

2025

Orodha ya Dawa

Zinazosimamiwa na Bima

(Orodha ya Dawa Zinazosimamiwa na bima au “Orodha ya Dawa”)

wellcare

TM

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



TAFADHALI SOMA: HATI HII INAJUMUIISHA MAELEZO KUHUSU DAWA TUNAZOSIMAMIA KATIKA MPANGO HUU

Kitambulisho cha 25040 cha Wasilisho la Faili la Orodha ya Dawa Zinazosimamiwa na Bima Iliyoidhinishwa na HPMS

Orodha ya Dawa Zinazosimamiwa na Bima ilisasishwa mnamo 11/07/2024. Kwa maelezo zaidi ya hivi majuzi au maswali mengine, tafadhali wasiliana nasi, Huduma za Wanachama wa Wellcare kwa nambari ya simu au tovuti kwa mpango wako ulioorodheshwa kwenye ndani ya jalada la mbele na la nyuma la orodha ya dawa zinazosimamiwa na bima, kati ya Oktoba 1 na Machi 31, wawakilishi wanapatikana siku saba kwa wiki, saa 8 a.m. hadi 8 p.m., kati ya Aprili 1 na Septemba 30, wawakilishi wanapatikana Jumatatu hadi Ijumaa, saa 8 a.m. hadi 8 p.m.

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)

Kumbusho kwa wanachama waliopo: Orodha ya dawa zinazosimamiwa na bima imebadilika tangu mwaka jana. Tafadhali kagua hati hii ili kuhakikisha kuwa bado ina dawa unazotumia.

Wakati Orodha hii ya Dawa (Orodha ya dawa zinazosimamiwa na bima) inarejelea “sisi,” “nasi” au “yetu,” inamaanisha Wellcare. Inaporejelea “mpango” au “mpango wetu,” inamaanisha 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).

Hati hii inajumuisha Orodha ya Dawa (Orodha ya Dawa Zinazosimamiwa na Bima) kwa mpango wetu ulioanza kutumika manmo 11/07/2024. Kwa Orodha iliyosasishwa ya Dawa (orodha ya dawa zinazosimamiwa na bima), tafadhali wasiliana nasi. Maelezo yetu ya mawasiliano, pamoja na tarehe tuliyosasisha mara ya mwisho Orodha ya Dawa (orodha ya dawa zinazosimamiwa na bima), zimeandikwa kwenye ukurasa wa ndani wa jalada la mbele na la nyuma.

Lazima kwa ujumla utumie maduka ya dawa ya mtandao ili kutumia manufaa ya dawa ulizoandikiwa na daktari. Manufaa, orodha ya dawa zinazosimamiwa na bima, mtandao wa maduka ya dawa na/au malipo ya huduma inayosimamiwa na bima/mgao wa gharama kwa mhusika na bima yanaweza kubadilika mnamo Januari 1, 2025 na mara kwa mara katika mwaka.

Je, inamaanisha nini kusema orodha ya dawa zinazosimamiwa na bima ya 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)?

Katika hati hii, tunatumia maneno orodha ya Dawa na orodha ya dawa zinazosimamiwa na bima kumaanisha kitu kimoja. Orodha ya dawa zinazosimamiwa na bima ni orodha ya dawa zinazosimamiwa zilizoagizwa na mpango wetu kwa kushauriana na timu ya watoa huduma za afya, ambayo inawakilisha tiba zinazoagizwa na daktari zinazoaminika kuwa sehemu muhimu ya mpango wa matibabu bora. Mpango wetu kwa ujumla utasimamia dawa zilizoarodheshwa katika orodha ya dawa zinazosimamiwa na bima mradi tu dawa ni muhimu kimatibabu, dawa zinazoagizwa na daktari zinajazwa kwenye mtandao wa famasia wa mpango, na kanuni zingine za mpango zinafuatwa. Kwa maelezo zaidi kuhusu jinsi ya kujaza dawa zako zinazoagizwa na daktari, tafadhali kagua Ushahidi wako wa Usimamizi wa Bima.

Je, orodha ya dawa zinazosimamiwa na bima inaweza kubadilika?

Mabadiliko mengi katika usimamizi wa dawa hutokea Januari 1, lakini tunaweza kuongeza au kuondoa dawa kwenye orodha ya dawa zinazosimamiwa na bima wakati wa mwaka, kuzihamishia kwenye madaraja tofauti ya kushiriki gharama, au kuongeza vikwazo vipya. Ni lazima tufuate kanuni za Medicare katika kufanya mabadiliko haya. Masasisho kwenye orodha ya dawa zinazosimamiwa na bima huchapishwa kila mwezi kwenye tovuti yetu ambayo imeandikwa ndani ya kurasa za jalada la mbele na la nyuma.

Mabadiliko yanayoweza kukuathiri mwaka huu: Katika hali zilizo hapa chini, utaathiriwa na mabadiliko ya usimamizi katika mwaka huu:

- **Ubadilishaji wa haraka wa matoleo fulani mapya ya dawa za jina ya chapa na bidhaa asili za kibaolojia.** Tunaweza kuondoa dawa mara moja kwenye orodha ya dawa zinazosimamiwa na bima ikiwa tunaibadilisha na toleo fulani jipya la dawa hiyo ambalo litaonekana kwa vizuizi sawa au vichache zaidi. Tunapongeza toleo jipya la dawa kwenye orodha ya dawa zinazosimamiwa na bima, tunaweza kuamua kuweka dawa ya jina la chapa au bidhaa asili ya kibaolojia kwenye orodha ya dawa zinazosimamiwa na bima, lakini tuongeze vikwazo vipya mara moja.

Tunaweza kufanya mabadiliko haya ya haraka ikiwa tu tunaongeza toleo jipya la kawaida la dawa ya jina la chapa, au kuongeza matoleo fulani mapya ya bidhaa zinazofanana kibayolojia, ambazo tayari zilikuwa kwenye orodha ya dawa zinazosimamiwa na bima (kwa mfano, kuongeza bidhaa zinazofanana kibaolojia zinazoweza kubadilishwa na nyingine ambazo zinaweza kubadilishwa kwa bidhaa asilia ya kibaolojia na duka la dawa bila agizo jipya la daktari).

Iwapo kwa sasa unatumia dawa ya jina la chapa au bidhaa asili ya kibayolojia, huenda tusikuambie mapema kabla ya kufanya mabadiliko ya haraka, lakini baadaye tutakupa taarifa kuhusu mabadiliko mahususi ambayo tumefanya.

Iwapo tutafanya mabadiliko kama hayo, wewe au mpendekezaji wako anayekuagizia dawa mnaweza kutuomba tukubali hali ya kipekee tuendeleze bima ya dawa inayobadilishwa. Kwa maelezo zaidi, angalia sehemu iliyo hapa chini yenye mada “Ninawezaje kuomba hali ya kipekee kwa orodha ya dawa zinazosimamiwa na bima ya 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)’”

Baadhi ya aina hizi za dawa zinaweza kuwa mpya kwako. Kwa maelezo zaidi, angalia sehemu iliyo hapa chini yenye mada “Bidhaa asili za kibayolojia ni zipi na zinahusiana vipi na bidhaa zinazofanana kibayolojia?”

- **Dawa zilizoondolewa sokoni.** Dawa ikiondolewa ili kutoka sokoni na mtengenezaji au Food and Drug Administration (FDA) ikibaini iondolewe kwa sababu za kiusalama au ufanisi, tunaweza kuondoa dawa hiyo mara moja kwenye orodha ya dawa zinazosimamiwa na bima na baadaye kutoa taarifa kwa wanachama wanaotumia dawa hiyo.
- **Mabadiliko mengine.** Tunaweza kufanya mabadiliko mengine ambayo yataathiri wanachama wanaotumia dawa kwa sasa. Kwa mfano, tunaweza kuondoa dawa ya jina la chapa kutoka kwa orodha ya dawa zinazosimamiwa na bima tunapongeza dawa inayolingana ya kawaida au kuondoa bidhaa asili ya kibaolojia tunapongeza bidhaa inayofanana kibaolojia. Tunaweza pia kuweka vizuizi vipya kwa dawa ya jina la chapa au bidhaa asili ya kibaolojia, au kuihamisha hadi kwa daraja tofauti la kushiriki gharama, au zote mbili. Tunaweza kufanya mabadiliko kulingana na miongozo mipya ya kimatibabu. Tukiondoa dawa kwenye orodha ya dawa zinazosimamiwa na bima, kuongeza uidhinishaji wa mapema, vipimo vya idadi na/au vikwazo vya tiba ya hatua kwenye dawa, ni lazima tuwaarifu wanachama walioathiriwa kuhusu mabadiliko hayo angalau siku 30 kabla ya mabadiliko hayo kuanza kutumika. Vinginevyo, wakati mwanachama anaomba kujaziwa tena dawa, anaweza kupokea kiasi cha siku 30 cha dawa na taarifa ya mabadiliko.

Iwapo tutafanya mabadiliko haya mengine, wewe au mpendekezaji wako anayeagiza dawa mnaweza kutuomba tukubali hali ya kipekee na kuendelea kugharamia dawa ambayo umekuwa ukitumia. Notisi tunayokupa pia itajumuisha maelezo kuhusu jinsi ya kuomba hali ya kipekee, na unaweza pia kupata maelezo katika sehemu iliyo hapa chini yenye mada “Ninawezaje kuomba hali ya kipekee kwa orodha ya dawa zinazosimamiwa na bima ya 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)’”

Mabadiliko ambayo hayatakuathiri ikiwa kwa sasa unatumia dawa hiyo. Kwa ujumla, ikiwa unatumia dawa kwenye orodha ya dawa zinazosimamiwa na bima ya mwaka wa 2025 ambayo iligharamiwa mwanzoni mwa mwaka, hatutaacha wala kupunguza bima ya dawa hiyo katika mwaka wa bima wa 2025 isipokuwa kama ilivyoelezwa hapo juu. Hii inamaanisha kuwa dawa hizi zitaendelea kupatikana kwa kushiriki gharama sawa na bila vikwazo vipya kwa wanachama wanaozitumia kwa muda uliosalia wa mwaka wa bima. Hutapata notisi ya moja kwa moja mwaka huu kuhusu mabadiliko ambayo hayakuathiri. Hata hivyo, Januari 1 ya mwaka unaofuata, mabadiliko hayo yanaweza kukuathiri, na ni muhimu kuangalia orodha ya dawa zinazosimamiwa na bima ya mwaka mpya wa manufaa kwa mabadiliko yoyote ya dawa.

Orodha ya dawa zinazosimamiwa na bima iliyoambatishwa ni ya sasa kuanzia tarehe 11/07/2024. Ili kupata maelezo yaliyosasishwa kuhusu dawa zinazogharamiwa na mpango wetu tafadhali wasiliana nasi. Maelezo yetu ya mawasiliano yameandikwa kwenye kurasa za ndani za jalada la mbele na la nyuma.

Orodha ya dawa zinazosimamiwa na bima itasasishwa kila mwezi na kuchapishwa kwenye tovuti yetu. Ili kupata orodha ya dawa zinazosimamiwa na bima iliyosasishwa iliyochapishwa au kupata habari kuhusu dawa zinazogharamiwa na mpango wetu, tafadhali tembelea tovuti yetu au pigia simu Huduma za Wanachama kwa maelezo yetu ya mawasiliano ndani ya kurasa za jalada la mbele na la nyuma.

Je, ninatumiaje Orodha ya Dawa Zinazosimamiwa na Bima?

Kuna njia mbili za kupata dawa yako ndani ya orodha ya dawa zinazosimamiwa na bima:

Hali ya Kiafya

Orodha ya dawa zinazosimamiwa na bima huanza kwenye ukurasa wa 1. Dawa katika orodha ya dawa zinazosimamiwa na bima zimepangwa katika makundi kulingana na aina ya hali ya matibabu ambayo hutumiwa kutibu. Kwa mfano, dawa zinazotumiwa kutibu ugonjwa wa moyo zimeorodheshwa chini ya kikundi cha “Mishipa na moyo, Shinikizo la juu la damu / Lipidi.” Ikiwa unajua dawa yako inatumika kutibu nini, tafuta jina la kikundi kwenye orodha inayoanza kwenye ukurasa wa 1. Kisha angalia chini ya jina la kikundi kwa dawa yako.

Uorodheshaji wa Kialfabeti

Ikiwa huna uhakika kikundi cha kuangalia, unapaswa kutafuta dawa yako katika Kielezo kinachoanzia kwenye ukurasa wa INDEX-1. Kielezo kinatoa orodha ya kifabeti ya dawa zote zilizojumuishwa katika hati hii. Dawa zote ziwe za jina la chapa na dawa za jumla zimeorodheshwa kwenye Kielezo hicho. Angalia katika Kielezo na upate dawa yako. Kando na dawa yako, utaona nambari ya ukurasa ambapo unaweza kupata maelezo ya kugharamiwa. Fungua ukurasa ulioorodheshwa katika Kielezo na utafute jina la dawa yako katika safu wima ya kwanza ya orodha.

Dawa za jumla ni nini?

Mpango wetu unagharamia dawa za jina la chapa na dawa za jumla. Dawa ya jumla imeidhinishwa na FDA kuwa na viambato amilifu sawa na dawa ya jina la chapa. Kwa ujumla, dawa za jumla huwa na ufanisi sawa na kwa kawaida hugharimu bei ya chini ikilinganishwa dawa za jina la chapa. Kuna vibadala vya dawa za jumla vinavyopatikana kwa dawa nyingi za jina la chapa. Dawa za jumla zinaweza kubadilishwa kwa dawa za jina la chapa kwenye duka la dawa bila kuhitaji agizo jipya la daktari, kulingana na sheria za jimbo.

Bidhaa asili za kibayolojia ni zipi na zinahusiana vipi na zile bidhaa zinazofanana kibayolojia?

Kwenye orodha ya dawa zinazosimamiwa na bima, tunaposema dawa, hii inaweza kumaanisha dawa au bidhaa ya kibaolojia. Bidhaa za kibaiolojia ni dawa ambazo ni changamano zaidi kuliko dawa za kawaida. Kwa kuwa bidhaa za kibioolojia ni changamano zaidi kuliko dawa za kawaida, badala ya kuwa na muundo wa jumla, zina vibadala vinavyoitwa bidhaa zinazofanana kibioolojia. Kwa ujumla, bidhaa zinazofanana kibioolojia huwa na ufanisi saw ana bidhaa asili ya kibaolojia na zinaweza kugharimu bei ya chini. Kuna vibadala vya bidhaa zinazofanana kibioolojia kwa baadhi ya bidhaa asili za kibioolojia. Baadhi ya bidhaa zinazofana kibioolojia ni bidhaa zinazoweza kubadilishwa zinazofanana kibioolojia na, kulingana na sheria za jimbo, zinaweza kubadilishwa kwa bidhaa asili ya kibioolojia kwenye duka la dawa bila kuhitaji agizo jipya la daktari, jinsi tu dawa za jumla zinavyoweza kubadilishwa na dawa za jina la chapa.

