

2025

Pormularyo

(Listahan ng mga Saklaw na Gamot o “Listahan ng Gamot”)

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



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

HPMS Approved Formulary File Submission ID 25040

Na-update ang pormularyong ito noong 07/01/2025. Para sa mas bagong impormasyon o iba pang tanong, makipag-ugnayan sa amin, Mga Serbisyo para sa Miyembro ng Wellcare sa numero ng telepono o website para sa inyong plano na nakalista sa loob na pabalat sa harap at likod ng pormularyong ito, mula Oktubre 1 hanggang Marso 31, available ang mga kinatawan pitong araw kada linggo, 8 a.m. hanggang 8 p.m., mula Abril 1 hanggang Setyembre 30, available ang mga kinatawan mula Lunes–Biyernes, 8 a.m. hanggang 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

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

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

Kapag tinutukoy sa Listahan ng Gamot (Pormularyo) na ito ang “kami,” “namin” o “amin,” nangangahulugan ito ng Wellcare. Kapag tinutukoy nito ang “plano” o “aming plano,” nangangahulugan ito ng 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).

Kasama sa dokumentong ito ang Listahan ng Gamot (pormularyo) para sa aming plano na napapanahon hanggang 07/01/2025. Para sa updated na Listahan ng Gamot (pormularyo), mangyaring makipag-ugnayan sa amin. Makikita ang aming impormasyon sa pakikipag-ugnayan, pati ang petsa kung kailan namin huling na-update ang Listahan ng Gamot (pormularyo), sa loob na bahagi ng pabalat sa harap at likod.

Dapat kayong gumamit sa pangkalahatan ng mga parmasyang nasa network para magamit ang inyong benepisyo sa inireresetang gamot. Maaaring magbago ang mga benepisyo, pormularyo, parmasyang nasa network, at/o bahagian sa bayad/coinsurance sa Enero 1, 2025, at nang pana-panahon sa kabuuan ng taon.

Ano ang pormularyo ng 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)?

Sa dokumentong ito, isa lang ang ibig naming sabihin sa mga salitang Listahan ng gamot at pormularyo. Ang pormularyo ay isang listahan ng mga saklaw na gamot na napili ng aming plano sa pagkonsulta sa isang pangkat ng mga tagapagbigay ng serbisyo ng pangangalagang pangkalusugan, na kumakatawan sa mga inireresetang terapiya na pinaniniwalaang mahalagang bahagi ng programa sa de-kalidad na paggamot. Sasaklawin ng aming plano sa pangkalahatan ang mga gamot na nakalista sa aming pormularyo hangga't medikal na kinakailangan ang gamot, pupunan ang reseta sa isang parmasyang nasa network ng plano, at susundin ang iba pang panuntunan ng plano. Para sa higit pang impormasyon tungkol sa kung paano punan ang inyong mga reseta, pakibasa ang inyong Katibayan ng Pagsaklaw.

Puwede bang mabago ang pormularyo?

Nangyayari ang karamihan ng mga pagbabago sa saklaw sa gamot tuwing Enero 1, pero maaari kaming magdagdag o mag-alis ng mga gamot sa pormularyo sa loob ng isang taon, maglipat ng mga ito sa ibang mga tier ng bahagian sa gastos, o magdagdag ng mga bagong paghihigpit. Dapat nating sundin ang mga panuntunan ng Medicare sa pagsasagawa ng mga pagbabagong ito. Pino-post buwan-buwan ang mga update sa pormularyo sa aming website, na nasa loob na bahagi ng pabalat sa harap at likod.

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

- **Mga agarang pagpapalit ng ilang partikular na bagong bersyon ng mga branded na gamot at mga orihinal na biological na produkto.** Puwede kaming magtanggap agad ng gamot sa aming pormularyo kung papalitan namin ito ng isang partikular na bagong bersyon ng gamot na iyon na lalapatan ng kapareho o mas kaunting paghihigpit. Kapag nagdagdag kami ng bagong bersyon ng isang gamot sa aming pormularyo, puwede naming pagpasyahang panatilihin ang branded na gamot o orihinal na biological na produkto sa aming pormularyo, pero agad kaming magdaragdag ng mga bagong paghihigpit.

Puwede lang naming isagawa ang mga agarang pagbabagong ito kung magdaragdag kami ng bagong generic na bersyon ng isang branded na gamot, o kung magdaragdag kami ng ilang partikular na bagong biosimilar na bersyon ng isang orihinal na biological na produkto, na nasa pormularyo na (halimbawa, pagdaragdag ng interchangeable na biosimilar na puwedeng ipagpalit sa isang orihinal na biological na produkto ng parmasya nang hindi nangangailangan ng bagong reseta).

Kung kasalukuyan ninyong ginagamit ang branded na gamot o orihinal na biological na produkto, posibleng hindi namin kayo maabisuhan nang maaga bago namin gawin ang agarang pagbabago, ngunit bibigyan namin kayo ng impormasyon kalaunan tungkol sa partikular na (mga) pagbabagong ginawa namin.

Kung gagawa kami ng ganitong pagbabago, maaari ninyong hilingin o ng inyong tagapagreseta sa amin na gumawa ng eksepsiyon at patuloy naming saklawin ang papalitang gamot para sa inyo. Para sa higit pang impormasyon, basahin ang seksyon sa ibaba na pinamagatang “Paano ako hihiling ng eksepsiyon sa Pormularyo ng 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)?”

Posibleng bago sa inyo ang ilan sa mga uring ito ng gamot. Para sa higit pang impormasyon, basahin ang seksyon sa ibaba na pinamagatang “Ano ang mga orihinal na biological na produkto at paano ito nauugnay sa mga biosimilar?”

