



## Blue Shield TotalDual Plan (HMO D-SNP)——Medicare Medi-Cal 計劃之 2026 年承保藥物清單 (藥物清單或處方集)

請閱讀：本文件包含有關我們在本計劃中承保之藥物的資訊

處方集編號：26258，版本：19

本藥物清單更新於 03/24/2026。

如欲瞭解更多最新資訊或有其他問題，請聯絡我們，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間），或造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。

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如有問題，請致電 Blue Shield TotalDual Plan，電話：(800) 452-4413 (TTY: 711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。此為免費電話。如欲瞭解更多資訊，請造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。



03/24/2026

## 簡介

本文件名為*承保藥物清單*（也稱為*藥物清單*）。這份清單介紹了 Blue Shield TotalDual Plan 承保的藥物。本*藥物清單*也載明 Blue Shield TotalDual Plan 承保的任何藥物是否有任何特殊規則或限制。關鍵術語及其定義見*會員手冊*最後一章。

## 目錄

A. 免責聲明.....	iv
B. 常見問題 (FAQ).....	xiv
B1. <i>承保藥物清單</i> 涵蓋哪些處方藥？（我們將 <i>承保藥物清單</i> 簡稱為「 <i>藥物清單</i> 」。）.....	xiv
B2. <i>藥物清單</i> 是否會變更？.....	xiv
B3. 當 <i>藥物清單</i> 變更時將會怎樣？.....	xv
B4. 藥物承保是否有任何限制或約束，或者是否必須採取任何行動才能取得特定藥物？.....	xvi
B5. 我要如何知道自己所需藥物是否有限制規定或者必須採取某些行動才能獲得藥物？.....	xvii
B6. 如果 Blue Shield TotalDual Plan 變更關於某些藥物承保方式的規則（如事先授權、藥量限制和/階段療法限制）會怎樣？.....	xvii
B7. 如何在 <i>藥物清單</i> 上找到某種藥物？.....	xvii
B8. 如果我想要的某種藥物不在 <i>藥物清單</i> 上，該怎麼辦？.....	xviii
B9. 如果我是 Blue Shield TotalDual Plan 的新會員，且未能在 <i>藥物清單</i> 上找到所需藥物或在獲取藥物時遇到問題，該怎麼辦？.....	xviii
B10. 我是否可以申請例外處理以使藥物獲得承保？.....	xix
B11. 如何申請例外處理？.....	xix
B12. 獲取例外處理需要多長時間？.....	xix
B13. 什麼是學名藥？.....	xx
B14. 什麼是原創生物製品以及它們與生物類似藥有何關係？.....	xx

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B15. Blue Shield TotalDual Plan 是否承保長期處方藥供應？ .....	xx
B16. 我是否可以讓當地藥房將處方藥送貨上門？ .....	xx
B17. 我的共付額是多少？ .....	xxi
C. 承保藥物清單概述 .....	xxii
C1. 按醫療病症劃分的藥物清單 .....	xxiii
D. 承保藥物索引 .....	133

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## A. 免責聲明

本清單列出了會員可在 Blue Shield TotalDual Plan 獲得的藥物。

- ❖ Blue Shield of California 是一項與 Medicare 簽訂合約以及與 California State Medicaid Program (加州 Medicaid 計劃) 簽約的 HMO D-SNP 計劃。參保 Blue Shield of California 視該合約的續約情況而定。
- ❖ 您可隨時透過以下方式查閱 Blue Shield TotalDual Plan 最新的*承保藥物清單*：線上造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)，或撥打 (800) 452-4413 (TTY:711)。此為免費電話。
- ❖ Blue Shield of California 為 Blue Shield Association 的獨立會員。
- ❖ 您可免費索取本文件的其他格式，例如：大字版、盲文版或音訊版。請撥打本文件頁腳所列的號碼。此為免費電話。
- ❖ The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。
- ❖ 本文件免費提供英語、西班牙語、阿拉伯語、亞美尼亞語、簡體中文、繁體中文、波斯語、高棉語（柬埔寨語）、韓語、俄語、他加祿語和越南語版本。

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**ATTENTION: If you need help in your language, call (800) 452-4413 (TTY:711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (800) 452-4413 (TTY:711). These services are free of charge.**

### **الشعار بالعربية (Arabic)**

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-452-4413 (TTY:711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-800-452-4413 (TTY:711). هذه الخدمات مجانية.