- Kwa majadiliano kuhusu aina za dawa, tafadhali angalia Ushahidi wa Usimamizi wa Bima, Sura ya 5, Kifungu cha 3.1, “Orodha ya Dawa’ inaeleza ni dawa gani za Sehemu ya D zinagharamiwa.”

Je, kuna vizuizi vyovyote kwenye bima yangu?

Baadhi ya dawa zinazogharamiwa zinaweza kuwa na masharti ya ziada au vikomo vya bima. Masharti na vikomo hivi vinaweza kujumuisha:

- **Uidhinishaji wa Mapema:** Mpango wetu unakuhitaji wewe au mpendekezaji anayekuagizia dawa kupata uidhinishaji wa mapema kwa dawa fulani. Hii ina maana kwamba utahitaji kupata idhini kutoka kwa mpango wetu kabla ya kujaza dawa zako zinazoagizwa na daktari. Ikiwa hautapata idhini hii, mpango wetu hautaweza kugharamiwa dawa hizo.
- **Vipimo vya Idadi:** Kwa baadhi ya dawa, mpango wetu huweka kikomo cha kiasi cha dawa ambacho mpango wetu utagharamia. Kwa mfano, mpango wetu hugharamia tembe 18 kwa kila agizo la dawa ya rizatriptan 5mg. Hii inaweza kuwa nyongeza ya dawa za kawaida za mwezi mmoja au miezi mitatu.
- **Tiba ya Hatua:** Katika baadhi ya matukio, mpango wetu unakuhitaji kwanza ujaribu dawa fulani ili kutibu hali yako ya kiafya kabla hatujagharamia dawa nyingine ya tatizo hilo. Kwa mfano, ikiwa Dawa A na Dawa B zote zinatibu tatizo lako la kiafya, mpango wetu hauwezi kugharamia Dawa B isipokuwa ujaribu Dawa A kwanza. Ikiwa Dawa A haitakuwa fanisi kwako, mpango wetu utagharamia Dawa B.

Unaweza kujua kama dawa yako ina masharti au vikomo vyovyote vya ziada kwa kuangalia katika orodha ya dawa zinazosimamiwa na bima inayoanza kwenye ukurasa wa 1. Unaweza pia kupata maelezo zaidi kuhusu vizuizi vinavyotumika kwa dawa mahususi zinazogharamiwa kwa kutembelea tovuti yetu. Tumechapisha hati mtandaoni zinazoelezea uidhinishaji wetu wa mapema na vikwazo vya tiba ya hatua. Unaweza pia kutuuliza tukutumie nakala. Maelezo yetu ya mawasiliano, pamoja na tarehe tuliyosasisha orodha ya dawa zinazosimamiwa na bima mara ya mwisho, zimeandikwa kwenye kurasa za ndani za jalada la mbele na la nyuma.

Unaweza kuomba mpango wetu kukubali hali ya kipekee kwa vizuizi au vikomo hivi au orodha ya dawa zingine zinazofanana ambazo zinaweza kutibu tatizo lako la kiafya. Tazama sehemu, “Ninawezaje kuomba hali ya kipekee kwa orodha ya dawa zinazosimamiwa na bima ya 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)’?” kwenye ukurasa wa VIII kwa maelezo kuhusu jinsi ya kuomba hali ya kipekee.

Je, itakuwaje ikiwa dawa yangu haiko kwenye Orodha ya Dawa Zinazosimamiwa na Bima?

Ikiwa dawa yako haijajumuishwa katika orodha ya dawa zinazosimamiwa na bima (orodha ya dawa zinazosimamiwa), unapaswa kwanza kuwasiliana na Huduma za Wanachama na uulize ikiwa dawa yako inagharamiwa.

Ukigundua kuwa mpango wetu haugharamii dawa yako, una chaguo mbili:

- Unaweza kuuliza Huduma za Wanachama kwa orodha ya dawa zinazofanana ambazo zinagharamiwa na mpango wetu. Unapopokea orodha, onyesha kwa daktari wako na umwombe agize dawa kama hizo ambazo zinagharamiwa na mpango wetu.
- Unaweza kuuliza mpango wetu wa kukubali hali ya kipekee na kugharamia dawa zako. Angalia hapa chini kwa maelezo kuhusu jinsi ya kuomba hali ya kipekee.

Je, ninaweza kuomba hali ya kipekee kwa Orodha ya Dawa Zinazosimamiwa na Bima ya 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)’?

Unaweza kuomba mpango wetu wa kukubali hali ya kipekee kwa kanuni zetu za bima. Kuna aina kadhaa za hali za kipekee ambazo unaweza kutuomba kukubali.

- Unaweza kutuomba kugharamia dawa hata kama haiko kwenye Orodha ya Dawa Zinazosimamiwa na Bima. Ikiwa itaidhinishwa, dawa hii itagharamiwa kwa kiwango kilichobainishwa kabla cha kushiriki gharama, na hutaweza kutuomba tutoe dawa hiyo kwa kiwango cha chini cha kushiriki gharama.
- Unaweza kutuomba kuondoa kizuizi cha bima ikiwa ni pamoja na uidhinishaji wa mapema, tiba ya hatua, au kikomo cha idadi kwa dawa zako. Kwa mfano, kwa baadhi ya dawa, mpango wetu umeweka kikomo kiasi cha dawa ambazo tutagharamia. Ikiwa dawa yako ina kikomo cha kiasi, unaweza kutuomba tuondoe kikomo na kugharamia kiasi kikubwa.

Kwa ujumla, mpango wetu tu utaidhinisha ombi lako kwa hali ya kipekee ikiwa dawa mbadala zilizojumuishwa kwenye orodha ya dawa zinazosimamiwa na bima ya mpango, au matumizi ya kizuizi hayatakuwa na ufanisi kwako na/au itasababisha madhara makubwa.

Wewe au mpendekezaji anayekuagizia dawa mnapaswa kuwasiliana nasi ili kuomba hali ya kipekee ya orodha ya dawa zinazosimamiwa na bima, ikiwa ni pamoja na hali ya kipekee kwa kizuizi cha bima. **Unapomba hali ya kipekee, mpendekezaji anayekuagizia dawa atahitaji kueleza sababu za kimatibabu kwa nini unahitaji hali ya kipekee.** Kwa ujumla, tunapaswa kufanya uamuzi wetu ndani ya saa 72 baada ya kupokea taarifa ya kutoa uthibitisho kutoka kwa mpendekezaji anayekuagizia dawa. Unaweza kuomba uamuzi wa haraka (kasi) ikiwa unaamini, na tunakubali, kwamba afya yako inaweza kuathiriwa sana kwa kusubiri hadi saa 72 kwa uamuzi. Ikiwa tunakubali, au ikiwa mpendekezaji anayekuagizia dawa anaomba uamuzi wa haraka, tunapaswa kukupa uamuzi kabla ya saa 24 baada ya kupata taarifa ya kutoa uthibitisho kutoka kwa mpendekezaji anayekuagizia dawa.

Je, ninaweza kufanya nini ikiwa dawa zangu hazijajumuishwa kwenye orodha ya dawa zinazosimamiwa na bima au zina kizuizi?

Kama mwanachama mpya au anayeendelea katika mpango wetu huenda unatumia dawa ambazo hazijajumuishwa kwenye orodha ya dawa zinazosimamiwa na bima. Au, unaweza kuwa unatumia dawa ambazo ziko kwenye orodha ya dawa zinazosimamiwa na bima lakini zina kizuizi cha bima, kama vile zinahitaji uidhinishaji wa mapema. Unapaswa kuzungumza na mpendekezaji anayekuagizia dawa kuhusu kuomba uamuzi wa bima ili kuonyesha kwamba unakidhi vigezo vya uidhinishaji, kubadilisha dawa mbadala tunayogharamia, au kuomba hali ya kipekee ya orodha ya dawa zinazosimamiwa na bima ili tuweze kugharamia dawa unayotumia. Wakati wewe na daktari wako mnapoamua dawa zinazokufaa, tunaweza kugharamia dawa zako katika hali fulani wakati wa siku 90 za kwanza wewe ni mwanachama wa mpango wetu.

Kwa kila moja ya dawa zako ambayo haijajumuishwa kwenye orodha ya dawa zinazosimamiwa na bima au ina kizuizi cha bima, tutagharamia kwa muda dawa za siku 30. Ikiwa dawa ulizoagiziwa ni za siku chache, tutaruhusu kujaziwa hadi kiwango cha juu zaidi cha dawa za siku 30. Ikiwa gharama hii haitaidhinishwa, baada ya dawa zako za kwanza za siku 30, hatutalipia dawa hizi, hata kama umekuwa mwanachama wa mpango chini ya siku 90.

Ikiwa wewe ni mkazi wa kituo cha utunzaji wa muda mrefu na unahitaji dawa ambazo haziko kwenye orodha ya dawa zinazosimamiwa na bima au ikiwa uwezo wako wa kupata dawa zako ni mdogo, lakini umepitisha siku 90 za kwanza za uanachama katika mpango wetu, tutagharamia dawa za dharura ya siku ya 31 ya dawa hiyo wakati unapomba hali ya kipekee.

Ikiwa unapata mabadiliko kwenye kiwango cha huduma (kama vile kuruhusiwa Kwenda nyumbani au kulazwa kwenye kituo cha utunzaji wa muda mrefu), daktari wako au duka la dawa linaweza kupigia Kituo cha Huduma ya Mtoa Huduma na kuomba muda wa ziada. Muda huu wa ziada wa wakati mmoja utakuwa hadi dawa za siku 30 (isipokuwa una maagizo ya dawa kwa siku chache).

Kwa maelezo zaidi

Kwa maelezo zaidi kuhusu bima ya dawa zinazoagizwa na daktari katika mpango wako, tafadhali kagua Ushahidi wa Usimamizi wako wa Bima na nyenzo zingine za mpango.

Ikiwa una maswali kuhusu mpango wetu, tafadhali wasiliana nasi. Maelezo yetu ya mawasiliano, pamoja na tarehe tuliyosasisha orodha ya dawa zinazosimamiwa na bima mara ya mwisho, zimeandikwa kwenye kurasa za ndani za jalada la mbele na la nyuma.

Ikiwa una maswali ya jumla kuhusu usimamizi wa Medicare wa dawa ya kupendekeza, tafadhali piga simu Medicare katika 1-800-MEDICARE (**1-800-633-4227**) saa 24 kwa siku/siku 7 kwa wiki. Watumiaji wa TTY wanapaswa kupiga simu **1-877-486-2048**. Au tembelea <http://www.medicare.gov>.

Orodha ya Dawa Zinazosimamiwa na Bima ya mpango wetu

orodha ya dawa zinazosimamiwa na bima hapa chini hutoa maelezo kuhusu dawa zinazogharamiwa na mpango wetu. Ikiwa una tatizo kupata dawa yako katika orodha, rejea kwenye Kielezo kinachoanza kwenye ukurasa wa INDEX-1.

Safu wima ya kwanza ya chati inaorodhesha jina la dawa. Dawa za jina la chapa zimeandikwa kwa herufi kubwa (k.m., ELIQUIS) na dawa za jumla zimeorodheshwa katika italiki ya herufi ndogo (k.m., *simvastatin*).

Maelezo katika safu wima ya Masharti/Vikomo inakuambia kama mpango wetu una masharti maalum ya kugharamia dawa zako.

- **NM** inamaanisha kuwa dawa haipatikani kupitia manufaa yako ya kila mwezi ya huduma ya barua. Hii imeelezwa katika safu wima ya Masharti/Vikomo ya orodha ya dawa zinazosimamiwa na bima. Unaweza kupokea dawa za zaidi ya mwezi mmoja kwa dawa nyingi kwenye orodha ya dawa zinazosimamiwa na bima kupitia huduma ya barua kwa ugawanaji uliopunguzwa wa gharama. Tafadhali angalia Sura ya 5 ya Ushahidi wako wa Usimamizi wa Bima kwa maelezo zaidi.
- **PA** inarejelea Uidhinishaji wa Mapema: Tafadhali angalia ukurasa wa VII kwa maelezo.
- **PA-NS** inarejelea Uidhinishaji wa Mapema kwa Wanaoanza: Hii inamaanisha kuwa ikiwa unatumia dawa hii mara ya kwanza, utahitaji kupata idhini kutoka kwetu kabla ya kujaziwa dawa yako. Ikiwa unatumia dawa hii wakati wa usajili, hutahitajika kufikia vigezo vya uidhinishaji.
- **B/D** inarejelea Inagharamiwa chini ta Medicare B au D: dawa hii inaweza kustahiki malipo chini ya Medicare Part B au Part D. Wewe (au daktari wako) mnahitajika kupata idhini ya awali kutoka kwetu ili kubaini kwamba dawa hii inagharamiwa na Medicare Part D kabla ya kujaza dawa yako. Bila uidhinishaji wa mapema, hatuwezi kugharamia dawa hii.
- **QL** inarejelea kwa Vipimo vya Idadi: Tafadhali angalia ukurasa VII kwa maelezo.
- **LA** inarejelea Dawa za Upatikanaji Mdogo. Dawa hii inaweza kupatikana tu katika maduka fulani ya dawa. Kwa maelezo zaidi angalia Orodha ya Famasia au upigie Huduma za Wanachama katika namba ya simu iliyotajwa ndani ya jalada la mbele na nyuma la orodha ya dawa zinazosimamiwa na bima, kati ya Oktoba 1 na Machi 31, wawakilishi wanapatikana siku saba kwa wiki, saa 8 a.m. hadi 8 p.m., kati ya Aprili 1 na Septemba 30, wawakilishi wanapatikana Jumatatu hadi Ijumaa, saa 8 a.m. hadi 8 p.m.
- **ST** inarejelea Tiba ya Hatua: Tafadhali angalia ukurasa wa VII kwa maelezo.
- **^** inarejelea Dawa ambayo inaweza kupatikana kwa hadi siku 30 pekee.

Madaraja ya dawa kwa kiasi cha malipo ya huduma inayosimamiwa na bima / mgao wa gharama kwa mhusika na bima

Dawa zinazoagizwa na daktari zimepangwa katika daraja moja. Ili kujua ni dawa zako zinapatikana kwenye daraja gani, angalia kwenye safu wima ya orodha ya dawa zinazosimamiwa na bima ambayo inaaanza kwenye ukurasa wa 1. Kwa maelezo zaidi kuhusu gharama ya kulipia mwenyewe kwa dawa zinazoagizwa na daktari, ikiwa ni pamoja na gharama yoyote inayoweza kutumika, tafadhali rejea Ushahidi wako wa Usimamizi wa Bima na nyenzo zingine za mpango.