- **Mga gamot na inalis sa merkado.** Kung babawiin ng isang manufacturer ang pagbebenta ng isang gamot o kung pagpapasyahan ng Food and Drug Administration (FDA) na bawiin ang pagbebenta nito dahil sa kaligtasan o bisa, puwede naming alisin agad ang gamot sa aming pormularyo at pagkatapos ay magbibigay kami ng abiso sa mga miyembrong umiinom ng gamot.
- **Iba pang pagbabago.** Maaaring magsagawa kami ng iba pang pagbabago na makakaapekto sa mga miyembrong kasalukuyang gumagamit ng gamot. Halimbawa, puwede kaming mag-alis ng branded na gamot sa pormularyo kapag nagdagdag kami ng generic na katumbas, o puwede kaming mag-alis ng orihinal na biological na produkto kapag nagdagdag kami ng biosimilar. Puwede rin kaming maglapat ng mga bagong paghihigpit sa branded na gamot o orihinal na biological na produkto, o puwede rin namin itong ilipat sa ibang tier ng bahagian sa gastos, o sabay. Puwede kaming magsagawa ng mga pagbabago batay sa mga bagong klinikal na alituntunin. Kung mag-aalis kami ng mga gamot sa aming pormularyo, o kung maglalagay kami ng paunang awtorisasyon, mga limitasyon sa dami at/o mga paghihigpit sa step therapy sa isang gamot, dapat naming abisuhan ang mga apektadong miyembro tungkol sa pagbabago sa loob ng hindi bababa sa 30 araw bago maging epektibo ang pagbabago. Kapag humiling ang isang miyembro ng refill ng gamot, puwede rin siyang makatanggap ng 30 araw na supply ng gamot at abiso ng pagbabago.

Kung gagawin namin ang iba pang pagbabagong ito, maaari ninyo o ng inyong tagapagreseta na hilingin sa aming magsagawa ng eksepsiyon para sa inyo at patuloy na saklawin ang gamot na iniinom ninyo. Kasama sa abisong ibibigay namin sa inyo ang impormasyon tungkol sa kung paano hihiling ng eksepsiyon, at makakakita rin kayo ng higit pang impormasyon sa seksyon sa ibaba na pinamagatang “Paano ako hihiling ng eksepsiyon sa Pormularyo ng 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)?”

Mga pagbabagong hindi makakaapekto sa inyo kung kasalukuyan ninyong ginagamit ang gamot. Sa pangkalahatan, kung gumagamit kayo ng gamot sa aming 2025 na pormularyo na saklaw sa simula ng taon, hindi namin ihihinto o babawasan ang saklaw sa gamot sa loob ng taon ng saklaw sa 2025 maliban kung alinsunod sa nakalarawan sa itaas. Nangangahulugan ito na mananatiling available ang mga gamot na ito sa parehong bahagian sa gastos at nang walang bagong paghihigpit para sa mga miyembrong gumagamit ng mga ito para sa natitirang bahagi ng taon ng saklaw. Hindi kayo makakatanggap ng direktang abiso ngayong taon tungkol sa mga pagbabagong hindi makakaapekto sa inyo. Gayunpaman, sa Enero 1 ng susunod na taon, maaapektuhan kayo ng mga naturang pagbabago, at mahalagang suriin ang pormularyo para sa bagong taon ng benepisyo para sa anumang pagbabago sa mga gamot.

Ang nakalakip na pormularyo ang kasalukuyang pormularyo hanggang 07/01/2025. Para makatanggap ng updated na impormasyon tungkol sa mga gamot na saklaw ng aming plano, mangyaring makipag-ugnayan sa amin. Makikita ang aming impormasyon sa pakikipag-ugnayan sa mga pahina ng harapan at likurang pabalat.

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

Paano ko gagamitin ang Pormularyo?

May dalawang paraan para mahanap ang inyong gamot sa pormularyo:

Medikal na Kundisyon

Nagsisimula ang pormularyo sa pahina 1. Ang mga gamot sa pormularyong ito ay nakapangkat sa mga kategorya depende sa uri ng mga medikal na kundisyon kung saan ginagamit na panggamot ang mga ito. Halimbawa, ang mga gamot na ginagamit bilang lunas sa isang kundisyon sa puso ay nasa ilalim ng kategoryang “Cardiovascular, Altapresyon / Mga Lipid.” Kung alam ninyo kung para saan ginagamit ang inyong gamot, hanapin ang pangalan ng kategorya sa listahang nagsisimula sa pahina 1. Pagkatapos, hanapin ang inyong gamot sa ilalim ng pangalan ng kategorya.

Alphabetical na Listahan

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

Ano ang mga generic na gamot?

Sinasaklaw ng aming plano ang parehong mga branded na gamot at generic na gamot. Ang isang generic na gamot ay aprubado ng FDA bilang gamot na mayroong parehong aktibong sangkap na gaya sa branded na gamot. Sa pangkalahatan, kasimbisa ng mga branded na gamot ang mga generic na gamot at kadalasan ay mas mura ang mga ito. May mga pamalit na generic na gamot na available para sa karamihan sa mga branded na gamot. Kadalasan, puwedeng ipalit ang mga generic na gamot sa mga branded na gamot sa parmasya nang hindi nangangailangan ng bagong reseta, depende sa mga batas ng estado.

Ano ang mga orihinal na biological na produkto at paano ito nauugnay sa mga biosimilar?

Sa pormularyo, kapag tinutukoy namin ang mga gamot, ito ay maaaring isang gamot o isang biological na produkto. Ang mga biological na produkto ay mga gamot na mas kumplikado kaysa sa mga karaniwang gamot. Dahil mas kumplikado ang mga biological na produkto kaysa sa mga tipikal na gamot, sa halip na magkaroon ng generic na anyo, mayroon silang mga alternatibo na tinatawag na biosimilars. Sa pangkalahatan, magkasimbisa ang mga biosimilar at orihinal na biological na produkto, at posibleng mas mura ang mga ito. May mga biosimilar na alternatibo para sa ilang orihinal na biological na produkto. May ilang biosimilar na mapapagpalit-palit na biosimilar at, depende sa mga batas ng estado, puwede nitong palitan ang orihinal na biological na produkto sa parmasya nang hindi nanghihingi ng panibagong reseta, gaya na lang ng puwedeng ipalit ang mga generic na gamot para sa mga branded na gamot.

- Para sa talakayan tungkol sa mga uri ng gamot, pakibasa ang Katibayan ng Pagsaklaw, Kabanata 5, Seksyon 3.1, “Isinasaad ng ‘Listahan ng Gamot’ kung aling Bahagi D na mga gamot ang sinasaklaw.”

