau koj seb peb txoj phiaj xwm puas muaj cov cai tshwj xeeb twg rau kev duav roos txog koj cov tshuaj.

- **NM** txhais tau tias yog hom tshuaj uas tsis muaj rau koj cov txiaj ntsig kev pab uas muab kev pab cuam xa raws kev xa ntawv hauv txhua hli. Qhov ntaub ntawv no teev tseg cia rau hauv kem ntawv qhia txog Cov Cai Tswj Hwm/ Cov Kev Txwv Txog Qhov Ntau Tsawg ntawm koj tus qauv tshuaj. Tej zaum koj yuav muaj peev xwm tau txais kev muab tshuaj feem ntau ntawd ntau tshaj ib lub hlis hauv koj tus qauv tshuaj los ntawm kev pab cuam xa raws kev xa ntawv ntawm kev sib faib them tus nqi uas txo qis. Thov saib hauv Tshooj 5 ntawm koj qhov Pov Thawj txog Kev Duav Roos kom paub ntau ntxiv.
- **PA** ua ntawv luv sau los ntawm Kev Tso Cai Ua Ntej: Thov saib hauv phab VII kom paub ntxaws.
- **PA-NS** ua ntawv luv sau los ntawm Kev Tso Cai Ua Ntej rau Cov Pib Tshiab: Qhov no txhais tau tias yog tias hom tshuaj no tseem tshiab rau koj, koj yuav tsum tau txais kev pom zoo los ntawm peb ua ntej koj yuav ntxiv koj cov tshuaj raws daim ntawv sau yuav tshuaj. Yog tias koj tab tom noj hom tshuaj no rau thaum tuaj tso npe, koj yuav tsum tau ua kom tau raws li tus qauv cai txog kev pom zoo.
- **B/D** ua ntawv luv sau los ntawm Uas Tau Txais Kev Duav Roos hauv Medicare B los sis D: Hom tshuaj no yuav muaj cai tau txais rau kev them nqi hauv Medicare Part B los sis Part D. Koj (los sis koj tus kws kho mob) yuav tsum tau txais kev tso cai ua ntej los ntawm peb los txiaiv txim siab tias qhov tshuaj no tau txais kev duav roos hauv Medicare Part D ua ntej koj yuav ntxiv koj cov tshuaj raws daim ntawv sau yuav tshuaj rau hom tshuaj no. Yog tsis muaj kev pom zoo ua ntej, tej zaum peb yuav tsis duav roos hom tshuaj no.
- **QL** ua ntawv lus sau los ntawm Cov Kev Txwv Rau Qhov Ntau Tsawg: Thov saib hauv phab VII kom paub ntxaws.
- **LA** ua ntawv luv sau los ntawm cov tshuaj uas muaj Kev Nkag Cuag Tau Tsawg. Daim ntawv sau yuav tshuaj no tej zaum yuav muaj rau ntawm qee cov khw muag tshuaj nkaus xwb. Yog xav paub ntau ntxiv ces mus saib hauv koj Phauv Ntawv Teev Khw Muag Tshuaj los sis hu rau Cov Chaw Pab Cuam Rau Tswv Cuab tau ntawm tus naj npawb xov tooj uas teev cia nyob rau sab hauv cov phlaub pem hauv ntej thiab tom qab ntawm tus qauv tshuaj no, ncuu sij hawm Lub Kaum Hlis Ntuj Tim 1 thiab Lub Peb Hlis Ntuj Tim 31, muaj cov neeg sawv cev ua hauj lwm xya hnuv hauv ib lub lim tiam, 8 teev sawv ntxov txog 8 teev tsaus ntuj, ncuu sij hawm Lub Plaub Hlis Ntuj Tim 1 thiab Lub Cuaj Hlis Ntuj Tim 30, muaj cov neeg sawv cev ua hauj lwm rau Hnuv Monday–Hnuv Friday, 8 teev sawv ntxov txog 8 teev tsaus ntuj.
- **ST** ua ntawv lus sau los ntawm Kev Kho Mob Raws Kauj Ruam: Thov saib hauv phab ntawv VII kom paub ntxaws.
- **^** ua ntawv lus sau qhia txog Hom Tshuaj tej zaum yuav muaj kev muab tshuaj kom siv tau ntev txog 30-hnuv nkaus xwb.

Theem tshuaj qhov nyiaj ntawm kev sib koom them ua ke/kev tuav pov hwm sib koom ua ke

Cov tshuaj raws ntawv sau yuav tshuaj raug muab sau ua pawg nkag mus rau hauv ib theem. Txhawm rau los nrhiav seb theem twg uas koj hom tshuaj nyob rau, ces saib rau hauv kem ntawv qhia txog Theem Tshuaj ntawm tus qauv tshuaj uas pib nyob hauv phab 1. Hais txog ntaub ntawv qhia paub ntxaws ntxiv hais txog koj tus nqi yus them yus rau cov ntawv sau yuav tshuaj, suav nrog tus nqi yus them ua ntej twg uas tej zaum yuav muaj, thov mus saib rau koj qhov Pov Thawj txog Kev Duav Roos thiab lwm cov ntaub ntawv ntawm txoj phiaj xwm.

- **Theem 1 (Ib Theem)** yuav muaj tag nrho cov tshuaj muaj muag tom tej khw thiab tshuaj uas muaj npe tshuaj.
 - Kev sib koom them ua ke: \$0

Saib hauv koj qhov Pov Thawj txog Kev Duav Roos los sis Lub Ntsiab Lus Xaus ntawm Cov Txiaj Ntsig Kev Pab rau koj li kev sib koom them ua ke/kev tuav pov hwm sib koom ua ke thiab cov nqi.

Table of Contents

COV KEV KHO MOB TXOG TXOJ HLAB ZAIS ZIS 3

COV KHOOM SIV NTAU YAM 3

COV TSHUAJ KHO NEEG / TSHUAJ CNS, KEV KHO MOB NTSIG TXOG LEEG XA XOY HAUV LUB HLWB / LUB
CEV 4

COV TSHUAJ KHO POB NTSEG, QHOV NTSWG / CAJ PAS 19

COV TSHUAJ QAB LOS, COV TSHUAJ SIV TSIM NTSHAV / KUAB TSIM HLUAV TAWS XOB HAUV LUB PLAWV ... 20

KEV KAWM TXOG KEEB TIV THAIV KAB MOB HAUV LUB CEV, COV TSHUAJ TIV THAIV KAB MOB / THEV
NAUS LAUS ZIS TXOG KAB MOB YAM MUAJ SIA 22

KEV KHO KAB MOB TAWV NQAIJ/KEV KHO IB QHOV CHAW TSHWJ XEEB TWG 25

KEV KHO MOB POJ NIAM THAUM LUB CEV XEEB TUB THIAB THAUM YUG ME NYUAM / KEV KHO TXOG COV
TEEB MEEM NTAWM POJ NIAM CEV 30

KEV KHO QHOV MUAG 36

KEV KUAJ XYUAS MOB / COV SHUAJ SIV NTAU YAM 39

KHO MOB TXOG HLAB UA PA THIAB KEV NOJ TXHAUM FAB 40

LAB NPAUV NQOS ZAUB MOV 44

MOB LEEG NQAIJ THIAB POB TXHA / KEV KHO MOB LAUG 47

QOG NQAIJ TSIS MUAJ HLAB/MOB NTSHAV QAB ZIB 49

TIV THAIV - KEV SIB KIS KAB MOB 54

TSHUAJ TIV THAIV KAB MOB QOG NOJ NTSHAV / COV TSHUAJ TXHAWB KEEB TIV THAIV KAB MOB HAUV
LUB CEV 64

TXOJ HLAB NTSHAV PLAWV, MOB NTSHAV SIAB / MOB MUAJ ROJ 72

COV KEV KHO MOB TXOG TXOJ HLAB ZAIS ZIS**COV KEV KHO MOB TXOG TXOJ HLAB ZAIS ZIS NTAU YAM**

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

COV TSHUAJ TIV THAIV HLAB HLWB XA XOY / TSHUAJ TIV THAIV TXO LEEG NQAIJ

MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	\$0 (1)	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (1)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (1)	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>tropium oral tablet 20 mg</i>	\$0 (1)	QL (60 EA per 30 days)

KEV KHO MOB UAS SIV KAB MOB QOG NOOB QES(BPH) MOS

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

COV KHOOM SIV NTAU YAM**COV KHOOM SIV NTAU YAM**

ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (1)	
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Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (1)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	\$0 (1)	BD Preferred
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	\$0 (1)	BD Preferred
COV TSHUAJ KHO NEEG / TSHUAJ CNS, KEV KHO MOB NTSIG TXOG LEEG XA XO V HAU V LUB HLWB / LUB CEV		
COV TSHUAJ KHO MOB PUAS HLWB		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	\$0 (1)	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	\$0 (1)	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (1)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 (1)	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (1)	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 (1)	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 (1)	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 (1)	QL (3.2 ML per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	\$0 (1)	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (1)	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (1)	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (1)	QL (30 EA per 30 days)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (1)	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (1)	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (1)	PA-NS
<i>clorazepate dipotassium oral tablet 15 mg</i>	\$0 (1)	PA-NS; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	\$0 (1)	PA-NS; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	\$0 (1)	PA-NS; QL (360 EA per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>clozapine oral tablet,disintegrating 100 mg</i>	\$0 (1)	QL (270 EA per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	\$0 (1)	
<i>clozapine oral tablet,disintegrating 150 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	\$0 (1)	QL (120 EA per 30 days)

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	\$0 (1)	QL (60 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>	\$0 (1)	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>	\$0 (1)	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (1)	PA-NS; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (1)	PA-NS; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (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>	\$0 (1)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (1)	
<i>doxepin oral tablet 3 mg, 6 mg</i>	\$0 (1)	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (1)	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (1)	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 (1)	QL (30 EA per 30 days); ^
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	ST; QL (60 EA per 30 days); ^
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	\$0 (1)	ST; QL (8 EA per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (1)	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (1)	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (1)	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (1)	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (1)	

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 3 mg</i>	\$0 (1)	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>	\$0 (1)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (1)	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (1)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	\$0 (1)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	\$0 (1)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0 (1)	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0 (1)	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0 (1)	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0 (1)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0 (1)	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	\$0 (1)	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	\$0 (1)	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0 (1)	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	\$0 (1)	QL (2.63 ML per 90 days)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg</i>	\$0 (1)	QL (60 EA per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>lisdexamfetamine oral tablet, chewable 40 mg, 50 mg, 60 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (1)	
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (1)	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	\$0 (1)	
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0 (1)	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	\$0 (1)	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (1)	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	\$0 (1)	QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (1)	
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	\$0 (1)	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	\$0 (1)	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (1)	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	\$0 (1)	
<i>modafinil oral tablet 100 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (1)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (1)	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (1)	
NUPLAZID ORAL CAPSULE 34 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
NUPLAZID ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (1)	QL (3 EA per 1 day)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	\$0 (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>	\$0 (1)	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (1)	
<i>phenelzine oral tablet 15 mg</i>	\$0 (1)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (1)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (1)	
QUETIAPINE ORAL TABLET 150 MG	\$0 (1)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (1)	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1)	QL (30 EA per 30 days); ^
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	\$0 (1)	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0 (1)	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (1)	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	\$0 (1)	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 (1)	QL (30 EA per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (1)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	\$0 (1)	PA; LA; QL (540 ML per 30 days); ^
<i>temazepam oral capsule 15 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (1)	
<i>tranylcypromine oral tablet 10 mg</i>	\$0 (1)	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (1)	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (1)	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	\$0 (1)	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (1)	PA-NS; QL (600 ML per 30 days); ^
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (1)	QL (30 EA per 30 days); ^
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	\$0 (1)	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (1)	PA-NS; QL (28 EA per 365 days); ^
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (1)	PA-NS; QL (14 EA per 365 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (1)	PA-NS; QL (2 EA per 28 days)
COV TSHUAJ TIV THAIV MOB QAUG DAB PEG		
APTIOM ORAL TABLET 200 MG, 400 MG	\$0 (1)	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	\$0 (1)	QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (1)	QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (1)	QL (60 EA per 30 days); ^
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0 (1)	
<i>carbamazepine oral tablet 200 mg</i>	\$0 (1)	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	\$0 (1)	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (1)	
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (1)	PA-NS; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (1)	QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0 (1)	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 250 MG	\$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 500 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	\$0 (1)	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0 (1)	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	\$0 (1)	
DILANTIN ORAL CAPSULE 30 MG	\$0 (1)	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	\$0 (1)	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (1)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (1)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (1)	PA-NS; LA
<i>epitol oral tablet 200 mg</i>	\$0 (1)	
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (1)	PA-NS
<i>ethosuximide oral capsule 250 mg</i>	\$0 (1)	
<i>ethosuximide oral solution 250 mg/5 ml</i>	\$0 (1)	
<i>felbamate oral suspension 600 mg/5 ml</i>	\$0 (1)	
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (1)	PA-NS; LA; QL (360 ML per 30 days); ^

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (1)	QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	\$0 (1)	QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	\$0 (1)	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	\$0 (1)	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	\$0 (1)	PA; QL (180 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (1)	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (1)	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (1)	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	\$0 (1)	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (1)	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (1)	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	\$0 (1)	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	\$0 (1)	PA-NS; QL (10 EA per 30 days); ^
<i>methsuximide oral capsule 300 mg</i>	\$0 (1)	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (1)	PA-NS; QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	\$0 (1)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (1)	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (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>	\$0 (1)	PA-NS
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>phenytoin oral tablet,chewable 50 mg</i>	\$0 (1)	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (1)	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (1)	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	\$0 (1)	
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (1)	
<i>roovepra oral tablet 500 mg</i>	\$0 (1)	
<i>rufinamide oral suspension 40 mg/ml</i>	\$0 (1)	PA-NS; QL (2400 ML per 30 days); ^
<i>rufinamide oral tablet 200 mg</i>	\$0 (1)	PA-NS; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	\$0 (1)	PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
SYMPAZAN ORAL FILM 5 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (1)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	\$0 (1)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (1)	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0 (1)	PA-NS; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigabatrin oral tablet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral powder in packet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral tablet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigpoder oral powder in packet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0 (1)	QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days); ^

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (1)	QL (60 EA per 30 days); ^
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	\$0 (1)	QL (28 EA per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0 (1)	QL (28 EA per 180 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5 ML	\$0 (1)	PA-NS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (1)	PA-NS; QL (1100 ML per 30 days); ^
COV TSHUAJ TIV THAIV TUS KAB MOB PARKINSON		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	PA
<i>bromocriptine oral capsule 5 mg</i>	\$0 (1)	
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (1)	
<i>carbidopa oral tablet 25 mg</i>	\$0 (1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (1)	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (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>	\$0 (1)	
<i>entacapone oral tablet 200 mg</i>	\$0 (1)	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	\$0 (1)	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (1)	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg</i>	\$0 (1)	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (1)	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (1)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (1)	PA
COV TSHUAJ TXO LEEG / KEV KHO MOB TIV THAIV MOB SIAB TSIS TUS		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (1)	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (1)	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	\$0 (1)	
COV TSHUAJ TXO QIS MOB NARCOTIC		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (1)	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>endocet oral tablet 10-325 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	\$0 (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>	\$0 (1)	PA; QL (120 EA per 30 days); ^
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	\$0 (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>	\$0 (1)	PA; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	\$0 (1)	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	\$0 (1)	QL (600 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	\$0 (1)	PA; QL (450 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (1)	QL (180 ML per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	\$0 (1)	QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	\$0 (1)	QL (180 EA per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>oxycodone oral capsule 5 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	\$0 (1)	QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0 (1)	QL (240 EA per 30 days)
COV TSHUAJ TXO QIS MOB UAS TSIS MUAJ TSHUAJ NARCOTIC		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (1)	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	\$0 (1)	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>diclofenac sodium topical gel 1 %</i>	\$0 (1)	QL (1000 GM per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	\$0 (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>	\$0 (1)	
<i>diflunisal oral tablet 500 mg</i>	\$0 (1)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (1)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (1)	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	\$0 (1)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (1)	
<i>ibu oral tablet 600 mg, 800 mg</i>	\$0 (1)	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (1)	
<i>meloxicam oral tablet 15 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>meloxicam oral tablet 7.5 mg</i>	\$0 (1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (1)	
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (1)	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	\$0 (1)	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	\$0 (1)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (1)	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (1)	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (1)	
<i>oxaprozin oral tablet 600 mg</i>	\$0 (1)	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (1)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (1)	
<i>tramadol oral tablet 50 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (1)	QL (240 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	\$0 (1)	
KEV KHO MOB HLAB HLWB NTAU YAM		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	\$0 (1)	PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	\$0 (1)	PA; QL (90 EA per 30 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	\$0 (1)	PA; QL (28 EA per 180 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	\$0 (1)	PA; QL (42 EA per 28 days); ^
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	\$0 (1)	PA; QL (14 EA per 7 days); ^

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	\$0 (1)	PA; QL (120 EA per 180 days); ^
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days); ^
<i>donepezil oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>donepezil oral tablet 23 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	\$0 (1)	
<i>fingolimod oral capsule 0.5 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days); ^
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	\$0 (1)	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	\$0 (1)	PA; QL (30 ML per 30 days); ^
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	\$0 (1)	PA; QL (12 ML per 28 days); ^
<i>glatopa subcutaneous syringe 20 mg/ml</i>	\$0 (1)	PA; QL (30 ML per 30 days); ^
<i>glatopa subcutaneous syringe 40 mg/ml</i>	\$0 (1)	PA; QL (12 ML per 28 days); ^
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (1)	PA
<i>memantine oral solution 2 mg/ml</i>	\$0 (1)	PA
<i>memantine oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	\$0 (1)	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (1)	
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	\$0 (1)	PA; ^
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (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>	\$0 (1)	QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days); ^
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days); ^
<i>tetrabenazine oral tablet 25 mg</i>	\$0 (1)	PA; QL (120 EA per 30 days); ^

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

**MOB TAUB HAU CUA / KEV KHO MOB TAUB HAU NTAU
QHOV CHAW**

AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (1)	PA; QL (1 ML per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	\$0 (1)	PA; QL (8 ML per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (1)	QL (40 EA per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	\$0 (1)	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	\$0 (1)	PA; QL (16 EA per 30 days); ^
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	\$0 (1)	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	\$0 (1)	QL (18 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	\$0 (1)	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	\$0 (1)	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	\$0 (1)	QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	\$0 (1)	QL (18 EA per 28 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	\$0 (1)	QL (18 EA per 28 days)

COV TSHUAJ KHO POB NTSEG, QHOV NTSWG / CAJ PAS**COV KEV NPAJ TSHUAJ KHO POB NTSEG NTAU YAM**

<i>acetic acid otic (ear) solution 2 %</i>	\$0 (1)	
<i>flac otic oil otic (ear) drops 0.01 %</i>	\$0 (1)	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	\$0 (1)	
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (1)	

COV TSHUAJ KHO MOB NTAU YAM

<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	\$0 (1)	QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	\$0 (1)	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	\$0 (1)	QL (30 ML per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	\$0 (1)	QL (45 ML per 30 days)
<i>kourzeq dental paste 0.1 %</i>	\$0 (1)	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>perio gard mucous membrane mouthwash 0.12 %</i>	\$0 (1)	
<i>triamcinolone acetonide dental paste 0.1 %</i>	\$0 (1)	
OTIC TSHUAJ TXHAWB ZOG / TSHUAJ TUA KAB MOB		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	\$0 (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>	\$0 (1)	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (1)	
COV TSHUAJ QAB LOS, COV TSHUAJ SIV TSIM NTSHAV / KUAB TSIM HLUAV TAWS XOB HAUV LUB PLAWV		
COV KHOOM NOJ KHOOM HAUS MUAJ THAJ ZOO NTAU YAM		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (1)	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	B/D
<i>electrolyte-148 intravenous parenteral solution</i>	\$0 (1)	
<i>intralipid intravenous emulsion 20 %</i>	\$0 (1)	B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 (1)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 (1)	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 (1)	B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	\$0 (1)	B/D
<i>travasol 10 % intravenous parenteral solution 10 %</i>	\$0 (1)	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (1)	B/D
COV TSHUAJ QAB LOS / COV TSHUAJ SIV TSIM NTSHAV		
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	\$0 (1)	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	\$0 (1)	
KUAB TSIM HLUAV TAWS XOB HAUV LUB PLAWV		
<i>klor-con 10 oral tablet extended release 10 meq</i>	\$0 (1)	
<i>klor-con 8 oral tablet extended release 8 meq</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	\$0 (1)	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	\$0 (1)	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	\$0 (1)	
<i>klor-con oral packet 20 meq</i>	\$0 (1)	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	\$0 (1)	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	\$0 (1)	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (1)	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (1)	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	\$0 (1)	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	\$0 (1)	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0 (1)	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (1)	
<i>potassium chloride oral packet 20 meq</i>	\$0 (1)	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (1)	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	\$0 (1)	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	\$0 (1)	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (1)	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (1)	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (1)	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	\$0 (1)	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	\$0 (1)	