- **Daraja la 1 (Daraja Moja)** ni pamoja na dawa zote za kawaida na za chapa.
 - Malipo ya huduma inayosimamiwa na bima: \$0

Angalia Ushahidi wako wa Usimamizi wa Bima au Muhtasari wa Manufaa kwa kiasi cha malipo ya huduma inayosimamiwa na bima / mgao wa gharama kwa mhusika na bima.

Table of Contents

ANTINEOPLASTIC / DAWA ZA KUDHIBITI KINGAMARADHI..... 3

BIDHAA ZA ZIADA..... 12

DAWA ZA KUKINGA DHIDI YA MAAMBUKIZI..... 13

ENDOKRINI/KISUKARI..... 23

GASTRONOMIA..... 30

MAGONJWA YA MOYO..... 33

MISULI / BARIDI YABISI..... 41

OFTHALMOLOJIA..... 44

OTONOMIKI / DAWA ZA MFUMO WA NEVA, NYUROLOJIA / AKILI..... 46

TAWI LA BIOLOJIA LINALOSHUGHULIKIA KINGAMARADHI, CHANJO / BAYOTEKNOLOJIA..... 63

TIBA YA MAGONJWA YA NGOZI..... 67

TIBA ZA MAGONJWA YA NJIA YA MKOJO..... 72

TIBA ZA MASIKIO, PUA / KOO..... 73

UGONJWA WA PUMU NA MZIO..... 74

UKUNGA / TIBA YA WANAWAKE..... 78

VIPIMO / VIPENGEE VYA ZIADA..... 84

VITAMINI, HEMATINIKI / ELEKTROLAITI..... 87

Jina la Dawa

**Daraja ya Masharti / Vikomo
Dawa**

ANTINEOPLASTIC / DAWA ZA KUDHIBITI KINGAMARADHI

ANTINEOPLASTIC / DAWA ZA KUDHIBITI KINGAMARADHI

<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>azacitidine injection recon soln 100 mg</i>	\$0 (1)	^
<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; ^
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	\$0 (1)	^
<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)	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	\$0 (1)	^
<i>bortezomib injection recon soln 3.5 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); ^
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); ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>carboplatin intravenous solution 10 mg/ml</i>	\$0 (1)	
<i>cisplatin intravenous solution 1 mg/ml</i>	\$0 (1)	
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	\$0 (1)	^
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); ^
COTELIC ORAL TABLET 20 MG	\$0 (1)	PA-NS; LA; QL (63 EA per 28 days); ^
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	\$0 (1)	B/D
<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
<i>cytarabine injection solution 20 mg/ml</i>	\$0 (1)	
DAURISMO ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
DAURISMO ORAL TABLET 25 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	\$0 (1)	^
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	\$0 (1)	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	\$0 (1)	^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (1)	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 (1)	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 (1)	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 (1)	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 (1)	PA-NS
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	\$0 (1)	
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	\$0 (1)	PA-NS; ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (1)	B/D
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	\$0 (1)	^
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>etoposide intravenous solution 20 mg/ml</i>	\$0 (1)	
EULEXIN ORAL CAPSULE 125 MG	\$0 (1)	^
<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); ^
<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
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	\$0 (1)	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (1)	PA-NS; QL (84 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (1)	PA-NS; QL (21 EA per 28 days); ^
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	\$0 (1)	^
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>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	\$0 (1)	
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	\$0 (1)	
<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); ^
IMBRUVICA ORAL TABLET 560 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
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); ^
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	\$0 (1)	
IWILFIN ORAL TABLET 192 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	\$0 (1)	^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	\$0 (1)	PA-NS; ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	\$0 (1)	^
<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)	^
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); ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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 (10 ml), 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 recon soln 1 gram</i>	\$0 (1)	B/D
<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)	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	\$0 (1)	PA-NS; ^
<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); ^
NULOJIX INTRAVENOUS RECON SOLN 250 MG	\$0 (1)	^
<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

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 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); ^
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>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	\$0 (1)	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	\$0 (1)	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	\$0 (1)	
<i>paraplatin intravenous solution 10 mg/ml</i>	\$0 (1)	
<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); ^
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	\$0 (1)	^
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	\$0 (1)	
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (1)	PA-NS; QL (28 EA per 28 days); ^
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0 (1)	PA-NS; QL (56 EA per 28 days); ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
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); ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
RETEVMO ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
REZUROCK ORAL TABLET 200 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (150 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	\$0 (1)	PA-NS; QL (336 EA per 28 days); ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	\$0 (1)	PA-NS; ^
RYDAPT ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; QL (224 EA per 28 days); ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (1)	B/D
SCSEMBLIX ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
SCSEMBLIX ORAL TABLET 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
SCSEMBLIX 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)	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	\$0 (1)	PA-NS; ^
<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); ^
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	\$0 (1)	PA-NS; ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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; ^
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	\$0 (1)	^
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)	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$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); ^
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); ^
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	\$0 (1)	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	\$0 (1)	
VITRAKVI ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
VITRAKVI ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (1)	PA-NS; LA; QL (300 ML per 30 days); ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
VONJO ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
WELIREG ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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 (20 MG X 5), 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	\$0 (1)	PA-NS; QL (8 EA per 28 days); ^
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 60 MG/WEEK (20 MG X 3)	\$0 (1)	PA-NS; QL (4 EA per 28 days); ^
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	\$0 (1)	PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	\$0 (1)	PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	\$0 (1)	PA-NS; LA; QL (32 EA per 28 days); ^
XTANDI ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 80 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 200 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	\$0 (1)	^
ZOLINZA ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ZYKADIA ORAL TABLET 150 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
BIDHAA JALIZI		
<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; ^
BIDHAA ZA ZIADA		
BIDHAA ZA ZIADA		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (1)	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	\$0 (1)	BD Preferred
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (15 EA per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	\$0 (1)	BD Preferred
DAWA ZA KUKINGA DHIDI YA MAAMBUKIZI		
BIDHAA ZA KUPAMBANA NA KUVU		
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; ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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)
BIDHAA ZA NJIA YA MKOJO		
<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)	
CEPHALOSPORIN		
<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 in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	\$0 (1)	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 gram, 500 mg</i>	\$0 (1)	
<i>cefazolin intravenous recon soln 1 gram</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 in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 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)	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	\$0 (1)	
<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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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 in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	\$0 (1)	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (1)	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</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)	
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	\$0 (1)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (1)	^
DAWA ZA KUKINGA DHIDI YA VIRUSI		
<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)	^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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)	
<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)	^
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	\$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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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)	^
PREVMIS 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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
SELZENTRY ORAL TABLET 75 MG	\$0 (1)	^
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	\$0 (1)	PA; QL (28 EA per 28 days); ^
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (1)	^
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	\$0 (1)	^
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (1)	
<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)	^
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	\$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)	^
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)	
DAWA ZA ZIADA ZA KUKINGA DHIDI YA MAAMBUKIZI		
<i>albendazole oral tablet 200 mg</i>	\$0 (1)	^
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	\$0 (1)	
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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 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>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	\$0 (1)	
<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)
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	\$0 (1)	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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 recon soln 1.2 gram</i>	\$0 (1)	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (1)	
TRECTOR ORAL TABLET 250 MG	\$0 (1)	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	\$0 (1)	QL (4000 ML per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	\$0 (1)	QL (1000 ML per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	\$0 (1)	QL (4050 ML per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	\$0 (1)	QL (20 EA per 10 days)
<i>vancomycin intravenous recon soln 1.25 gram, 1.5 gram</i>	\$0 (1)	
<i>vancomycin intravenous recon soln 10 gram, 5 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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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); ^
ERYTHROMYCIN / DAWA NYINGINE ZA MACROLIDE		
<i>azithromycin intravenous recon soln 500 mg</i>	\$0 (1)	
<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)	
PENISILINI		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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, 2 gram, 250 mg, 500 mg</i>	\$0 (1)	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	\$0 (1)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	\$0 (1)	
<i>ampicillin-sulbactam intravenous recon soln 1.5 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 in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</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, 5 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>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	\$0 (1)	
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0 (1)	
QUINOLONE		
<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, 400 mg/200 ml</i>	\$0 (1)	
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (1)
<i>levofloxacin intravenous solution 25 mg/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)
SULFA / BIDHAA ZINAZOHUSIANA	
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (1)
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</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)
TETRACYCLINES	
<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 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)
ENDOKRINI/KISUKARI	
BIDHAA ZA KUPAMBANA NA THAIROIDI	
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (1)
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (1)
HOMONI YA THAIROIDI	
<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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</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)
HOMONI ZA ADRENALINI	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	\$0 (1)
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	\$0 (1)
<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>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	\$0 (1)
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	\$0 (1)
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</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 acetate injection suspension 40 mg/ml, 80 mg/ml</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>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	\$0 (1)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	\$0 (1)	
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (1)	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$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)	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	\$0 (1)	
HOMONI ZA ZIADA		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	\$0 (1)	PA; ^
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (1)	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	\$0 (1)	
<i>calcitriol intravenous solution 1 mcg/ml</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 injection solution 4 mcg/ml</i>	\$0 (1)	^
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</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)	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	\$0 (1)	PA; ^
KORLYM ORAL TABLET 300 MG	\$0 (1)	PA; LA; ^
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	\$0 (1)	PA; ^
<i>mifepristone oral tablet 300 mg</i>	\$0 (1)	PA; ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	\$0 (1)	PA; ^
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	\$0 (1)	
<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 50 mg/5 gram (1 %)</i>	\$0 (1)	PA; QL (300 GM per 30 days)
<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; ^
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	\$0 (1)	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	\$0 (1)	
TIBA YA KISUKARI		
<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)
<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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa	
<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 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 (1)	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 (1)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0 (1)	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0 (1)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	\$0 (1)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (1)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 (1)	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (1)	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	\$0 (1)	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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, 2.5-850 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
<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)
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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0 (1)	PA; QL (3 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	\$0 (1)	PA; QL (1.8 ML per 30 days)
<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)
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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa

**Daraja ya Masharti / Vikomo
Dawa**

GASTRONOMIA

BIDHAA ZA ZIADA ZA GASTRONOMIA

<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; ^
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (1)	PA; ^
<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 (pf) intravenous solution 1 mg/ml (1 ml)</i>	\$0 (1)	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 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 1 %, 2.5 %</i>	\$0 (1)	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	\$0 (1)	PA; ^
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	\$0 (1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (1)	QL (30 EA per 30 days)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	\$0 (1)	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0 (1)	
<i>metoclopramide hcl injection syringe 5 mg/ml</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 (pf) injection solution 4 mg/2 ml</i>	\$0 (1)	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	\$0 (1)	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	\$0 (1)	
<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 edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	\$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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa	
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 INTRAVENOUS SOLUTION 60 MG/ML	\$0 (1)	PA; QL (30 ML per 180 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	\$0 (1)	PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	\$0 (1)	PA; QL (2.4 ML per 56 days); ^
<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)	
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)	
DAWA ZA KUZUIA KUENDESHA / MAGONJWA YA KUSHTUKIZA		
<i>dicyclomine oral capsule 10 mg</i>	\$0 (1)	
<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)	
TIBA YA HOMA YA TUMBO		
<i>dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg</i>	\$0 (1)	QL (30 EA per 30 days)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	\$0 (1)	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	\$0 (1)	
<i>famotidine intravenous solution 10 mg/ml</i>	\$0 (1)	
<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 intravenous recon soln 40 mg</i>	\$0 (1)	
<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)	

MAGONJWA YA MOYO

BIDHAA ZA KUPUNGUZA KIWANGO CHA MAFUTA/KOLESTROL

<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)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	\$0 (1)	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	\$0 (1)	
<i>cholestyramine light oral powder 4 gram</i>	\$0 (1)	
<i>cholestyramine light oral powder in packet 4 gram</i>	\$0 (1)	
<i>cholestyramine-aspartame 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 granules 5 gram</i>	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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 4 gram</i>	\$0 (1)	
<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)	
BIDHAA ZA KUTIBU MAPIGO YASIYO SAWA YA MOYO		
<i>amiodarone intravenous solution 50 mg/ml</i>	\$0 (1)	
<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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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>sorine oral tablet 240 mg, 80 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)	
DAWA ZA ZIADA ZA MATIBABU YA MOYO		
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
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)	
TIBA YA UGONJWA WA MOYO		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (1)	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	\$0 (1)	
<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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 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)	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	\$0 (1)	
<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 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (1)	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 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 injection solution 20 mg/ml</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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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)
<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 intravenous solution 5 mg/5 ml</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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>olmesartan oral tablet 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$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)
<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>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 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>treprostini sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	\$0 (1)	PA; ^
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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 intravenous solution 2.5 mg/ml</i>	\$0 (1)	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	\$0 (1)	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	\$0 (1)	
<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)	
TIBA ZA KUGANDISHA DAMU		
<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)	
<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 solution 300 mg/3 ml</i>	\$0 (1)	
<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)	^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	\$0 (1)	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	\$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)	
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	\$0 (1)	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 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)
MISULI / BARIDI YABISI		
MAGONJWA MENGINE YA BARIDI YABISI		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 (1)	PA; QL (3.6 ML per 28 days); ^
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 (1)	PA; QL (3.6 ML per 28 days); ^
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	\$0 (1)	PA; ^
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (6 EA per 180 days); ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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); ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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); ^
TIBA YA JONGO		
<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)	
TIBA YA OSTEOPOROSISI		
<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 intravenous solution 3 mg/3 ml</i>	\$0 (1)	QL (3 ML per 90 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	\$0 (1)	QL (3 ML per 90 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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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); ^
OFTHALMOLOJIA		
ANTIBAYOTIKI		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (1)	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (1)	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (1)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (1)	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (1)	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (1)	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	\$0 (1)	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (1)	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (1)	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	\$0 (1)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 (1)	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (1)	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (1)	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	\$0 (1)	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	\$0 (1)	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	\$0 (1)	
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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 % , 0.5 %</i>	\$0 (1)
BIDHAA ZISIZO ZA STEROIDI ZA KUZUIA KUCHOMEKA	
<i>bromfenac ophthalmic (eye) drops 0.075 % , 0.09 %</i>	\$0 (1)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (1)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (1)
<i>ketorolac ophthalmic (eye) drops 0.4 % , 0.5 %</i>	\$0 (1)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 (1)
DAWA NYINGINE ZA UGONJWA WA GLAKOMA	
<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)
DAWA ZA KUKINGA DHIDI YA VIRUSI	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (1)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (1)
DAWA ZA KUMEZA ZA GLAKOMA	
<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)
MSETO WA STEROIDI-ANTIBAYOTIKI	
<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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (1)	
OFTHALMOLOJIA YA ZIADA		
<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)	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (1)	PA; QL (10 ML per 42 days); ^
STEROIDI		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (1)	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	\$0 (1)	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	\$0 (1)	
<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)	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (1)	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	\$0 (1)	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	\$0 (1)	
OTONOMIKI / DAWA ZA MFUMO WA NEVA, NYUROLOJIA / AKILI		
DAWA ZA KUTULIZA MISULI / TIBA ZA UGONJWA WA KUSHTUKIZA		
<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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (1)	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	\$0 (1)	
DAWA ZA KUZUIA DEGE		
APTIOM ORAL TABLET 200 MG, 400 MG	\$0 (1)	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	\$0 (1)	QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	\$0 (1)	QL (600 ML per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (1)	QL (600 ML per 30 days); ^
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)	
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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); ^
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, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 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 intravenous solution 200 mg/20 ml</i>	\$0 (1)	QL (1200 ML 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 in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	\$0 (1)	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 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>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	\$0 (1)	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	\$0 (1)	
<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>phenytoin sodium intravenous solution 50 mg/ml</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>roweepra 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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	\$0 (1)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	\$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); ^
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); ^
DAWA ZA TIBA YA AKILI		
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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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)
<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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>chlorpromazine injection solution 25 mg/ml</i>	\$0 (1)	
<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)
<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 injection solution 5 mg/ml</i>	\$0 (1)	
<i>diazepam injection syringe 5 mg/ml</i>	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (1)	PA-NS; QL (240 ML per 30 days)
<i>diazepam 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), 5 mg/5 ml (1 mg/ml, 5 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)	
<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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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)
<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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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 injection solution 2 mg/ml, 4 mg/ml</i>	\$0 (1)	
<i>lorazepam injection syringe 2 mg/ml</i>	\$0 (1)	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	\$0 (1)	QL (150 ML per 30 days)
<i>lorazepam 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)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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)
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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, 300 MG	\$0 (1)	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	\$0 (1)	PA-NS; QL (1 EA per 28 days)
DAWA ZA UGONJWA WA KUTETEMEKA		
<i>benztropine injection solution 1 mg/ml</i>	\$0 (1)	
<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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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)	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (1)	PA
DAWA ZENYE NIKOTINI ZA KUPUNGUZA MAUMIVU		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	\$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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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 intensol oral concentrate 10 mg/ml</i>	\$0 (1)	PA; QL (90 ML per 30 days)
<i>methadone oral concentrate 10 mg/ml</i>	\$0 (1)	PA; QL (90 ML 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 (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	\$0 (1)	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (1)	QL (180 ML per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	\$0 (1)	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	\$0 (1)	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	\$0 (1)	
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	\$0 (1)	
<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)
<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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa**Daraja ya Masharti / Vikomo
Dawa****DAWA ZISIZO NA NIKOTINI ZA KUPUNGUZA MAUMIVU**