### **Հայերեն պիտակ (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-452-4413 (TTY:711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-452-4413 (TTY:711): Այդ ծառայություններն անվճար են:

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## 简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-452-4413 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-452-4413 (TTY: 711)。这些服务都是免费的。

## ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

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## **हिंदी टैगलाइन (Hindi)**

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-452-4413 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-452-4413 (TTY: 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

## **Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-452-4413 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-452-4413 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

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## **日本語表記 (Japanese)**

注意日本語での対応が必要な場合は 1-800-452-4413 (TTY: 711)へお電話ください。

点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。

1-800-452-4413 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

## **한국어 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-452-4413 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-452-4413 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

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## ແທກໄລພາສາລາວ (Laotian)

ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ  
1-800-452-4413

(TTY: 711).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ  
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ  
1-800-452-4413 (TTY: 711).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

## Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih  
qiemx longc mienh tengx faan benx meih nyei waac nor douc  
waac daaih lorx taux 1-800-452-4413 (TTY: 711). Liouh lorx  
jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo  
wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun  
hluo mbiutc aengx caux aamz mborqv benx domh sou se  
mbenc nzoih bun longc. Douc waac daaih lorx 1-800-452-  
4413 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se  
benx wang-henh tengx mv zuqc cuotv nyaanh oc.

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**ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)**

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម  
ទូរស័ព្ទទៅលេខ 1-800-452-4413 (TTY:711)។ ជំនួយ និង  
សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស  
សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ  
ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-452-4413  
(TTY:711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

**مطلب به زبان فارسی (Persian (Farsi))**

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-452-4413  
(TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت،  
مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با  
1-800-452-4413 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه  
می‌شوند.

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造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。



## **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-452-4413 (линия ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-452-4413 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

## **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-452-4413 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-452-4413 (TTY: 711). Estos servicios son gratuitos.

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## **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-452-4413 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-452-4413 (TTY: 711). Libre ang mga serbisyong ito.

## **เท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-452-4413 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-452-4413 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

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如有問題，請致電 Blue Shield TotalDual Plan，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。此為免費電話。如欲瞭解更多資訊，請造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。



## **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-452-4413 (ТТҮ: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-452-4413 (ТТҮ: 711). Ці послуги безкоштовні.

## **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-452-4413 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-452-4413 (TTY: 711). Các dịch vụ này đều miễn phí.

- ❖ 您可提出長期申請，要求獲得英語之外的其他語言或其他格式（大字版、盲文版、音訊版等）的文件和未來必要通訊。您可致電 Blue Shield TotalDual Plan 客戶服務部，以提出此申請，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。客戶服務部將記錄您的偏好語言和文件格式，直至您希望進行更新。
- ❖ 如欲變更以偏好語言或替代格式接收必要通訊的長期申請，請致電 Blue Shield TotalDual Plan 客戶服務部，電話：(800) 452-4413 (TTY: 711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。

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## B. 常見問題 (FAQ)

如有關於承保藥物清單 (藥物清單) 的疑問，請在此處尋找相關答案。您可閱覽所有 FAQ 以瞭解更多資訊，或直接尋找相關問題與答案。

### B1. 承保藥物清單涵蓋哪些處方藥？(我們將承保藥物清單簡稱為「藥物清單」。)

從 C 節開始的藥物清單所列藥物，均為 Blue Shield TotalDual Plan 承保的藥物。該等藥物可從網絡內藥房獲取。倘若我們與藥房達成合作協議以向您提供服務，則該藥房屬於網絡內藥房。我們將此等藥房稱為「網絡內藥房」。