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10/15/2024

**KEV KAWM TXOG KEEB TIV THAIV KAB MOB HAUV LUB
CEV, COV TSHUAJ TIV THAIV KAB MOB / THEV NAUS LAUS
ZIS TXOG KAB MOB YAM MUAJ SIA****COV KOOB TSHUAJ TIV THAIV KAB MOB / COV KEV KUAJ
MOB NTSHIG TXOG QHOV KEV TIV THAIV TAUS KAB MOB
NTAU YAM**

ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 (1)	NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (1)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (1)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (1)	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 (1)	NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (1)	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (1)	NM
BIVIGAM INTRAVENOUS SOLUTION 10 %	\$0 (1)	PA; NM; LA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (1)	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (1)	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (1)	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 (1)	B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (1)	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (1)	B/D; NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (1)	PA; NM; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 (1)	PA; NM; ^
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (1)	PA; NM; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 (1)	PA; NM; LA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 (1)	PA; NM; LA; ^

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (1)	PA; NM; ^
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (1)	NM
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (1)	NM
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 (1)	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0 (1)	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (1)	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 (1)	NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0 (1)	NM
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (1)	NM
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 (1)	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (1)	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 (1)	NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 (1)	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (1)	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 (1)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (1)	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 (1)	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 (1)	NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 (1)	PA; NM; ^
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	\$0 (1)	PA; NM; ^
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 (1)	NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 (1)	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 (1)	NM

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU - 10 MCG/0.5ML	\$0 (1)	NM
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0 (1)	B/D; NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 (1)	NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 (1)	PA; NM; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 (1)	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	\$0 (1)	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (1)	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (1)	NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 (1)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (1)	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0 (1)	NM
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 (1)	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (1)	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 (1)	NM; A third dose may be considered in post-transplant members (PA required).; QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 (1)	NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 (1)	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (1)	NM
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	\$0 (1)	B/D; NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	\$0 (1)	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (1)	NM

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT-20 MCG/ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (1)	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (1)	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (1)	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (1)	NM
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 (1)	NM
COV TSHUAJ SIV RAU FAB THEV NAUS LAUS ZIS TXOG KAB MOB YAM MUAJ SIA		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (1)	PA; LA; ^
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 (1)	PA; LA; ^
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	\$0 (1)	PA-NS; LA; ^
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (1)	PA; QL (14 EA per 28 days); ^
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 (1)	PA; ^
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 (1)	PA; ^
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 (1)	PA; ^
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 (1)	PA; ^
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	\$0 (1)	PA; ^
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (1)	PA; QL (4 ML per 28 days); ^
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 (1)	PA; QL (2 ML per 28 days); ^
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0 (1)	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0 (1)	PA; ^
KEV KHO KAB MOB TAWV NQAIJ/KEV KHO IB QHOV CHAW TSHWJ XEEB TWG		
COV KEV KHO MOB TXOG TAWV NQAIJ NTAU YAM		
<i>ammonium lactate topical cream 12 %</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>ammonium lactate topical lotion 12 %</i>	\$0 (1)	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	\$0 (1)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 (1)	PA; QL (1.34 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	\$0 (1)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
<i>fluorouracil topical cream 5 %</i>	\$0 (1)	QL (40 GM per 30 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	\$0 (1)	QL (10 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	\$0 (1)	QL (24 EA per 28 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (1)	QL (50 ML per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	\$0 (1)	QL (50 GM per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	\$0 (1)	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (1)	QL (30 GM per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
<i>pimecrolimus topical cream 1 %</i>	\$0 (1)	QL (100 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (1)	QL (7 ML per 28 days)
REGNANEX TOPICAL GEL 0.01 %	\$0 (1)	QL (15 GM per 30 days); ^
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (1)	QL (180 GM per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	\$0 (1)	
<i>ssd topical cream 1 %</i>	\$0 (1)	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0 (1)	QL (100 GM per 30 days)
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>tridacaine topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	\$0 (1)	PA-NS; LA; QL (60 GM per 30 days); ^
COV TSHUAJ CORTICOSTEROIDS SIV RAU QHOV CHAW TSHWJ XEEB		
<i>ala-cort topical cream 1 %, 2.5 %</i>	\$0 (1)	
<i>alclometasone topical cream 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>alclometasone topical ointment 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (1)	QL (135 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (1)	QL (135 GM per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (1)	QL (135 GM per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (1)	QL (135 GM per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (1)	QL (150 GM per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (1)	QL (150 GM per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	\$0 (1)	QL (150 GM per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	\$0 (1)	QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	\$0 (1)	QL (120 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	\$0 (1)	QL (60 GM per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	\$0 (1)	QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	\$0 (1)	QL (118 ML per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0 (1)	QL (120 GM per 28 days)
<i>clodan topical shampoo 0.05 %</i>	\$0 (1)	QL (118 ML per 28 days)
<i>desonide topical lotion 0.05 %</i>	\$0 (1)	QL (118 ML per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	\$0 (1)	QL (118.28 ML per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	\$0 (1)	
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (1)	QL (100 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0 (1)	QL (100 GM per 30 days)
<i>hydrocortisone topical cream 1 %</i>	\$0 (1)	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	\$0 (1)	
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (1)	

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>mometasone topical cream 0.1 %</i>	\$0 (1)	
<i>mometasone topical ointment 0.1 %</i>	\$0 (1)	
<i>mometasone topical solution 0.1 %</i>	\$0 (1)	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	\$0 (1)	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	\$0 (1)	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (1)	
<i>triderm topical cream 0.5 %</i>	\$0 (1)	
COV TSHUAJ KHO MOB SCABIES / COV TSHUAJ PEDICULICIDES SIV KHO TUS MOB TSHWJ XEEB		
<i>malathion topical lotion 0.5 %</i>	\$0 (1)	
<i>permethrin topical cream 5 %</i>	\$0 (1)	QL (60 GM per 30 days)
COV TSHUAJ TIV THAIV KAB MOB BACTERIA KHO RAU HOM MOB TSHWJ XEEB		
<i>gentamicin topical cream 0.1 %</i>	\$0 (1)	QL (30 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	\$0 (1)	QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	\$0 (1)	QL (44 GM per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (1)	
COV TSHUAJ TIV THAIV KAB POOV NCEB RAU IB QHOV CHAW TSHWJ XEEB TWG		
<i>ciclopirox topical cream 0.77 %</i>	\$0 (1)	QL (90 GM per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	\$0 (1)	QL (100 GM per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	\$0 (1)	QL (60 ML per 28 days)
<i>clotrimazole topical cream 1 %</i>	\$0 (1)	QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	\$0 (1)	QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (1)	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	\$0 (1)	QL (60 ML per 28 days)
<i>ketconazole topical cream 2 %</i>	\$0 (1)	QL (60 GM per 28 days)
<i>ketconazole topical shampoo 2 %</i>	\$0 (1)	QL (120 ML per 28 days)
<i>naftifine topical cream 1 %</i>	\$0 (1)	QL (90 GM per 28 days)
<i>naftifine topical cream 2 %</i>	\$0 (1)	QL (60 GM per 28 days)
<i>naftifine topical gel 2 %</i>	\$0 (1)	QL (60 GM per 28 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	\$0 (1)	QL (120 GM per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (1)	QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (1)	QL (30 GM per 28 days)

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>nystatin topical powder 100,000 unit/gram</i>	\$0 (1)	QL (120 GM per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	\$0 (1)	QL (120 GM per 30 days)
HOM TSHUAJ NOJ KHO MOB TAWV NQAIJ / TSHUAJ NOJ KHO MOB ZAWV PLAB		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (1)	
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	\$0 (1)	QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (1)	PA; QL (2.5 ML per 28 days); ^
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	\$0 (1)	PA; QL (10 ML per 28 days); ^
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (1)	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	\$0 (1)	PA; QL (1 ML per 28 days); ^
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (1)	PA; QL (2 ML per 28 days); ^
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 (1)	PA; QL (2 ML per 28 days); ^
KEV KHO MOB POB KAB NTXAU		
<i>acutane oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (1)	
<i>adapalene topical cream 0.1 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>adapalene topical gel 0.3 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (1)	
<i>azelaic acid topical gel 15 %</i>	\$0 (1)	QL (50 GM per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	
<i>clindamycin phosphate topical gel 1 %</i>	\$0 (1)	QL (75 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	\$0 (1)	QL (75 ML per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	\$0 (1)	QL (60 EA per 30 days)

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	\$0 (1)	QL (50 GM per 30 days)
<i>ery pads topical swab 2 %</i>	\$0 (1)	QL (60 EA per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	\$0 (1)	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	\$0 (1)	
<i>metronidazole topical cream 0.75 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>metronidazole topical lotion 0.75 %</i>	\$0 (1)	QL (59 ML per 30 days)
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>tazarotene topical cream 0.1 %</i>	\$0 (1)	PA; QL (60 GM per 30 days)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	\$0 (1)	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	\$0 (1)	PA; QL (50 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (1)	PA; QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	\$0 (1)	PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	
KEV KHO MOB POJ NIAM THAUM LUB CEV XEEB TUB THIAB THAUM YUG ME NYUAM / KEV KHO TXOG COV TEEB MEEM NTAWM POJ NIAM CEV		
COV TSHUAJ NOJ KOM TXHOB MUAJ ME NYUAM / COV TSHUAJ MUAJ FEEM CUAM TSHUAM LI NTAWD		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (1)	
<i>apri oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (1)	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (1)	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (1)	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (1)	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (1)	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (1)	

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (1)	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	\$0 (1)	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (1)	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (1)	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>dolishale oral tablet 90-20 mcg (28)</i>	\$0 (1)	
<i>drospirenone-e.estradiol-lm.f.a oral tablet 3-0.02-0.451 mg (24) (4)</i>	\$0 (1)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (1)	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (1)	
<i>enskyce oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	\$0 (1)	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (1)	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (1)	
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (1)	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (1)	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (1)	
<i>isibloom oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	\$0 (1)	
<i>juleber oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (1)	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (1)	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (1)	

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (1)	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (1)	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	\$0 (1)	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	\$0 (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>	\$0 (1)	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (1)	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (1)	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (1)	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (1)	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (1)	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (1)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	\$0 (1)	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (1)	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (1)	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>loryna (28) oral tablet 3-0.02 mg</i>	\$0 (1)	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (1)	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (1)	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (1)	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (1)	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (1)	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (1)	
<i>mili oral tablet 0.25-35 mg-mcg</i>	\$0 (1)	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (1)	
<i>nikki (28) oral tablet 3-0.02 mg</i>	\$0 (1)	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (1)	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	\$0 (1)	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (1)	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (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>	\$0 (1)	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (1)	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	\$0 (1)	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (1)	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (1)	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	\$0 (1)	
<i>ocella oral tablet 3-0.03 mg</i>	\$0 (1)	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (1)	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0 (1)	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (1)	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	\$0 (1)	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0 (1)	
<i>syeda oral tablet 3-0.03 mg</i>	\$0 (1)	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (1)	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (1)	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (1)	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (1)	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (1)	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (1)	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (1)	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (1)	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (1)	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (1)	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (1)	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (1)	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (1)	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	\$0 (1)	
<i>vestura (28) oral tablet 3-0.02 mg</i>	\$0 (1)	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (1)	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (1)	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	\$0 (1)	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	\$0 (1)	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)	
KEV KHO POJ NIAM THAUM LUB CEV XEEB TUB THIAB THAUM YUG ME NYUAM/KEV KHO TXOG COV TEEB MEEM NTAWM POJ NIAM LUB CEV NTAU YAM		
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (1)	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (1)	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (1)	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (1)	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 (1)	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	\$0 (1)	
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 (1)	

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (1)	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (1)	
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (1)	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (1)	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (1)	
ROJ NTSHA POJ NIAM / COV KUAB TSHUAJ TXHAWB ZOG		
<i>camila oral tablet 0.35 mg</i>	\$0 (1)	
<i>deblitane oral tablet 0.35 mg</i>	\$0 (1)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 (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>	\$0 (1)	
<i>errin oral tablet 0.35 mg</i>	\$0 (1)	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (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>	\$0 (1)	
<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>	\$0 (1)	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	\$0 (1)	
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (1)	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0 (1)	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (1)	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (1)	
<i>heather oral tablet 0.35 mg</i>	\$0 (1)	
<i>incassia oral tablet 0.35 mg</i>	\$0 (1)	
<i>jinteli oral tablet 1-5 mg-mcg</i>	\$0 (1)	
<i>lyleq oral tablet 0.35 mg</i>	\$0 (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>	\$0 (1)	
<i>lyza oral tablet 0.35 mg</i>	\$0 (1)	

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0 (1)	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0 (1)	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>mimvey oral tablet 1-0.5 mg</i>	\$0 (1)	
<i>nora-be oral tablet 0.35 mg</i>	\$0 (1)	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0 (1)	
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (1)	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (1)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (1)	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	\$0 (1)	
<i>sharobel oral tablet 0.35 mg</i>	\$0 (1)	
<i>yuvafem vaginal tablet 10 mcg</i>	\$0 (1)	
KEV KHO QHOV MUAG		
COV KEV KHO MOB TXOG QHOV MUAG NTAU YAM		
<i>atropine ophthalmic (eye) drops 1 %</i>	\$0 (1)	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (1)	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (1)	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	\$0 (1)	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 (1)	PA; LA; ^
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0 (1)	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (1)	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (1)	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (1)	
XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (1)	PA; QL (10 ML per 42 days); ^
COV TSHUAJ NOJ SIV RAU TUS MOB NTSIAB MUAG		
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (1)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (1)	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (1)	
COV TSHUAJ TIV THAIV KAB MOB VAIS LAV		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (1)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

**COV TSHUAJ TIV THAIV KOM TXHOB MOB O UAS TSIS
MUAJ TSHUAJ TXHAWB ZOG***bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %* \$0 (1)*diclofenac sodium ophthalmic (eye) drops 0.1 %* \$0 (1)*flurbiprofen sodium ophthalmic (eye) drops 0.03 %* \$0 (1)*ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %* \$0 (1)

PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % \$0 (1)

COV TSHUAJ TSUAG KOM TXHOB TXHAWS NTSWG

ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % \$0 (1)

apraclonidine ophthalmic (eye) drops 0.5 % \$0 (1)*brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %* \$0 (1)**COV TSHUAJ TUA KAB MOB***bacitracin ophthalmic (eye) ointment 500 unit/gram* \$0 (1)*bacitracin-polymyxin b ophthalmic (eye) ointment 500-
10,000 unit/gram* \$0 (1)*ciprofloxacin hcl ophthalmic (eye) drops 0.3 %* \$0 (1)*erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)* \$0 (1)*gatifloxacin ophthalmic (eye) drops 0.5 %* \$0 (1)*gentamicin ophthalmic (eye) drops 0.3 %* \$0 (1)*moxifloxacin ophthalmic (eye) drops 0.5 %* \$0 (1)

NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % \$0 (1)

*neomycin-bacitracin-polymyxin ophthalmic (eye) ointment
3.5-400-10,000 mg-unit-unit/g* \$0 (1)*neomycin-polymyxin-gramicidin ophthalmic (eye) drops
1.75 mg-10,000 unit-0.025mg/ml* \$0 (1)*ofloxacin ophthalmic (eye) drops 0.3 %* \$0 (1)*polymyxin b sulf-trimethoprim ophthalmic (eye) drops
10,000 unit- 1 mg/ml* \$0 (1)*tobramycin ophthalmic (eye) drops 0.3 %* \$0 (1)**COV TSHUAJ TXHAWB ZOG***dexamethasone sodium phosphate ophthalmic (eye) drops
0.1 %* \$0 (1)*difluprednate ophthalmic (eye) drops 0.05 %* \$0 (1)*fluorometholone ophthalmic (eye) drops,suspension 0.1 %* \$0 (1)Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau
kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	\$0 (1)	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	\$0 (1)	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (1)	
KEV SIV KOOM UA KE NTAWM COV TSHUAJ TXHAWB ZOG-TSHUAJ TUA KAB MOB		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	\$0 (1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	\$0 (1)	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (1)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (1)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (1)	
LWM COV TSHUAJ KHO KAB MOB QHOV MUAG DIG		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	\$0 (1)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 (1)	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	\$0 (1)	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	\$0 (1)	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	\$0 (1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 (1)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 (1)	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	\$0 (1)	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	\$0 (1)	
TSHUAJ BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (1)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (1)	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (1)	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (1)	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

KEV KUAJ XYUAS MOB / COV SHUAJ SIV NTAU YAM

COV TSHUAJ KHO MOB NTAU YAM

<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	\$0 (1)	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	\$0 (1)	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	\$0 (1)	PA; LA; ^
<i>cevimeline oral capsule 30 mg</i>	\$0 (1)	
CHEMET ORAL CAPSULE 100 MG	\$0 (1)	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (1)	B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (1)	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (1)	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 (1)	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (1)	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	\$0 (1)	PA; ^
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	\$0 (1)	PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	\$0 (1)	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	\$0 (1)	PA; ^
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	\$0 (1)	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (1)	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	\$0 (1)	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	\$0 (1)	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>droxidopa oral capsule 100 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0 (1)	PA; QL (180 EA per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 (1)	PA; LA; ^
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	\$0 (1)	PA; ^
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (1)	PA; LA; ^
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (1)	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>levocarnitine oral tablet 330 mg</i>	\$0 (1)	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 (1)	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (1)	PA; ^
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (1)	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	\$0 (1)	PA; LA; ^
<i>riluzole oral tablet 50 mg</i>	\$0 (1)	
<i>risedronate oral tablet 30 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (1)	
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (1)	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	\$0 (1)	PA; ^
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (1)	PA; ^
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (1)	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (1)	
<i>trientine oral capsule 250 mg</i>	\$0 (1)	PA; ^
COV TSHUAJ TIV THAIV KEV HAUS LUAM YEEB		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (1)	
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (1)	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 (1)	
<i>varenicline oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	\$0 (1)	
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0 (1)	
KHO MOB TXOG HLAB UA PA THIAB KEV NOJ TXHAUM FAB		
COV TSHUAJ KHO MOB NTSWS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (1)	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (1)	PA; LA; QL (90 EA per 30 days); ^
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 (1)	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	\$0 (1)	8.5 gm inhaler; QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	\$0 (1)	6.7 gm inhaler; QL (13.4 GM per 30 days)