Mayroon bang anumang paghihigpit sa aking saklaw?

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

- **Paunang Awtorisasyon:** Kinakailangan sa aming plano na kumuha kayo o ang inyong tagapagreseta ng paunang awtorisasyon para sa ilang partikular na gamot. Ibig sabihin nito, kakailanganin ninyong magpaaprubang sa aming plano bago ninyo mapunan ang inyong mga reseta. Kung hindi kayo makakapagpaaprubang, maaaring hindi saklawin ng aming plano ang gamot.
- **Mga Limitasyon sa Dami:** Para sa ilang partikular na gamot, nililimitahan ng aming plano ang dami ng gamot na sasaklawin ng aming plano. Halimbawa, nagbibigay ang aming plano ng 18 tableta kada reseta para sa 5mg na rizatriptan. Maaaring karagdagan ito sa karaniwang isang buwan o tatlong buwang supply.
- **Step Therapy:** Sa ilang sitwasyon, kinakailangan sa aming plano na subukan muna ninyo ang ilang partikular na gamot para gamutin ang inyong medikal na kundisyon bago namin saklawin ang ibang gamot para sa kundisyong iyon. Halimbawa, kung parehong nagagamot ng Gamot A at Gamot B ang inyong medikal na kundisyon, maaaring hindi saklawin ng aming plano ang Gamot B maliban na lang kung susubukan muna ninyo ang Gamot A. Kung hindi tatalab sa inyo ang Gamot A, saka pa lang sasaklawin ng aming plano ang Gamot B.

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

Maaari ninyong hilingin sa aming plano na magsagawa ng eksepsiyon sa mga paghihigpit o limitasyong ito o para sa listahan ng iba pang katulad na gamot na maaaring magpagaling sa inyong kundisyon sa kalusugan. Basahin ang seksyong “Paano ako hihiling ng eksepsiyon sa Pormularyo ng 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)?” sa pahina VIII para sa impormasyon tungkol sa kung paano humiling ng eksepsiyon.

Paano kung wala sa Pormularyo ang aking gamot?

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

Kung malaman ninyong hindi sinasaklaw ng aming plano ang inyong gamot, mayroon kayong dalawang opsyon:

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

Paano ako hihiling ng eksepsiyon sa Pormularyo ng Wellcare Dual 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)?

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

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

Sa pangkalahatan, aaprubahan lang ng aming plano ang kahilingan ninyo para sa isang eksepsiyon kung hindi magiging mabisa para sa inyo at/o kung magdudulot ng masasamang epekto ang paggamit ng mga alternatibong gamot na nasa pormularyo ng plano o ang paglalapat ng paghihigpit.

Dapat kayong makipag-ugnayan o ang inyong tagapagreseta para humiling ng eksepsiyon sa pormularyo, kabilang ang eksepsiyon sa isang paghihigpit sa saklaw. **Kapag humiling kayo ng eksepsiyon, kakailanganing ipaliwanag ng inyong tagapagreseta ang mga medikal na dahilan kung bakit kailangan ninyo ng eksepsiyon.** Karaniwan na dapat kaming magdesisyon sa loob ng 72 oras mula nang matanggap ang pansuportang pahayag ng inyong tagapagreseta. Maaari kayong humingi ng pinabilis (mabilis) na desisyon kung naniniwala kayo, at kung sasang-ayon kami, na maaaring magdulot ng malubhang pinsala sa inyong kalusugan ang paghihintay nang hanggang 72 oras para sa isang desisyon. Kung sasang-ayon kami, o kung humiling ng mabilis na desisyon ang inyong tagapagreseta, dapat naming maibigay sa inyo ang aming pasya nang hindi lalampas sa 24 na oras pagkatapos naming makuha ang pansuportang pahayag ng inyong tagapagreseta.

Ano ang puwede kong gawin kung wala sa pormularyo o kung may paghihigpit ang aking gamot?

Bilang bago o nagpapatuloy na miyembro sa aming plano, maaaring gumagamit kayo ng mga gamot na wala sa aming pormularyo. O posibleng umiinom kayo ng gamot na nasa aming pormularyo pero may paghihigpit sa saklaw, gaya ng paunang awtorisasyon. Dapat kayong makipag-usap sa inyong tagapagreseta tungkol sa paghiling ng desisyon sa pagsaklaw para ipakita na natutugunan ninyo ang mga pamantayan para sa pag-apruba, paglipat sa isang alternatibong gamot na saklaw namin, o paghiling ng eksepsiyon sa pormularyo para masaklaw namin ang gamot na iniinom ninyo. Habang nag-uusap kayo ng inyong doktor para pagpasyahan ang naaangkop na pagkilos para sa inyo, maaari naming saklawin ang inyong gamot sa ilang partikular na sitwasyon sa unang 90 araw na miyembro kayo ng aming plano.

Para sa bawat isa sa inyong mga gamot na wala sa aming pormularyo o may paghihigpit sa saklaw, sasaklawin namin ang pansamantalang 30 araw na supply. Kung ang inyong reseta ay para sa mas kaunting bilang ng araw, papayagan namin ang mga pag-refill para makapagbigay ng hanggang sa maximum na 30 araw na supply ng gamot. Kung hindi aaprubahan ang saklaw, pagkatapos ng inyong unang 30 araw na supply, hindi kami magbabayad para sa mga gamot na ito, kahit na miyembro kayo ng plano sa loob ng wala pang 90 araw.

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

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

Para sa higit pang impormasyon

Para sa higit pang detalyadong impormasyon tungkol sa inyong saklaw sa inireresetang gamot ng plano, pakibasa ang inyong Katibayan ng Pagsaklaw at iba pang materyal ng plano.