其他藥物 (如部分非處方 (OTC) 藥物及特定維生素) 可能由 Medi-Cal Rx 承保。請造訪 Medi-Cal Rx 網站 ([www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)) 以獲取更多資訊。您也可以致電 Medi-Cal Rx 客戶服務中心，電話：800-977-2273。透過 Medi-Cal Rx 獲取處方藥時，請隨身攜帶您的 Medi-Cal 福利證明卡 (BIC)。

- Blue Shield TotalDual Plan 將藥物清單上所有具有醫療必要性的藥物，但前提是：
  - 您的醫生或其他處方醫生說明您需要該等藥物，才能康復或保持健康，
  - Blue Shield TotalDual Plan 同意該藥物對您具有醫療必要性，及
  - 您在 Blue Shield TotalDual Plan 的網絡內藥房配取處方藥。
- 在某些情況中，您必須採取某些行動才能獲得藥物。請參閱問題 B4，以瞭解更多資訊。

您也可以造訪我們的網站 ([blueshieldca.com/medformulary2026](http://blueshieldca.com/medformulary2026)) 或致電客戶服務部 (電話號碼見本文件頁腳)，以查詢最新的承保藥物清單。

### B2. 藥物清單是否會變更？

是，Blue Shield TotalDual Plan 在進行變更時必須遵守 Medicare 和 Medi-Cal 的規定。我們可能會在一年當中新增或移除藥物清單上的藥物。

我們亦可能變更有關藥物的規則。例如，我們可能：

- 決定就某種藥物要求或不要求事先授權。(事先授權是您在取得藥物之前需要獲得 Blue Shield TotalDual Plan 的許可。)
- 增加或變更您可獲取某種藥物的藥量 (稱為藥量限制)。
- 新增或變更藥物的階段療法限制。(階段療法指在我們承保另一種藥物前，您必須嘗試一種藥物。)

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如有問題，請致電 Blue Shield TotalDual Plan，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點 (太平洋時間)。此為免費電話。如欲瞭解更多資訊，請造訪 [blueshieldca.com/medformulary2026](http://blueshieldca.com/medformulary2026)。



有關此等藥物規則的更多資訊，請參閱問題 B4。

如果您在服用一種在**年初**時處於承保範圍的藥物，則除非發生下列情況，否則我們通常不會在**當年剩餘時間**內取消或變更該藥物的承保範圍：

- 有價格較低的新藥物上市且藥效和目前 *藥物清單* 上的藥物一樣好；或
- 我們得知某種藥物不安全；或
- 某種藥物遭到下架。

問題 B3 和 B6 將進一步說明 *藥物清單* 變更時的狀況。

- 您可隨時線上查閱 Blue Shield TotalDual Plan 的最新 *藥物清單*：  
[blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。 *藥物清單* 更新每月發佈在網站上。
- 您也可以致電客戶服務部（電話號碼見本文件頁腳），以查詢最新 *藥物清單*。

### B3. 當 *藥物清單* 變更時將會怎樣？

*藥物清單* 的某些變更將會立即生效。例如：

- **某些新版本藥物的替換**。如果我們用某種新版本藥物替換現有藥物，我們可能立即從 *藥物清單* 中移除現有藥物，但您為新藥物支付的費用將保持為 \$0。當我們新增新版本藥物時，我們也可能會決定保留清單上的品牌藥或原創生物製品，但我們將會變更該藥物的承保規則或限制。
  - 在進行此類變更之前，我們可能不會事先通知您，但是我們將會寄送資訊給您，說明我們所進行的一項或多項具體變更。
  - 僅當新增藥物符合以下條件時，我們方可進行此類變更：
    - 新增藥物是品牌藥的新學名藥，或
    - 新增藥物是 *藥物清單* 上某種原創生物製品的新生物類似藥（例如，新增一種可互換的生物類似藥，無需新處方即可用其替代原創生物製品）。
    - 其中一些藥物類型對您來說可能是新的。如欲瞭解更多資訊，請參閱 B14 節。
  - 您或您的提供者可針對這些變更申請例外處理。我們將會寄通知給您，說明申請例外處理所需採取的步驟。有關例外處理的更多資訊，請參閱問題 B10-B12。