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	\$0 (1)	B/D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (1)	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (1)	
<i>alyq oral tablet 20 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days); ^
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (1)	QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	\$0 (1)	B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (1)	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (1)	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	\$0 (1)	QL (10.7 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	\$0 (1)	QL (60 EA per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	\$0 (1)	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	\$0 (1)	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0 (1)	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (1)	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (1)	B/D
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	\$0 (1)	QL (50 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	\$0 (1)	QL (16 GM per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$0 (1)	QL (60 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	\$0 (1)	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 (1)	PA; LA; QL (20 EA per 30 days); ^
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	\$0 (1)	PA; QL (27 ML per 30 days); ^
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	\$0 (1)	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (1)	B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (1)	B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	\$0 (1)	PA; QL (56 EA per 28 days); ^
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
<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>	\$0 (1)	B/D
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	\$0 (1)	QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	\$0 (1)	
<i>montelukast oral tablet 10 mg</i>	\$0 (1)	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	\$0 (1)	
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (1)	PA; LA; QL (112 EA per 28 days); ^
<i>pirfenidone oral capsule 267 mg</i>	\$0 (1)	PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 267 mg</i>	\$0 (1)	PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 801 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days); ^
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (1)	B/D; ^
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	\$0 (1)	PA; LA; QL (27 ML per 30 days); ^
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 (1)	QL (60 EA per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	\$0 (1)	PA; generic for Revatio; QL (90 EA per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	\$0 (1)	PA; generic for Adcirca; QL (60 EA per 30 days); ^
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (1)	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (1)	
<i>theophylline oral solution 80 mg/15 ml</i>	\$0 (1)	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (1)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (1)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	\$0 (1)	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	\$0 (1)	PA; QL (56 EA per 28 days); ^
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	\$0 (1)	PA; LA; QL (84 EA per 28 days); ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (1)	QL (36 GM per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	\$0 (1)	PA; QL (1 ML per 28 days); ^
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (1)	PA; LA; QL (8 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (1)	
TSHUAJ ZOO KHAUB THUAS / COV TSHUAJ TIV THAIV MOB TXHAUM FAB		
<i>cetirizine oral solution 1 mg/ml</i>	\$0 (1)	
<i>cyproheptadine oral tablet 4 mg</i>	\$0 (1)	PA
<i>desloratadine oral tablet 5 mg</i>	\$0 (1)	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	\$0 (1)	QL (4 EA per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (1)	PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (1)	PA
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	\$0 (1)	
<i>levocetirizine oral tablet 5 mg</i>	\$0 (1)	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (1)	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	PA
LAB NPAUV NQOS ZAUB MOV		
COV TSHUAJ KHO MOB RAU FAB KEV NQOS ZAUB MOV NTAU YAM		
<i>alose tron oral tablet 0.5 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>alose tron oral tablet 1 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days); ^
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	\$0 (1)	B/D
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	\$0 (1)	B/D
<i>balsalazide oral capsule 750 mg</i>	\$0 (1)	
<i>betaine oral powder 1 gram/scoop</i>	\$0 (1)	LA; ^
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	\$0 (1)	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days); ^
<i>compro rectal suppository 25 mg</i>	\$0 (1)	
<i>constulose oral solution 10 gram/15 ml</i>	\$0 (1)	
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	\$0 (1)	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (1)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	B/D; QL (60 EA per 30 days)
<i>enulose oral solution 10 gram/15 ml</i>	\$0 (1)	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (1)	PA; LA; ^
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0 (1)	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (1)	
<i>generlac oral solution 10 gram/15 ml</i>	\$0 (1)	
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (1)	B/D
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	\$0 (1)	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	\$0 (1)	
<i>lactulose oral solution 10 gram/15 ml</i>	\$0 (1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (1)	QL (30 EA per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0 (1)	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	\$0 (1)	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	\$0 (1)	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	\$0 (1)	
<i>mesalamine rectal enema 4 gram/60 ml</i>	\$0 (1)	
<i>mesalamine rectal suppository 1,000 mg</i>	\$0 (1)	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	QL (30 EA per 30 days)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	\$0 (1)	QL (30 GM per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	\$0 (1)	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0 (1)	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	\$0 (1)	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (1)	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0 (1)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 (1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (1)	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	\$0 (1)	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	\$0 (1)	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	\$0 (1)	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (1)	QL (30 GM per 30 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (1)	PA; QL (10 EA per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	\$0 (1)	PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	\$0 (1)	PA; QL (2.4 ML per 56 days); ^
<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>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	\$0 (1)	PA; ^
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (1)	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	\$0 (1)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 (1)	
TRULANCE ORAL TABLET 3 MG	\$0 (1)	QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	\$0 (1)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (1)	
VOWST ORAL CAPSULE	\$0 (1)	PA; LA; ^
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	\$0 (1)	
KEV KHO MOB NCAUJ PLAB		
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	\$0 (1)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (1)	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (1)	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0 (1)	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i>	\$0 (1)	
<i>sucralfate oral tablet 1 gram</i>	\$0 (1)	
TSHUAJ TIV THAIV RAW S PLAB / TSHUAJ TIV THAIV KOM SIAB TXHOB YWJ FAJ YWJ FWJ		
<i>dicyclomine oral capsule 10 mg</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (1)	
<i>dicyclomine oral tablet 20 mg</i>	\$0 (1)	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (1)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (1)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (1)	
<i>loperamide oral capsule 2 mg</i>	\$0 (1)	
MOB LEEG NQAIJ THIAB POB TXHA / KEV KHO MOB LAUG		
KEV KHO MOB KO TAW VWM		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (1)	
<i>colchicine oral capsule 0.6 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	\$0 (1)	
<i>probenecid oral tablet 500 mg</i>	\$0 (1)	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0 (1)	
KEV KHO MOB POB TXHA PO		
<i>alendronate oral solution 70 mg/75 ml</i>	\$0 (1)	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	\$0 (1)	QL (4 EA per 28 days)
<i>ibandronate oral tablet 150 mg</i>	\$0 (1)	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (1)	QL (1 ML per 180 days)
<i>raloxifene oral tablet 60 mg</i>	\$0 (1)	
<i>risedronate oral tablet 150 mg</i>	\$0 (1)	QL (1 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	\$0 (1)	QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	\$0 (1)	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	\$0 (1)	PA; Only Teriparatide NDC 47781065289 is covered; QL (2.48 ML per 28 days); ^
LWM HOM MOB LAUG		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 (1)	PA; QL (3.6 ML per 28 days); ^
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 (1)	PA; QL (3.6 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (6 EA per 180 days); ^
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 180 days); ^
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 (1)	PA; QL (8 ML per 28 days); ^
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 180 days); ^
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 180 days); ^
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (2 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (1)	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	\$0 (1)	PA; QL (55 EA per 180 days); ^
<i>penicillamine oral tablet 250 mg</i>	\$0 (1)	^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	\$0 (1)	PA; QL (84 EA per 180 days); ^
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (1)	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 (1)	QL (55 EA per 180 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0 (1)	PA; QL (3 EA per 180 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
QOG NQAIJ TSIS MUAJ HLAB/MOB NTSHAV QAB ZIB		
COV ROJ NTSHA HAUV LUB QOG THYROID		
<i>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</i>	\$0 (1)	
<i>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</i>	\$0 (1)	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (1)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (1)	
<i>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</i>	\$0 (1)	
COV ROJ NTSHA NTAU YAM		
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	\$0 (1)	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (1)	
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (1)	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	\$0 (1)	QL (120 EA per 30 days); ^
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (1)	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0 (1)	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	\$0 (1)	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (1)	
KORLYM ORAL TABLET 300 MG	\$0 (1)	PA; LA; ^
<i>mifepristone oral tablet 300 mg</i>	\$0 (1)	PA; ^
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (1)	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	\$0 (1)	PA; ^
<i>sapropterin oral tablet,soluble 100 mg</i>	\$0 (1)	PA; ^
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (1)	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0 (1)	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	\$0 (1)	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	\$0 (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>	\$0 (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>	\$0 (1)	PA; QL (300 GM per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	\$0 (1)	PA; ^
COV TSHUAJ KHO MOB TIV THAIV QOG THYROID		
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (1)	
KEV KHO MOB NTSHAV QAB ZIB		
<i>acarbose oral tablet 100 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	\$0 (1)	QL (180 EA per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>alcohol pads topical pads, medicated</i>	\$0 (1)	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	\$0 (1)	PA; QL (3.4 ML per 28 days)
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (1)	^
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (1)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (1)	QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 (1)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0 (1)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	\$0 (1)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (1)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 (1)	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (1)	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	\$0 (1)	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	\$0 (1)	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 (1)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0 (1)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (1)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
<i>metformin oral tablet 1,000 mg</i>	\$0 (1)	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (1)	Generic for Glucophage XR; QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (1)	Generic for Glucophage XR; QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	\$0 (1)	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	\$0 (1)	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (1)	(brand RELION not covered)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (1)	(brand RELION not covered)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	(brand RELION not covered)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	(brand RELION not covered)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0 (1)	PA; QL (3 ML per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	\$0 (1)	QL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	\$0 (1)	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (1)	PA; QL (30 EA per 30 days)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	\$0 (1)	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 (1)	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	\$0 (1)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0 (1)	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (1)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	\$0 (1)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	\$0 (1)	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0 (1)	QL (30 EA per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	\$0 (1)	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	\$0 (1)	QL (15 ML per 30 days)
ROJ NTSHAV NYOB HAUV LUB RAUM		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	\$0 (1)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (1)	
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (1)	B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	\$0 (1)	
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (1)	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (1)	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	\$0 (1)	
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (1)	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (1)	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (1)	
TIV THAIV - KEV SIB KIS KAB MOB		
COV TSHUAJ CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	\$0 (1)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (1)	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (1)	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	\$0 (1)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (1)	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (1)	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0 (1)	
<i>cefixime oral capsule 400 mg</i>	\$0 (1)	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (1)	

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (1)	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	\$0 (1)	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	\$0 (1)	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (1)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (1)	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (1)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (1)	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	\$0 (1)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (1)	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (1)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (1)	^
COV TSHUAJ KHO LUB ZAIS ZIS		
<i>methenamine hippurate oral tablet 1 gram</i>	\$0 (1)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (1)	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	\$0 (1)	
<i>trimethoprim oral tablet 100 mg</i>	\$0 (1)	
COV TSHUAJ QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (1)	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	\$0 (1)	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (1)	
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0 (1)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (1)	
<i>moxifloxacin oral tablet 400 mg</i>	\$0 (1)	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	\$0 (1)	

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10/15/2024

COV TSHUAJ TIV THAIV KAB MOB VAIS LAV

<i>abacavir oral solution 20 mg/ml</i>	\$0 (1)	
<i>abacavir oral tablet 300 mg</i>	\$0 (1)	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	\$0 (1)	
<i>acyclovir oral capsule 200 mg</i>	\$0 (1)	
<i>acyclovir oral suspension 200 mg/5 ml</i>	\$0 (1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (1)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (1)	B/D
<i>adefovir oral tablet 10 mg</i>	\$0 (1)	
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (1)	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (1)	
APTIVUS ORAL CAPSULE 250 MG	\$0 (1)	^
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (1)	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	\$0 (1)	^
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (1)	^
CIMDUO ORAL TABLET 300-300 MG	\$0 (1)	^
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (1)	^
<i>darunavir oral tablet 600 mg</i>	\$0 (1)	QL (60 EA per 30 days); ^
<i>darunavir oral tablet 800 mg</i>	\$0 (1)	QL (30 EA per 30 days); ^
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (1)	^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (1)	QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	\$0 (1)	^
EDURANT ORAL TABLET 25 MG	\$0 (1)	^
<i>efavirenz oral tablet 600 mg</i>	\$0 (1)	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	\$0 (1)	^
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (1)	^
<i>emtricitabine oral capsule 200 mg</i>	\$0 (1)	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	\$0 (1)	QL (30 EA per 30 days); ^
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	\$0 (1)	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (1)	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>etravirine oral tablet 100 mg, 200 mg</i>	\$0 (1)	^
EVOTAZ ORAL TABLET 300-150 MG	\$0 (1)	^
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (1)	
<i>fosamprenavir oral tablet 700 mg</i>	\$0 (1)	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 (1)	^
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (1)	^
INTELENCE ORAL TABLET 25 MG	\$0 (1)	
ISENTRESS HD ORAL TABLET 600 MG	\$0 (1)	^
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 (1)	^
ISENTRESS ORAL TABLET 400 MG	\$0 (1)	^
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	\$0 (1)	^
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	\$0 (1)	
JULUCA ORAL TABLET 50-25 MG	\$0 (1)	^
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (1)	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	\$0 (1)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (1)	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	\$0 (1)	PA; QL (28 EA per 28 days); ^
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (1)	
LIVTENCITY ORAL TABLET 200 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	\$0 (1)	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	\$0 (1)	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0 (1)	^
<i>nevirapine oral suspension 50 mg/5 ml</i>	\$0 (1)	
<i>nevirapine oral tablet 200 mg</i>	\$0 (1)	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	\$0 (1)	
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 (1)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (1)	^
<i>oseltamivir oral capsule 30 mg</i>	\$0 (1)	QL (168 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	\$0 (1)	QL (84 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	\$0 (1)	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	\$0 (1)	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0 (1)	QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	\$0 (1)	^

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (1)	^
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (1)	QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	\$0 (1)	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (1)	QL (480 EA per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 (1)	QL (120 EA per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (1)	^
<i>ribavirin oral capsule 200 mg</i>	\$0 (1)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (1)	
<i>rimantadine oral tablet 100 mg</i>	\$0 (1)	
<i>ritonavir oral tablet 100 mg</i>	\$0 (1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 (1)	^
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (1)	^
SELZENTRY ORAL TABLET 25 MG	\$0 (1)	
SELZENTRY ORAL TABLET 75 MG	\$0 (1)	^
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	\$0 (1)	PA; QL (28 EA per 28 days); ^
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (1)	^
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	\$0 (1)	^
SYM TUZA ORAL TABLET 800-150-200-10 MG	\$0 (1)	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (1)	
TIVICAY ORAL TABLET 10 MG	\$0 (1)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (1)	^
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0 (1)	^
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (1)	^
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	\$0 (1)	
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0 (1)	^
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	\$0 (1)	
<i>valganciclovir oral recon soln 50 mg/ml</i>	\$0 (1)	^
<i>valganciclovir oral tablet 450 mg</i>	\$0 (1)	
VEMLIDY ORAL TABLET 25 MG	\$0 (1)	^
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (1)	^
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (1)	^
VIREAD ORAL TABLET 150 MG, 250 MG	\$0 (1)	^

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
VIREAD ORAL TABLET 200 MG	\$0 (1)	
<i>zidovudine oral capsule 100 mg</i>	\$0 (1)	
<i>zidovudine oral syrup 10 mg/ml</i>	\$0 (1)	
<i>zidovudine oral tablet 300 mg</i>	\$0 (1)	
COV TSHUAJ TIV THAIV KAB POOV NCEB		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (1)	B/D
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (1)	B/D
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i>	\$0 (1)	
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (1)	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	\$0 (1)	PA; ^
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (1)	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	\$0 (1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (1)	PA; ^
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (1)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (1)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (1)	
<i>itraconazole oral capsule 100 mg</i>	\$0 (1)	PA; QL (120 EA per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	\$0 (1)	PA
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	\$0 (1)	
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (1)	
<i>nystatin oral tablet 500,000 unit</i>	\$0 (1)	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	\$0 (1)	PA; QL (96 EA per 30 days); ^
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (1)	
<i>voriconazole intravenous recon soln 200 mg</i>	\$0 (1)	PA; ^
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	\$0 (1)	PA; ^
<i>voriconazole oral tablet 200 mg</i>	\$0 (1)	PA; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	\$0 (1)	PA; QL (480 EA per 30 days)
COV TSHUAJ TIV THAIV KEV SIB KIS KAB MOB NTAU YAM		
<i>albendazole oral tablet 200 mg</i>	\$0 (1)	^
<i>amikacin injection solution 500 mg/2 ml</i>	\$0 (1)	

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	\$0 (1)	PA; LA; ^
<i>atovaquone oral suspension 750 mg/5 ml</i>	\$0 (1)	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (1)	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	\$0 (1)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (1)	PA; LA; QL (84 ML per 56 days); ^
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (1)	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	\$0 (1)	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	\$0 (1)	
COARTEM ORAL TABLET 20-120 MG	\$0 (1)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	\$0 (1)	QL (30 EA per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (1)	
<i>daptomycin intravenous recon soln 500 mg</i>	\$0 (1)	^
EMVERM ORAL TABLET,CHEWABLE 100 MG	\$0 (1)	^
<i>ertapenem injection recon soln 1 gram</i>	\$0 (1)	QL (14 EA per 14 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	\$0 (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>	\$0 (1)	
<i>gentamicin injection solution 40 mg/ml</i>	\$0 (1)	
<i>hydroxychloroquine oral tablet 200 mg</i>	\$0 (1)	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	\$0 (1)	
<i>isoniazid oral solution 50 mg/5 ml</i>	\$0 (1)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (1)	
<i>ivermectin oral tablet 3 mg</i>	\$0 (1)	PA; QL (20 EA per 30 days)
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	\$0 (1)	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	\$0 (1)	QL (1800 ML per 30 days); ^
<i>linezolid oral tablet 600 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>mefloquine oral tablet 250 mg</i>	\$0 (1)	
<i>meropenem intravenous recon soln 1 gram</i>	\$0 (1)	QL (30 EA per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	\$0 (1)	QL (10 EA per 10 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	\$0 (1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>neomycin oral tablet 500 mg</i>	\$0 (1)	
<i>nitazoxanide oral tablet 500 mg</i>	\$0 (1)	QL (12 EA per 30 days); ^
<i>pentamidine inhalation recon soln 300 mg</i>	\$0 (1)	B/D; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	\$0 (1)	
<i>praziquantel oral tablet 600 mg</i>	\$0 (1)	
PRIFTIN ORAL TABLET 150 MG	\$0 (1)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	\$0 (1)	
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (1)	
<i>pyrimethamine oral tablet 25 mg</i>	\$0 (1)	PA; ^
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (1)	PA
<i>rifabutin oral capsule 150 mg</i>	\$0 (1)	
<i>rifampin intravenous recon soln 600 mg</i>	\$0 (1)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (1)	PA; LA; ^
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	\$0 (1)	QL (60 EA per 30 days)
<i>tigecycline intravenous recon soln 50 mg</i>	\$0 (1)	^
<i>tinidazole oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	\$0 (1)	PA; QL (280 ML per 28 days); ^
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (1)	
TRECTOR ORAL TABLET 250 MG	\$0 (1)	
<i>vancomycin intravenous recon soln 1,000 mg</i>	\$0 (1)	QL (20 EA per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	\$0 (1)	QL (2 EA per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	\$0 (1)	QL (10 EA per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	\$0 (1)	QL (27 EA per 10 days)
<i>vancomycin oral capsule 125 mg</i>	\$0 (1)	QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	\$0 (1)	QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 550 MG	\$0 (1)	PA; QL (90 EA per 30 days); ^
COV TSHUAJ TUA KAB MOB SIV RAU KEV SIB KIS KAB MOB / LWM COV TSHUAJ TIV THAIV KAB MOB		
<i>azithromycin intravenous recon soln 500 mg</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>azithromycin oral packet 1 gram</i>	\$0 (1)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (1)	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (1)	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (1)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	\$0 (1)	
DIFICID ORAL TABLET 200 MG	\$0 (1)	QL (20 EA per 10 days); ^
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	\$0 (1)	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	\$0 (1)	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0 (1)	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	\$0 (1)	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	\$0 (1)	
COV TSHUAJ TUA KAB MOB UAS MUAJ KOB ME		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	\$0 (1)	
<i>doxy-100 intravenous recon soln 100 mg</i>	\$0 (1)	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (1)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (1)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (1)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0 (1)	
SULFA / COV TSHUAJ UAS MUAJ FEEM CUAM TSHUAM		
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (1)	
TSHUAJ PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (1)	

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (1)	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0 (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>	\$0 (1)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (1)	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	\$0 (1)	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	\$0 (1)	
<i>ampicillin oral capsule 500 mg</i>	\$0 (1)	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	\$0 (1)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	\$0 (1)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 (1)	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	\$0 (1)	
<i>nafcillin injection recon soln 10 gram</i>	\$0 (1)	^
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (1)	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	\$0 (1)	
<i>penicillin g potassium injection recon soln 20 million unit</i>	\$0 (1)	
<i>penicillin g sodium injection recon soln 5 million unit</i>	\$0 (1)	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (1)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0 (1)	