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

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

Ang Pormularyo ng aming plano

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

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

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

- Ang **NM** ay nangangahulugang hindi available ang gamot sa pamamagitan ng inyong buwanang benepisyo sa serbisyo sa koreo. Nakatala ito sa column na Mga Kinakailangan/ Mga Limitasyon ng inyong pormularyo. Maaari kayong makatanggap ng mahigit sa isang buwang supply ng karamihan sa mga gamot sa inyong pormularyo sa pamamagitan ng serbisyo sa mail sa mas mababang bahagian sa gastos. Pakibasa ang Kabanata 5 ng inyong Katibayan ng Pagsaklaw para sa higit pang impormasyon.
- Ang **PA** ay nangangahulugang Prior Authorization o Paunang Awtorisasyon: Pakibasa ang pahina VII para sa mga detalye.
- Ang **PA-NS** ay nangangahulugang Prior Authorization for New Starts o Paunang Awtorisasyon para sa Mga Bagong Simula: Ibig sabihin nito, kung bago sa inyo ang gamot na ito, kakailanganin ninyong magpaaprubang sa amin bago ninyo punan ang inyong reseta. Kung ginagamit ninyo ang gamot na ito sa panahon ng pagpapatala, hindi ninyo kakailanganing matugunan ang mga pamantayan para sa pag-apruba.
- Ang **B/D** ay tumutukoy sa Covered under Medicare B or D (Sinaklaw sa ilalim ng Medicare B o D): Ang gamot na ito ay maaaring karapat-dapat para sa pagbabayad sa ilalim ng Medicare Part B o Part D. Inaatasan kayo (o ang inyong doktor) na humiling ng paunang awtorisasyon mula sa amin para matukoy na sinaklaw ang gamot na ito sa ilalim ng Medicare Part D bago ninyo punan ang inyong reseta para sa gamot na ito. Kung walang paunang pag-apruba, maaaring hindi namin saklawin ang gamot na ito.
- Ang **QL** ay tumutukoy sa Quantity Limits (Mga Limitasyon sa Dami): Pakitingnan ang pahina VII para sa mga detalye.
- Ang **LA** ay nangangahulugang gamot na may Limitadong Access (Limited Access). Maaaring available lang ang reseta ng ito sa ilang partikular na parmasya. Para sa higit pang impormasyon, kumonsulta sa inyong Direktoryo ng Parmasya o tawagan ang Mga Serbisyo para sa Miyembro sa numero ng teleponong nakalista sa loob na pabalat sa harap at likod ng pormularyong ito, mula Oktubre 1 hanggang Marso 31, available ang mga kinatawan pitong araw kada linggo, 8 a.m. hanggang 8 p.m., mula Abril 1 hanggang Setyembre 30, available ang mga kinatawan Lunes–Biyernes, 8 a.m. hanggang 8 p.m.
- Ang **ST** ay tumutukoy sa Step Therapy: Pakitingnan ang pahina VII para sa mga detalye.
- Ang ibig sabihin ng **^** ay maaaring available ang Gamot nang hanggang sa 30 araw na supply lamang.

Mga halaga ng bahagian sa bayad/coinsurance sa tier ng gamot

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

- Kasama sa **Tier 1 (Single Tier)** ang lahat ng generic at branded na gamot.
 - Bahagian sa bayad: \$0

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

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Pangalan ng Gamot

Tier ng Gamot

Mga Kinakailangan / Limitasyon

CARDIOVASCULAR, ALTAPRESYON / MGA LIPID

ANTIHYPERTENSIVE THERAPY

<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$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)	
<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-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (1)	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (1)	
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (1)	QL (30 EA per 30 days)
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>nimodipine oral capsule 30 mg</i>	\$0 (1)	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>olmesartan oral tablet 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>torsemide 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>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	\$0 (1)	PA; LA; ^
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (1)	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (1)	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>verapamil 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)	
COAGULATION THERAPY		
<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)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	^
<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% NACL 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 hcl 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>rivaroxaban oral tablet 2.5 mg</i>	\$0 (1)	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)
IBA PANG CARDIOVASCULAR AGENT		
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (1)	QL (450 ML per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (1)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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
MGA ANTIARRHYTHMIC AGENT		
<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)	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0 (1)	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (1)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (1)	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (1)	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (1)	
MGA LIPID/CHOLESTEROL LOWERING AGENT		
<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>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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
MGA NITRATE		
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot

Tier ng Gamot

Mga Kinakailangan / Limitasyon

ENDOCRINE/DIABETES

DIABETES THERAPY

<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)
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (1)	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	\$0 (1)	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	\$0 (1)	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 (1)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100- 1,000 MG	\$0 (1)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50- 1,000 MG, 50-500 MG	\$0 (1)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (1)	QL (30 EA per 30 days)
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)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)
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 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 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)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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)
IBA PANG HORMONE		
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; ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update
07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	\$0 (1)	PA; ^
<i>mifepristone oral tablet 300 mg</i>	\$0 (1)	PA; ^
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	\$0 (1)	PA; LA; ^
<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)	B/D
MGA ADRENAL HORMONE		
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
<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)	
MGA ANTITHYROID AGENT		
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (1)	
MGA THYROID HORMONE		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	
<i>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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
GASTROENTEROLOGY		
IBA PANG GASTROINTESTINAL AGENT		
<i>alosetron oral tablet 0.5 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>alosetron 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

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update
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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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; QL (20 EA per 30 days); ^
<i>lactulose oral solution 10 gram/15 ml</i>	\$0 (1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (1)	QL (30 EA per 30 days)
<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)
OALIVA 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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update
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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
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)	
MGA ANTIDIARRHEAL / ANTISPASMODIC		
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
ULCER THERAPY		
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>famotidine (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)	
IBA PANG SUPPLY		
IBA PANG SUPPLY		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (1)	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (1)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	\$0 (1)	BD Preferred
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (1 EA per 365 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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
IMMUNOLOGY, MGA BAKUNA / BIOTECHNOLOGY		
<i>MGA BAKUNA / IBA PANG IMMUNOLOGICAL</i>		
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
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	\$0 (1)	NM
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 (1)	B/D; NM
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (1)	B/D; NM
ENGRIX-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; ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (1)	NM
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 (1)	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (1)	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 (1)	NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 (1)	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (1)	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 (1)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (1)	NM