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- **移除不安全藥物和已下架的其他藥物。**有時，藥物可能被視為不安全，或因其他原因被下架。如果發生這種情況，我們可以立即從 *藥物清單* 中移除該藥物。如果您在服用該藥物，我們會在做出變更後向您發送通知。處方醫生也將知悉此變更，並可與您合作尋找替代治療藥物。

**我們可能做出影響您所服用藥物的其他變更。**我們將會事先告知您這些與 *藥物清單* 有關的其他變更。如有下列情況，即可能會做出這些變更：

- Food and Drug Administration (FDA, 美國食品藥物管理局) 針對某項藥物提供新指南或有新的臨床指南。
- 當新增非新上市的學名藥時，我們會從 *藥物清單* 中移除品牌藥，或
- 當新增生物類似藥時，我們會移除原創生物製品，或
- 我們變更該品牌藥的承保規則或限制。

當發生該等變更時，我們將：

- 在我們對 *藥物清單* 進行變更之前，至少提前 30 天通知您；或
- 通知您並在您要求續配藥物時，為您提供該藥物 30 天的藥量。

這讓您有充分時間與您的醫生或其他處方醫生進行討論。他們可幫助您判斷：

- *藥物清單* 中是否有您可以改用的類似藥物；或
- 是否可就該等變更申請例外處理。如要瞭解有關例外處理的更多資訊，請參閱問題 B10-B12。

#### **B4. 藥物承保是否有任何限制或約束，或者是否必須採取任何行動才能取得特定藥物？**

是的，某些藥物有承保規則或對您可獲取的藥量有所限制。在某些情況下，在獲得藥物之前，您或您的醫生或其他處方醫生可能需要做些事。例如：

- **事先授權：**就某些藥物而言，在您配取處方藥之前，您或您的醫生或其他處方醫生必須獲得 Blue Shield TotalDual Plan 的授權。事先授權與轉介不同。如果您未獲得事先授權，Blue Shield TotalDual Plan 可能不會承保該藥物。
- **藥量限制：**有時，Blue Shield TotalDual Plan 會限制您可獲取的藥量。

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**如有問題**，請致電 Blue Shield TotalDual Plan，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。此為免費電話。**如欲瞭解更多資訊**，請造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。



- **階段療法**：有時，Blue Shield TotalDual Plan 會要求您接受階段療法。換而言之，您將需要按照一定的順序嘗試適用於您病症的藥物。在我們承保另一種藥物之前，您可能必須先嘗試某種藥物。倘若您的處方醫生認為第一種藥物對您沒有效果，則我們會承保第二種藥物。

如果您的藥物有任何額外要求或限制，您可以在 **C 節** 表格中找到相關資訊。您也可以造訪我們的網站 ([blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026))，以獲取更多資訊。我們已在線上發佈說明事先授權和階段療法限制的文件。您亦可要求我們給您寄送一份副本。

您可以就此等限制申請例外處理。這讓您有充分時間與您的醫生或其他處方醫生進行討論。他們可以幫助您決定您是否可以服用藥物清單上的另一種類似藥物，或是否申請例外處理。有關例外處理的更多資訊，請參閱問題 B10-B12。

#### B5. 我要如何知道自己所需藥物是否有限制規定或者必須採取某些行動才能獲得藥物？

「按醫療病症劃分的藥物清單」一節的表格中有「必要行動、約束或使用限制」一欄。

#### B6. 如果 Blue Shield TotalDual Plan 變更關於某些藥物承保方式的規則（如事先授權、藥量限制和階段療法限制）會怎樣？

在某些情況下，如果我們新增或變更某項藥物的事先授權、藥量限制和/或階段療法限制，我們將會事先通知您。請參閱問題 B3，以瞭解更多有關此類事先通知的資訊，以及我們在什麼情況下可能會無法事先告知您有關藥物清單中藥物規則的變更。