<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>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	\$0 (1)	
<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>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<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)	
<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>nalbuphine injection solution 10 mg/ml, 20 mg/ml</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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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)	
KIPANDAUSO / TIBA YA MAUMIVU YA KICHWA		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (1)	PA; QL (1 ML per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	\$0 (1)	^
<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 4 mg/0.5 ml, 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)
TIBA YA ZIADA YA NJIA NYUROLOJIA		
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); ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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); ^
<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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (1)	
NUDEXTA ORAL CAPSULE 20-10 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	\$0 (1)	PA; QL (20 ML per 180 days); ^
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	\$0 (1)	PA; ^
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	\$0 (1)	PA; ^
<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); ^
TAWI LA BIOLOJIA LINALOSHUGHULIKIA KINGAMARADHI, CHANJO / BAYOTEKNOLOJIA		
CHANJO / DAWA ZA ZIADA ZA KINGA YA MWILI		
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

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa	
DENGAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	\$0 (1)	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 (1)	B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (1)	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (1)	B/D; NM
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	\$0 (1)	NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (1)	PA; NM; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 (1)	PA; NM; ^
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	\$0 (1)	PA; NM; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 (1)	PA; NM; LA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 (1)	PA; NM; LA; ^
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	\$0 (1)	PA; NM; ^
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
IPOX 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

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

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

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (1)	NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 (1)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (1)	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0 (1)	NM
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 (1)	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (1)	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 (1)	NM; A third dose may be considered in post-transplant members (PA required).; QL (2 EA per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	\$0 (1)	NM
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 (1)	NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 (1)	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (1)	NM
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	\$0 (1)	B/D; NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	\$0 (1)	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (1)	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (1)	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (1)	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (1)	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (1)	NM

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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
DAWA ZA BAYOTEKNOLOJIA		
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; ^
TIBA YA MAGONJWA YA NGOZI		
ANTIPSORIATIC / ANTISEBORRHEIC		
<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 PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (1)	PA; QL (2.5 ML per 28 days); ^
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	\$0 (1)	PA; QL (10 ML per 28 days); ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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); ^
DAWA ZA KUPIGANA NA KUVU		
<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>ketoconazole topical cream 2 %</i>	\$0 (1)	QL (60 GM per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	\$0 (1)	QL (120 ML per 28 days)
<i>klayesta topical powder 100,000 unit/gram</i>	\$0 (1)	QL (60 GM per 30 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)
<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)
SCABICIDE / PEDICULICIDE		
<i>malathion topical lotion 0.5 %</i>	\$0 (1)	
<i>permethrin topical cream 5 %</i>	\$0 (1)	QL (60 GM per 30 days)
TIBA DHIDI YA BAKTERIA		
<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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (1)	
TIBA YA CHUNUSI		
<i>accutane oral capsule 10 mg, 20 mg, 30 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>adapalene topical gel with pump 0.3 %</i>	\$0 (1)	
<i>amneesteem 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)
<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>clindamycin-benzoyl peroxide topical gel with pump 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>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	
<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 microspheres topical gel with pump 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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	
TIBA ZA ZIADA ZA UGONJWA WA NGOZI		
<i>ammonium lactate topical cream 12 %</i>	\$0 (1)	
<i>ammonium lactate topical lotion 12 %</i>	\$0 (1)	
<i>dermacinrx lidocan topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	\$0 (1)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
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>glydo mucous membrane jelly in applicator 2 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	\$0 (1)	QL (24 EA per 28 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	\$0 (1)	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	\$0 (1)	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	\$0 (1)	QL (50 ML per 30 days)
<i>lidocaine hcl mucous membrane jelly 2 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	\$0 (1)	
<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)
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>lidocan v 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); ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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)
REGRANEX TOPICAL GEL 0.01 %	\$0 (1)	QL (15 GM per 30 days); ^
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (1)	QL (180 GM per 30 days)
<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 iii topical adhesive patch,medicated 5 %</i>	\$0 (1)	
<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); ^
TOPICAL CORTICOSTEROIDS		
<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)
<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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinolone topical oil 0.01 %</i>	\$0 (1)	QL (118.28 ML 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-e topical cream 0.05 %</i>	\$0 (1)	QL (120 GM 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 %, 2.5 %</i>	\$0 (1)	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	\$0 (1)	
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (1)	
<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)	

TIBA ZA MAGONJWA YA NJIA YA MKOJO

ANTICHOLINERGICS / TIBA DHIDI YA MAGONJWA YA KUSHTUKIZA

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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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)
TIBA YA BENIGN PROSTATIC HYPERPLASIA(BPH)		
<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)	
TIBA ZA ZIADA ZA MAGONJWA YA NJIA YA MKOJO		
<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)
TIBA ZA MASIKIO, PUA / KOO		
MAANDALIZI YA ZIADA YA OTIKI		
<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)	
STEROIDI YA OTIKI / DAWA YA VIINI		
<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)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa	
VIPENGEE VYA ZIADA		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</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)	
<i>periogard mucous membrane mouthwash 0.12 %</i>	\$0 (1)	
<i>triamcinolone acetonide dental paste 0.1 %</i>	\$0 (1)	
UGONJWA WA PUMU NA MZIO		
BIDHAA ZA KUPIGANA NA HISTAMINI / MZIO		
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	\$0 (1)	
<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>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0 (1)	
<i>diphenhydramine hcl injection syringe 50 mg/ml</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)
<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 injection solution 25 mg/ml, 50 mg/ml</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
BIDHAA ZA MOYO		
<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); ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	\$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)
ARNUIITY 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

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
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)
<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); ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<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)
<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 elixir 80 mg/15 ml</i>	\$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); ^

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (1)
UKUNGA / TIBA YA WANAWAKE	
DAWA ZA KUMEZA ZA KUDHIBITI UZAZI / BIDHAA ZINAZOHUSIANA	
<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>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 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>abra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</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)
<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>blisovi fe 1/20 (28) oral tablet 1 mg-20 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>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (1)
<i>cryelle (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>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (1)
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (1)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa
<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>elinest oral tablet 0.3-30 mg-mcg</i>	\$0 (1)
<i>emoquette oral tablet 0.15-0.03 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>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</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>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</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)
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa
<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 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</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>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	\$0 (1)
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	\$0 (1)
<i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	\$0 (1)
<i>levonorg-eth estradiol 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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)
<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>mono-linyah 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, 1.5-30 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), 1.5 mg-30 mcg (21)/75 mg (7)</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>philith oral tablet 0.4-35 mg-mcg</i>	\$0 (1)
<i>pimtree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (1)
<i>pirmella oral tablet 1-35 mg-mcg</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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa
<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)
<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-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (1)
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (1)
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (1)
<i>tri-lo-mili 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>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</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>wera (28) oral tablet 0.5-35 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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	\$0 (1)
ESTROGENI / PROGESTINI	
<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>emzahh oral tablet 0.35 mg</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)
<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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa
<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 intramuscular oil 50 mg/ml</i>	\$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)
OB/GYN YA ZIADA	
<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)
<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)
VIPIMO / VIPENGEE VYA ZIADA	
BIDHAA ZA KUSAIDIA KUEPUKA UVUTAJI WA SIGARA	
<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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa

**Daraja ya Masharti / Vikomo
Dawa**

VIPENGEE VYA ZIADA

<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	\$0 (1)	
<i>acetic acid irrigation solution 0.25 %</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 parenteral solution</i>	\$0 (1)	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	\$0 (1)	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	\$0 (1)	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	\$0 (1)	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	\$0 (1)	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Dawa	Masharti / Vikomo
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	\$0 (1)	
<i>dextrose 70 % in water (d70w) 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)	
<i>levocarnitine oral solution 100 mg/ml</i>	\$0 (1)	
<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 0.9 % intravenous piggyback</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>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	\$0 (1)	
<i>trientine oral capsule 250 mg</i>	\$0 (1)	PA; ^
<i>water for irrigation, sterile irrigation solution</i>	\$0 (1)	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	\$0 (1)	

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa

**Daraja ya Masharti / Vikomo
Dawa**

VITAMINI, HEMATINIKI / ELEKTROLAITI

BIDHAA ZA ZIADA ZA LISHE

CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (1)	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	B/D
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	\$0 (1)	
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	\$0 (1)	
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	\$0 (1)	
<i>electrolyte-148 intravenous parenteral solution</i>	\$0 (1)	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	\$0 (1)	
<i>electrolyte-a 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)	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	\$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

ELEKTROLAITI

<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)
<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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa
<i>lactated ringers intravenous parenteral solution</i>	\$0 (1)
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	\$0 (1)
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	\$0 (1)
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</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 in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml</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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe

11/07/2024

Jina la Dawa	Daraja ya Masharti / Vikomo Dawa
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	\$0 (1)
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	\$0 (1)
VITAMINI / HEMATINIKI	
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	\$0 (1)
<i>fluoride (sodium) oral tablet, chewable 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)

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Unaweza kupata taarifa juu ya maana ya alama na vifupisho kwenye jedwali hili kwa kwenda mwanzoni mwa jedwali hili. Imesasishwa tarehe
11/07/2024

Faharasa ya Dawa

<i>abacavir</i>	15	ALUNBRIG.....	3	<i>aspirin-dipyridamole</i>	40
<i>abacavir-lamivudine</i>	15	<i>alyacen 1/35 (28)</i>	78	ASSURE ID INSULIN SAFETY.....	12
ABELCET.....	13	<i>alyacen 7/7/7 (28)</i>	78	<i>atazanavir</i>	15
ABILIFY ASIMTUFII.....	50	<i>alyq</i>	75	<i>atenolol</i>	36
ABILIFY MAINTENA.....	51	<i>amantadine hcl</i>	15	<i>atenolol-chlorthalidone</i>	36
<i>abiraterone</i>	3	<i>ambrisentan</i>	75	<i>atomoxetine</i>	51
ABRYSVO (PF).....	63	<i>amethia</i>	78	<i>atorvastatin</i>	33
<i>acamprosate</i>	85	<i>amikacin</i>	18	<i>atovaquone</i>	18
<i>acarbose</i>	26	<i>amiloride</i>	35	<i>atovaquone-proguanil</i>	18
<i>accutane</i>	69	<i>amiloride-hydrochlorothiazide</i> ...	35	<i>atropine</i>	46
<i>acebutolol</i>	35	<i>amiodarone</i>	34	ATROVENT HFA.....	75
<i>acetaminophen-codeine</i>	58	<i>amitriptyline</i>	51	<i>aubra eq</i>	78
<i>acetazolamide</i>	45	<i>amlodipine</i>	35	AUGTYRO.....	3
<i>acetic acid</i>	73, 85	<i>amlodipine-atorvastatin</i>	33	<i>aurovela fe 1.5/30 (28)</i>	78
<i>acetylcysteine</i>	74	<i>amlodipine-benazepril</i>	36	<i>aurovela fe 1-20 (28)</i>	78
<i>acitretin</i>	67	<i>amlodipine-olmesartan</i>	36	AUSTEDO.....	61
ACTEMRA.....	41	<i>amlodipine-valsartan</i>	36	AUSTEDO XR.....	62
ACTEMRA ACTPEN.....	41	<i>amlodipine-valsartan-hcthiazyd</i> ..	36	AUSTEDO XR TITRATION	
ACTHIB (PF).....	63	<i>ammonium lactate</i>	70	KT(WK1-4).....	62
ACTIMMUNE.....	67	<i>amnesteem</i>	69	AUVELITY.....	51
<i>acyclovir</i>	15	<i>amoxapine</i>	51	<i>aviane</i>	78
<i>acyclovir sodium</i>	15	<i>amoxicillin</i>	21	AYVAKIT.....	3
ADACEL(TDAP		<i>amoxicillin-pot clavulanate</i> ...21, 22		<i>azacitidine</i>	3
ADOLESN/ADULT)(PF).....	63	<i>amphotericin b</i>	13	<i>azathioprine</i>	3
<i>adapalene</i>	69	<i>ampicillin</i>	22	<i>azelaic acid</i>	69
<i>adefovir</i>	15	<i>ampicillin sodium</i>	22	<i>azelastine</i>	46, 74
ADEMPAS.....	74	<i>ampicillin-sulbactam</i>	22	<i>azithromycin</i>	21
<i>adrenalin</i>	74	<i>anagrelide</i>	85	<i>aztreonam</i>	18
ADVAIR HFA.....	75	<i>anastrozole</i>	3	<i>azurette (28)</i>	78
AIMOVIG AUTOINJECTOR.....	61	ANORO ELLIPTA.....	75	<i>bacitracin</i>	44
AKEEGA.....	3	<i>apraclonidine</i>	46	<i>bacitracin-polymyxin b</i>	44
<i>ak-poly-bac</i>	44	<i>aprepitant</i>	30	<i>baclofen</i>	46
<i>ala-cort</i>	71	<i>apri</i>	78	<i>balsalazide</i>	30
<i>albendazole</i>	18	APTIOM.....	47	BALVERSA.....	3
<i>albuterol sulfate</i>	75	APTIVUS.....	15	<i>balziva (28)</i>	78
<i>alclometasone</i>	71	<i>aranelle (28)</i>	78	BARACLUDGE.....	15
<i>alcohol pads</i>	26	ARCALYST.....	67	BCG VACCINE, LIVE (PF).....	63
ALDURAZYME.....	25	AREXVY (PF).....	63	BELSOMRA.....	51
ALECENSA.....	3	<i>arformoterol</i>	75	<i>benazepril</i>	36
<i>alendronate</i>	43	ARIKAYCE.....	18	<i>benazepril-hydrochlorothiazide</i> ..	36
<i>alfuzosin</i>	73	<i>aripiprazole</i>	51	BENDEKA.....	3
<i>aliskiren</i>	35	ARISTADA.....	51	BENLYSTA.....	41
<i>allopurinol</i>	43	ARISTADA INITIO.....	51	<i>benztropine</i>	57
<i>alosetron</i>	30	<i>armodafinil</i>	51	BESREMI.....	67
ALPHAGAN P.....	46	ARNUITY ELLIPTA.....	75	<i>betaine</i>	30
<i>alprazolam</i>	51	<i>asenapine maleate</i>	51	<i>betamethasone dipropionate</i>	71
<i>altavera (28)</i>	78	<i>ashlyna</i>	78	<i>betamethasone valerate</i>	71