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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-20MCG-5LF- 62 DU/0.5 ML	\$0 (1)	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	\$0 (1)	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (1)	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (1)	NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 (1)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (1)	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0 (1)	NM
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

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	\$0 (1)	
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
MGA BIOTECHNOLOGY NA GAMOT		
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); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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; ^
MGA ANTI-INFECTIVE		
IBA PANG ANTIINFECTIVE		
<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)	
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) (4 ml), 150 (mg/ml) (6 ml), 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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
TRECATOR 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</i>	\$0 (1)	QL (16 EA per 10 days)
<i>vancomycin intravenous recon soln 1.5 gram</i>	\$0 (1)	QL (14 EA per 10 days)
<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)
<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); ^
MGA ANTIFUNGAL AGENT		
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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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>miconazole intravenous recon soln 100 mg, 50 mg</i>	\$0 (1)	
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (1)	
<i>nystatin oral tablet 500,000 unit</i>	\$0 (1)	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	\$0 (1)	PA; QL (96 EA per 30 days); ^
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (1)	
<i>voriconazole intravenous recon soln 200 mg</i>	\$0 (1)	PA; ^
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	\$0 (1)	PA; ^
<i>voriconazole oral tablet 200 mg</i>	\$0 (1)	PA; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	\$0 (1)	PA; QL (480 EA per 30 days)
MGA ANTIVIRAL		
<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, 200 mg/5 ml (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)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (1)	^
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (1)	^
CIMDUO ORAL TABLET 300-300 MG	\$0 (1)	^
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (1)	^
<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); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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)	
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	\$0 (1)	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)- 100 MG	\$0 (1)	QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	\$0 (1)	^
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (1)	^
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (1)	QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	\$0 (1)	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (1)	QL (480 EA per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 (1)	QL (120 EA per 365 days)
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)	^
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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update
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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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)	LA; ^
<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)	
MGA 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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
<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)	^
MGA ERYTHROMYCIN / IBA PANG 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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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>erythrocine (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)	
MGA PENICILLIN		
<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)	
<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, 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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>nafcillin in dextrose iso-osm intravenous piggyback 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)	
MGA 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)	
<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)	
MGA SULFA / NAUUGNAY NA AGENT		
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	\$0 (1)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
MGA TETRACYCLINE		
<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)	
MGA URINARY TRACT AGENT		
<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)	
MGA ANTINEOPLASTIC / IMMUNOSUPPRESSANT NA GAMOT		
MGA ADJUNCTIVE AGENT		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (1)	
<i>mesna oral tablet 400 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; ^
MGA ANTINEOPLASTIC / IMMUNOSUPPRESSANT NA GAMOT		
<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)
<i>abirtega oral tablet 250 mg</i>	\$0 (1)	PA-NS; QL (120 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); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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 160 MG, 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)	B/D; ^
<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)	B/D; ^
<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)	B/D; ^
<i>bortezomib injection recon soln 3.5 mg</i>	\$0 (1)	B/D; ^
BOSULIF ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
BOSULIF ORAL CAPSULE 50 MG	\$0 (1)	PA-NS; QL (330 EA per 30 days); ^
BOSULIF ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
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); ^
<i>carboplatin intravenous solution 10 mg/ml</i>	\$0 (1)	B/D
<i>cisplatin intravenous solution 1 mg/ml</i>	\$0 (1)	B/D
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	\$0 (1)	B/D; ^
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update
07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0 (1)	PA-NS; LA; QL (112 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0 (1)	PA-NS; LA; QL (84 EA per 28 days); ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
COTELLIC ORAL TABLET 20 MG	\$0 (1)	PA-NS; LA; QL (63 EA per 28 days); ^
<i>cyclophosphamide 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)	
DANZITEN ORAL TABLET 71 MG, 95 MG	\$0 (1)	PA-NS; QL (112 EA per 28 days); ^
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
<i>dasatinib oral tablet 20 mg, 70 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
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)	B/D; ^
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	\$0 (1)	B/D
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	\$0 (1)	B/D; ^
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
ELLENCES INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	\$0 (1)	B/D
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	\$0 (1)	PA-NS; ^
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (1)	B/D

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	\$0 (1)	B/D; ^
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 240 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 60 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
<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)	B/D
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)	B/D; ^
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)	B/D
<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)	B/D

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	\$0 (1)	B/D
<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)	^
GOMEKLI ORAL CAPSULE 1 MG	\$0 (1)	PA-NS; QL (126 EA per 28 days); ^
GOMEKLI ORAL CAPSULE 2 MG	\$0 (1)	PA-NS; QL (84 EA per 28 days); ^
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	\$0 (1)	PA-NS; QL (168 EA per 28 days); ^
<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); ^
IMKELDI ORAL SOLUTION 80 MG/ML	\$0 (1)	PA-NS; QL (280 ML per 28 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)	B/D
ITOVEBI ORAL TABLET 3 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
ITOVEBI ORAL TABLET 9 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
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); ^
JYLAMVO ORAL SOLUTION 2 MG/ML	\$0 (1)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update
07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	\$0 (1)	B/D; ^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	\$0 (1)	PA-NS; ^
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0 (1)	PA-NS; QL (49 EA per 30 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-NS; ^
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)	PA-NS; ^
<i>lapatinib oral tablet 250 mg</i>	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
LAZCLUZE ORAL TABLET 240 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LAZCLUZE ORAL TABLET 80 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	\$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 240 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
LUMAKRAS ORAL TABLET 320 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update
07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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); ^
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 suspension 20 mg/ml</i>	\$0 (1)	^
<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; LA; ^
<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); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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
<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)	B/D
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	\$0 (1)	B/D
<i>paraplatin intravenous solution 10 mg/ml</i>	\$0 (1)	B/D
<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)	B/D; ^
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	\$0 (1)	B/D
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); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (1)	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (1)	^
QINLOCK ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
RETEVMO ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
RETEVMO ORAL CAPSULE 80 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
RETEVMO ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
REVUFORJ ORAL TABLET 110 MG, 160 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
REVUFORJ ORAL TABLET 25 MG	\$0 (1)	PA-NS; QL (240 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); ^
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (150 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	\$0 (1)	PA-NS; QL (336 EA per 28 days); ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	\$0 (1)	PA-NS; ^
RYDAPT ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; QL (224 EA per 28 days); ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (1)	B/D
SCEMBLIX ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
SCEMBLIX ORAL TABLET 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
SCEMBLIX ORAL TABLET 40 MG	\$0 (1)	PA-NS; QL (300 EA per 30 days); ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 (1)	PA; LA; ^
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (1)	B/D; ^
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 (1)	
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); ^
STIVARGA ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (84 EA per 28 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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); ^
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)	B/D; LA; ^
TEPMETKO ORAL TABLET 225 MG	\$0 (1)	PA-NS; LA; ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 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)	B/D; ^
<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-NS; 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); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update
07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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)	B/D
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); ^
VORANIGO ORAL TABLET 10 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
VORANIGO ORAL TABLET 40 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
WELIREG ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
XALKORI ORAL PELLET 150 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
XALKORI ORAL PELLET 20 MG, 50 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (1)	
XERMELO ORAL TABLET 250 MG	\$0 (1)	PA; LA; QL (84 EA per 28 days); ^
XOSPATA ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	\$0 (1)	PA-NS; LA; ^
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)	B/D; ^
ZOLINZA ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update
07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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); ^
MGA AUTONOMIC / CNS NA GAMOT, NEUROLOGY / PSYCH		
IBA PANG NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	\$0 (1)	PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	\$0 (1)	PA; QL (90 EA per 30 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	\$0 (1)	PA; QL (28 EA per 180 days); ^
<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); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	\$0 (1)	PA; LA; QL (28 EA per 180 days); ^
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (1)	PA
<i>memantine oral solution 2 mg/ml</i>	\$0 (1)	PA
<i>memantine oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	\$0 (1)	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (1)	
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
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); ^
MGA ANTICONVULSANT		
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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