#### B7. 如何在藥物清單上找到某種藥物？

有兩種方式可供您選擇：

- 您可以按字母搜尋，或
- 您可按醫療病症搜尋。

如欲按字母搜尋，請在承保藥物索引一節查找藥物。您可在從第 133 頁開始的索引中查找。索引按字母順序列出本文件包含的所有藥物。品牌藥和學名藥均在此索引中列出。搜尋索引並找到您所需的藥物。您將會在您的藥物旁看到相關承保資訊所在頁面的頁碼。

如欲按醫療病症搜尋，您可找到「按醫療病症劃分的藥物清單」一節。本部分的藥物按其治療的醫療病症類型劃分為不同類別。例如，如果您有心臟病，您應查看該類別：心血管藥物。您會在此類別中找到治療心臟病的藥物。

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## B8. 如果我想要的某種藥物不在藥物清單上，該怎麼辦？

如果您在藥物清單中找不到所需藥物，請致電客戶服務部（電話號碼見本文件頁腳）進行諮詢。如果您得知 Blue Shield TotalDual Plan 不承保該藥物，您可採取以下任意行動：

- 向客戶服務部索取一份和您想服用之藥物類似的藥物清單。然後向您的醫生或其他處方醫生出示該清單。他們可開處藥物清單上一種與您想服用之藥物類似的藥物。或
- 要求 Blue Shield TotalDual Plan 進行例外處理，以承保您的藥物。有關例外處理的更多資訊，請參閱問題 B10-B12。

## B9. 如果我是 Blue Shield TotalDual Plan 的新會員，且未能在藥物清單上找到所需藥物或在獲取藥物時遇到問題，該怎麼辦？

我們可以幫助您。在您成為 Blue Shield TotalDual Plan 會員的頭 90 天內，我們可以就您的藥物承保 30 天的藥量。這讓您有充分時間與您的醫生或其他處方醫生進行討論。他們可以幫助您決定您是否可以服用藥物清單上的另一種類似藥物，或是否申請例外處理。

如果您的處方天數較短，我們將會允許您多次續配，直到為您提供的藥量達到 30 天的上限為止。

倘若發生以下情況，我們將就您的藥物承保 30 天的藥量：

- 您所服用的藥物不在藥物清單中；或
- 我們的計劃規定使您無法取得處方醫生為您開處的藥量；或
- 該藥物需要獲得 Blue Shield TotalDual Plan 的事先授權；或
- 您正在服用的藥物是屬於有階段療法限制的藥物。

如果您正在服用的藥物未被 Blue Shield TotalDual Plan 認定為 D 部分藥物，且不在藥物清單上，當您獲取藥物遇到問題時，該藥物可能可以透過 Medi-Cal Rx 獲得承保。如果非 D 部分藥物需要例外處理，且您處於緊急情況，Medi-Cal Rx 將允許至少 72 小時的藥量。請造訪 Medi-Cal Rx 網站 ([www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)) 以獲取更多資訊。您也可以致電 Medi-Cal Rx 客戶服務中心，電話：800-977-2273。透過 Medi-Cal Rx 獲取處方藥時，請隨身攜帶您的 Medi-Cal BIC。

如果您住在療養院或其他長期照護設施，且您需要未列於藥物清單中的藥物或者您無法輕鬆取得所需藥物，我們可提供幫助。您加入該計劃已超過 90 天並住在長期照護設施內，且需要立即獲得供藥：

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如有問題，請致電 Blue Shield TotalDual Plan，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。此為免費電話。如欲瞭解更多資訊，請造訪 [blueshieldca.com/medformulary2026](http://blueshieldca.com/medformulary2026)。



- 無論您是否為 Blue Shield TotalDual Plan 的新會員，我們會就您所需的藥物承保 31 天的藥量（除非您的處方天數未達 31 天）。
- 這不包含在您成為 Blue Shield TotalDual Plan 會員後的頭 90 天期間，我們所為您提供的臨時藥量當中。