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10/15/2024

**TSHUAJ TIV THAIV KAB MOB QOG NOJ NTSHAV / COV
TSHUAJ TXHAWB KEEB TIV THAIV KAB MOB HAUV LUB
CEV****COV TSHUAJ TIV THAIV NTXHAWB NTXIV RAU**

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

**TSHUAJ TIV THAIV KAB MOB QOG NOJ NTSHAV / COV
TSHUAJ TXHAWB KEEB TIV THAIV KAB MOB HAUV LUB
CEV**

<i>abiraterone oral tablet 250 mg</i>	\$0 (1)	PA-NS; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ALECENSA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ALUNBRIG ORAL TABLET 30 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	\$0 (1)	PA-NS; LA; QL (30 EA per 180 days); ^
<i>anastrozole oral tablet 1 mg</i>	\$0 (1)	
AUGTYRO ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; QL (240 EA per 30 days); ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
<i>azathioprine oral tablet 50 mg</i>	\$0 (1)	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (1)	PA-NS; LA; ^
<i>bexarotene oral capsule 75 mg</i>	\$0 (1)	PA-NS; ^
<i>bexarotene topical gel 1 %</i>	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
<i>bicalutamide oral tablet 50 mg</i>	\$0 (1)	
BOSULIF ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
BOSULIF ORAL CAPSULE 50 MG	\$0 (1)	PA-NS; QL (330 EA per 30 days); ^
BOSULIF ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
BRUKINSA ORAL CAPSULE 80 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CALQUENCE ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 300 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0 (1)	PA-NS; LA; QL (112 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0 (1)	PA-NS; LA; QL (84 EA per 28 days); ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
COTELLIC ORAL TABLET 20 MG	\$0 (1)	PA-NS; LA; QL (63 EA per 28 days); ^
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (1)	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	\$0 (1)	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (1)	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (1)	B/D
DAURISMO ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
DAURISMO ORAL TABLET 25 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (1)	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 (1)	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 (1)	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 (1)	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 (1)	PA-NS
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (1)	B/D
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 240 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 60 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
<i>erlotinib oral tablet 25 mg</i>	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	\$0 (1)	PA-NS; QL (150 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	\$0 (1)	B/D
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (1)	B/D; ^
<i>exemestane oral tablet 25 mg</i>	\$0 (1)	
EXKIVITY ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0 (1)	PA-NS; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0 (1)	PA-NS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (1)	PA-NS; QL (84 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (1)	PA-NS; QL (21 EA per 28 days); ^
GAVRETO ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
<i>gefitinib oral tablet 250 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0 (1)	B/D
<i>gengraf oral solution 100 mg/ml</i>	\$0 (1)	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0 (1)	
GLEOSTINE ORAL CAPSULE 100 MG	\$0 (1)	^
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (1)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
<i>imatinib oral tablet 100 mg</i>	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
<i>imatinib oral tablet 400 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (1)	PA-NS; LA; QL (324 ML per 30 days); ^
IMBRUVICA ORAL TABLET 420 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
INQOVI ORAL TABLET 35-100 MG	\$0 (1)	PA-NS; LA; QL (5 EA per 28 days); ^
INREBIC ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
IWILFIN ORAL TABLET 192 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0 (1)	PA-NS; QL (49 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	\$0 (1)	PA-NS; QL (70 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	\$0 (1)	PA-NS; QL (91 EA per 28 days); ^
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (1)	PA-NS; QL (21 EA per 28 days); ^
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0 (1)	PA-NS; QL (42 EA per 28 days); ^
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0 (1)	PA-NS; QL (63 EA per 28 days); ^
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	\$0 (1)	PA; ^
KRAZATI ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>lapatinib oral tablet 250 mg</i>	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
<i>letrozole oral tablet 2.5 mg</i>	\$0 (1)	
LEUKERAN ORAL TABLET 2 MG	\$0 (1)	^
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0 (1)	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (1)	PA-NS; LA; ^
LORBRENA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LORBRENA ORAL TABLET 25 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LUMAKRAS ORAL TABLET 120 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
LUMAKRAS ORAL TABLET 320 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	\$0 (1)	PA-NS; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
LYSODREN ORAL TABLET 500 MG	\$0 (1)	^

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	\$0 (1)	PA-NS; QL (84 EA per 28 days); ^
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	\$0 (1)	PA-NS; QL (112 EA per 28 days); ^
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	\$0 (1)	PA-NS; QL (140 EA per 28 days); ^
MATULANE ORAL CAPSULE 50 MG	\$0 (1)	LA; ^
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	\$0 (1)	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (1)	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	\$0 (1)	PA-NS; QL (1200 ML per 30 days); ^
MEKINIST ORAL TABLET 0.5 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
MEKINIST ORAL TABLET 2 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
MEKTOVI ORAL TABLET 15 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (1)	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (1)	B/D
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (1)	B/D
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (1)	
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (1)	B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	\$0 (1)	B/D; ^
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (1)	B/D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	\$0 (1)	B/D
<i>mycophenolic acid dr 180 mg tb</i>	\$0 (1)	B/D; mycophenolate sodium = mycophenolic acid
<i>mycophenolic acid dr 360 mg tb</i>	\$0 (1)	B/D; mycophenolate sodium = mycophenolic acid
NERLYNX ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
<i>nilutamide oral tablet 150 mg</i>	\$0 (1)	^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; QL (3 EA per 28 days); ^
NUBEQA ORAL TABLET 300 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	\$0 (1)	PA; ^
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0 (1)	PA
ODOMZO ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; QL (56 EA per 28 days); ^

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
OGSIVEO ORAL TABLET 50 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	\$0 (1)	PA-NS; QL (96 ML per 28 days); ^
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	\$0 (1)	PA-NS; QL (16 EA per 28 days); ^
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	\$0 (1)	PA-NS; QL (20 EA per 28 days); ^
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	\$0 (1)	PA-NS; QL (24 EA per 28 days); ^
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 28 days); ^
ORSERDU ORAL TABLET 345 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ORSERDU ORAL TABLET 86 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
<i>pazopanib oral tablet 200 mg</i>	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (1)	PA-NS; QL (28 EA per 28 days); ^
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0 (1)	PA-NS; QL (56 EA per 28 days); ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (1)	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (1)	^
QINLOCK ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
RETEVMO ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
RETEVMO ORAL CAPSULE 80 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
RETEVMO ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
REZUROCK ORAL TABLET 200 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (150 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	\$0 (1)	PA-NS; QL (336 EA per 28 days); ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RYDAPT ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; QL (224 EA per 28 days); ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (1)	B/D
SCEMBLIX ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
SCEMBLIX ORAL TABLET 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
SCEMBLIX ORAL TABLET 40 MG	\$0 (1)	PA-NS; QL (300 EA per 30 days); ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 (1)	PA; LA; ^
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (1)	B/D; ^
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 (1)	
<i>sorafenib oral tablet 200 mg</i>	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
SPRYCEL ORAL TABLET 20 MG, 70 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
STIVARGA ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (84 EA per 28 days); ^
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	\$0 (1)	PA-NS; QL (28 EA per 28 days); ^
TABLOID ORAL TABLET 40 MG	\$0 (1)	
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (1)	PA-NS; ^
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (1)	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	\$0 (1)	PA-NS; QL (840 EA per 28 days); ^
TAGRISSE ORAL TABLET 40 MG, 80 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (1)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 (1)	PA-NS; QL (112 EA per 28 days); ^
TASIGNA ORAL CAPSULE 50 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
TAZVERIK ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; ^
TEPMETKO ORAL TABLET 225 MG	\$0 (1)	PA-NS; LA; ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
TIBSOVO ORAL TABLET 250 MG	\$0 (1)	PA-NS; LA; ^
<i>toremifene oral tablet 60 mg</i>	\$0 (1)	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0 (1)	^
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0 (1)	PA-NS; QL (64 EA per 28 days); ^
TUKYSA ORAL TABLET 150 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
TUKYSA ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (300 EA per 30 days); ^

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
TURALIO ORAL CAPSULE 125 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (1)	PA-NS; QL (56 EA per 28 days); ^
VENCLEXTA ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (14 EA per 7 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VENCLEXTA ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (7 EA per 7 days); ^
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 (1)	PA-NS; LA; QL (42 EA per 180 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
VITRAKVI ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
VITRAKVI ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (1)	PA-NS; LA; QL (300 ML per 30 days); ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
VONJO ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
WELIREG ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
XALKORI ORAL PELLETT 150 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
XALKORI ORAL PELLETT 20 MG, 50 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (1)	
XERMELO ORAL TABLET 250 MG	\$0 (1)	PA; LA; QL (84 EA per 28 days); ^
XOSPATA ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	\$0 (1)	PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	\$0 (1)	PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	\$0 (1)	PA-NS; LA; QL (32 EA per 28 days); ^
XTANDI ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 80 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 200 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
ZOLINZA ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
ZYKADIA ORAL TABLET 150 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
TXOJ HLAB NTSHAV PLAWV, MOB NTSHAV SIAB / MOB MUAJ ROJ		
COV TSHUAJ KHO HLAB NTSYA HAUV LUB PLAWV NTAU YAM		
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (1)	QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (1)	QL (60 EA per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (1)	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	\$0 (1)	QL (60 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (1)	QL (60 EA per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	\$0 (1)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	\$0 (1)	PA
COV TSHUAJ TIV THAIV KEV DHIA NTAWM LUB PLAWV		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (1)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (1)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (1)	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (1)	
MULTAQ ORAL TABLET 400 MG	\$0 (1)	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (1)	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0 (1)	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (1)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (1)	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (1)	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (1)	
COV TSHUAJ TXO QIS ROJ/ROJ CHOLESTEROL		
<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>	\$0 (1)	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	\$0 (1)	
<i>cholestyramine light oral powder in packet 4 gram</i>	\$0 (1)	
<i>colesevelam oral powder in packet 3.75 gram</i>	\$0 (1)	
<i>colesevelam oral tablet 625 mg</i>	\$0 (1)	
<i>colestipol oral packet 5 gram</i>	\$0 (1)	
<i>colestipol oral tablet 1 gram</i>	\$0 (1)	
<i>ezetimibe oral tablet 10 mg</i>	\$0 (1)	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	\$0 (1)	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0 (1)	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0 (1)	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	\$0 (1)	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (1)	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	\$0 (1)	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (1)	QL (30 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 (1)	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	\$0 (1)	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	\$0 (1)	
KEV KHO MOB LOS NTAWM KEV UA KOM KHOV UA THOOJ		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (1)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (1)	
<i>clopidogrel oral tablet 75 mg</i>	\$0 (1)	

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	\$0 (1)	PA; LA; ^
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	\$0 (1)	PA; LA; ^
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	\$0 (1)	PA; LA; ^
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 (1)	QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (1)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (1)	QL (74 EA per 30 days)
<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>	\$0 (1)	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	\$0 (1)	^
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	\$0 (1)	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (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>	\$0 (1)	
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (1)	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	\$0 (1)	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	\$0 (1)	PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL POWDER IN PACKET 25 MG	\$0 (1)	PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
<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>	\$0 (1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	\$0 (1)	QL (51 EA per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	\$0 (1)	QL (775 ML per 28 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (1)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (1)	QL (60 EA per 30 days)
KEV KHO MOB TIV THAIV MOB NTSHAV SIAB		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (1)	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	\$0 (1)	

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10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>amiloride oral tablet 5 mg</i>	\$0 (1)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (1)	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (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>	\$0 (1)	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (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>	\$0 (1)	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hcthiazyd 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>	\$0 (1)	QL (30 EA per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (1)	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (1)	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (1)	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	\$0 (1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (1)	
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (1)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (1)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (1)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (1)	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (1)	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	\$0 (1)	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (1)	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	\$0 (1)	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (1)	
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (1)	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (1)	QL (30 EA per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (1)	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	\$0 (1)	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (1)	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (1)	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (1)	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	\$0 (1)	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (1)	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (1)	
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (1)	QL (30 EA per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (1)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (1)	
<i>losartan oral tablet 100 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (1)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (1)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>metyrosine oral capsule 250 mg</i>	\$0 (1)	PA; ^
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (1)	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$0 (1)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (1)	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>nebivolol oral tablet 20 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	\$0 (1)	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>nimodipine oral capsule 30 mg</i>	\$0 (1)	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>olmesartan oral tablet 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiaizid 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>	\$0 (1)	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab

10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (1)	
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (1)	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (1)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (1)	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (1)	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0 (1)	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (1)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (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>	\$0 (1)	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (1)	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (1)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (1)	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (1)	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (1)	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (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>	\$0 (1)	QL (30 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Lub Npe Tshuaj	Theem Tshuaj	Cov Cai Tseev Kom Muaj/Cov Kev Txwv
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0 (1)	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (1)	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (1)	
KUA QAUB NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (1)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (1)	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (1)	
<i>nitro-bid transdermal ointment 2 %</i>	\$0 (1)	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (1)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (1)	

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Koj tuaj yeem nrhiav ntaub ntawv txog cov cim thiab cov ntawv luv hauv daim ntawv no los ntawm kev mus rau
kev pib ntawm lub kem no. Hloov kho tshiab
10/15/2024

Daim Ntawv Qhia Ntxiv Txog Tshuaj

<i>abacavir</i>	56	<i>amantadine hcl</i>	56	<i>atenolol-chlorthalidone</i>	75
<i>abacavir-lamivudine</i>	56	<i>ambrisentan</i>	41	<i>atomoxetine</i>	4, 5
ABELCET.....	59	<i>amethia</i>	30	<i>atorvastatin</i>	72
ABILIFY ASIMTUFII.....	4	<i>amikacin</i>	59	<i>atovaquone</i>	60
ABILIFY MAINTENA.....	4	<i>amiloride</i>	75	<i>atovaquone-proguanil</i>	60
<i>abiraterone</i>	64	<i>amiloride-hydrochlorothiazide</i> ...	75	<i>atropine</i>	36
ABRYSVO (PF).....	22	<i>amiodarone</i>	72	ATROVENT HFA.....	41
<i>acamprosate</i>	39	<i>amitriptyline</i>	4	<i>aubra eq</i>	30
<i>acarbose</i>	50	<i>amlodipine</i>	75	AUGTYRO.....	64
<i>accutane</i>	29	<i>amlodipine-atorvastatin</i>	72	AUSTEDO.....	17
<i>acebutolol</i>	74	<i>amlodipine-benazepril</i>	75	AUSTEDO XR.....	17
<i>acetaminophen-codeine</i>	15	<i>amlodipine-olmesartan</i>	75	AUSTEDO XR TITRATION	
<i>acetazolamide</i>	36	<i>amlodipine-valsartan</i>	75	KT(WK1-4).....	17
<i>acetic acid</i>	19	<i>amlodipine-valsartan-hcthiazid</i> ..	75	AUVELITY.....	5
<i>acetylcysteine</i>	40	<i>ammonium lactate</i>	25, 26	<i>aviane</i>	30
<i>acitretin</i>	29	<i>amnesteem</i>	29	AYVAKIT.....	64
ACTEMRA.....	47	<i>amoxapine</i>	4	<i>azathioprine</i>	64
ACTEMRA ACTPEN.....	47	<i>amoxicillin</i>	62, 63	<i>azelaic acid</i>	29
ACTHIB (PF).....	22	<i>amoxicillin-pot clavulanate</i>	63	<i>azelastine</i>	19, 36
ACTIMMUNE.....	25	<i>amphotericin b</i>	59	<i>azithromycin</i>	61, 62
<i>acyclovir</i>	56	<i>ampicillin</i>	63	<i>aztreonam</i>	60
<i>acyclovir sodium</i>	56	<i>ampicillin sodium</i>	63	<i>azurette (28)</i>	30
ADACEL(TDAP		<i>ampicillin-sulbactam</i>	63	<i>bacitracin</i>	37
ADOLESN/ADULT)(PF).....	22	<i>anagrelide</i>	39	<i>bacitracin-polymyxin b</i>	37
<i>adapalene</i>	29	<i>anastrozole</i>	64	<i>baclofen</i>	15
<i>adefovir</i>	56	ANORO ELLIPTA.....	41	<i>balsalazide</i>	44
ADEMPAS.....	40	<i>apraclonidine</i>	37	BALVERSA.....	64
ADVAIR HFA.....	40	<i>aprepitant</i>	44	<i>balziva (28)</i>	30
AIMOVIG AUTOINJECTOR.....	19	<i>apri</i>	30	BARACLUDE.....	56
AKEEGA.....	64	APTIOM.....	10	BCG VACCINE, LIVE (PF).....	22
<i>ala-cort</i>	26	APTIVUS.....	56	BELSOMRA.....	5
<i>albendazole</i>	59	<i>aranelle (28)</i>	30	<i>benazepril</i>	75
<i>albuterol sulfate</i>	40, 41	ARCALYST.....	25	<i>benazepril-hydrochlorothiazide</i> ..	75
<i>alclometasone</i>	26, 27	AREXVY (PF).....	22	BENLYSTA.....	47
<i>alcohol pads</i>	51	<i>arformoterol</i>	41	<i>benztropine</i>	14
ALECENSA.....	64	ARIKAYCE.....	60	BESREMI.....	25
<i>alendronate</i>	47	<i>aripiprazole</i>	4	<i>betaine</i>	44
<i>alfuzosin</i>	3	ARISTADA.....	4	<i>betamethasone dipropionate</i>	27
<i>aliskiren</i>	74	ARISTADA INITIO.....	4	<i>betamethasone valerate</i>	27
<i>allopurinol</i>	47	<i>armodafinil</i>	4	<i>betamethasone, augmented</i>	27
<i>alosetron</i>	44	ARNUITY ELLIPTA.....	41	BETASERON.....	25
ALPHAGAN P.....	37	<i>asenapine maleate</i>	4	<i>betaxolol</i>	38, 75
<i>alprazolam</i>	4	<i>ashlyna</i>	30	<i>bethanechol chloride</i>	3
<i>altavera (28)</i>	30	<i>aspirin-dipyridamole</i>	73	BEVESPI AEROSPHERE.....	41
ALUNBRIG.....	64	ASSURE ID INSULIN SAFETY.....	3	<i>bexarotene</i>	64
<i>alyacen 1/35 (28)</i>	30	<i>atazanavir</i>	56	BEXSERO.....	22
<i>alyq</i>	41	<i>atenolol</i>	75	<i>bicalutamide</i>	64