<i>betamethasone, augmented</i>	71	CALQUENCE (ACALABRUTINIB	<i>chlorthalidone</i>	36
BETASERON.....	67	MAL).....	<i>cholestyramine (with sugar)</i>	33
<i>betaxolol</i>	36, 44	<i>camila</i>	<i>cholestyramine light</i>	33
<i>bethanechol chloride</i>	73	<i>camrese</i>	<i>cholestyramine-aspartame</i>	33
BEVESPI AEROSPHERE.....	75	<i>camrese lo</i>	<i>ciclopirox</i>	68
<i>bexarotene</i>	3	<i>candesartan</i>	<i>cilostazol</i>	40
BEXSERO.....	63	<i>candesartan-hydrochlorothiazid</i> ..	CIMDUO.....	16
<i>bicalutamide</i>	3	CAPLYTA.....	<i>cinacalcet</i>	25
BICILLIN L-A.....	22	CAPRELSA.....	<i>ciprofloxacin</i>	22
BIKTARVY.....	15	<i>captopril</i>	<i>ciprofloxacin hcl</i>	22, 44
<i>bisoprolol fumarate</i>	36	<i>captopril-hydrochlorothiazide</i>	<i>ciprofloxacin in 5 % dextrose</i>	22
<i>bisoprolol-hydrochlorothiazide</i> ...	36	<i>carbamazepine</i>	<i>ciprofloxacin-dexamethasone</i>	73
BIVIGAM.....	63	<i>carbidopa</i>	<i>cisplatin</i>	4
<i>blisovi 24 fe</i>	78	<i>carbidopa-levodopa</i>	<i>citalopram</i>	52
<i>blisovi fe 1.5/30 (28)</i>	78	<i>carbidopa-levodopa-</i>	<i>claravis</i>	69
<i>blisovi fe 1/20 (28)</i>	78	<i>entacapone</i>	<i>clarithromycin</i>	21
BOOSTRIX TDAP.....	63	<i>carboplatin</i>	<i>clindamycin hcl</i>	19
BORTEZOMIB.....	3	<i>carglumic acid</i>	<i>clindamycin in 5 % dextrose</i>	19
<i>bortezomib</i>	3	<i>carteolol</i>	<i>clindamycin phosphate</i> ... 19, 69, 84	
<i>bosentan</i>	75	<i>cartia xt</i>	<i>clindamycin-benzoyl peroxide</i>	69
BOSULIF.....	3	<i>carvedilol</i>	CLINIMIX 5%/D15W SULFITE	
BRAFTOVI.....	3	<i>casprofungin</i>	FREE.....	87
BREO ELLIPTA.....	75	CAYSTON.....	CLINIMIX 4.25%/D10W SULF	
<i>breyna</i>	75	<i>cefaclor</i>	FREE.....	87
BREZTRI AEROSPHERE.....	75	<i>cefadroxil</i>	CLINIMIX 4.25%/D5W SULFIT	
<i>briellyn</i>	78	<i>cefazolin</i>	FREE.....	85
BRILINTA.....	40	<i>cefazolin in dextrose (iso-os)</i>	CLINIMIX 5%-D20W(SULFITE-	
<i>brimonidine</i>	46	<i>cefdinir</i>	FREE).....	87
<i>brinzolamide</i>	45	<i>cefepime</i>	CLINIMIX 6%-D5W (SULFITE-	
BRIVIACT.....	47	<i>cefepime in dextrose,iso-osm</i>	FREE).....	87
<i>bromfenac</i>	45	<i>cefixime</i>	CLINIMIX 8%-D10W(SULFITE-	
<i>bromocriptine</i>	57	<i>cefoxitin</i>	FREE).....	87
BRUKINSA.....	3	<i>cefoxitin in dextrose, iso-osm</i>	CLINIMIX 8%-D14W(SULFITE-	
<i>budesonide</i>	30, 75	<i>cefpodoxime</i>	FREE).....	87
<i>bumetanide</i>	36	<i>cefprozil</i>	<i>clobazam</i>	47
<i>buprenorphine hcl</i>	58	<i>ceftazidime</i>	<i>clobetasol</i>	71
<i>buprenorphine-naloxone</i>	60	<i>ceftriaxone</i>	<i>clobetasol-emollient</i>	71
<i>bupropion hcl</i>	51	<i>ceftriaxone in dextrose,iso-os</i>	<i>clodan</i>	71
<i>bupropion hcl (smoking deter)</i>	84	<i>cefuroxime axetil</i>	<i>clomipramine</i>	52
<i>buspirone</i>	51	<i>cefuroxime sodium</i>	<i>clonazepam</i>	47
<i>butorphanol</i>	60	<i>celecoxib</i>	<i>clonidine</i>	36
BYDUREON BCISE.....	26	<i>cephalexin</i>	<i>clonidine hcl</i>	36
<i>cabergoline</i>	25	<i>cetirizine</i>	<i>clopidogrel</i>	40
CABOMETYX.....	3	<i>cevimeline</i>	<i>clorazepate dipotassium</i>	52
<i>calcipotriene</i>	67	CHEMET.....	<i>clotrimazole</i>	13, 68
<i>calcitonin (salmon)</i>	25	<i>chlorthalidone gluconate</i>	<i>clotrimazole-betamethasone</i>	68
<i>calcitriol</i>	25	<i>chloroquine phosphate</i>	<i>clozapine</i>	52
CALQUENCE.....	3	<i>chlorpromazine</i>	COARTEM.....	19

<i>colchicine</i>	43	DAPTACEL (DTAP PEDIATRIC)	<i>diclofenac sodium</i>	45, 60
<i>colesevelam</i>	33	(PF).....	<i>diclofenac-misoprostol</i>	60
<i>colestipol</i>	33, 34	<i>daptomycin</i>	<i>dicloxacillin</i>	22
<i>colistin (colistimethate na)</i>	19	<i>darunavir</i>	<i>dicyclomine</i>	32
COLUMVI.....	4	<i>dasetta 1/35 (28)</i>	DIFICID.....	21
COMBIGAN.....	45	<i>dasetta 7/7/7 (28)</i>	<i>diflunisal</i>	60
COMBIVENT RESPIMAT.....	75	DAURISMO.....	<i>difluprednate</i>	46
COMETRIQ.....	4	<i>daysee</i>	<i>digoxin</i>	35
COMPLERA.....	16	<i>deblitane</i>	<i>dihydroergotamine</i>	61
<i>compro</i>	30	<i>deferasirox</i>	DILANTIN.....	47
<i>constulose</i>	30	DELSTRIGO.....	DILANTIN EXTENDED.....	47
COPIKTRA.....	4	<i>demeclocycline</i>	DILANTIN INFATABS.....	47
CORLANOR.....	35	DENGVAXIA (PF).....	DILANTIN-125.....	47
COSENTYX.....	67	DEPO-SUBQ PROVERA 104.....	<i>diltiazem hcl</i>	36, 37
COSENTYX (2 SYRINGES).....	67	<i>dermacinrx lidocan</i>	<i>dilt-xr</i>	37
COSENTYX PEN.....	67	DESCOVY.....	<i>dimethyl fumarate</i>	62
COSENTYX PEN (2 PENS).....	67	<i>desipramine</i>	<i>diphenhydramine hcl</i>	74
COSENTYX UNOREADY PEN.....	67	<i>desloratadine</i>	<i>diphenoxylate-atropine</i>	32
COTELLIC.....	4	<i>desmopressin</i>	<i>dipyridamole</i>	40
CREON.....	30	<i>desog-e.estradiol/e.estradiol</i>	<i>disopyramide phosphate</i>	34
CRESEMBA.....	13	<i>desogestrel-ethinyl estradiol</i>	<i>disulfiram</i>	86
<i>cromolyn</i>	30, 46, 75	<i>desonide</i>	<i>divalproex</i>	47, 48
<i>cryselle (28)</i>	78	<i>desvenlafaxine succinate</i>	<i>docetaxel</i>	4
<i>cyclobenzaprine</i>	46	<i>dexamethasone</i>	<i>dofetilide</i>	34
<i>cyclophosphamide</i>	4	<i>dexamethasone intensol</i>	<i>dolishale</i>	79
CYCLOPHOSPHAMIDE.....	4	<i>dexamethasone sodium phos</i>	<i>donepezil</i>	62
<i>cyclosporine</i>	4, 46	<i>(pf)</i>	DOPTELET (10 TAB PACK).....	40
<i>cyclosporine modified</i>	4	<i>dexamethasone sodium</i>	DOPTELET (15 TAB PACK).....	40
CYLTEZO(CF).....	42	<i>phosphate</i>	DOPTELET (30 TAB PACK).....	40
CYLTEZO(CF) PEN.....	42	<i>dexlansoprazole</i>	<i>dorzolamide</i>	45
CYLTEZO(CF) PEN CROHN'S-UC-		<i>dexmethylphenidate</i>	<i>dorzolamide-timolol</i>	45
HS.....	41	<i>dextroamphetamine sulfate</i>	<i>dotti</i>	83
CYLTEZO(CF) PEN PSORIASIS-UV	42	<i>dextroamphetamine-</i>	DOVATO.....	16
<i>cyproheptadine</i>	74	<i>amphetamine</i>	<i>doxazosin</i>	37
<i>cyred eq</i>	78	<i>dextrose 10 % and 0.2 % nacl</i>	<i>doxepin</i>	53
CYSTAGON.....	73	<i>dextrose 10 % in water (d10w)</i> ...	<i>doxercalciferol</i>	25
CYSTARAN.....	46	<i>dextrose 5 % in water (d5w)</i>	<i>doxorubicin</i>	4
<i>cytarabine</i>	4	<i>dextrose 5 %-lactated ringers</i>	<i>doxorubicin, peg-liposomal</i>	4
<i>d10 %-0.45 % sodium chloride</i>	85	<i>dextrose 5%-0.2 % sod chloride</i> ..	<i>doxy-100</i>	23
<i>d2.5 %-0.45 % sodium chloride</i> ...	85	<i>dextrose 5%-0.3 % sod.chloride</i> ..	<i>doxycycline hyclate</i>	23
<i>d5 % and 0.9 % sodium chloride</i> ..	85	<i>dextrose 50 % in water (d50w)</i>	<i>doxycycline monohydrate</i>	23
<i>d5 %-0.45 % sodium chloride</i>	85	DRIZALMA SPRINKLE.....	53
<i>dabigatran etexilate</i>	40	<i>dextrose 70 % in water (d70w)</i> ...	<i>dronabinol</i>	30
<i>dalfampridine</i>	62	DIACOMIT.....	<i>drospirenone-e.estradiol-lm.fa</i> ...	79
<i>danazol</i>	25	<i>diazepam</i>	<i>drospirenone-ethinyl estradiol</i>	79
<i>dantrolene</i>	46	DROXIA.....	4
<i>dapsone</i>	19	<i>diazepam intensol</i>	<i>droxidopa</i>	86
		<i>diazoxide</i>	<i>duloxetine</i>	53
		<i>diclofenac potassium</i>		