## 過渡政策

在受益人從某種治療環境轉至另一種治療環境的情況下，Blue Shield TotalDual Plan 將確保快速處理非處方集 D 部分藥物的核准流程。此流程也應適用於需要事先授權或階段療法的處方集 D 部分藥物。護理層級變更示例：受益人從醫院出院返家；受益人結束了其在專業護理機構的 Medicare A 部分住院且需要恢復使用 D 部分處方集；受益人結束了在長期照護設施的住院並返回社區生活；受益人從精神病院出院且其藥物療程高度個別化。

### B10. 我是否可以申請例外處理以使藥物獲得承保？

是。您可以向 Blue Shield TotalDual Plan 申請例外處理，以承保未列於 *藥物清單* 中的藥物。

您亦可要求我們變更針對您藥物的規則。

- 例如，Blue Shield TotalDual Plan 可能會限制我們承保的藥量。如果您的藥物存在藥量限制，您可要求我們變更該限制，並承保更多藥量。
- 其他示例：您可要求我們取消階段療法限制或事先授權要求。

### B11. 如何申請例外處理？

如欲申請例外處理，請致電客戶服務部。客戶服務部將與您和您的處方醫生合作，幫助您申請例外處理。您也可閱讀 *會員手冊* 第 9 章 G2 節，以瞭解更多有關例外處理的資訊。

### B12. 獲取例外處理需要多長時間？

在收到處方醫生支持您的例外處理申請的聲明後，我們將在 72 小時內向您提供決定。您的處方醫生可以透過電子方式（線上或傳真）或郵寄方式發送此聲明。他們也可以致電 Blue Shield 藥房部門，電話：(800) 535-9481，口頭向我們作出聲明，然後再視需要寄送書面聲明。

如果您或您的處方醫生認為 72 小時的等待時間會讓您的健康受損，您可申請加急例外處理。我們會快速作出決定。如果您的處方醫生支持您的申請，在收到其支持聲明後 24 小時內，我們將向您提供決定。

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**如有問題**，請致電 Blue Shield TotalDual Plan，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。此為免費電話。**如欲瞭解更多資訊**，請造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。



### B13. 什麼是學名藥？

學名藥是由與品牌藥相同的有效成分製成。這些藥物通常比品牌藥便宜，而且通常藥效同樣好。它們通常沒有知名的名稱。學名藥已由 Food and Drug Administration (FDA) 批准。許多品牌藥都有學名藥。根據州法律，學名藥通常可以在藥房替代品牌藥，無需新處方。

Blue Shield TotalDual Plan 既承保品牌藥，亦承保學名藥。

### B14. 什麼是原創生物製品以及它們與生物類似藥有何關係？

當我們提到藥物時，這可能是指藥物或生物製品。生物製品是比一般藥物更複雜的藥物。由於生物製品比一般藥物更複雜，因此它們沒有學名藥，而是有相應的生物類似藥。一般來說，生物類似藥的藥效與原創生物製品一樣，而且費用可能更低。一些原創生物製品有生物類似藥替代品。一些生物類似藥是可互換的生物類似藥，根據州法律，可以在藥房替代原創生物製品，而無需新處方，就像學名藥可以替代品牌藥一樣。

如欲瞭解更多關於藥物類型的諮詢，請參閱 *會員手冊* 第 5 章。

### B15. Blue Shield TotalDual Plan 是否承保長期處方藥供應？

對於某些藥物，您可以使用該計劃的網絡送貨上門服務提供者。通常，透過送貨上門服務提供的藥物是您為治療慢性或長期疾病定期服用的藥物。該計劃的送貨上門服務提供者無法提供的藥物在我們的「藥物清單」中標有 NDS 標誌。