BICILLIN L-A.....	63	<i>carbidopa-levodopa-</i>	CLINIMIX 4.25%/D10W SULF
BIKTARVY.....	56	<i>entacapone</i>	FREE.....
<i>bisoprolol fumarate</i>	75	<i>carglumic acid</i>	CLINIMIX 4.25%/D5W SULFIT
<i>bisoprolol-hydrochlorothiazide</i> ...	75	<i>carteolol</i>	FREE.....
BIVIGAM.....	22	<i>cartia xt</i>	CLINIMIX 5%-D20W(SULFITE-
<i>blisovi 24 fe</i>	31	<i>carvedilol</i>	FREE).....
<i>blisovi fe 1.5/30 (28)</i>	31	<i>caspofungin</i>	<i>clobazam</i>
BOOSTRIX TDAP.....	22	CAYSTON.....	<i>clobetasol</i>
<i>bosentan</i>	41	<i>cefaclor</i>	<i>clobetasol-emollient</i>
BOSULIF.....	64	<i>cefadroxil</i>	<i>clodan</i>
BRAFTOVI.....	64	<i>cefazolin</i>	<i>clomipramine</i>
BREO ELLIPTA.....	41	<i>cefdinir</i>	<i>clonazepam</i>
<i>breyana</i>	41	<i>cefepime</i>	<i>clonidine</i>
BREZTRI AEROSPHERE.....	41	<i>cefixime</i>	<i>clonidine hcl</i>
<i>briellyn</i>	31	<i>cefoxitin</i>	<i>clopidogrel</i>
BRILINTA.....	73	<i>cefpodoxime</i>	<i>clorazepate dipotassium</i>
<i>brimonidine</i>	37	<i>cefprozil</i>	<i>clotrimazole</i>
<i>brinzolamide</i>	38	<i>ceftazidime</i>	<i>clotrimazole-betamethasone</i>
BRIVIACT.....	10	<i>ceftriaxone</i>	<i>clozapine</i>
<i>bromfenac</i>	37	<i>cefuroxime axetil</i>	COARTEM.....
<i>bromocriptine</i>	14	<i>cefuroxime sodium</i>	<i>colchicine</i>
BRUKINSA.....	64	<i>celecoxib</i>	<i>colesevelam</i>
<i>budesonide</i>	41, 44	<i>cephalexin</i>	<i>colestipol</i>
<i>bumetanide</i>	75	<i>cetirizine</i>	<i>colistin (colistimethate na)</i>
<i>buprenorphine hcl</i>	15	<i>cevimeline</i>	COMBIGAN.....
<i>buprenorphine-naloxone</i>	16	CHEMET.....	COMBIVENT RESPIMAT.....
<i>bupropion hcl</i>	5	<i>chlorhexidine gluconate</i>	COMETRIQ.....
<i>bupropion hcl (smoking deter)</i> ...	40	<i>chloroquine phosphate</i>	COMPLERA.....
<i>buspirone</i>	5	<i>chlorpromazine</i>	<i>compro</i>
BYDUREON BCISE.....	51	<i>chlorthalidone</i>	<i>constulose</i>
<i>cabergoline</i>	49	<i>cholestyramine (with sugar)</i>	COPIKTRA.....
CABOMETYX.....	64	<i>cholestyramine light</i>	CORLANOR.....
<i>calcipotriene</i>	29	<i>ciclopirox</i>	COSENTYX.....
<i>calcitonin (salmon)</i>	50	<i>cilostazol</i>	COSENTYX (2 SYRINGES).....
<i>calcitriol</i>	50	CIMDUO.....	COSENTYX PEN (2 PENS).....
CALQUENCE.....	65	<i>cinacalcet</i>	COSENTYX UNOREADY PEN.....
CALQUENCE (ACALABRUTINIB		<i>ciprofloxacin hcl</i>	COTELLIC.....
MAL).....	65	<i>ciprofloxacin in 5 % dextrose</i>	CREON.....
<i>camila</i>	35	<i>ciprofloxacin-dexamethasone</i>	CRESEMBA.....
<i>camrese lo</i>	31	<i>citalopram</i>	<i>cromolyn</i>
<i>candesartan</i>	75	<i>claravis</i>	<i>cryselle (28)</i>
<i>candesartan-hydrochlorothiazid</i>	75	<i>clarithromycin</i>	<i>cyclobenzaprine</i>
CAPLYTA.....	5	<i>clindamycin hcl</i>	<i>cyclophosphamide</i>
CAPRELSA.....	65	<i>clindamycin in 5 % dextrose</i>	CYCLOPHOSPHAMIDE.....
<i>captopril</i>	75	<i>clindamycin phosphate</i> ...	<i>cyclosporine</i>
<i>carbamazepine</i>	10, 11	<i>clindamycin-benzoyl peroxide</i>	<i>cyclosporine modified</i>
<i>carbidopa</i>	14	CLINIMIX 5%/D15W SULFITE	CYLTEZO(CF).....
<i>carbidopa-levodopa</i>	14	FREE.....	CYLTEZO(CF) PEN.....

CYLTEZO(CF) PEN CROHN'S-UC- HS.....	48	<i>diazepam intensol</i>	6	DUPIXENT SYRINGE.....	26
CYLTEZO(CF) PEN PSORIASIS-UV	48	<i>diazoxide</i>	51	<i>dutasteride</i>	3
<i>cyproheptadine</i>	43	<i>diclofenac potassium</i>	16	<i>dutasteride-tamsulosin</i>	3
<i>cyred eq</i>	31	<i>diclofenac sodium</i>	16, 37	EDARBI.....	76
CYSTAGON.....	3	<i>diclofenac-misoprostol</i>	16	EDARBYCLOR.....	76
CYSTARAN.....	36	<i>dicloxacillin</i>	63	EDURANT.....	56
<i>d10 %-0.45 % sodium chloride</i> ...	39	<i>dicyclomine</i>	46, 47	<i>efavirenz</i>	56
<i>d2.5 %-0.45 % sodium chloride</i> ...	39	DIFICID.....	62	<i>efavirenz-emtricitabin-tenofov</i> ...	56
<i>d5 % and 0.9 % sodium chloride</i> ...	39	<i>diflunisal</i>	16	<i>efavirenz-lamivu-tenofov disop</i> ..	56
<i>d5 %-0.45 % sodium chloride</i>	39	<i>difluprednate</i>	37	<i>electrolyte-148</i>	20
<i>dabigatran etexilate</i>	74	<i>digoxin</i>	72	ELIGARD.....	65
<i>dalfampridine</i>	17	<i>dihydroergotamine</i>	19	ELIGARD (3 MONTH).....	65
<i>danazol</i>	50	DILANTIN.....	11	ELIGARD (4 MONTH).....	65
<i>dantrolene</i>	15	DILANTIN EXTENDED.....	11	ELIGARD (6 MONTH).....	65
<i>dapsone</i>	60	DILANTIN INFATABS.....	11	ELIQUIS.....	74
DAPTACEL (DTAP PEDIATRIC) (PF).....	22	DILANTIN-125.....	11	ELIQUIS DVT-PE TREAT 30D START.....	74
<i>daptomycin</i>	60	<i>diltiazem hcl</i>	76	ELMIRON.....	3
<i>darunavir</i>	56	<i>dilt-xr</i>	76	<i>eluryng</i>	34
DAURISMO.....	65	<i>dimethyl fumarate</i>	17, 18	EMSAM.....	6
<i>deblitane</i>	35	<i>diphenoxylate-atropine</i>	47	<i>emtricitabine</i>	56
<i>deferasirox</i>	39	<i>dipyridamole</i>	74	<i>emtricitabine-tenofovir (tdf)</i>	56
DELSTRIGO.....	56	<i>disopyramide phosphate</i>	72	EMTRIVA.....	56
<i>demeclocycline</i>	62	<i>disulfiram</i>	39	EMVERM.....	60
DEPO-SUBQ PROVERA 104.....	35	<i>divalproex</i>	11	<i>enalapril maleate</i>	76
DESCOVY.....	56	<i>dofetilide</i>	72	<i>enalapril-hydrochlorothiazide</i>	76
<i>desipramine</i>	5	<i>dolishale</i>	31	ENBREL.....	48
<i>desloratadine</i>	43	<i>donepezil</i>	18	ENBREL MINI.....	48
<i>desmopressin</i>	50	DOPTELET (10 TAB PACK).....	74	ENBREL SURECLICK.....	48
<i>desog-e.estradiol/e.estradiol</i>	31	DOPTELET (15 TAB PACK).....	74	ENDARI.....	39
<i>desogestrel-ethinyl estradiol</i>	31	DOPTELET (30 TAB PACK).....	74	<i>endocet</i>	15
<i>desonide</i>	27	<i>dorzolamide</i>	38	ENGERIX-B (PF).....	22
<i>desvenlafaxine succinate</i>	5	<i>dorzolamide-timolol</i>	38	ENGERIX-B PEDIATRIC (PF).....	22
<i>dexamethasone</i>	54	<i>dotti</i>	35	<i>enoxaparin</i>	74
<i>dexamethasone sodium phosphate</i>	37	DOVATO.....	56	<i>enpresse</i>	31
<i>dexlansoprazole</i>	46	<i>doxazosin</i>	76	<i>enskyce</i>	31
<i>dexmethylphenidate</i>	5	<i>doxepin</i>	6	<i>entacapone</i>	14
<i>dextroamphetamine sulfate</i>	5, 6	<i>doxercalciferol</i>	50	<i>entecavir</i>	56
<i>dextroamphetamine- amphetamine</i>	6	<i>doxy-100</i>	62	ENTRESTO.....	72
<i>dextrose 10 % and 0.2 % nacl</i>	39	<i>doxycycline hyclate</i>	62	<i>enulose</i>	44
<i>dextrose 10 % in water (d10w)</i> ...	39	<i>doxycycline monohydrate</i>	62	ENVARUSUS XR.....	65
<i>dextrose 5 % in water (d5w)</i>	39	DRIZALMA SPRINKLE.....	6	EPIDIOLEX.....	11
<i>dextrose 5%-0.2 % sod chloride</i> ..	39	<i>dronabinol</i>	44	<i>epinephrine</i>	43
DIACOMIT.....	11	<i>drospirenone-e.estradiol-lm.fa</i> ...	31	<i>epitol</i>	11
<i>diazepam</i>	6, 11	<i>drospirenone-ethinyl estradiol</i> ...	31	<i>eplerenone</i>	76
		DROXIA.....	65	EPRONTIA.....	11
		<i>droxidopa</i>	39	<i>ergotamine-caffeine</i>	19
		<i>duloxetine</i>	6	ERIVEDGE.....	65
		DUPIXENT PEN.....	26		

ERLEADA.....	65	FETZIMA.....	6	GAMMAPLEX.....	22
<i>erlotinib</i>	65	<i>finasteride</i>	3	GAMMAPLEX (WITH SORBITOL).....	22
<i>errin</i>	35	<i>finngolimod</i>	18	GAMUNEX-C.....	23
<i>ertapenem</i>	60	FINTEPLA.....	11	GARDASIL 9 (PF).....	23
<i>ery pads</i>	30	<i>finzala</i>	31	<i>gatifloxacin</i>	37
<i>ery-tab</i>	62	FIRMAGON KIT W DILUENT		GATTEX 30-VIAL.....	44
ERYTHROCIN.....	62	SYRINGE.....	66	GAUZE PAD.....	4
<i>erythrocin (as stearate)</i>	62	<i>flac otic oil</i>	19	<i>gavilyte-c</i>	44
<i>erythromycin</i>	37, 62	<i>flecainide</i>	72	<i>gavilyte-g</i>	44
<i>erythromycin with ethanol</i>	30	<i>fluconazole</i>	59	GAVRETO.....	66
<i>erythromycin-benzoyl peroxide</i> ..	30	<i>fluconazole in nacl (iso-osm)</i>	59	<i>gefitinib</i>	66
<i>escitalopram oxalate</i>	6	<i>flucytosine</i>	59	<i>gemfibrozil</i>	73
<i>esomeprazole magnesium</i>	46	<i>fludrocortisone</i>	54	<i>gemmily</i>	31
<i>estarylla</i>	31	<i>flunisolide</i>	41	<i>generlac</i>	44
<i>estradiol</i>	35	<i>fluocinolone</i>	27	<i>gengraf</i>	66
<i>estradiol valerate</i>	35	<i>fluocinolone acetamide oil</i>	19	<i>gentamicin</i>	28, 37, 60
<i>estradiol-norethindrone acet</i>	35	<i>fluocinolone and shower cap</i>	27	<i>gentamicin in nacl (iso-osm)</i>	60
<i>ethambutol</i>	60	<i>fluocinonide</i>	27	GENVOYA.....	57
<i>ethosuximide</i>	11	<i>fluocinonide-emollient</i>	27	GILOTRIF.....	66
<i>ethynodiol diac-eth estradiol</i>	31	<i>fluoride (sodium)</i>	20	<i>glatiramer</i>	18
<i>etodolac</i>	16	<i>fluorometholone</i>	37	<i>glatopa</i>	18
<i>etonogestrel-ethinyl estradiol</i>	34	<i>fluorouracil</i>	26	GLEOSTINE.....	66
<i>etravirine</i>	57	<i>fluoxetine</i>	6	<i>glimepiride</i>	51
<i>euthyrox</i>	49	<i>fluphenazine decanoate</i>	6	<i>glipizide</i>	51
<i>everolimus (antineoplastic)</i>	65	<i>fluphenazine hcl</i>	6, 7	<i>glipizide-metformin</i>	51
<i>everolimus</i>		<i>flurbiprofen</i>	16	<i>glutamine (sickle cell)</i>	39
<i>(immunosuppressive)</i>	66	<i>flurbiprofen sodium</i>	37	<i>glycopyrrolate</i>	47
EVOTAZ.....	57	<i>fluticasone propionate</i>	27, 41	GLYXAMBI.....	51
<i>exemestane</i>	66	<i>fluticasone propion-salmeterol</i> ...42		<i>granisetron hcl</i>	44
EXKIVITY.....	66	<i>fluvastatin</i>	73	<i>griseofulvin microsize</i>	59
<i>ezetimibe</i>	73	<i>fluvoxamine</i>	7	<i>griseofulvin ultramicrosize</i>	59
<i>ezetimibe-simvastatin</i>	73	<i>fondaparinux</i>	74	<i>guanfacine</i>	7, 76
<i>falmina (28)</i>	31	<i>formoterol fumarate</i>	42	GVOKE.....	51
<i>famciclovir</i>	57	<i>fosamprenavir</i>	57	GVOKE HYPOPEN 2-PACK.....	51
<i>famotidine</i>	46	<i>fosinopril</i>	76	GVOKE PFS 1-PACK SYRINGE.....	51
FANAPT.....	6	<i>fosinopril-hydrochlorothiazide</i> ...76		HAEGARDA.....	42
FARXIGA.....	51	FOTIVDA.....	66	<i>hailey 24 fe</i>	31
FASENRA.....	41	FRUZAQLA.....	66	<i>halobetasol propionate</i>	27
FASENRA PEN.....	41	<i>furosemide</i>	76	<i>haloette</i>	34
<i>febuxostat</i>	47	FUZEON.....	57	<i>haloperidol</i>	7
<i>felbamate</i>	11	<i>fyavolv</i>	35	<i>haloperidol decanoate</i>	7
<i>felodipine</i>	76	FYCOMPA.....	12	<i>haloperidol lactate</i>	7
<i>fenofibrate</i>	73	<i>gabapentin</i>	12	HAVRIX (PF).....	23
<i>fenofibrate micronized</i>	73	<i>galantamine</i>	18	<i>heather</i>	35
<i>fenofibrate nanocrystallized</i>	73	GAMMAGARD LIQUID.....	22	<i>heparin (porcine)</i>	74
<i>fenofibric acid (choline)</i>	73	GAMMAGARD S-D (IGA < 1		HEPLISAV-B (PF).....	23
<i>fentanyl</i>	15	MCG/ML).....	22	HIBERIX (PF).....	23
<i>fentanyl citrate</i>	15	GAMMAKED.....	22	HUMIRA.....	48

HUMIRA PEN	48	INSULIN ASPART U-100.....	51	<i>junel fe 1.5/30 (28)</i>	31
HUMIRA PEN PSOR-UVEITS-ADOL HS.....	48	INSULIN DEGLUDEC.....	52	<i>junel fe 1/20 (28)</i>	31
HUMIRA(CF).....	48	INSULIN GLARGINE U-300 CONC	52	<i>junel fe 24</i>	32
HUMIRA(CF) PEN.....	48	INSULIN GLARGINE-YFGN.....	52	JYNNEOS (PF).....	23
HUMIRA(CF) PEN CROHNS-UC-HS.....	48	INSULIN SYRINGE-NEEDLE U-100.....	4	<i>kaitlib fe</i>	32
HUMIRA(CF) PEN PEDIATRIC UC	48	INTELENCE.....	57	KALYDECO.....	42
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	48	<i>intralipid</i>	20	<i>kariva (28)</i>	32
HUMULIN R U-500 (CONC)		<i>introvale</i>	31	<i>kelnor 1/35 (28)</i>	32
INSULIN.....	51	INVEGA HAFYERA.....	7	<i>kelnor 1/50 (28)</i>	32
HUMULIN R U-500 (CONC)		INVEGA SUSTENNA.....	7	KERENDIA.....	76
KWIKPEN.....	51	INVEGA TRINZA.....	7	<i>ketoconazole</i>	28, 59
<i>hydralazine</i>	76	IPOL.....	23	<i>ketorolac</i>	37
<i>hydrochlorothiazide</i>	76	<i>ipratropium bromide</i>	19, 42	KINRIX (PF).....	23
<i>hydrocodone-acetaminophen</i>	15	<i>ipratropium-albuterol</i>	42	<i>kionex (with sorbitol)</i>	39
<i>hydrocodone-ibuprofen</i>	15	<i>irbesartan</i>	76	KISQALI.....	67
<i>hydrocortisone</i>	27, 44, 54	<i>irbesartan-hydrochlorothiazide</i> ..	76	KISQALI FEMARA CO-PACK.....	67
<i>hydromorphone</i>	15	ISENTRESS.....	57	<i>klor-con</i>	21
<i>hydroxychloroquine</i>	60	ISENTRESS HD.....	57	<i>klor-con 10</i>	20
<i>hydroxyurea</i>	66	<i>isibloom</i>	31	<i>klor-con 8</i>	20
<i>hydroxyzine hcl</i>	44	ISOLYTE S PH 7.4.....	20	<i>klor-con m10</i>	21
<i>hydroxyzine pamoate</i>	44	ISOLYTE-P IN 5 % DEXTROSE.....	20	<i>klor-con m15</i>	21
<i>ibandronate</i>	47	<i>isoniazid</i>	60	<i>klor-con m20</i>	21
IBRANCE.....	66	<i>isosorbide dinitrate</i>	79	KORLYM.....	50
<i>ibu</i>	16	<i>isosorbide mononitrate</i>	79	KOSELUGO.....	67
<i>ibuprofen</i>	16, 17	<i>isotretinoin</i>	30	<i>kourzeq</i>	19
<i>icatibant</i>	42	<i>isradipine</i>	76	KRAZATI.....	67
<i>iclevia</i>	31	<i>itraconazole</i>	59	<i>kurvelo (28)</i>	32
ICLUSIG.....	66	<i>ivermectin</i>	60	<i>l norgest/e.estradiol-e.estrad</i>	32
IDHIFA.....	66	IWILFIN.....	67	<i>labetalol</i>	77
<i>imatinib</i>	66	IXCHIQ (PF).....	23	<i>lacosamide</i>	12
IMBRUVICA.....	66	IXIARO (PF).....	23	<i>lactulose</i>	44
<i>imipenem-cilastatin</i>	60	JAKAFI.....	67	<i>lamivudine</i>	57
<i>imipramine hcl</i>	7	<i>jantoven</i>	74	<i>lamivudine-zidovudine</i>	57
<i>imiquimod</i>	26	JANUMET.....	52	<i>lamotrigine</i>	12
IMOVAX RABIES VACCINE (PF)....	23	JANUMET XR.....	52	<i>lansoprazole</i>	46
<i>incassia</i>	35	JANUVIA.....	52	<i>lapatinib</i>	67
INCRELEX.....	39	JARDIANCE.....	52	<i>larin 1.5/30 (21)</i>	32
INCRUSE ELLIPTA.....	42	<i>jasmiel (28)</i>	31	<i>larin 1/20 (21)</i>	32
<i>indapamide</i>	76	JAYPIRCA.....	67	<i>larin fe 1.5/30 (28)</i>	32
INFANRIX (DTAP) (PF).....	23	JENTADUETO.....	52	<i>larin fe 1/20 (28)</i>	32
INLYTA.....	66	JENTADUETO XR.....	52	<i>latanoprost</i>	38
INQOVI.....	66	<i>jinteli</i>	35	<i>layolis fe</i>	32
INREBIC.....	66	<i>juleber</i>	31	LEDIPASVIR-SOFOSBUVIR.....	57
INSULIN ASP PRT-INSULIN ASPART.....	51	JULUCA.....	57	<i>leflunomide</i>	48
		<i>junel 1.5/30 (21)</i>	31	<i>lenalidomide</i>	67
		<i>junel 1/20 (21)</i>	31	LENVIMA.....	67
				<i>lessina</i>	32
				<i>letrozole</i>	67