DUPIXENT PEN.....	70	<i>enulose</i>	30	<i>famotidine (pf)</i>	33
DUPIXENT SYRINGE.....	70	ENVARBUS XR.....	5	<i>famotidine (pf)-nacl (iso-os)</i>	33
<i>dutasteride</i>	73	EPIDIOLEX.....	48	FANAPT.....	53
<i>dutasteride-tamsulosin</i>	73	<i>epinephrine</i>	74	FARXIGA.....	26
<i>ec-naproxen</i>	60	<i>epitol</i>	48	FASENRA.....	76
EDARBI.....	37	EPKINLY.....	5	FASENRA PEN.....	76
EDARBYCLOR.....	37	<i>eplerenone</i>	37	<i>febuxostat</i>	43
EDURANT.....	16	EPRONTIA.....	48	<i>felbamate</i>	48
<i>efavirenz</i>	16	<i>ergotamine-caffeine</i>	61	<i>felodipine</i>	37
<i>efavirenz-emtricitabin-tenofov</i> ... 16		ERIVEDGE.....	5	<i>fenofibrate</i>	34
<i>efavirenz-lamivu-tenofov disop</i> .. 16		ERLEADA.....	5	<i>fenofibrate micronized</i>	34
<i>electrolyte-148</i>	87	<i>erlotinib</i>	5	<i>fenofibrate nanocrystallized</i>	34
<i>electrolyte-48 in d5w</i>	87	<i>errin</i>	83	<i>fenofibric acid (choline)</i>	34
<i>electrolyte-a</i>	87	<i>ertapenem</i>	19	<i>fentanyl</i>	59
ELIGARD.....	4	<i>ery pads</i>	69	<i>fentanyl citrate</i>	58
ELIGARD (3 MONTH).....	4	<i>ery-tab</i>	21	FETZIMA.....	53
ELIGARD (4 MONTH).....	4	ERYTHROCIN.....	21	<i>finasteride</i>	73
ELIGARD (6 MONTH).....	4	<i>erythrocin (as stearate)</i>	21	<i>finlimod</i>	62
<i>elinest</i>	79	<i>erythromycin</i>	21, 44	FINTEPLA.....	48
ELIQUIS.....	40	<i>erythromycin with ethanol</i>	69	<i>finzala</i>	79
ELIQUIS DVT-PE TREAT 30D START.....	40	<i>erythromycin-benzoyl peroxide</i> .. 69		FIRMAGON KIT W DILUENT SYRINGE.....	5
ELLECE.....	4	<i>escitalopram oxalate</i>	53	<i>flac otic oil</i>	73
ELMIRON.....	73	<i>esomeprazole magnesium</i>	33	<i>flecainide</i>	34
ELREXFIO.....	4	<i>estarylla</i>	79	<i>fluconazole</i>	13
<i>eluryng</i>	84	<i>estradiol</i>	83	<i>fluconazole in nacl (iso-osm)</i>	13
<i>emoquette</i>	79	<i>estradiol valerate</i>	83	<i>flucytosine</i>	13
EMSAM.....	53	<i>estradiol-norethindrone acet</i>	83	<i>fludrocortisone</i>	24
<i>emtricitabine</i>	16	<i>ethambutol</i>	19	<i>flunisolide</i>	76
<i>emtricitabine-tenofovir (tdf)</i>	16	<i>ethosuximide</i>	48	<i>fluocinolone</i>	72
EMTRIVA.....	16	<i>ethynodiol diac-eth estradiol</i>	79	<i>fluocinolone acetonide oil</i>	73
EMVERM.....	19	<i>etodolac</i>	60	<i>fluocinolone and shower cap</i>	71
<i>emzahn</i>	83	<i>etonogestrel-ethinyl estradiol</i>	84	<i>fluocinonide</i>	72
<i>enalapril maleate</i>	37	<i>etoposide</i>	5	<i>fluocinonide-e</i>	72
<i>enalapril-hydrochlorothiazide</i>	37	<i>etravirine</i>	16	<i>fluocinonide-emollient</i>	72
ENBREL.....	42	EULEXIN.....	5	<i>fluoride (sodium)</i>	89
ENBREL MINI.....	42	<i>euthyrox</i>	23	<i>fluorometholone</i>	46
ENBREL SURECLICK.....	42	<i>everolimus (antineoplastic)</i>	5	<i>fluorouracil</i>	5, 70
ENDARI.....	86	<i>everolimus</i> (immunosuppressive).....	5	<i>fluoxetine</i>	53
<i>endocet</i>	58	EVOTAZ.....	16	<i>fluphenazine decanoate</i>	53
ENGERIX-B (PF).....	64	<i>exemestane</i>	5	<i>fluphenazine hcl</i>	53
ENGERIX-B PEDIATRIC (PF).....	64	EXKIVITY.....	5	<i>flurbiprofen</i>	60
<i>enoxaparin</i>	40	<i>ezetimibe</i>	34	<i>flurbiprofen sodium</i>	45
<i>enpresse</i>	79	<i>ezetimibe-simvastatin</i>	34	<i>fluticasone propionate</i>	72, 76
<i>enskyce</i>	79	FABRAZYME.....	25	<i>fluticasone propion-salmeterol</i> ... 76	
<i>entacapone</i>	58	<i>falmina (28)</i>	79	<i>fluvastatin</i>	34
<i>entecavir</i>	16	<i>famciclovir</i>	16	<i>fluvoxamine</i>	53
ENTRESTO.....	35	<i>famotidine</i>	33	<i>fondaparinux</i>	40, 41

<i>formoterol fumarate</i>	76	<i>glipizide-metformin</i>	27	<i>hydralazine</i>	37
<i>fosamprenavir</i>	16	<i>glutamine (sickle cell)</i>	86	<i>hydrochlorothiazide</i>	37
<i>fosinopril</i>	37	<i>glycopyrrolate</i>	32	<i>hydrocodone-acetaminophen</i>	59
<i>fosinopril-hydrochlorothiazide</i>	37	<i>glydo</i>	70	<i>hydrocodone-ibuprofen</i>	59
FOTIVDA.....	5	GLYXAMBI.....	27	<i>hydrocortisone</i>	24, 30, 72
FRUZAQLA.....	5	<i>granisetron (pf)</i>	30	<i>hydromorphone</i>	59
<i>fulvestrant</i>	5	<i>granisetron hcl</i>	30	<i>hydroxychloroquine</i>	19
<i>furosemide</i>	37	<i>griseofulvin microsize</i>	13	<i>hydroxyurea</i>	6
FUZEON.....	16	<i>griseofulvin ultramicrosize</i>	13	<i>hydroxyzine hcl</i>	74
<i>fyavolv</i>	83	<i>guanfacine</i>	37, 53	<i>hydroxyzine pamoate</i>	74
FYCOMPA.....	48	GVOKE.....	27	<i>ibandronate</i>	43
<i>gabapentin</i>	48	GVOKE HYPOPEN 1-PACK.....	27	IBRANCE.....	6
<i>galantamine</i>	62	GVOKE HYPOPEN 2-PACK.....	27	<i>ibu</i>	60
GAMASTAN.....	64	GVOKE PFS 1-PACK SYRINGE.....	27	<i>ibuprofen</i>	60
GAMMAGARD LIQUID.....	64	GVOKE PFS 2-PACK SYRINGE.....	27	<i>icatibant</i>	76
GAMMAGARD S-D (IGA < 1		HAEGARDA.....	76	<i>iclevia</i>	79
MCG/ML).....	64	<i>hailey 24 fe</i>	79	ICLUSIG.....	6
GAMMAKED.....	64	<i>hailey fe 1.5/30 (28)</i>	79	IDHIFA.....	6
GAMMAPLEX.....	64	<i>hailey fe 1/20 (28)</i>	79	<i>imatinib</i>	6
GAMMAPLEX (WITH SORBITOL). 64		<i>halobetasol propionate</i>	72	IMBRUVICA.....	6
GAMUNEX-C.....	64	<i>haloette</i>	84	<i>imipenem-cilastatin</i>	19
<i>ganciclovir sodium</i>	16	<i>haloperidol</i>	54	<i>imipramine hcl</i>	54
GARDASIL 9 (PF).....	64	<i>haloperidol decanoate</i>	54	<i>imiquimod</i>	70
<i>gatifloxacin</i>	44	<i>haloperidol lactate</i>	54	IMOVAX RABIES VACCINE (PF)....	64
GATTEX 30-VIAL.....	30	HAVRIX (PF).....	64	<i>incassia</i>	83
GATTEX ONE-VIAL.....	30	<i>heather</i>	83	INCRELEX.....	86
GAUZE PAD.....	12	<i>heparin (porcine)</i>	41	INCRUSE ELLIPTA.....	76
<i>gavilyte-c</i>	30	<i>heparin (porcine) in 5 % dex</i>	41	<i>indapamide</i>	37
<i>gavilyte-g</i>	30	HEPARIN(PORCINE) IN 0.45%		INFANRIX (DTAP) (PF).....	64
GAVRETO.....	5	NACL.....	41	INFLECTRA.....	30
<i>gefitinib</i>	5	<i>heparin(porcine) in 0.45% nacl</i> ... 41		INLYTA.....	6
<i>gemcitabine</i>	5, 6	HEPLISAV-B (PF).....	64	INQOVI.....	6
GEMCITABINE.....	6	HIBERIX (PF).....	64	INREBIC.....	6
<i>gemfibrozil</i>	34	HUMIRA.....	42	INSULIN ASP PRT-INSULIN	
<i>gemmily</i>	79	HUMIRA PEN.....	42	ASPART.....	27
<i>generlac</i>	30	HUMIRA PEN PSOR-UVEITS-		INSULIN ASPART U-100.....	27
<i>gengraf</i>	6	ADOL HS.....	42	INSULIN DEGLUDEC.....	27
<i>gentak</i>	44	HUMIRA(CF).....	42	INSULIN GLARGINE U-300 CONC	27
<i>gentamicin</i>	19, 44, 68	HUMIRA(CF) PEN.....	42	INSULIN GLARGINE-YFGN.....	28
<i>gentamicin in nacl (iso-osm)</i>	19	HUMIRA(CF) PEN CROHNS-UC-		INSULIN SYRINGE-NEEDLE U-	
<i>gentamicin sulfate (ped) (pf)</i>	19	HS.....	42	100.....	13
GENVOYA.....	16	HUMIRA(CF) PEN PEDIATRIC UC.	42	INTELENCE.....	16
GILOTRIF.....	6	HUMIRA(CF) PEN PSOR-UV-		<i>intralipid</i>	87
<i>glatiramer</i>	62	ADOL HS.....	42	<i>introvale</i>	79
<i>glatopa</i>	62	HUMULIN R U-500 (CONC)		INVEGA HAFYERA.....	54
GLEOSTINE.....	6	INSULIN.....	27	INVEGA SUSTENNA.....	54
<i>glimepiride</i>	26	HUMULIN R U-500 (CONC)		INVEGA TRINZA.....	54
<i>glipizide</i>	26, 27	KWIKPEN.....	27	IPOL.....	64

<i>ipratropium bromide</i>	74, 76	<i>kelnor 1/50 (28)</i>	80	<i>levabuterol hcl</i>	76
<i>ipratropium-albuterol</i>	76	KERENDIA.....	38	<i>levetiracetam</i>	49
<i>irbesartan</i>	37	<i>ketoconazole</i>	13, 68	<i>levetiracetam in nacl (iso-os)</i>	48
<i>irbesartan-hydrochlorothiazide</i>	37, 38	<i>ketorolac</i>	45	<i>levobunolol</i>	44
<i>irinotecan</i>	6	KEYTRUDA.....	6	<i>levocarnitine</i>	86
ISENTRESS.....	16	KINRIX (PF).....	65	<i>levocarnitine (with sugar)</i>	86
ISENTRESS HD.....	16	<i>kionex (with sorbitol)</i>	86	<i>levocetirizine</i>	74
<i>isibloom</i>	79	KISQALI.....	7	<i>levofloxacin</i>	23
ISOLYTE S PH 7.4.....	87	KISQALI FEMARA CO-PACK.....	7	<i>levofloxacin in d5w</i>	23
ISOLYTE-P IN 5 % DEXTROSE.....	87	<i>klayesta</i>	68	<i>levonest (28)</i>	80
ISOLYTE-S.....	87	<i>klor-con</i>	87	<i>levonorgest-eth.estradiol-iron</i>	80
<i>isoniazid</i>	19	<i>klor-con 10</i>	87	<i>levonorgestrel-ethinyl estrad</i>	80
<i>isosorbide dinitrate</i>	35	<i>klor-con 8</i>	87	<i>levonorg-eth estrad triphasic</i>	80
<i>isosorbide mononitrate</i>	35	<i>klor-con m10</i>	87	<i>levora-28</i>	80
<i>isotretinoin</i>	69	<i>klor-con m15</i>	87	<i>levo-t</i>	24
<i>isradipine</i>	38	<i>klor-con m20</i>	87	<i>levothyroxine</i>	24
<i>itraconazole</i>	13	KORLYM.....	25	<i>levoxyl</i>	24
<i>ivabradine</i>	35	KOSELUGO.....	7	LEXIVA.....	17
<i>ivermectin</i>	19	<i>kourzeq</i>	74	LIBERVANT.....	49
IWILFIN.....	6	KRAZATI.....	7	<i>lidocaine</i>	70
IXCHIQ (PF).....	64	<i>kurvelo (28)</i>	80	<i>lidocaine (pf)</i>	70
IXIARO (PF).....	64	<i>l norgest/e.estradiol-e.estrad</i>	80	<i>lidocaine hcl</i>	70
JAKAFI.....	6	<i>labetalol</i>	38	<i>lidocaine viscous</i>	70
<i>jantoven</i>	41	<i>lacosamide</i>	48	<i>lidocaine-prilocaine</i>	70
JANUMET.....	28	<i>lactated ringers</i>	88	<i>lidocan iii</i>	70
JANUMET XR.....	28	<i>lactulose</i>	30	<i>lidocan iv</i>	70
JANUVIA.....	28	<i>lamivudine</i>	16	<i>lidocan v</i>	70
JARDIANCE.....	28	<i>lamivudine-zidovudine</i>	17	LILETTA.....	84
<i>jasmiel (28)</i>	79	<i>lamotrigine</i>	48	<i>linezolid</i>	19
JAYPIRCA.....	6	<i>lanreotide</i>	7	<i>linezolid in dextrose 5%</i>	19
JENTADUETO.....	28	<i>lansoprazole</i>	33	<i>linezolid-0.9% sodium chloride</i> ...	19
JENTADUETO XR.....	28	<i>lapatinib</i>	7	LINZESS.....	30
<i>jinteli</i>	83	<i>larin 1.5/30 (21)</i>	80	<i>liothyronine</i>	24
<i>jolessa</i>	79	<i>larin 1/20 (21)</i>	80	<i>lisdexamfetamine</i>	54
<i>juleber</i>	79	<i>larin 24 fe</i>	80	<i>lisinopril</i>	38
JULUCA.....	16	<i>larin fe 1.5/30 (28)</i>	80	<i>lisinopril-hydrochlorothiazide</i>	38
<i>junel 1.5/30 (21)</i>	79	<i>larin fe 1/20 (28)</i>	80	<i>lithium carbonate</i>	54, 55
<i>junel 1/20 (21)</i>	79	<i>latanoprost</i>	45	<i>lithium citrate</i>	55
<i>junel fe 1.5/30 (28)</i>	79	<i>layolis fe</i>	80	LIVTENCITY.....	17
<i>junel fe 1/20 (28)</i>	79	LEDIPASVIR-SOFOSBUVIR.....	17	LOKELMA.....	86
<i>junel fe 24</i>	79	<i>leflunomide</i>	42	LONSURF.....	7
JYNNEOS (PF).....	65	<i>lenalidomide</i>	7	<i>loperamide</i>	32
KADCYLA.....	6	LENVIMA.....	7	<i>lopinavir-ritonavir</i>	17
<i>kaitlib fe</i>	80	<i>lessina</i>	80	<i>lorazepam</i>	55
KALYDECO.....	76	<i>letrozole</i>	7	<i>lorazepam intensol</i>	55
<i>kariva (28)</i>	80	<i>leucovorin calcium</i>	12	LORBRENA.....	7
<i>kelnor 1/35 (28)</i>	80	LEUKERAN.....	7	<i>loryna (28)</i>	80
		<i>leuprolide</i>	7	<i>losartan</i>	38