- **送貨上門服務。**我們提供送貨上門服務，允許您就以下藥物獲取最多 100 天的藥量，即第 1 層級：首選學名藥，第 2 層級：學名藥，第 3 層級：首選品牌藥，及第 4 層級：非首選藥物。對於以下藥物的 100 天藥量，即第 1 層級：首選學名藥以及第 2 層級：學名藥，其共付額與第 1 層級和第 2 層級藥物的一個月藥量相同。對於以下藥物的 100 天藥量，即第 3 層級：首選品牌藥，及第 4 層級：非首選藥，其共付額與第 3 層級和第 4 層級藥物的一個月藥量相同。
- **零售藥房計劃。**某些零售藥房也可就以下藥物提供最多 100 天的藥量，即第 1 層級：首選學名藥，第 2 層級：學名藥，第 3 層級：首選品牌藥，及第 4 層級：非首選藥物。對於以下藥物的 100 天藥量，即第 1 層級：首選學名藥以及第 2 層級：學名藥，其共付額與第 1 層級和第 2 層級藥物的一個月藥量相同。對於以下藥物的 100 天藥量，即第 3 層級：首選品牌藥，及第 4 層級：非首選藥，其共付額與第 3 層級和第 4 層級藥物的一個月藥量相同。

### B16. 我是否可以讓當地藥房將處方藥送貨上門？

當地藥房可能能夠將處方藥送貨上門。您可以致電藥房詢問是否提供送貨上門服務。

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如有問題，請致電 Blue Shield TotalDual Plan，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。此為免費電話。如欲瞭解更多資訊，請造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。



## B17. 我的共付額是多少？

在遵循計劃規則的情況下，Blue Shield TotalDual Plan 會員需要為處方藥支付共付額。

層級指藥物清單上的藥物組。

- 第 1 層級藥物為首選學名藥
- 第 2 層級藥物為學名藥
- 第 3 層級藥物為首選品牌藥
- 第 4 層級藥物為非首選藥物
- 第 5 層級藥物為特種層級藥物

層級	說明	共付額	
		30 天的藥量	100 天的藥量
第 1 層級	首選學名藥	\$0	\$0
第 2 層級	學名藥	\$0	\$0
第 3 層級	首選品牌藥	\$0, \$5.10, \$12.65	\$0, \$5.10, \$12.65
第 4 層級	非首選藥物	\$0, \$5.10, \$12.65	\$0, \$5.10, \$12.65
第 5 層級	特種層級藥物	\$0, \$5.10, \$12.65	不提供

如有問題，請致電客戶服務部（電話號碼見本文件頁腳）。

如有問題，請致電 Blue Shield TotalDual Plan，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。此為免費電話。如欲瞭解更多資訊，請造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。



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## C. 承保藥物清單概述

承保藥物清單為您提供有關 Blue Shield TotalDual Plan 所承保藥物的資訊。如果您難以在清單中找到所需藥物，請查閱從 D 節開始的承保藥物清單索引。該索引按字母順序列出了 Blue Shield TotalDual Plan 承保的所有藥物。

其他藥物（如部分非處方 (OTC) 藥物及特定維生素）可能由 Medi-Cal Rx 承保。請造訪 Medi-Cal Rx 網站 ([www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)) 以獲取更多資訊。您也可以致電 Medi-Cal Rx 客戶服務中心，電話：800-977-2273。透過 Medi-Cal Rx 獲取處方藥時，請隨身攜帶您的 Medi-Cal 福利證明卡 (BIC)。

### D 部分項下的上訴

- 上訴指要求我們審核我們針對承保範圍所作的決定以及變更該決定（如果您認為我們的決定有誤）的正式方式。
- 例如，我們可能決定 Medicare 或 Medi-Cal 不承保或不再承保您想要的藥物。
- 如果您或您的處方醫生不同意該決定，您可以提出上訴。如有問題，請致電客戶服務部（電話號碼見本文件頁腳）。
- 您也可閱讀 *會員手冊* 第 9 章，以瞭解如何針對決定提出上訴。
- 非 D 部分藥物有不同的上訴規則。

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如有問題，請致電 Blue Shield TotalDual Plan，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。此為免費電話。如欲瞭解更多資訊，請造訪 [blueshieldca.com/medformulary2026](http://blueshieldca.com/medformulary2026)。