<i>leucovorin calcium</i>	64	<i>loxapine succinate</i>	8	<i>metoprolol ta-hydrochlorothiaz</i> ..	77
LEUKERAN.....	67	<i>lubiprostone</i>	45	<i>metoprolol tartrate</i>	77
<i>leuprolide</i>	67	LUMAKRAS.....	67	<i>metronidazole</i>	30, 34, 61
<i>levabuterol hcl</i>	42	LUMIGAN.....	38	<i>metronidazole in nacl (iso-os)</i>	61
<i>levetiracetam</i>	12	LUPRON DEPOT.....	67	<i>metyrosine</i>	77
<i>levobunolol</i>	38	<i>lurasidone</i>	8	<i>mexiletine</i>	72
<i>levocarnitine</i>	40	<i>lutera (28)</i>	32	<i>mibelas 24 fe</i>	32
<i>levocarnitine (with sugar)</i>	39	<i>lyleq</i>	35	<i>micafungin</i>	59
<i>levocetirizine</i>	44	<i>lyllana</i>	35	<i>microgestin 1.5/30 (21)</i>	32
<i>levofloxacin</i>	55	LYNPARZA.....	67	<i>microgestin 1/20 (21)</i>	32
<i>levofloxacin in d5w</i>	55	LYSODREN.....	67	<i>microgestin 24 fe</i>	32
<i>levonest (28)</i>	32	LYTGOBI.....	68	<i>microgestin fe 1.5/30 (28)</i>	33
<i>levonorgestrel-ethinyl estrad</i>	32	<i>lyza</i>	35	<i>microgestin fe 1/20 (28)</i>	33
<i>levonorg-eth estrad triphasic</i>	32	<i>magnesium sulfate</i>	21	<i>midodrine</i>	40
<i>levora-28</i>	32	<i>malathion</i>	28	<i>mifepristone</i>	50
<i>levothyroxine</i>	49	<i>maraviroc</i>	57	<i>mili</i>	33
<i>levoxyl</i>	49	<i>marlissa (28)</i>	32	<i>mimvey</i>	36
LEXIVA.....	57	MARPLAN.....	8	<i>minocycline</i>	62
LIBERVANT.....	12	MATULANE.....	68	<i>minoxidil</i>	77
<i>lidocaine</i>	26	<i>matzim la</i>	77	<i>mirtazapine</i>	8
<i>lidocaine hcl</i>	26	<i>meclizine</i>	45	<i>misoprostol</i>	46
<i>lidocaine viscous</i>	26	<i>medroxyprogesterone</i>	36	M-M-R II (PF).....	23
<i>lidocaine-prilocaine</i>	26	<i>mefloquine</i>	60	<i>modafinil</i>	8
<i>lidocan iii</i>	26	<i>megestrol</i>	68	<i>moexipril</i>	77
LILETTA.....	34	MEKINIST.....	68	<i>molindone</i>	8
<i>linezolid</i>	60	MEKTOVI.....	68	<i>mometasone</i>	28, 42
<i>linezolid in dextrose 5%</i>	60	<i>meloxicam</i>	17	<i>montelukast</i>	42
LINZESS.....	44	<i>memantine</i>	18	<i>morphine</i>	15, 16
<i>liothyronine</i>	49	MENACTRA (PF).....	23	<i>morphine concentrate</i>	15
<i>lisdexamfetamine</i>	7, 8	MENQUADFI (PF).....	23	MOUNJARO.....	52
<i>lisinopril</i>	77	MENVEO A-C-Y-W-135-DIP (PF)..	23	MOVANTIK.....	45
<i>lisinopril-hydrochlorothiazide</i>	77	<i>mercaptopurine</i>	68	<i>moxifloxacin</i>	37, 55
<i>lithium carbonate</i>	8	<i>meropenem</i>	60	<i>moxifloxacin-sod.chloride(iso)</i>	55
<i>lithium citrate</i>	8	<i>mesalamine</i>	45	MRESVIA (PF).....	23
LIVTENCITY.....	57	MESNEX.....	64	MULTAQ.....	72
LOKELMA.....	40	<i>metformin</i>	52	<i>mupirocin</i>	28
LONSURF.....	67	<i>methadone</i>	15	<i>mycophenolate mofetil</i>	68
<i>loperamide</i>	47	<i>methazolamide</i>	36	<i>mycophenolate sodium</i>	68
<i>lopinavir-ritonavir</i>	57	<i>methenamine hippurate</i>	55	MYRBETRIQ.....	3
<i>lorazepam</i>	8	<i>methimazole</i>	50	<i>nabumetone</i>	17
<i>lorazepam intensol</i>	8	<i>methotrexate sodium</i>	68	<i>nadolol</i>	77
LORBRENA.....	67	<i>methotrexate sodium (pf)</i>	68	<i>nafcillin</i>	63
<i>loryna (28)</i>	32	<i>methsuximide</i>	12	<i>naftifine</i>	28
<i>losartan</i>	77	<i>methylphenidate hcl</i>	8	<i>naloxone</i>	17
<i>losartan-hydrochlorothiazide</i>	77	<i>methylprednisolone</i>	54	<i>naltrexone</i>	17
<i>loteprednol etabonate</i>	38	<i>metoclopramide hcl</i>	45	NAMZARIC.....	18
<i>lovastatin</i>	73	<i>metolazone</i>	77	<i>naproxen</i>	17
<i>low-ogestrel (28)</i>	32	<i>metoprolol succinate</i>	77	<i>naproxen sodium</i>	17

<i>naratriptan</i>	19	<i>nortrel 1/35 (28)</i>	33	OTEZLA.....	48
NATACYN.....	37	<i>nortrel 7/7/7 (28)</i>	33	OTEZLA STARTER.....	49
<i>nateglinide</i>	52	<i>nortriptyline</i>	8	<i>oxacillin</i>	63
NAYZILAM.....	12	NORVIR.....	57	<i>oxaprozin</i>	17
<i>nebivolol</i>	77	NOVOLIN 70/30 U-100 INSULIN.....	52	<i>oxcarbazepine</i>	12
<i>necon 0.5/35 (28)</i>	33	NOVOLIN 70-30 FLEXPEN U-100.....	52	<i>oxybutynin chloride</i>	3
<i>nefazodone</i>	8	NOVOLIN N FLEXPEN.....	53	<i>oxycodone</i>	16
<i>neomycin</i>	61	NOVOLIN N NPH U-100 INSULIN.....	53	<i>oxycodone-acetaminophen</i>	16
<i>neomycin-bacitracin-poly-hc</i>	38	NOVOLIN R FLEXPEN.....	53	OZEMPIC.....	53
<i>neomycin-bacitracin-polymyxin</i>	37	NOVOLIN R REGULAR U100		<i>pacerone</i>	72
<i>neomycin-polymyxin b-</i>		INSULIN.....	53	<i>paliperidone</i>	9
<i>dexameth</i>	38	NUBEQA.....	68	PANRETIN.....	26
<i>neomycin-polymyxin-gramicidin</i>	37	NUEDEXTA.....	18	<i>pantoprazole</i>	46
<i>neomycin-polymyxin-hc</i>	20, 38	NUPLAZID.....	8	PANZYGA.....	23
NERLYNX.....	68	NURTEC ODT.....	19	<i>paricalcitol</i>	50
<i>neuac</i>	30	<i>nyamyc</i>	28	<i>paroxetine hcl</i>	9
NEUPRO.....	14	<i>nylia 1/35 (28)</i>	33	PAXLOVID.....	57
<i>nevirapine</i>	57	<i>nylia 7/7/7 (28)</i>	33	<i>pazopanib</i>	69
NEXPLANON.....	34	<i>nymyo</i>	33	PEDIARIX (PF).....	23
<i>niacin</i>	73	<i>nystatin</i>	28, 29, 59	PEDVAX HIB (PF).....	23
<i>nicardipine</i>	77	<i>nystop</i>	29	<i>peg 3350-electrolytes</i>	45
NICOTROL.....	40	NYVEPRIA.....	25	PEGASYS.....	25
NICOTROL NS.....	40	OCALIVA.....	45	<i>peg-electrolyte soln</i>	45
<i>nifedipine</i>	77	<i>ocella</i>	33	PEMAZYRE.....	69
<i>nikki (28)</i>	33	OCTAGAM.....	23	PEN NEEDLE, DIABETIC.....	4
<i>nilutamide</i>	68	<i>octreotide acetate</i>	68	PENBRAYA (PF).....	23
<i>nimodipine</i>	77	ODEFSEY.....	57	<i>penicillamine</i>	49
NINLARO.....	68	ODOMZO.....	68	PENICILLIN G POT IN DEXTROSE.....	63
<i>nitazoxanide</i>	61	OFEV.....	42	<i>penicillin g potassium</i>	63
<i>nitisinone</i>	40	<i>ofloxacin</i>	19, 37	<i>penicillin g sodium</i>	63
<i>nitro-bid</i>	79	OGSIVEO.....	68, 69	<i>penicillin v potassium</i>	63
<i>nitrofurantoin macrocrystal</i>	55	OJEMDA.....	69	PENTACEL (PF).....	24
<i>nitrofurantoin monohyd/m-</i>		OJJAARA.....	69	<i>pentamidine</i>	61
<i>cryst</i>	55	<i>olanzapine</i>	8, 9	<i>pentoxifylline</i>	74
<i>nitroglycerin</i>	45, 79	<i>olmesartan</i>	77	<i>perindopril erbumine</i>	78
NIVESTYM.....	25	<i>olmesartan-amlodipin-hcthiaid</i>	77	<i>periogard</i>	20
<i>nizatidine</i>	46	<i>olmesartan-hydrochlorothiazide</i>	77	<i>permethrin</i>	28
<i>nora-be</i>	36	<i>olopatadine</i>	19	<i>perphenazine</i>	9
<i>norelgestromin-ethin.estradiol</i>	35	<i>omeprazole</i>	46	<i>phenelzine</i>	9
<i>noreth-ethinyl estradiol-iron</i>	33	OMNITROPE.....	25	<i>phenobarbital</i>	12
<i>norethindrone (contraceptive)</i>	36	<i>ondansetron</i>	45	<i>phenytoin</i>	12, 13
<i>norethindrone acetate</i>	36	<i>ondansetron hcl</i>	45	<i>phenytoin sodium extended</i>	13
<i>norethindrone ac-eth estradiol</i>		ONUREG.....	69	PIFELTRO.....	57
.....	33, 36	OPSUMIT.....	42	<i>pilocarpine hcl</i>	36, 40
<i>norethindrone-e.estradiol-iron</i>	33	ORGOVYX.....	69	<i>pimecrolimus</i>	26
<i>norgestimate-ethinyl estradiol</i>	33	ORKAMBI.....	42	<i>pimozide</i>	9
<i>nortrel 0.5/35 (28)</i>	33	ORSERDU.....	69	<i>pimtrea (28)</i>	33
<i>nortrel 1/35 (21)</i>	33	<i>oseltamivir</i>	57	<i>pindolol</i>	78

<i>pioglitazone</i>	53	<i>primidone</i>	13	RETACRIT.....	25
<i>pioglitazone-glimepiride</i>	53	PRIORIX (PF).....	24	RETEVMO.....	69
<i>pioglitazone-metformin</i>	53	PRIVIGEN.....	24	REXULTI.....	9
<i>piperacillin-tazobactam</i>	63	<i>probenecid</i>	47	REYATAZ.....	58
PIQRAY.....	69	<i>probenecid-colchicine</i>	47	REZLIDHIA.....	69
<i>pirfenidone</i>	42	<i>prochlorperazine</i>	45	REZUROCK.....	69
<i>piroxicam</i>	17	<i>prochlorperazine maleate</i>	45	RHOPRESSA.....	38
<i>pitavastatin calcium</i>	73	<i>procto-med hc</i>	45	<i>ribavirin</i>	58
PLASMA-LYTE A.....	20	<i>proctosol hc</i>	45	<i>rifabutin</i>	61
PLENAMINE.....	20	<i>proctozone-hc</i>	45	<i>rifampin</i>	61
PLENVU.....	45	<i>progesterone micronized</i>	36	<i>riluzole</i>	40
<i>podofilox</i>	26	PROGRAF.....	69	<i>rimantadine</i>	58
<i>polymyxin b sulf-trimethoprim</i> ...	37	PROLASTIN-C.....	40	RINVOQ.....	49
POMALYST.....	69	PROLENSA.....	37	<i>risedronate</i>	40, 47
<i>portia 28</i>	33	PROLIA.....	47	RISPERDAL CONSTA.....	9
<i>posaconazole</i>	59	PROMACTA.....	74	<i>risperidone</i>	9
<i>potassium chlorid-d5-0.45%nacl</i> 21		<i>promethazine</i>	44	<i>ritonavir</i>	58
<i>potassium chloride</i>	21	<i>propafenone</i>	72	<i>rivastigmine</i>	18
<i>potassium chloride in 0.9%nacl..</i> 21		<i>propranolol</i>	78	<i>rivastigmine tartrate</i>	18
<i>potassium chloride in 5 % dex</i>	21	<i>propylthiouracil</i>	50	<i>rivelsa</i>	33
<i>potassium chloride-0.45 % nacl..</i> 21		PROQUAD (PF).....	24	<i>rizatriptan</i>	19
<i>potassium chloride-d5-0.2%nacl</i> .21		<i>protriptyline</i>	9	ROCKLATAN.....	38
<i>potassium chloride-d5-0.9%nacl</i> .21		PULMOZYME.....	42	<i>roflumilast</i>	42
<i>potassium citrate</i>	3	PURIXAN.....	69	<i>ropinirole</i>	14
PRALUENT PEN.....	73	<i>pyrazinamide</i>	61	<i>rosuvastatin</i>	73
<i>pramipexole</i>	14	<i>pyridostigmine bromide</i>	15	ROTARIX.....	24
<i>prasugrel</i>	74	<i>pyrimethamine</i>	61	ROTATEQ VACCINE.....	24
<i>pravastatin</i>	73	QINLOCK.....	69	<i>roweepra</i>	13
<i>praziquantel</i>	61	QUADRACEL (PF).....	24	ROZLYTREK.....	69
<i>prazosin</i>	78	<i>quetiapine</i>	9	RUBRACA.....	69
<i>prednisolone</i>	54	QUETIAPINE.....	9	<i>rufinamide</i>	13
<i>prednisolone acetate</i>	38	<i>quinapril</i>	78	RUKOBIA.....	58
<i>prednisolone sodium phosphate</i>	38, 54	<i>quinidine sulfate</i>	72	RYBELSUS.....	53
<i>prednisone</i>	54	<i>quinine sulfate</i>	61	RYDAPT.....	69
<i>prednisone intensol</i>	54	RABAVERT (PF).....	24	<i>sajazir</i>	42
<i>pregabalin</i>	13	<i>rabeprazole</i>	46	SANDIMMUNE.....	69
PREHEVBRIO (PF).....	24	RADICAVA ORS STARTER KIT SUSP.....	18	SANTYL.....	26
PREMARIN.....	36	<i>raloxifene</i>	47	<i>sapropterin</i>	50
<i>premasol 10 %</i>	20	<i>ramipril</i>	78	SAVELLA.....	49
<i>prenatal vitamin plus low iron</i> ...	20	<i>ranolazine</i>	72	<i>saxagliptin</i>	53
<i>prevalite</i>	73	<i>rasagiline</i>	14	SCSEMBLIX.....	69, 70
PREVYMIS.....	58	<i>reclipsen (28)</i>	33	<i>scopolamine base</i>	45
PREZCOBIX.....	58	RECOMBIVAX HB (PF).....	24	SECUADO.....	9
PREZISTA.....	58	RECTIV.....	45	<i>selegiline hcl</i>	14
PRIFTIN.....	61	REGRANEX.....	26	<i>selenium sulfide</i>	29
PRIMAQUINE.....	61	RELENZA DISKHALER.....	58	SELZENTRY.....	58
PRIMIDONE.....	13	<i>repaglinide</i>	53	SEREVENT DISKUS.....	42
				<i>sertraline</i>	10

<i>setlakin</i>	33	<i>sumatriptan</i>	19	TETANUS,DIPHThERIA TOX
<i>sharobel</i>	36	<i>sumatriptan succinate</i>	19	PED(PF).....
SHINGRIX (PF).....	24	<i>sunitinib malate</i>	70	<i>tetrabenazine</i>
SIGNIFOR.....	70	SUNLENCA.....	58	<i>tetracycline</i>
<i>sildenafil (pulm.hypertension)</i>	43	SUPREP BOWEL PREP KIT.....	46	THALOMID.....
<i>silver sulfadiazine</i>	26	<i>syeda</i>	33	THEO-24.....
<i>simvastatin</i>	73	SYMDEKO.....	43	<i>theophylline</i>
<i>sirolimus</i>	70	SYMPAZAN.....	13	<i>thioridazine</i>
SIRTURO.....	61	SYMTUZA.....	58	<i>thiothixene</i>
SKYRIZI.....	29, 45	SYNJARDY.....	53	<i>tiadylt er</i>
<i>sodium chloride</i>	40	SYNJARDY XR.....	53	<i>tiagabine</i>
<i>sodium chloride 0.45 %</i>	21	SYNTHROID.....	49	TIBSOVO.....
<i>sodium chloride 0.9 %</i>	40	TABLOID.....	70	TICOVAC.....
<i>sodium chloride 3 % hypertonic</i> ..	21	TABRECTA.....	70	<i>tigecycline</i>
<i>sodium chloride 5 % hypertonic</i> ..	21	<i>tacrolimus</i>	26, 70	<i>tilia fe</i>
SODIUM OXYBATE.....	10	<i>tadalafil</i>	3	<i>timolol maleate</i>
<i>sodium phenylbutyrate</i>	40	<i>tadalafil (pulm. hypertension)</i>	43	<i>tinidazole</i>
<i>sodium polystyrene sulfonate</i>	40	TAFINLAR.....	70	TIVICAY.....
<i>sodium,potassium,mag sulfates</i> ..	45	TAGRISSO.....	70	TIVICAY PD.....
SOFOBUVIR-VELPATASVIR.....	58	TALZENNA.....	70	<i>tizanidine</i>
<i>solifenacin</i>	3	<i>tamoxifen</i>	70	TOBRADEX.....
SOLQUA 100/33.....	53	<i>tamsulosin</i>	3	<i>tobramycin</i>
SOLTAMOX.....	70	<i>tarina 24 fe</i>	33	<i>tobramycin in 0.225 % nacl</i>
SOMAVERT.....	50	<i>tarina fe 1-20 eq (28)</i>	34	<i>tobramycin sulfate</i>
<i>sorafenib</i>	70	TASIGNA.....	70	<i>tobramycin-dexamethasone</i>
<i>sotalol</i>	72	<i>tazarotene</i>	30	<i>tolterodine</i>
<i>sotalol af</i>	72	<i>tazicef</i>	55	<i>tolvaptan</i>
<i>spironolactone</i>	78	<i>taztia xt</i>	78	<i>topiramate</i>
<i>spironolacton-hydrochlorothiaz</i> ..	78	TAZVERIK.....	70	<i>toremifene</i>
<i>sprintec (28)</i>	33	TDVAX.....	24	<i>torse mide</i>
SPRITAM.....	13	TEFLARO.....	55	TRADJENTA.....
SPRYCEL.....	70	<i>telmisartan</i>	78	<i>tramadol</i>
<i>sps (with sorbitol)</i>	40	<i>telmisartan-amlodipine</i>	78	<i>tramadol-acetaminophen</i>
<i>sronyx</i>	33	<i>telmisartan-hydrochlorothiazid</i> ..	78	<i>trandolapril</i>
<i>ssd</i>	26	<i>temazepam</i>	10	<i>tranexamic acid</i>
STELARA.....	29	TENIVAC (PF).....	24	<i>tranylcpromine</i>
STIVARGA.....	70	<i>tenofovir disoproxil fumarate</i>	58	<i>travasol 10 %</i>
STREPTOMYCIN.....	61	TEPMETKO.....	70	<i>travoprost</i>
STRIBILD.....	58	<i>terazosin</i>	78	<i>trazodone</i>
SUCRAID.....	46	<i>terbinafine hcl</i>	59	TRECTOR.....
<i>sucrafate</i>	46	<i>terbutaline</i>	43	TRELEGY ELLIPTA.....
<i>sulfacetamide sodium</i>	36	<i>terconazole</i>	35	TREMFYA.....
<i>sulfacetamide sodium (acne)</i>	28	<i>teriflunomide</i>	18	<i>tretinoin</i>
<i>sulfacetamide-prednisolone</i>	36	TERIPARATIDE.....	47	<i>tretinoin (antineoplastic)</i>
<i>sulfadiazine</i>	62	<i>testosterone</i>	50	<i>tretinoin microspheres</i>
<i>sulfamethoxazole-trimethoprim</i> ..	62	<i>testosterone cypionate</i>	50	<i>triamcinolone acetanide</i>
<i>sulfasalazine</i>	46	<i>testosterone enanthate</i>	50	20, 28
<i>sulindac</i>	17			<i>triamterene-hydrochlorothiazid</i> ..
				78
				<i>tridacaine</i>
				26