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

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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)	
<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

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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 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)	
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); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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); ^
MGA ANTIPARKINSONISM AGENT		
<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)	
<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)	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	\$0 (1)	PA; QL (300 EA per 30 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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
MGA MUSCLE RELAXANT / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (1)	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (1)	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	\$0 (1)	
MGA NARCOTIC ANALGESIC		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	\$0 (1)	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>endocet oral tablet 10-325 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (1)	PA; QL (120 EA per 30 days); ^
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	\$0 (1)	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0 (1)	PA; QL (10 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 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)
MGA NON-NARCOTIC ANALGESIC		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	\$0 (1)	QL (60 EA per 30 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	Over the counter NDCs are not eligible for coverage under Medicare; QL (1000 GM per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	\$0 (1)	QL (224 GM per 28 days)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	\$0 (1)	
<i>diflunisal oral tablet 500 mg</i>	\$0 (1)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (1)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (1)	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	\$0 (1)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (1)	
<i>ibu oral tablet 600 mg, 800 mg</i>	\$0 (1)	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	\$0 (1)	
<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)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (1)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
MGA PSYCHOTHERAPEUTIC NA GAMOT		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	\$0 (1)	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	\$0 (1)	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (1)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 (1)	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (1)	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 (1)	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 (1)	QL (2.4 ML per 28 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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)
<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)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	\$0 (1)	QL (60 EA per 30 days); ^
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	\$0 (1)	QL (56 EA per 180 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)
<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)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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)	
<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)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)
RALDESY ORAL SOLUTION 10 MG/ML	\$0 (1)	^
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)	
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (1)	PA-NS; QL (600 ML per 30 days); ^
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (1)	QL (30 EA per 30 days); ^
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	\$0 (1)	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (1)	PA-NS; QL (28 EA per 365 days); ^
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (1)	PA-NS; QL (14 EA per 365 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (1)	PA-NS; QL (2.4 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 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)
MIGRAINE / CLUSTER HEADACHE THERAPY		
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)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	\$0 (1)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	\$0 (1)	PA; QL (2 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (1)	QL (40 EA per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	\$0 (1)	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	\$0 (1)	PA; QL (16 EA per 30 days); ^
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	\$0 (1)	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	\$0 (1)	QL (18 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	\$0 (1)	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	\$0 (1)	QL (8 ML per 28 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update
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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)
MGA BITAMINA, HEMATINIC / ELECTROLYTE		
IBA PANG NUTRITION PRODUCT		
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)	B/D
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	\$0 (1)	B/D
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	\$0 (1)	B/D
<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
MGA BITAMINA / HEMATINIC		
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update
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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
MGA ELECTROLYTE		
<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)	
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (1)	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (1)	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (1)	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	\$0 (1)	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	\$0 (1)	
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	\$0 (1)	
MGA DERMATOLOGICAL/TOPICAL THERAPY		
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	\$0 (1)	PA; QL (10 ML per 28 days); ^
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (1)	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	\$0 (1)	PA; QL (1 ML per 28 days); ^
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	\$0 (1)	PA; QL (12 ML per 180 days); ^
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	\$0 (1)	PA; QL (2 ML per 28 days); ^
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (1)	PA; QL (2 ML per 28 days); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	\$0 (1)	PA; QL (2 ML per 28 days); ^
IBA PANG DERMATOLOGICAL		
<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 (1.5 ML per 30 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)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
PANRETIN TOPICAL GEL 0.1 %	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
<i>pimecrolimus topical cream 1 %</i>	\$0 (1)	QL (100 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (1)	QL (7 ML per 28 days)
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 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); ^
MGA TOPICAL ANTIBACTERIAL		
<i>gentamicin topical cream 0.1 %</i>	\$0 (1)	QL (30 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	\$0 (1)	QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	\$0 (1)	QL (44 GM per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (1)	
MGA TOPICAL ANTIFUNGAL		
<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)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>nystop topical powder 100,000 unit/gram</i>	\$0 (1)	QL (120 GM per 30 days)
MGA TOPICAL CORTICOSTEROID		
<i>ala-cort topical cream 1 %</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)
<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)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
MGA TOPICAL 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)
THERAPY PARA SA ACNE		
<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)	QL (45 GM per 30 days)
<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)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	
MGA DIAGNOSTIC / IBA PANG AGENT		
IBA PANG AGENT		
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
<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)
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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)	
MGA SMOKING DETERRENT		
<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 tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	\$0 (1)	
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0 (1)	
MGA GAMOT SA TAINGA, ILONG / LALAMUNAN		
IBA PANG AGENT		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	\$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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	\$0 (1)	
<i>periogard mucous membrane mouthwash 0.12 %</i>	\$0 (1)	
<i>triamcinolone acetone dental paste 0.1 %</i>	\$0 (1)	
IBA PANG OTIC PREPARATION		
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (1)	
<i>flac otic oil otic (ear) drops 0.01 %</i>	\$0 (1)	
<i>fluocinolone acetone oil otic (ear) drops 0.01 %</i>	\$0 (1)	
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (1)	
OTIC STEROID / ANTIBIOTIC		
<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)	
MGA UROLOGICAL		
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<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)	
IBA PANG MISCELLANEOUS UROLOGICAL		
<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)
MGA ANTICHOLINERGIC / ANTISPASMODIC		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	\$0 (1)	QL (300 ML per 28 days)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (1)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (1)	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>tropium oral tablet 20 mg</i>	\$0 (1)	QL (60 EA per 30 days)
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<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)	
IBA PANG RHEUMATOLOGICAL		
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/0.4 ML, 40 MG/0.8 ML	\$0 (1)	PA; QL (6 EA per 180 days); ^
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 180 days); ^
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 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); ^