<i>losartan-hydrochlorothiazide</i>	38	<i>methenamine hippurate</i>	14	MOVANTIK	31
<i>loteprednol etabonate</i>	46	<i>methimazole</i>	23	<i>moxifloxacin</i>	23, 44
<i>lovastatin</i>	34	<i>methotrexate sodium</i>	8	<i>moxifloxacin-sod.chloride(iso)</i> ...	23
<i>low-ogestrel (28)</i>	80	<i>methotrexate sodium (pf)</i>	8	MRESVIA (PF)	65
<i>loxapine succinate</i>	55	<i>methsuximide</i>	49	MULTAQ	34
<i>lubiprostone</i>	31	<i>methylphenidate hcl</i>	55	<i>mupirocin</i>	68
LUMAKRAS	7	<i>methylprednisolone</i>	24	<i>mycophenolate mofetil</i>	8
LUMIGAN	45	<i>methylprednisolone acetate</i>	24	<i>mycophenolate sodium</i>	8
LUMIZYME	25	<i>methylprednisolone sodium</i>		<i>myorisan</i>	69
LUPRON DEPOT	7	<i>succ</i>	24, 25	MYRBETRIQ	72
<i>lurasidone</i>	55	<i>metoclopramide hcl</i>	31	<i>nabumetone</i>	60
<i>lutera (28)</i>	80	<i>metolazone</i>	38	<i>nadolol</i>	38
<i>lyleq</i>	83	<i>metoprolol succinate</i>	38	<i>nafcilin</i>	22
<i>lyllana</i>	83	<i>metoprolol ta-hydrochlorothiaz</i> ..	38	<i>nafcilin in dextrose iso-osm</i>	22
LYNPARZA	7	<i>metoprolol tartrate</i>	38	<i>naftifine</i>	68
LYSODREN	7	<i>metro i.v.</i>	19	NAGLAZYME	26
LYTGOBI	7, 8	<i>metronidazole</i>	20, 69, 84	<i>nalbuphine</i>	60
<i>lyza</i>	83	<i>metronidazole in nacl (iso-os)</i>	19	<i>naloxone</i>	60
<i>magnesium sulfate</i>	88	<i>metyrosine</i>	38	<i>naltrexone</i>	61
MAGNESIUM SULFATE IN D5W ..	88	<i>mexiletine</i>	34	NAMZARIC	62, 63
<i>magnesium sulfate in water</i>	88	<i>mibelas 24 fe</i>	80	<i>naproxen</i>	61
<i>malathion</i>	68	<i>micafungin</i>	13	<i>naproxen sodium</i>	61
<i>maraviroc</i>	17	<i>microgestin 1.5/30 (21)</i>	80	<i>naratriptan</i>	61
<i>marlissa (28)</i>	80	<i>microgestin 1/20 (21)</i>	80	NATACYN	44
MARPLAN	55	<i>microgestin 24 fe</i>	81	<i>nateglinide</i>	28
MATULANE	8	<i>microgestin fe 1.5/30 (28)</i>	81	NAYZILAM	49
<i>matzim la</i>	38	<i>microgestin fe 1/20 (28)</i>	81	<i>nebivolol</i>	38
<i>meclizine</i>	31	<i>midodrine</i>	86	<i>necon 0.5/35 (28)</i>	81
<i>medroxyprogesterone</i>	83	<i>mifepristone</i>	25	<i>nefazodone</i>	55
<i>mefloquine</i>	19	<i>mili</i>	81	<i>neomycin</i>	20
<i>megestrol</i>	8	<i>mimvey</i>	83	<i>neomycin-bacitracin-poly-hc</i>	45
MEKINIST	8	<i>minocycline</i>	23	<i>neomycin-bacitracin-polymyxin</i> ..	44
MEKTOVI	8	<i>minoxidil</i>	38	<i>neomycin-polymyxin b-</i>	
<i>meloxicam</i>	60	<i>mirtazapine</i>	55	<i>dexameth</i>	45
<i>memantine</i>	62	<i>misoprostol</i>	33	<i>neomycin-polymyxin-gramicidin</i> ..	44
MENACTRA (PF)	65	M-M-R II (PF)	65	<i>neomycin-polymyxin-hc</i>	45, 73
MENQUADFI (PF)	65	<i>modafinil</i>	55	NERLYNX	8
MENVEO A-C-Y-W-135-DIP (PF) ..	65	<i>moexipril</i>	38	<i>neuac</i>	69
<i>mercaptopurine</i>	8	<i>molindone</i>	55	NEUPRO	58
<i>meropenem</i>	19	<i>mometasone</i>	72, 76	<i>nevirapine</i>	17
<i>mesalamine</i>	31	MONJUVI	8	NEXPLANON	84
<i>mesalamine with cleansing</i>		<i>mono-lynyah</i>	81	<i>niacin</i>	34
<i>wipe</i>	31	<i>montelukast</i>	76	<i>nicardipine</i>	38
MESNEX	12	<i>morphine</i>	59	NICOTROL	84
<i>metformin</i>	28	MORPHINE	59	NICOTROL NS	84
<i>methadone</i>	59	<i>morphine (pf)</i>	59	<i>nifedipine</i>	38
<i>methadone intensol</i>	59	<i>morphine concentrate</i>	59	<i>nikki (28)</i>	81
<i>methazolamide</i>	45	MOUNJARO	28	<i>nilutamide</i>	8

<i>nimodipine</i>	38	OCTAGAM.....	65	PANZYGA.....	65
NINLARO.....	8	<i>octreotide acetate</i>	8, 9	<i>paraplatin</i>	9
<i>nitazoxanide</i>	20	ODEFSEY.....	17	<i>paricalcitol</i>	26
<i>nitisinone</i>	86	ODOMZO.....	9	<i>paroxetine hcl</i>	56
<i>nitro-bid</i>	35	OFEV.....	76	PAXLOVID.....	17
<i>nitrofurantoin macrocrystal</i>	14	<i>ofloxacin</i>	44, 73	<i>pazopanib</i>	9
<i>nitrofurantoin monohyd/m-</i> <i>cryst</i>	14	OGSIVEO.....	9	PEDIARIX (PF).....	65
<i>nitroglycerin</i>	31, 35	OJEMDA.....	9	PEDVAX HIB (PF).....	65
NIVESTYM.....	67	OJJAARA.....	9	<i>peg 3350-electrolytes</i>	31
<i>nizatidine</i>	33	<i>olanzapine</i>	55, 56	PEGASYS.....	67
<i>nora-be</i>	83	<i>olmesartan</i>	38, 39	<i>peg-electrolyte soln</i>	31
<i>norelgestromin-ethin.estradiol</i> ...	84	<i>olmesartan-amlodipin-hcthiiazid</i> .39		PEMAZYRE.....	9
<i>noreth-ethinyl estradiol-iron</i>	81	<i>olmesartan-hydrochlorothiazide</i> 39		<i>pemetrexed disodium</i>	9
<i>norethindrone (contraceptive)</i>	84	<i>olopatadine</i>	74	PEN NEEDLE, DIABETIC.....	13
<i>norethindrone acetate</i>	84	<i>omeprazole</i>	33	PENBRAYA (PF).....	65
<i>norethindrone ac-eth estradiol</i>	81, 84	OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	13	<i>penicillamine</i>	43
<i>norethindrone-e.estradiol-iron</i> ...	81	OMNIPOD 5 G6-G7 PODS (GEN 5).....	13	PENICILLIN G POT IN DEXTROSE. 22	
<i>norgestimate-ethinyl estradiol</i> ...	81	OMNIPOD DASH INTRO KIT (GEN 4).....	13	<i>penicillin g potassium</i>	22
<i>nortrel 0.5/35 (28)</i>	81	OMNIPOD DASH PODS (GEN 4)..	13	<i>penicillin g sodium</i>	22
<i>nortrel 1/35 (21)</i>	81	OMNITROPE.....	67	<i>penicillin v potassium</i>	22
<i>nortrel 1/35 (28)</i>	81	<i>ondansetron</i>	31	PENTACEL (PF).....	65
<i>nortrel 7/7/7 (28)</i>	81	<i>ondansetron hcl</i>	31	<i>pentamidine</i>	20
<i>nortriptyline</i>	55	<i>ondansetron hcl (pf)</i>	31	<i>pentoxifylline</i>	41
NORVIR.....	17	ONUREG.....	9	<i>perindopril erbumine</i>	39
NOVOLIN 70/30 U-100 INSULIN. 28		OPSUMIT.....	76	<i>periogard</i>	74
NOVOLIN 70-30 FLEXPEN U-100. 28		ORGOVYX.....	9	<i>permethrin</i>	68
NOVOLIN N FLEXPEN.....	28	ORKAMBI.....	76	<i>perphenazine</i>	56
NOVOLIN N NPH U-100 INSULIN 28		ORSERDU.....	9	<i>pfizerpen-g</i>	22
NOVOLIN R FLEXPEN.....	28	<i>oseltamivir</i>	17	<i>phenelzine</i>	56
NOVOLIN R REGULAR U100 INSULIN.....	29	OTEZLA.....	42	<i>phenobarbital</i>	49
NUBEQA.....	8	OTEZLA STARTER.....	43	<i>phenobarbital sodium</i>	49
NUDEXTA.....	63	<i>oxacillin</i>	22	<i>phenytoin</i>	49
NULOJIX.....	8	<i>oxaliplatin</i>	9	<i>phenytoin sodium</i>	49
NUPLAZID.....	55	<i>oxaprozin</i>	61	<i>phenytoin sodium extended</i>	49
NURTEC ODT.....	61	<i>oxcarbazepine</i>	49	<i>philith</i>	81
<i>nyamyc</i>	68	<i>oxybutynin chloride</i>	72, 73	PIFELTRO.....	17
<i>nylia 1/35 (28)</i>	81	<i>oxycodone</i>	59	<i>pilocarpine hcl</i>	46, 86
<i>nylia 7/7/7 (28)</i>	81	<i>oxycodone-acetaminophen</i>	59	<i>pimecrolimus</i>	71
<i>nymyo</i>	81	OZEMPIC.....	29	<i>pimozide</i>	56
<i>nystatin</i>	13, 68	<i>pacerone</i>	34	<i>pimtreea (28)</i>	81
<i>nystop</i>	68	<i>paclitaxel</i>	9	<i>pindolol</i>	39
NYVEPRIA.....	67	<i>paliperidone</i>	56	<i>pioglitazone</i>	29
OICALIVA.....	31	<i>pamidronate</i>	26	<i>pioglitazone-glimepiride</i>	29
<i>ocella</i>	81	PANRETIN.....	70	<i>pioglitazone-metformin</i>	29
OCREVUS.....	63	<i>pantoprazole</i>	33	<i>piperacillin-tazobactam</i>	22

<i>piroxicam</i>	61	<i>prochlorperazine</i>	31	RETEVMO.....	9, 10
<i>pitavastatin calcium</i>	34	<i>prochlorperazine edisylate</i>	31	REXULTI.....	56
PLASMA-LYTE A.....	87	<i>prochlorperazine maleate</i>	31	REYATAZ.....	17
PLENAMINE.....	87	<i>procto-med hc</i>	31	REZLIDHIA.....	10
PLENVU.....	31	<i>proctosol hc</i>	31	REZUROCK.....	10
<i>podofilox</i>	71	<i>proctozone-hc</i>	31	RHOPRESSA.....	45
<i>polymyxin b sulf-trimethoprim</i> ...	44	<i>progesterone</i>	84	<i>ribavirin</i>	17
POMALYST.....	9	<i>progesterone micronized</i>	84	<i>rifabutin</i>	20
<i>portia 28</i>	81	PROGRAF.....	9	<i>rifampin</i>	20
<i>posaconazole</i>	13	PROLASTIN-C.....	86	<i>riluzole</i>	86
<i>potassium chlorid-d5-0.45%nacl</i> 88		PROLENSA.....	45	<i>rimantadine</i>	17
<i>potassium chloride</i>	88	PROLIA.....	43	RINVOQ.....	43
<i>potassium chloride in 0.9%nacl..</i> 88		PROMACTA.....	41	<i>risedronate</i>	43, 44, 86
<i>potassium chloride in 5 % dex</i>	88	<i>promethazine</i>	74	RISPERDAL CONSTA.....	56
<i>potassium chloride in water</i>	88	<i>propafenone</i>	35	<i>risperidone</i>	56
<i>potassium chloride-0.45 % nacl..</i> 88		<i>propranolol</i>	39	<i>ritonavir</i>	17
<i>potassium chloride-d5-0.2%nacl</i> .88		<i>propylthiouracil</i>	23	<i>rivastigmine</i>	63
<i>potassium chloride-d5-0.9%nacl</i> .88		PROQUAD (PF).....	65	<i>rivastigmine tartrate</i>	63
<i>potassium citrate</i>	73	<i>protriptyline</i>	56	<i>rivelsa</i>	81
PRALUENT PEN.....	34	PULMOZYME.....	77	<i>rizatriptan</i>	61
<i>pramipexole</i>	58	PURIXAN.....	9	ROCKLATAN.....	45
<i>prasugrel</i>	41	<i>pyrazinamide</i>	20	<i>roflumilast</i>	77
<i>pravastatin</i>	34	<i>pyridostigmine bromide</i>	47	<i>ropinirole</i>	58
<i>praziquantel</i>	20	<i>pyrimethamine</i>	20	<i>rosuvastatin</i>	34
<i>prazosin</i>	39	QINLOCK.....	9	ROTARIX.....	66
<i>prednisolone</i>	25	QUADRACEL (PF).....	65	ROTATEQ VACCINE.....	66
<i>prednisolone acetate</i>	46	<i>quetiapine</i>	56	<i>roweepra</i>	49
<i>prednisolone sodium phosphate</i>	25, 46	QUETIAPINE.....	56	ROZLYTREK.....	10
<i>prednisone</i>	25	<i>quinapril</i>	39	RUBRACA.....	10
<i>prednisone intensol</i>	25	<i>quinapril-hydrochlorothiazide</i>	39	<i>rufinamide</i>	49
<i>pregabalin</i>	49	<i>quinidine sulfate</i>	35	RUKOBIA.....	17
PREHEVBRIO (PF).....	65	<i>quinine sulfate</i>	20	RUXIENCE.....	10
PREMARIN.....	84	RABAVERT (PF).....	66	RYBELSUS.....	29
<i>premasol 10 %</i>	87	<i>rabeprazole</i>	33	RYDAPT.....	10
<i>prenatal vitamin plus low iron</i>	89	RADICAVA ORS.....	63	<i>sajazir</i>	77
<i>prevalite</i>	34	RADICAVA ORS STARTER KIT SUSP.....	63	SANDIMMUNE.....	10
PREVYMIS.....	17	<i>raloxifene</i>	43	SANTYL.....	71
PREZCOBIX.....	17	<i>ramipril</i>	39	<i>sapropterin</i>	26
PREZISTA.....	17	<i>ranolazine</i>	35	SAVELLA.....	43
PRIFTIN.....	20	<i>rasagiline</i>	58	<i>saxagliptin</i>	29
PRIMAQUINE.....	20	<i>reclipsen (28)</i>	81	SCSEMBLIX.....	10
PRIMIDONE.....	49	RECOMBIVAX HB (PF).....	66	<i>scopolamine base</i>	32
<i>primidone</i>	49	RECTIV.....	32	SECUADO.....	56
PRIORIX (PF).....	65	REGRANEX.....	71	<i>selegiline hcl</i>	58
PRIVIGEN.....	65	RELENZA DISKHALER.....	17	<i>selenium sulfide</i>	68
<i>probenecid</i>	43	<i>repaglinide</i>	29	SELZENTRY.....	17, 18
<i>probenecid-colchicine</i>	43	RETACRIT.....	67	SEREVENT DISKUS.....	77
				<i>sertraline</i>	56, 57