<i>tridacaine ii</i>	26	<i>varenicline</i>	40	XOSPATA.....	71
<i>triderm</i>	28	VARIVAX (PF).....	25	XPOVIO.....	71
<i>trientine</i>	40	VASCEPA.....	73	XTANDI.....	71
<i>tri-estarylla</i>	34	<i>velivet triphasic regimen (28)</i>	34	<i>xulane</i>	35
<i>trifluoperazine</i>	10	VEMLIDY.....	58	XULTOPHY 100/3.6.....	54
<i>trifluridine</i>	36	VENCLEXTA.....	71	YF-VAX (PF).....	25
<i>trihexyphenidyl</i>	15	VENCLEXTA STARTING PACK.....	71	YUFLYMA(CF).....	49
TRIJARDY XR.....	53	<i>venlafaxine</i>	10	YUFLYMA(CF) AI CROHN'S-UC- HS.....	49
TRIKAFTA.....	43	VENTOLIN HFA.....	43	YUFLYMA(CF) AUTOINJECTOR....	49
<i>tri-legest fe</i>	34	<i>verapamil</i>	78, 79	<i>yuvafem</i>	36
<i>tri-lo-estarylla</i>	34	VERQUVO.....	72	<i>zafemy</i>	35
<i>tri-lo-sprintec</i>	34	VERSACLOZ.....	10	<i>zafirlukast</i>	43
<i>trimethoprim</i>	55	VERZENIO.....	71	ZEJULA.....	71
<i>tri-mili</i>	34	<i>vestura (28)</i>	34	ZELBORAF.....	71
<i>trimipramine</i>	10	<i>vienna</i>	34	<i>zenatane</i>	30
TRINTELLIX.....	10	<i>vigabatrin</i>	13	ZENPEP.....	46
<i>tri-nymyo</i>	34	<i>vigadrone</i>	13	<i>zidovudine</i>	59
<i>tri-sprintec (28)</i>	34	<i>vigpoder</i>	13	<i>ziprasidone hcl</i>	10
TRIUMEQ.....	58	<i>vilazodone</i>	10	<i>ziprasidone mesylate</i>	10
TRIUMEQ PD.....	58	VIRACEPT.....	58	ZIRGAN.....	36
<i>trivora (28)</i>	34	VIREAD.....	58, 59	ZOLINZA.....	71
<i>tri-vylibra</i>	34	VITRAKVI.....	71	<i>zolmitriptan</i>	19
<i>tri-vylibra lo</i>	34	VIVITROL.....	17	<i>zolpidem</i>	10
TRIZIVIR.....	58	VIZIMPRO.....	71	ZONISADE.....	14
TROPHAMINE 10 %.....	20	VONJO.....	71	<i>zonisamide</i>	14
<i>trospium</i>	3	<i>voriconazole</i>	59	<i>zovia 1-35 (28)</i>	34
TRULANCE.....	46	VOWST.....	46	ZTALMY.....	14
TRULICITY.....	53	VRAYLAR.....	10	ZURZUVAE.....	10
TRUMENBA.....	24	<i>vyfemla (28)</i>	34	ZYDELIG.....	71
TRUQAP.....	70	<i>vylibra</i>	34	ZYKADIA.....	72
TUKYSA.....	70	VYNDAQEL.....	72	ZYPREXA RELPREVV.....	10
TURALIO.....	71	<i>warfarin</i>	74		
<i>turqoz (28)</i>	34	WELIREG.....	71		
TWINRIX (PF).....	25	<i>wymzya fe</i>	34		
TYPHIM VI.....	25	XALKORI.....	71		
<i>unithroid</i>	49	XARELTO.....	74		
<i>ursodiol</i>	46	XARELTO DVT-PE TREAT 30D START.....	74		
<i>valacyclovir</i>	58	XATMEP.....	71		
VALCHLOR.....	26	XCOPRI.....	13, 14		
<i>valganciclovir</i>	58	XCOPRI MAINTENANCE PACK.....	13		
<i>valproic acid</i>	13	XCOPRI TITRATION PACK.....	14		
<i>valproic acid (as sodium salt)</i>	13	XDEMVY.....	36		
<i>valsartan</i>	78	XERMELO.....	71		
<i>valsartan-hydrochlorothiazide</i>	78	XGEVA.....	64		
VALTOCO.....	13	XIFAXAN.....	61		
<i>vancomycin</i>	61	XIGDUO XR.....	53, 54		
VANFLYTA.....	71	XOLAIR.....	43		
VAQTA (PF).....	25				

‘Ohana Health Plan, ib txoj phiaj xwm uas tau muab los ntawm WellCare Health Insurance of Arizona, Inc.

“Wellcare” muab los ntawm Coordinated Care of Washington, Inc.

Tus tswv cuab Louisiana D-SNP: Raws li tus tswv cuab Wellcare HMO D-SNP, koj muaj kev duav roos los ntawm Medicare thiab Medicaid. Koj yuav tau txais koj qhov kev saib xyuas kev noj qab haus huv ntawm Medicare thiab kev pab duav roos tshuaj raws daim ntawv sau yuav tshuaj los ntawm Wellcare thiab tseem muaj cai tau txais kev pab cuam saib xyuas kev noj qab haus huv ntxiv thiab kev duav roos los ntawm Louisiana Medicaid. Kawm paub ntxiv txog cov kws muab kev pab uas koom nrog hauv Louisiana Medicaid los ntawm kev mus saib www.myplan.healthy.la.gov/en/find-provider los sis <https://www.louisianahealthconnect.com>. Yog xav paub ntxaws ntxiv txog cov txiaj ntsig kev pab ntawm Louisiana Medicaid, thov mus saib hauv Medicaid lub vev xaib ntawm <https://ldh.la.gov/medicaid> thiab xaiv qhov txuas "Kawm Paub txog Cov Kev Pab Cuam Ntawm Medicaid". Txhawm rau thov daim ntawv theej ua ntawv sau ntawm peb Daim Ntawv Teev Kws Muab Kev Pab Ntawm Medicaid, thov tiv tauj rau peb.

Louisiana D-SNP cov neeg uas xav tias yuav koom: Yog xav paub ntxiv txog Louisiana Medicaid cov txiaj ntsig tau los, thov mus saib hauv Medicaid lub vev xaib ntawm <https://ldh.la.gov/medicaid> los sis <https://www.louisianahealthconnect.com>. Txhawm rau thov ib daim ntawv theej ntawm peb Medicaid Daim Ntawv Teev Tus Kws Muab Kev Pab Cuam, thov hu rau peb.

Lus Cim Tseg: TennCare tsis muaj lub luag hauj lwm rau kev them nyiaj rau cov txiaj ntsig no, tshwj tsis yog rau cov nqi sib faib uas tsim nyog. TennCare tsis muaj lub luag hauj lwm los lav qhov uas muaj los sis qhov zoo ntawm cov txiaj ntsig no. Txhua cov txiaj ntsig saum toj no thiab tshaj li cov txiaj ntsig Medicare ib txwm muaj rau Wellcare Medicare Advantage nkaus xwb thiab tsis qhia txog cov txiaj ntsig Medicaid ntxiv.

Tus tswv cuab ntawm Texas D-SNP: Tam li yog tus tswv cuab ntawm Wellcare HMO D-SNP, koj muaj kev duav roos los ntawm tag nrho Medicare thiab Medicaid tib si. Koj yuav tau txais koj qhov kev saib xyuas kev noj qab haus huv ntawm Medicare thiab kev duav roos tshuaj raws daim ntawv sau yuav shuaj los ntawm Wellcare thiab tseem muaj cai tau txais kev pab cuam saib xyuas kev noj qab haus huv ntxiv thiab kev duav roos los ntawm Texas Medicaid. Kawm paub ntau ntxiv hais txog cov kws muab kev pab cuam uas koom nrog hauv Texas Medicaid los ntawm kev mus saib hauv <https://www.wellcarefindaprovider.com/navigate-a-network.html>. Yog xav paub ntxaws ntxiv hais txog Texas Medicaid cov txiaj ntsig kev pab, thov mus saib hauv Texas Medicaid lub vev xaib ntawm <https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus>. Txhawm rau thov daim ntawv theej ua ntawv sau ntawm peb Daim Ntawv Teev Kws Muab Kev Pab Ntawm Medicaid, thov tiv tauj rau peb.

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-374-4056 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-877-374-4056 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Mandarin): 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-877-374-4056 (TTY: 711)**。您将获得中文普通话口译员的帮助。这是一项免费服务。

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-877-374-4056 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-877-374-4056 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-877-374-4056 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-877-374-4056 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-877-374-4056 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-877-374-4056(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-877-374-4056 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوّفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-877-374-4056 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-877-374-4056 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक नि:शुल्क सेवा है।

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

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

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

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

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

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

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

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

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

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

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

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

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

Multi-Language Insert
Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-844-428-2224 (TTY: 711) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

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

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

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

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

Multi-Language Insert
Multi-language Interpreter Services

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

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

Chinese (Mandarin): 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-800-247-1447 (TTY: 711)**。您将获得中文普通话口译员的帮助。这是一项免费服务。

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-800-247-1447 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-800-247-1447 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-800-247-1447 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

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Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-800-247-1447(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Discrimination Is Against the Law

Wellcare By Allwell complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Wellcare By Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Wellcare By Allwell:

- Provides aids and services, at no cost, to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services, at no cost, to people whose primary language is not English, such as:
 - Qualified interpreters and
 - Information written in other languages.

If you need these services, contact Member Services at:

Wellcare By Allwell: **1-844-428-2224** (TTY/TDD: **711**). Between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

If you believe that Wellcare By Allwell failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator

PO Box 31384, Tampa, FL 33631

1-855-577-8234

TTY/TDD: 711

Fax: 1-866-388-1769

Email: SM_Section1557Coord@centene.com

You can file a grievance in person, by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination. If you need help filing a grievance, our 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: **1-800-368-1019, 1-800-537-7697** (TTY/TDD).

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

La discriminación es un delito

Wellcare By Allwell cumple con las leyes Federales de derechos civiles aplicables y no discrimina por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Wellcare By Allwell no excluye a las personas ni las trata de manera diferente por su raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

Wellcare By Allwell proporciona:

- Brinda asistencia y servicios, sin costo alguno, a las personas con discapacidades para comunicarse de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lengua de señas calificados
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles u otros formatos)
- Brinda servicios de idiomas sin costo para las personas cuyo idioma principal no es el inglés, como los siguientes:
 - Intérpretes calificados e
 - Información escrita en otros idiomas.

Si necesita estos servicios, llame a Servicios para Miembros al:

Wellcare By Allwell: **1-844-428-2224** (TTY/TDD: **711**). Entre el 1 de octubre y el 31 de marzo, los representantes están disponibles los siete días de la semana, de 8 a.m. a 8 p.m. Entre el 1 de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes de 8 a.m. a 8 p.m.

Si considera que Wellcare By Allwell no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género), puede presentar una queja ante la siguiente entidad:

1557 Coordinator

PO Box 31384, Tampa, FL 33631

1-855-577-8234

TTY/TDD: 711

Fax: 1-866-388-1769

Email: SM_Section1557Coord@centene.com

Puede presentar una queja en persona, o por correo, fax o correo electrónico. La queja debe presentarse por escrito en un plazo de 180 días a partir de la fecha en que la persona que presenta la queja advierta lo que considera discriminación. Si necesita ayuda para presentar una queja, nuestro Coordinador 1557 está disponible para ayudarlo.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights del U.S. Department of Health and Human Services de manera electrónica a través del Portal de Reclamos de la Office for Civil Rights, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal a U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; o por teléfono: **1-800-368-1019, 1-800-537-7697** (TTY/TDD).

Los formularios de reclamo están disponibles en <https://www.hhs.gov/ocr/complaints/index.html>.

If you, or someone you are helping, have questions about Wellcare By Allwell, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive oral interpretation, ASL, written translation, or auxiliary services, please contact Member Services at **1-844-428-2224 (TTY 711)**.

Spanish: Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Wellcare By Allwell y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir interpretación oral, lengua de signos americana (ASL), traducción escrita o servicios auxiliares, comuníquese con Servicios para Miembros al **1-844-428-2224 (TTY 711)**.

Navajo: Daa ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh na'ídíkid 'aa Wellcare By Allwell, dóó bineesh'a góó t'oo 'adee naash'ne di Bilagaana bizaad, ni be'esdzááh la' t'áá 'áko góó bil hánish'áásh dzaadi dóó bíka'ashkíd di nihí saad gi 'ádin t'áadoo báahilinigoo dóó di léi na'alkid lahgo 'át'éego. Dáá ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh la nish'j dóó/doodaii na'ach'aah 'ahoosoli eii biniish'laah bil'alnaa'alwo, ni be'esdzááh la' t'aa 'ako góó baa yíltsoós 'ooljee'lahgo 'anaa'niil bika'iishyeed dóó tse'esgizii gi 'adin t'áadoo baahilinigoo dóó di léi na'alkid lahgo 'át'éego. Góó yíltsoós saad náánalahdée' doodaii 'ooljee'lahgo 'anaa'niil tse'esgizii, Bilagáana 'atiingii 'i'ii'ahigii dine bizaad (ASL), t'aa shoodi deistsé' 'Anishtah Tse'esgizii gi **1-844-428-2224 (TTY 711)**.

Chinese (Mandarin): 如果您或您帮助的人对 Wellcare By Allwell 有疑问，并且不精通英语，则您有权免费、及时获得以您的语言提供的帮助和信息。如果您或您帮助的人患有听觉和/或视觉方面的疾病，会阻碍沟通，则您有权免费、及时获得辅助工具和服务。要获得口译、美国手语 (ASL)、笔译或辅助服务，请致电 **1-844-428-2224 (TTY 711)** 联系会员服务部。

Chinese (Cantonese): 如果您，或是您正在協助的對象，有關於 Wellcare By Allwell 方面的問題，且不精通英語，您有權利免費並及時以您的母語獲幫助和訊息。如果您，或您正在協助的對象有聽力和/或視力上的問題，阻礙了溝通，您有權利免費並及時獲得輔助支援與服務。若要取得口譯，美國手語 (ASL)，書面翻譯或輔助服務，請聯絡會員服務部，電話是 **1-844-428-2224 (TTY 711)**。

Vietnamese: Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về Wellcare By Allwell và không thành thạo tiếng Anh, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kịp thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cản trở giao tiếp, quý vị có quyền được nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ thông dịch Ngôn ngữ ký hiệu Mỹ (ASL) hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số **1-844-428-2224 (TTY 711)**.

Arabic: إذا كان لديك أو لدى شخص تساعدك أسئلة حول Wellcare By Allwell، ولم تكن بارعًا باللغة الإنكليزية، ف لديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعدك تعاني من حالة سمعية و/أو بصرية تعيق التواصل، ف لديك الحق في تلقي مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. لتلقي خدمات الترجمة الشفهية أو لغة الإشارة الأمريكية (ASL) أو الترجمة الكتابية أو خدمات إضافية، يرجى الاتصال بخدمات الأعضاء على **1-844-428-2224 (TTY 711)**.

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Wellcare By Allwell, at hindi ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulungan, ay may kondisyon sa pandinig at/o paningin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggap ng pasalitang pagsasalin, ASL, pasulat na pagsasalin, o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa Mga Serbisyo para sa Miyembro sa **1-844-428-2224 (TTY 711)**.

Korean: 귀하 또는 귀하의 도움을 받는 분이 Wellcare By Allwell에 대한 질문이 있는 경우 영어에 능숙하지 않으시면 해당 언어로 시의적절하게 무료 지원과 정보를 받을 권리가 있습니다. 귀하 또는 귀하의 도움을 받는 분이 청각 및/또는 시각적으로 의사소통에 장애가 있는 경우 시의적절하게 무료 보조 도구 및 서비스를 받을 권리가 있습니다. 구두 통역, ASL, 서면 번역 또는 보조 서비스를 받으시려면 **1-844-428-2224(TTY 711)**번으로 가입자 서비스부에 연락해주시요.

French: Si vous-même ou une personne que vous aidez avez des questions à propos de Wellcare By Allwell et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide et d'informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services d'interprétation, de langue des signes américaine (ASL), de traduction ou de services auxiliaires, veuillez contacter Services aux membres au **1-844-428-2224 (TTY 711)**.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zu Wellcare By Allwell hat und nicht Englisch spricht, haben Sie das Recht, kostenlos und zeitnah Hilfe und Informationen in Ihrer Sprache zu erhalten. Falls Sie oder jemand, dem Sie helfen, eine Hör- und/oder Sehbeeinträchtigung hat, die die Kommunikation beeinflusst, haben Sie das Recht, kostenlos und zeitnah zusätzliche Hilfe und Dienstleistungen zu erhalten. Für mündliche Verdolmetschungen in andere Sprachen und in amerikanische Gebärdensprache (ASL), schriftliche Übersetzungen oder weitere Unterstützung wenden Sie sich bitte an unseren Kundendienst unter **1-844-428-2224 (TTY 711)**.

Russian: Если у вас или у лица, которому вы помогаете, возникли какие-либо вопросы о программе страхования Wellcare By Allwell, при этом вы недостаточно хорошо владеете английским языком, вы имеете право на бесплатную и своевременную помощь и информацию на своем родном языке. Если у вас или у лица, которому вы помогаете, наблюдается какое-либо нарушение слуха и/или зрения, которое препятствует коммуникации, вы имеете право на бесплатные и своевременные вспомогательные услуги и помощь. Для получения услуг устного перевода, перевода на американский жестовый язык (ASL), письменного перевода или вспомогательных услуг обратитесь в отдел обслуживания участников программы страхования по номеру **1-844-428-2224 (TTY 711)**.

Japanese: ご自身やあなたが介護している他の人が、Wellcare By Allwellについてご質問をお持ちの場合、英語に自信がなくても無料かつタイムリーにご希望の言語でヘルプや情報を得ることができます。ご自身や、あなたが介護している他の人の聴覚や視覚の状態のためやり取りが難しい場合でも、無料かつタイムリーに補助サービスを受けることができます。通訳やアメリカ手話 (ASL)、翻訳、補助サービスを受けるには、**1-844-428-2224 (TTY 711)**のメンバーサービスにご連絡ください。

(Farsi) Persian: اگر شما یا فردی که دارید به او کمک می‌کنید، سوالی درباره Wellcare By Allwell دارید، و انگلیسی نمی‌دانید، حق دارید کمک و اطلاعات را به زبان خودتان به رایگان و به موقع دریافت کنید. اگر شما یا فردی که دارید به او کمک می‌کنید مشکلات شنوایی یا بینایی دارد که برقراری ارتباط را سخت می‌کند، حق دارید کمک‌ها و خدمات امدادی را به زبان خودتان به رایگان و به موقع دریافت کنید. برای دریافت خدمات ترجمه شفاهی، زبان اشاره امریکایی (ASL)، ترجمه کتبی، یا کمک‌های امدادی لطفاً با خدمات اعضا به شماره **1-844-428-2224 (TTY 711)** تماس بگیرید.