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 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-UEITS-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 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); ^
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 LQ ORAL SOLUTION 1 MG/ML	\$0 (1)	PA; QL (360 ML per 30 days); ^
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)

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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); ^
OSTEOPOROSIS THERAPY		
<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)
<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); ^
OBSTETRICS / GYNECOLOGY		
IBA PANG OB/GYN		
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
MGA ESTROGEN / PROGESTIN		
<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>gallifrey oral tablet 5 mg</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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
<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>yuvaferm vaginal tablet 10 mcg</i>	\$0 (1)	
MGA ORAL CONTRACEPTIVE / NAUUGNAY NA AGENT		
<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>aubra 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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (1)	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>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)	
<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.fa 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>elimest oral tablet 0.3-30 mg-mcg</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 0.25-0.035 mg</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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)	
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	\$0 (1)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	\$0 (1)	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (1)	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (1)	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>loryna (28) oral tablet 3-0.02 mg</i>	\$0 (1)	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (1)	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (1)	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (1)	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (1)	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (1)	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)	
<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 0.25-0.035 mg</i>	\$0 (1)	
<i>mono-linyah oral tablet 0.25-0.035 mg</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)</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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</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>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (1)	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	\$0 (1)	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0 (1)	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (1)	
<i>sprintec (28) oral tablet 0.25-0.035 mg</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-0.035mg (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-0.035mg (28)</i>	\$0 (1)	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (1)	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (1)	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (1)	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (1)	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (1)	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (1)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (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-0.025 mg</i>	\$0 (1)	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (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 0.25-0.035 mg</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>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (1)	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	\$0 (1)	
OPHTHALMOLOGY		
IBA PANG GAMOT SA GLAUCOMA		
<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)	
IBA PANG OPHTHALMOLOGIC		
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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; ^
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	\$0 (1)	PA; ^
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0 (1)	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (1)	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (1)	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (1)	
XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (1)	PA; QL (10 ML per 42 days); ^
MGA ANTIBIOTIC		
<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)	
MGA ANTIVIRAL		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (1)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (1)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
MGA BETA-BLOCKER		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (1)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (1)	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (1)	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (1)	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	\$0 (1)	
MGA NON-STEROIDAL ANTI-INFLAMMATORY AGENT		
<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)	
MGA ORAL NA GAMOT PARA SA GLAUCOMA		
<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)	
MGA STEROID		
<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)	
MGA STEROID-ANTIBIOTIC COMBINATION		
<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)	

Makakakita kayo ng impormasyon sa kahulugan ng mga simbolo at daglat sa talahanayang ito sa pamamagitan ng pagpunta sa simula ng talahanayang ito. Na-update 07/01/2025

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (1)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (1)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (1)	
MGA SYMPATHOMIMETIC		
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)	
RESPIRATORY AT ALLERGY		
ANTI HISTAMINE / MGA ANTIALLERGENIC AGENT		
<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)	Only Epinephrine NDCs starting with 00093 and 49502 are covered; 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
MGA PULMONARY AGENT		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (1)	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (1)	PA; LA; QL (90 EA per 30 days); ^
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 (1)	QL (12 GM per 30 days)

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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
<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)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (1)	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (1)	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	\$0 (1)	QL (10.7 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	\$0 (1)	QL (60 EA per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	\$0 (1)	Breyna is generic for Symbicort; QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	\$0 (1)	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0 (1)	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (1)	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (1)	B/D
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^

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Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan / Limitasyon
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); ^
<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; ^

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<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)	18 gm inhaler; QL (36 GM per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	\$0 (1)	PA; QL (1 ML per 28 days); ^
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (1)	PA; LA; QL (8 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (1)	

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'Ohana Health Plan, isang plano na iniaalok ng WellCare Health Insurance of Arizona, Inc.

Ang "Wellcare" ay ibinibigay ng Coordinated Care of Washington, Inc.

Para sa mga miyembro ng Louisiana D-SNP: Bilang miyembro ng Wellcare HMO D-SNP, saklaw ka pareho ng Medicare at Medicaid. Matatanggap mo ang iyong saklaw sa pangangalagang pangkalusugan at inireresetang gamot sa Medicare sa pamamagitan ng Wellcare, at kwalipikado ka ring makatanggap ng mga karagdagang serbisyo sa pangangalagang pangkalusugan sa pamamagitan ng Louisiana Medicaid. Matuto pa tungkol sa mga tagapagbigay ng serbisyo na kasali sa Louisiana Medicaid sa pamamagitan ng pagpunta sa www.myplan.healthy.la.gov/en/find-provider o <https://www.louisianahealthconnect.com>. Para sa detalyadong impormasyon tungkol sa mga benepisyo ng Louisiana Medicaid, pakipuntahan ang website ng Medicaid sa <https://ldh.la.gov/medicaid> at piliin ang link na "Learn about Medicaid Services" (Alamin ang Tungkol sa Mga Serbisyo ng Medicaid). Para humiling ng nakasulat na kopya ng aming Direktoryo ng Tagapagbigay ng Serbisyo ng Medicaid, mangyaring makipag-ugnayan sa amin.