<i>setlakin</i>	82	<i>sulfadiazine</i>	23	<i>teriflunomide</i>	63
<i>sharobel</i>	84	<i>sulfamethoxazole-trimethoprim</i>	23	TERIPARATIDE.....	44
SHINGRIX (PF).....	66	<i>sulfasalazine</i>	32	<i>testosterone</i>	26
SIGNIFOR.....	10	<i>sulindac</i>	61	<i>testosterone cypionate</i>	26
<i>sildenafil (pulm.hypertension)</i>	77	<i>sumatriptan</i>	61	<i>testosterone enanthate</i>	26
<i>silver sulfadiazine</i>	71	<i>sumatriptan succinate</i>	61	TETANUS,DIPHThERIA TOX	
<i>simvastatin</i>	34	<i>sunitinib malate</i>	10	PED(PF).....	66
<i>sirolimus</i>	10	SUNLENCA.....	18	<i>tetrabenazine</i>	63
SIRTURO.....	20	SUPREP BOWEL PREP KIT.....	32	<i>tetracycline</i>	23
SKYRIZI.....	32, 68	<i>syeda</i>	82	THALOMID.....	11
<i>sodium chloride</i>	86, 89	SYMDEKO.....	77	THEO-24.....	77
<i>sodium chloride 0.45 %</i>	88	SYMPAZAN.....	50	<i>theophylline</i>	77
<i>sodium chloride 0.9 %</i>	86	SYMTUZA.....	18	<i>thioridazine</i>	57
<i>sodium chloride 3 % hypertonic</i> ..	88	SYNJARDY.....	29	<i>thiothixene</i>	57
<i>sodium chloride 5 % hypertonic</i> ..	89	SYNJARDY XR.....	29	<i>tiadylt er</i>	39
SODIUM OXYBATE.....	57	SYNTHROID.....	24	<i>tiagabine</i>	50
<i>sodium phenylbutyrate</i>	86	TABLOID.....	10	TIBSOVO.....	11
<i>sodium polystyrene sulfonate</i>	86	TABRECTA.....	10	TICOVAC.....	66
<i>sodium,potassium,mag sulfates</i> ..	32	<i>tacrolimus</i>	10, 71	<i>tigecycline</i>	20
SOFOBUVIR-VELPATASVIR.....	18	<i>tadalafil</i>	73	<i>tilia fe</i>	82
<i>solifenacin</i>	73	<i>tadalafil (pulm. hypertension)</i>	77	<i>timolol maleate</i>	39, 44, 45
SOLQUA 100/33.....	29	TAFINLAR.....	10	<i>tinidazole</i>	20
SOLTAMOX.....	10	TAGRISSO.....	10	TIVICAY.....	18
SOLU-CORTEF ACT-O-VIAL (PF) ...	25	TALVEY.....	10	TIVICAY PD.....	18
SOMATULINE DEPOT.....	10	TALZENNA.....	10, 11	<i>tizanidine</i>	47
SOMAVERT.....	26	<i>tamoxifen</i>	11	TOBRADEX.....	45
<i>sorafenib</i>	10	<i>tamsulosin</i>	73	<i>tobramycin</i>	44
<i>sorine</i>	35	<i>tarina 24 fe</i>	82	<i>tobramycin in 0.225 % nacl</i>	20
<i>sotalol</i>	35	<i>tarina fe 1-20 eq (28)</i>	82	<i>tobramycin sulfate</i>	20
<i>sotalol af</i>	35	TASIGNA.....	11	<i>tobramycin-dexamethasone</i>	46
<i>spironolactone</i>	39	<i>tazarotene</i>	69	<i>tolterodine</i>	73
<i>spironolacton-hydrochlorothiaz</i> ..	39	<i>tazicef</i>	15	<i>tolvaptan</i>	26
<i>sprintec (28)</i>	82	<i>taztia xt</i>	39	<i>topiramate</i>	50
SPRITAM.....	49	TAZVERIK.....	11	<i>toremifene</i>	11
SPRYCEL.....	10	TDVAX.....	66	<i>torse mide</i>	39
<i>sps (with sorbitol)</i>	86	TECENTRIQ.....	11	TRADJENTA.....	29
<i>sronyx</i>	82	TEFLARO.....	15	<i>tramadol</i>	61
<i>ssd</i>	71	<i>telmisartan</i>	39	<i>tramadol-acetaminophen</i>	61
STAMARIL (PF).....	66	<i>telmisartan-amlodipine</i>	39	<i>trandolapril</i>	39
STELARA.....	68	<i>telmisartan-hydrochlorothiazid</i> ..	39	<i>tranexamic acid</i>	84
STIVARGA.....	10	<i>temazepam</i>	57	<i>tranylcypramine</i>	57
STREPTOMYCIN.....	20	TENIVAC (PF).....	66	<i>travasol 10 %</i>	87
STRIBILD.....	18	<i>tenofovir disoproxil fumarate</i>	18	<i>travoprost</i>	45
SUCRAID.....	32	TEPMETKO.....	11	TRAZIMERA.....	11
<i>sucrafate</i>	33	<i>terazosin</i>	39	<i>trazodone</i>	57
<i>sulfacetamide sodium</i>	46	<i>terbinafine hcl</i>	13	TRECTOR.....	20
<i>sulfacetamide sodium (acne)</i>	69	<i>terbutaline</i>	77	TRELEGY ELLIPTA.....	77
<i>sulfacetamide-prednisolone</i>	46	<i>terconazole</i>	84	TREMFYA.....	68

<i>treprostinil sodium</i>	39	<i>unithroid</i>	24	<i>vylibra</i>	82
<i>tretinoin</i>	69	<i>ursodiol</i>	32	VYNDAQEL.....	35
<i>tretinoin (antineoplastic)</i>	11	<i>valacyclovir</i>	18	<i>warfarin</i>	41
<i>tretinoin microspheres</i>	69	VALCHLOR.....	71	<i>water for irrigation, sterile</i>	86
<i>triamcinolone acetonide</i>	72, 74	<i>valganciclovir</i>	18	WELIREG.....	11
<i>triamterene-hydrochlorothiazid</i>	39, 40	<i>valproate sodium</i>	50	<i>wera (28)</i>	82
<i>tridacaine</i>	71	<i>valproic acid</i>	50	<i>wymzya fe</i>	82
<i>tridacaine ii</i>	71	<i>valproic acid (as sodium salt)</i>	50	XALKORI.....	12
<i>tridacaine iii</i>	71	<i>valsartan</i>	40	XARELTO.....	41
<i>triderm</i>	72	<i>valsartan-hydrochlorothiazide</i>	40	XARELTO DVT-PE TREAT 30D START.....	41
<i>trientine</i>	86	VALTOCO.....	50	XATMEP.....	12
<i>tri-estarylla</i>	82	<i>vancomycin</i>	20, 21	XACOPRI.....	50
<i>trifluoperazine</i>	57	VANCOMYCIN IN 0.9 % SODIUM CHL.....	20	XACOPRI MAINTENANCE PACK....	50
<i>trifluridine</i>	45	VANFLYTA.....	11	XACOPRI TITRATION PACK.....	50
<i>trihexyphenidyl</i>	58	VAQTA (PF).....	66	XDEMZY.....	46
TRIJARDY XR.....	29	<i>varenicline</i>	84	XERMELO.....	12
TRIKAFTA.....	77	VARIVAX (PF).....	66	XGEVA.....	12
<i>tri-legest fe</i>	82	VASCEPA.....	34	XIFAXAN.....	21
<i>tri-linyah</i>	82	<i>velivet triphasic regimen (28)</i>	82	XIGDUO XR.....	29
<i>tri-lo-estarylla</i>	82	VEMLIDY.....	18	XOLAIR.....	77
<i>tri-lo-marzia</i>	82	VENCLEXTA.....	11	XOSPATA.....	12
<i>tri-lo-mili</i>	82	VENCLEXTA STARTING PACK.....	11	XPOVIO.....	12
<i>tri-lo-sprintec</i>	82	<i>venlafaxine</i>	57	XTANDI.....	12
<i>trimethoprim</i>	14	VENTOLIN HFA.....	77	<i>xulane</i>	84
<i>tri-mili</i>	82	<i>verapamil</i>	40	XULTOPHY 100/3.6.....	29
<i>trimipramine</i>	57	VERQUVO.....	35	YF-VAX (PF).....	67
TRINTELLIX.....	57	VERSACLOZ.....	57	YUFLYMA(CF).....	43
<i>tri-nymyo</i>	82	VERZENIO.....	11	YUFLYMA(CF) AI CROHN'S-UC- HS.....	43
<i>tri-sprintec (28)</i>	82	<i>vestura (28)</i>	82	YUFLYMA(CF) AUTOINJECTOR....	43
TRIUMEQ.....	18	<i>vienva</i>	82	<i>yuvafem</i>	84
TRIUMEQ PD.....	18	<i>vigabatrin</i>	50	<i>zafemy</i>	84
<i>trivora (28)</i>	82	<i>vigadrone</i>	50	<i>zafirlukast</i>	78
<i>tri-vylibra</i>	82	<i>vigpoder</i>	50	ZEJULA.....	12
<i>tri-vylibra lo</i>	82	<i>vilazodone</i>	57	ZELBORAF.....	12
TRIZIVIR.....	18	<i>vincristine</i>	11	<i>zenatane</i>	70
TROGARZO.....	18	<i>vinorelbine</i>	11	ZENPEP.....	32
TROPHAMINE 10 %.....	87	<i>viorele (28)</i>	82	<i>zidovudine</i>	18
<i>trospium</i>	73	VIRACEPT.....	18	<i>ziprasidone hcl</i>	57
TRULANCE.....	32	VIREAD.....	18	<i>ziprasidone mesylate</i>	57
TRULICITY.....	29	VITRAKVI.....	11	ZIRABEV.....	12
TRUMENBA.....	66	VIVITROL.....	61	ZIRGAN.....	45
TRUQAP.....	11	VIZIMPRO.....	11	<i>zoledronic acid</i>	26
TUKYSA.....	11	VONJO.....	11	<i>zoledronic acid-mannitol-water</i>	26, 86
TURALIO.....	11	<i>voriconazole</i>	13, 14	ZOLINZA.....	12
<i>turqoz (28)</i>	82	VOWST.....	32	<i>zolmitriptan</i>	61
TWINRIX (PF).....	66	VRAYLAR.....	57		
TYPHIM VI.....	66	<i>vyfemla (28)</i>	82		

<i>zolpidem</i>	57
ZONISADE	50
<i>zonisamide</i>	50
<i>zovia 1-35 (28)</i>	82
ZTALMY	50
<i>zumandimine (28)</i>	83
ZURZUVAE	57
ZYDELIG	12
ZYKADIA	12
ZYPREXA RELPREVV	57

'Ohana Health Plan, ni mpango unaotolewa na WellCare Health Insurance of Arizona, Inc.

"Wellcare" inatolewa na Coordinated Care of Washington, Inc.

Wanachama wa Louisiana D-SNP: Kama mwanachama wa Wellcare HMO D-SNP, una bima kutoka kwa Medicare na Medicaid. Unapata bima yako ya afya na dawa zinazoagizwa na daktari ya Medicare kupitia Wellcare na pia unastahiki kupokea huduma za ziada za matibabu na bima kutoka Louisiana Medicaid. Pata maelezo zaidi kuhusu watoa huduma wanaoshiriki katika Louisiana Medicaid kwa kutembelea www.myplan.healthy.la.gov/en/find-provider au <https://www.louisianahealthconnect.com>. Kwa maelezo ya kina kuhusu manufaa ya Louisiana Medicaid, tafadhali tembelea tovuti ya Medicaid katika <https://ldh.la.gov/medicaid> na uchague kiungo cha "Learn about Medicaid Services" (Pata Maelezo kuhusu Huduma za Medicaid). Ili kuomba nakala ya maandishi ya Saraka yetu ya Watoa Huduma wa Medicaid, tafadhali wasiliana nasi.

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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: نوّقر 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.

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Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il 1-844-428-2224 (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.

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 **1-800-247-1447 (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: **1-800-247-1447 (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, **1-800-247-1447(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 निःशुल्क सेवा है।

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

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

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

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 ناشنویان 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.

Race, Ethnicity and Language Information (REL)

Wellcare By Allwell promises to keep your race, ethnicity, and language (REL) information private. We use some of the following ways to protect your information:

- Keeping paper documents in locked file cabinets.
- Requiring that all electronic information stays on physically secure media.
- Maintaining your electronic information in password-protected files.

We may use or share your REL info to perform our work. These activities may include:

- Finding health care gaps.
- Making intervention programs.
- Designing and directing outreach materials.
- Telling health care professionals and doctors about your language needs.

We will never use your REL information for approving, rate setting, or benefit decisions. We will not give your REL information to unauthorized people.

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

English

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

Español (Spanish)

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

Lus Hmoob (Hmong)

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

普通话 (Mandarin Chinese)

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

ພາສາລາວ (Laotian)

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

မြန်မာဘာသာ (Burmese)

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

Somali (Somali)

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

Русский (Russian)

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

Hrvatski (Croatian)

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

German (German)

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

العربية (Arabic)

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

Tiếng Việt (Vietnamese)

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

한국어 (Korean)

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

Deitsch (Pennsylvania Dutch)

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

Polski (Polish)

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

हिंदी (Hindi)

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

Shqip (Albanian)

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

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



Orodha ya dawa zinazosimamiwa na bima ilisasishwa mnamo 11/07/2024.

Kwa maelezo zaidi ya hivi majuzi au maswali mengine, tafadhali wasiliana nasi, Huduma za Wanachama wa Wellcare kwa nambari ya simu au tovuti kwa mpango wako ulioorodheshwa kwenye ndani ya jalada la mbele na la nyuma la orodha ya dawa zinazosimamiwa na bima, kati ya Oktoba 1 na Machi 31, wawakilishi wanapatikana siku saba kwa wiki, saa 8 a.m. hadi 8 p.m., kati ya Aprili 1 na Septemba 30, wawakilishi wanapatikana Jumatatu hadi Ijumaa, saa 8 a.m. hadi 8 p.m.

11/07/2024

Medicare_{Rx}
Prescription Drug Coverage