Wellcare By Allwell. **(TTY 711) 1-844-428-2224**

Serbo-Croatian: Ako Vi, ili neko kome pomažete, imate pitanja u vezi sa Wellcare By Allwell, a ne govorite engleski jezik, imate pravo na besplatnu i blagovremenu pomoć i informacije na sopstvenom jeziku. Ako Vi, ili neko kome pomažete, imate neki poremećaj sluha i/ili vida zbog kojeg je onemogućena komunikacija, imate pravo da besplatno i blagovremeno dobijete pomagala i pomoćne usluge. Obratite se odeljenju za pružanje usluga članovima pozivom na broj **1-844-428-2224 (TTY 711)** da biste dobili usluge tumača, prevodioca za američki znakovni jezik (ASL), usluge pisanog prevoda ili pomoćne usluge.

Thai: หากคุณหรือคนที่คุณกำลังให้ความช่วยเหลือมีคำถามเกี่ยวกับ Wellcare By Allwell และไม่ชำนาญในการใช้ภาษาอังกฤษ คุณมีสิทธิ์ที่จะขอรับความช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายอย่างทันทีทันที หากคุณหรือคนที่คุณกำลังให้ความช่วยเหลือมีภาวะด้านการฟังและ/หรือการมองเห็นที่เป็นอุปสรรคต่อการสื่อสาร คุณมีสิทธิ์ที่จะขอรับความช่วยเหลือและบริการเสริมโดยไม่เสียค่าใช้จ่ายอย่างทันทีทันที หากต้องการล่ามโดยการพูด, ASL, คำแปลเป็นตัวอักษร หรือบริการเสริม โปรดติดต่อ บริการสำหรับสมาชิก ที่หมายเลข **1-844-428-2224 (TTY 711)**

Wellcare By Trillium Advantage's Nondiscrimination Policy

Discrimination is against the law. Wellcare By Trillium Advantage must follow state and federal civil rights laws. We cannot treat people (members or potential members) unfairly in any of our programs or activities because of a person's:

- Age
- Disability
- National origin, primary language and proficiency of English language
- Race
- Religion
- Color
- Sex, sex characteristics, sexual orientation, gender identity or sex stereotypes
- Pregnant or related conditions
- Health status or need for services

If you feel you were treated unfairly for any of the above reasons, you can make a complaint. This is also called filing a grievance.

Make (or file) a complaint with Wellcare By Trillium Advantage in any of these ways:

Phone: Call our Section 1557 Coordinator at **1-855-577-8234** (TTY: **711**)

Fax: 1-866-388-1769

Mail: PO Box 31384, Tampa, FL 33631

Email: SM_Section1557Coord@centene.com

Web: <https://wellcare.trilliumadvantage.com/member-resources/member-rights/appeals-grievances.html>

You can read our complaint process at:

<https://wellcare.trilliumadvantage.com/member-resources/member-rights/appeals-grievances.html>

If you have a disability, Wellcare By Trillium Advantage has these types of free help:

- Qualified sign language interpreters
- Written information in large print, audio, or other formats
- Other reasonable modifications

If you need language help, Wellcare By Trillium Advantage has these types of free help:

- Qualified interpreters
- Written information in other languages

Need help filing a complaint? Need language help or reasonable modifications? Call Member Services at **1-844-867-1156** (TTY: **711**) to speak with a peer wellness specialist or personal health navigator. Member Services hours: Between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

You also have a right to file a complaint with any of these organizations:

Oregon Health Authority (OHA) Civil Rights

Phone: 1-844-882-7889 (TTY 711)

Web: www.oregon.gov/OHA/EI

Email: OHA.PublicCivilRights@odhsoha.oregon.gov

Mail:

Office of Equity and Inclusion Division

421 SW Oak St., Suite 750 Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division

Phone: 1-971-673-0764

Web: <https://www.oregon.gov/boli/civil-rights>

Email: BOLI_help@boli.oregon.gov

Mail:

Bureau of Labor and Industries Civil Rights Division

800 NE Oregon St., Suite 1045 Portland, OR 97232

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

Phone: 1-800-368-1019, TDD: 1-800-537-7697

Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Email: OCRComplaint@hhs.gov

Mail:

Office for Civil Rights

200 Independence Ave. SW, Room 509F, HHH Bldg.

Washington, DC 20201

Política de No Discriminación de Wellcare By Trillium Advantage

La discriminación es un delito. Wellcare By Trillium Advantage debe cumplir con las leyes estatales y federales de derechos civiles. En ninguno de nuestros programas ni actividades podemos tratar a las personas (miembros o posibles miembros) de manera injusta por los siguientes motivos:

- Edad
- Discapacidad
- Nacionalidad de origen, lengua materna y dominio del idioma inglés
- Raza
- Religión
- Color de piel
- Sexo, características sexuales, orientación sexual, identidad de género o estereotipos sexuales
- Embarazo o afecciones relacionadas con este
- Estado de salud o necesidad de servicios

Si cree que recibió un trato injusto por alguno de los motivos anteriores, puede presentar un reclamo. Esto también se llama presentar una queja.

Puede hacer (o presentar) un reclamo con Wellcare By Trillium Advantage de cualquiera de estas maneras:

Teléfono: Llame a nuestro Coordinador de la Sección 1557 al **1-855-577-8234** (TTY: **711**)

Fax: 1-866-388-1769

Correo Postal: PO Box 31384, Tampa, FL 33631

Correo electrónico: SM_Section1557Coord@centene.com

Sitio Web: <https://wellcare-es.trilliumadvantage.com/member-resources/member-rights/appeals-grievances.html>

Puede leer nuestro proceso para los reclamos en el siguiente enlace:

<https://wellcare-es.trilliumadvantage.com/member-resources/member-rights/appeals-grievances.html>

Si tiene una discapacidad, Wellcare By Trillium Advantage dispone de los siguientes tipos de ayuda gratuita:

- Intérpretes de lengua de señas calificados
- Información escrita en letra grande, en audio o en otros formatos
- Otras modificaciones razonables

Si necesita ayuda con el idioma, Wellcare By Trillium Advantage dispone de los siguientes tipos de ayuda gratuita:

- Intérpretes calificados
- Información escrita en otros idiomas

¿Necesita ayuda para presentar un reclamo? ¿Necesita ayuda con el idioma o solicitar modificaciones razonables? Llame a Servicios para Miembros al **1-844-867-1156** (TTY: **711**) para hablar con un par especialista en bienestar o tener acceso a un navegador personal para temas de salud. Horario de atención de Servicios para Miembros: Entre el 1 de octubre y el 31 de marzo, los representantes están disponibles los siete días de la semana, de 8 a.m. a 8 p.m. Entre el 1 de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes, de 8 a.m. a 8 p.m.

También tiene derecho a presentar un reclamo ante cualquiera de las siguientes organizaciones:

Oregon Health Authority (OHA) Civil Rights

Teléfono: 1-844-882-7889 (TTY 711)

Sitio Web: www.oregon.gov/OHA/EI

Correo Electrónico: OHA.PublicCivilRights@odhsoha.oregon.gov

Correo Postal:

Office of Equity and Inclusion Division

421 SW Oak St., Suite 750 Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division

Teléfono: 1-971-673-0764

Sitio Web: <https://www.oregon.gov/boli/civil-rights>

Correo Electrónico: BOLI_help@boli.oregon.gov

Correo Postal:

Bureau of Labor and Industries Civil Rights Division

800 NE Oregon St., Suite 1045 Portland, OR 97232

Office for Civil Rights (OCR) del U.S. Department of Health and Human Services

Teléfono: 1-800-368-1019, TDD: 1-800-537-7697

Sitio Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Correo Electrónico: OCRComplaint@hhs.gov

Correo Postal:

Office for Civil Rights

200 Independence Ave. SW, Room 509F, HHH Bldg.

Washington, DC 20201

English: You can get this communication in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 1-844-867-1156 or TTY 711. We accept relay calls.

You can get help from a certified and qualified health care interpreter.

Spanish: Puede obtener esta información en otros idiomas, en letra de imprenta grande, en braille o en un formato de su preferencia. También puede solicitar un intérprete. Esta ayuda es gratuita. Llame al 1-844-867-1156; los usuarios de TTY deben llamar al 711. Aceptamos llamadas del servicio de retransmisión.

Puede obtener la asistencia de un intérprete certificado y calificado en atención médica.

Russian: Вы можете получить данное сообщение на других языках, крупным шрифтом, шрифтом Брайля или в предпочтительном формате. Вы также можете запросить услуги переводчика. Такая помощь предоставляется бесплатно. Позвоните по номеру 1-844-867-1156 или TTY 711. Мы принимаем звонки через коммутаторную службу.

Вам может оказать помощь дипломированный переводчик с квалификацией в области здравоохранения.

Vietnamese: Quý vị có thể lấy thông tin này bằng các ngôn ngữ khác, bản in cỡ chữ lớn, chữ nổi hoặc định dạng yêu thích. Quý vị cũng có thể yêu cầu thông dịch viên. Trợ giúp này miễn phí. Gọi số 1-844-867-1156 hoặc TTY 711. Chúng tôi chấp nhận cuộc gọi chuyển tiếp.

Quý vị có thể được thông dịch viên chăm sóc sức khỏe có chứng nhận và đủ năng lực trợ giúp.

Arabic: يمكنك الحصول على هذه المعلومات بلغات أخرى أو بطباعة بأحرف كبيرة أو بطريقة برايل أو بتنسيق آخر تفضله. يمكنك أيضًا طلب خدمات مترجم فوري، وهذه المساعدة مجانية. اتصل على الرقم 1-844-867-1156 أو TTY 711. نقبل مكالمات الترحيل.

يمكنك الحصول على مساعدة من مترجم فوري معتمد ومؤهل لشؤون الرعاية الصحية.

Somali: Waxaad ku heli kartaa ee isgaarsiintan luqado kale, far waaweyn, farta indhoolaha ama qaabka aad doorbideyso. Waxaad ee sidoo kale codsan kartaa turjumaan. Caawimadani waa bilaash. Wac 1-844-867-1156 ama TTY 711. Waxaan aqbalnaa wicitaanada gudbinta

Waxaad caawimo ka heli kartaa turjumaan daryeel caafimaad oo shahaado haysta oo aqoon leh.

Simplified Chinese: 您可以使用其他语言、大号字体、盲文或您喜欢的方式 行交流。您也可以要求提供口服。此服务免。致 1-844-867-1156 或 打免 TTY 711。我 接受 接来。

您可以从 过 的有 的医 口 处获得帮助。

Traditional Chinese: 您可以選擇以其他語言、大字版、點字版或您偏好的格式獲取此通訊。您也可以要求口譯員服務。此服務為免費提供。請撥打 1-844-867-1156 或 TTY 711。我們接受轉接來電。

您可以獲得經認證之合格健康照護口譯員的協助。

Korean: 가입자는 이 문서를 다른 언어, 대형 인쇄체, 점자 또는 선호하는 형식으로 받을 수 있습니다. 통역사를 요청하실 수도 있습니다. 이러한 지원은 무료입니다. 1-844-867-1156 또는 TTY 711번으로 전화해 주십시오. 릴레이 통화도 가능합니다.

인증 및 유자격 의료 통역사의 도움을 받을 수 있습니다.

Chuukese: Ka tongeni kuna ei pwan non ekoch kapasen fanu, awattei mak, kewe tikitik faniten chuun ika met sokkun format (ititin om mak ka mochen) en mi mochen. Ka tongeni eis emon chon chiaku epwe anisuk. Mi free ei aninis. Kori ei nampa 1-844-867-1156 ika TTY 711. Am mi etiwa aninisin kewe mi ter rese tongeni koko.

Ka tongeni kuna aninis seni ekewe mi tufich chon health care chiaku.

Ukrainian: Ви можете отримати це повідомлення іншими мовами, великим шрифтом, шрифтом Брайля або іншому форматі за вашим бажанням. Ви також можете отримати допомогу перекладача. Ця допомога безкоштовна. Телефонуйте за номером 1-844-867-1156 або TTY 711. Ми приймаємо перенаправлені дзвінки.

Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

Farsi: می‌توانید این مطلب را به زبان‌های دیگر، چاپ درشت، خط بریل یا با فرمتی که ترجیح می‌دهید دریافت کنید. همچنین می‌توانید درخواست مترجم کنید. این کمک رایگان است. با شماره 1-844-867-1156 یا TTY 711 تماس بگیرید. ما تماس‌های رله مخصوص ناشنوایان را می‌پذیریم. می‌توانید از یک مترجم کادر درمانی مجرب و دارای مجوز کمک بگیرید.

Swahili: Unaweza kupata mawasiliano haya katika lugha zingine, maandishi makubwa, Breli au muundo unaopendelea. Unaweza pia kuomba huduma za mkalimani. Huu ni usaidizi wa bila malipo. Piga simu kwa 1-844-867-1156 au TTY 711. Tunakubali upigaji simu za relay.

Unaweza kupata msaada kutoka kwa mkalimani wa huduma za afya aliyethibitishwa na aliyehitimu.

Burmese: ဤစာကို အခြားဘာသာစကားများ၊ ပုံနှိပ်စာလုံးကြီး၊ မျက်မမြင်စာ သို့မဟုတ် သင်နဲ့သက်ရာပုံစံဖြင့် ရယူနိုင်ပါသည်။ စကားပြန်တစ်ဦးကိုလည်း တောင်းဆိုနိုင်ပါသည်။ ဤအကူအညီမှာ အခမဲ့ဖြစ်သည်။ 1-844-867-1156 သို့မဟုတ် TTY 711 ကို ဖုန်းဆက်ပါ။ ဆွံ့အ နားမကြားသူများ၏ တစ်ဆင့်ခံခေါ်ဆိုမှုများကို ကျွန်ုပ်တို့ လက်ခံပါသည်။

အသိအမှတ်ပြုလက်မှတ်ရထားသော အရည်အချင်းမီ ကျန်းမာရေးစောင့်ရှောက်မှု စကားပြန်ထံမှ အကူအညီကို ရယူနိုင်ပါသည်။

Amharic: ይህን መልሶክት በሌሎች ቋንቋዎች፣ በትልልቅ ፊደላት፣ በብሬል ወይም እርስዎ በሚመርጡት ቅርጽ ማግኘት ይችላሉ። አስተርጓሚ እንዲቀርብልዎ መጠየቅ ይችላሉ። ይህ እገዛ የሚቀርበው በነጻ ነው። ወደ 1-844-867-1156 ወይም TTY 711 ይደውሉ። የማዘሪያ ጥሪዎችንም እንቀበላለን።

ከተመሰከረላት እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ እርዳታ ማግኘት ይችላሉ።

Romanian: Puteți obține această comunicare în alte limbi, cu scris mare, în Braille sau într-un format preferat de dvs. De asemenea, puteți solicita asistența unui interpret. Această asistență este oferită gratuit. Sunați la 1-844-867-1156 sau TTY 711. Acceptăm și serviciile de apeluri pentru persoane cu dizabilități de auz și/sau de vorbire.

Puteți primi asistență din partea unui interpret certificat și calificat în domeniul medical.

Cov Ntaub Ntawv Qhia Txog Haiv Neeg, Tsav Neeg, thiab Hom Lus (REL)

Wellcare By Allwell cog lus los ceev koj cov ntaub ntawv qhia txog haiv neeg, tsav neeg, thiab hom lus (REL) cia ua ntiag tug. Peb siv qee cov ntawm cov hauv kev txuas mus no los pov thaiv koj cov ntaub ntawv:

- Kev khaws cov ntaub ntawv ua daim ntawv cia rau hauv cov chaw rau ntawv uas xauv.
- Yuav tsum kom txhua cov ntaub ntawv hauv es les taus niv nyob twj ywm rau hauv oos lais muaj kev ruaj ntseg xwb.
- Kev ceev koj cov ntaub ntawv hauv es les taus niv cia rau hauv cov ntawv uas tau txais kev pov thaiv uas siv tus zauv zais.

Tej zaum peb yuav siv los sis qhia tawm koj cov ntaub ntawv txog REL txhawm rau ua peb txoj hauj lwm. Tej zaum cov kev ua ub ua no nov yuav suav nrog:

- Kev nrhiav cov ncuav kev saib xyuas kev noj qab haus huv.
- Kev ua cov khoos kas kev cuam tshuam.
- Kev tawm qauv thiab kev tswj cov ntaub ntawv kev nthuav dav.
- Kev qhia cov kws kho mob tshwj xeeb saib xyuas kev noj qab haus huv thiab cov kws kho mob hais txog koj cov kev xav tau fab lus hais.

Peb yeej yuav tsis siv koj cov ntaub ntawv REL rau kev pom zoo, kev teeb tus nqi, los sis cov kev txiav txim hais txog qhov txiaj ntsig. Peb yuav tsis muab koj cov ntaub ntawv REL rau cov neeg uas tsis tau txais kev tso cai.

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

English

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

Español (Spanish)

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

Lus Hmoob (Hmong)

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

普通话 (Mandarin Chinese)

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

ພາສາລາວ (Laotian)

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

မြန်မာဘာသာ (Burmese)

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

Somali (Somali)

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

Русский (Russian)

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

Hrvatski (Croatian)

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

German (German)

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

العربية (Arabic)

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

Tiếng Việt (Vietnamese)

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

한국어 (Korean)

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

Deitsch (Pennsylvania Dutch)

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

Polski (Polish)

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

हिंदी (Hindi)

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

Shqip (Albanian)

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

Arizona

HMO D-SNP

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

[wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ)

Arkansas

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

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

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

Wellcare Dual Access (HMO-POS D-SNP)

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

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

Connecticut

HMO-POS D-SNP

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

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

Florida

HMO D-SNP

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

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

Georgia

HMO-POS D-SNP

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

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

Hawaii

HMO-POS D-SNP

1-877-457-7621 (TTY: 711)

[wellcare.com/ohana](https://www.wellcare.com/ohana)

Iowa

HMO-POS D-SNP

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

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

Kentucky

HMO-POS D-SNP, PPO D-SNP

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

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

Louisiana

HMO-POS D-SNP

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

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

Maine

HMO-POS D-SNP

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

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

Mississippi

HMO-POS D-SNP

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

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

Nevada

HMO-POS D-SNP

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

[wellcare.com/allwellNV](https://www.wellcare.com/allwellNV)

New York

Wellcare Dual Access (HMO D-SNP),
Wellcare Dual Access Open (PPO D-SNP)

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

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

Wellcare Fidelis Dual Access (HMO D-SNP)

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

[wellcare.com/fidelisNY](https://www.wellcare.com/fidelisNY)

Oregon

HMO-POS D-SNP

1-844-867-1156 (TTY: 711)

[wellcare.com/trilliumOR](https://www.wellcare.com/trilliumOR)

Pennsylvania

HMO D-SNP

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

[wellcare.com/allwellPA](https://www.wellcare.com/allwellPA)

South Carolina

HMO-POS D-SNP, PPO D-SNP

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

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

Tennessee

HMO-POS D-SNP

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

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

Texas

HMO D-SNP

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

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

Washington

HMO-POS D-SNP

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

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

Wisconsin

HMO-POS D-SNP

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

[wellcare.com/allwellWI](https://www.wellcare.com/allwellWI)



Tus qauv tshuaj no tau txais kev hloov kho tshiab hauv 10/15/2024.

Hais txog cov ntaub ntawv qhia paub tsis ntev kiag los no ntau ntxiv los sis lwm cov lus nug, thov tiv tauj peb, Wellcare Cov Chaw Pab Cuam Rau Tswv Cuab ntawm tus naj npawb xov tooj los sis lub vev xaib rau koj txoj phiaj xwm uas teev cia nyob sab hauv cov phlaub npog ntawv pem hauv ntej thiab sab tom qab ntawm tus qauv tshuaj no, ncuaj sij hawm Lub Kaum Hlis Ntuj Tim 1 thiab Lub Peb Hlis Ntuj Tim 31, muaj cov neeg sawv cev ua hauj lwm rau xya hnuv hauv ib lub lim tiam, 8 teev sawv ntxov txog 8 teev tsaus ntuj, ncuaj sij hawm Lub Plaub Hlis Ntuj Tim 1 thiab Lub Cuaj Hlis Ntuj Tim 30, muaj cov neeg sawv cev ua hauj lwm rau Hnuv Monday–Hnuv Friday, 8 teev sawv ntxov txog 8 teev tsaus ntuj.

10/15/2024

Medicare_{Rx}
Prescription Drug Coverage