Mga potensyal na mag-enroll sa Louisiana D-SNP: Para sa detalyadong impormasyon tungkol sa mga benepisyo ng Louisiana Medicaid, pakibisita ang website ng Medicaid sa <https://ldh.la.gov/medicaid> o <https://www.louisianahealthconnect.com>. Para humiling ng nakasulat na kopya ng aming Direktoryo ng Tagapagbigay ng Serbisyo ng Medicaid, makipag-ugnayan sa amin.

Paunawa: Hindi responsibilidad ng TennCare ang pagbabayad para sa mga benepisyong ito, maliban kung para sa mga naaangkop na halaga ng bahagian sa gastos. Walang pananagutan ang TennCare sa paggarantiya sa availability o kalidad ng mga benepisyong ito. Ang anumang benepisyong hindi kasama sa mga karaniwang benepisyo ng Medicare ay nalalapat lang sa Wellcare Medicare Advantage at hindi ito nagsasaad ng mas pinaraming benepisyo sa Medicaid.

Para sa mga miyembro ng Texas D-SNP: Bilang miyembro ng Wellcare HMO D-SNP, saklaw kayo pareho ng Medicare at Medicaid. Matatanggap ninyo ang inyong saklaw sa pangangalagang pangkalusugan at inireresetang gamot sa Medicare sa pamamagitan ng Wellcare, at kwalipikado rin kayong makatanggap ng mga karagdagang serbisyo sa pangangalagang pangkalusugan sa pamamagitan ng Texas Medicaid. Matuto pa tungkol sa mga tagapagbigay ng serbisyo na kasali sa Texas Medicaid sa pamamagitan ng pagbisita sa <https://www.wellcarefindaprovider.com/navigate-a-network.html>. Para sa detalyadong impormasyon tungkol sa mga benepisyo ng Texas Medicaid, pakibisita ang website ng Texas Medicaid sa <https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus>. Para humiling ng nakasulat na kopya ng aming Direktoryo ng Tagapagbigay ng Serbisyo ng Medicaid, mangyaring makipag-ugnayan sa amin.

Multi-Language Insert
Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

Arabic: 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.

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

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

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

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

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

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

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

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

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

Lao: ພວກເຮົາມີບໍລິການຄົ້ນພາສາຟຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຂໍຄື້ນແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາໄດ້ທີ່ເບີ **1-877-374-4056 (TTY: 711)**. ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການຟຣີ.

Cambodian: យើងមានសេវាកម្មបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់ឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីគម្រោងឱសថបូគម្រោងសុខភាពរបស់យើង។ 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.

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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 मदत 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: 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 **1-800-247-1447 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

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

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

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

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

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

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

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

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

Benga: Tina zéma za mbumba za mbósi zi kuala ebi búló ekoté ya anyi mbi ya mbúno ya wumbúlu o ya vóta. Ku kuala 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'idíkid '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 'ahoosoli eii biniish'laah bil'alnaa'alwo, ni be'esdzááh la' t'aa 'áko 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 تساعد أسئلة حول Wellcare By Allwell، ولم تكن بارعًا باللغة الإنكليزية، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعد تعاني من حالة سمعية و/أو بصرية تعيق التواصل، فلديك 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 Dolmetschungen 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.

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

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 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 免 。 致 1-844-867-1156 或 打免 TTY 711。我 接受 接来 。

您可以从 过 的有 的医 口 处获得帮助。

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

您可以獲得經認證之合格健康照護口譯員的協助。

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

인증 및 유자격 의료 통역사의 도움을 받을 수 있습니다.

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

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

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

Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

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

می‌توانید از یک مترجم کادر درمانی مجرب و دارای مجوز کمک بگیرید.

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

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

Burmese: ဤစာကို အခြားဘာသာစကားများ၊ ပုံနှိပ်စာလုံးကြီး၊ မျက်မမြင်စာ သို့မဟုတ် သင်နှစ်သက်ရာပုံစံဖြင့် 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 servicii 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: ຫາກວ່າທ່ານເວົ້າພາສາລາວ, 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.

Deutsch (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

Arkansas

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

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

wellcare.com/medicare

Wellcare Dual Access (HMO-POS D-SNP)

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

wellcare.com/allwellAR

Connecticut

HMO-POS D-SNP

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

wellcare.com/medicare

Florida

HMO D-SNP

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

wellcare.com/medicare

Georgia

HMO-POS D-SNP

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

wellcare.com/medicare

Hawaii

HMO-POS D-SNP

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

wellcare.com/ohana

Iowa

HMO-POS D-SNP

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

wellcare.com/medicare

Kentucky

HMO-POS D-SNP, PPO D-SNP

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

wellcare.com/medicare

Louisiana

HMO-POS D-SNP

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

wellcare.com/medicare

Maine

HMO-POS D-SNP

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

wellcare.com/medicare

Mississippi

HMO-POS D-SNP

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

wellcare.com/medicare

Nevada

HMO-POS D-SNP

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

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)



Na-update ang pormularyong ito noong 07/01/2025.

Para sa mas bagong impormasyon o iba pang tanong, makipag-ugnayan sa amin, Mga Serbisyo para sa Miyembro ng Wellcare sa numero ng telepono o website para sa inyong plano na nakalista sa loob na pabalat sa harap at likod ng pormularyong ito, mula Oktubre 1 hanggang Marso 31, available ang mga kinatawan pitong araw kada linggo, 8 a.m. hanggang 8 p.m., mula Abril 1 hanggang Setyembre 30, available ang mga kinatawan mula Lunes–Biyernes, 8 a.m. hanggang 8 p.m.

07/01/2025

Medicare
Prescription Drug Coverage **Rx**