## C1. 按醫療病症劃分的藥物清單

本部分的藥物按其治療的醫療病症類型劃分為不同類別。例如，如果您有心臟病，您應查看該類別：心血管藥物。您會在此類別中找到治療心臟病的藥物。

說明		
層級	名稱	
1	首選學名藥	
2	學名藥	
3	首選品牌藥	
4	非首選藥物	
5	特種層級藥物	
符號	名稱	說明
LA	有限配取 (Limited Access)	此種處方藥可能僅可在特定藥房配取。如需瞭解更多資訊，請查閱您的藥房名錄或致電我們的客戶服務部。
PA	事先授權(Prior Authorization)	此處方藥的承保需要事先獲得 Blue Shield 授權。致電 Blue Shield 以提供必要的資訊來確定承保範圍。根據 Medicare 承保規則，某些藥物可能需要 B 部分或 D 部分承保裁定。
QL	藥量限制 (Quantity Limit)	此藥物有劑量或處方藥量限制。每日最大劑量限制由 FDA 定義並列在藥品包裝說明書中。其他藥量限制鼓勵在可能的情況下統一給藥。
ST	階段療法(Step Therapy)	當嘗試過其他第一線或首選藥物治療時，將承保此處方藥（階段療法）。
NDS	非延期藥量 (Non-Extended Day Supply)	藥物不提供長期藥量。

表格的第一欄列明藥物名稱。學名藥為小寫斜體（例如，*simvastatin*（辛伐他汀）），品牌藥為大寫（如 ELIQUIS（阿哌沙班）），「必要行動、約束或使用限制」一欄內的資訊介紹 Blue Shield TotalDual Plan 對承保藥物是否訂有任何規則。

**如有問題**，請致電 Blue Shield TotalDual Plan，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。此為免費電話。**如欲瞭解更多資訊**，請造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。



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## D. 承保藥物索引

在本節中，您可以透過按字母順序搜尋藥物名稱來找到所需藥物。這將告訴您可以在哪頁找到更多關於您藥物的承保資訊。

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**如有問題**，請致電 Blue Shield TotalDual Plan，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。此為免費電話。**如欲瞭解更多資訊**，請造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。



## ANALGESICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	Tier 4	PA, QL (48 PER 30 OVER TIME), NDS
<i>cataflam 50 mg tab</i>	Tier 2	
<i>celecoxib (100 mg cap, 200 mg cap, 50 mg cap)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg cap</i>	Tier 2	QL (1 PER 1 DAYS)
<i>diclofenac potassium 50 mg tab</i>	Tier 2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr)</i>	Tier 2	
<i>diclofenac sodium 1.5 % solution</i>	Tier 3	
<i>diclofenac sodium 3 % gel</i>	Tier 4	PA, QL (100 PER 30 DAYS)
<i>diclofenac sodium 75 mg tab dr</i>	Tier 1	
<i>diclofenac sodium er 100 mg tab er 24h</i>	Tier 2	
<i>diflunisal 500 mg tab</i>	Tier 3	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	Tier 2	
<i>etodolac (200 mg cap, 300 mg cap)</i>	Tier 3	
<i>etodolac (400 mg tab, 500 mg tab)</i>	Tier 2	
<i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	Tier 3	
FLURBIPROFEN (100 MG TAB, 50 MG TAB)	Tier 2	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	Tier 1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	Tier 2	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	Tier 1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	Tier 2	

您可以查閱  
CI

節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANALGESICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>meloxicam (15 mg tab, 7.5 mg tab)</i>	Tier 1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	Tier 2	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	Tier 1	
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	Tier 2	
<i>naproxen dr 500 mg tab dr</i>	Tier 2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	Tier 3	
<i>oxaprozin 600 mg tab</i>	Tier 4	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	Tier 3	
<i>relafen (500 mg tab, 750 mg tab)</i>	Tier 2	
<i>sulindac (150 mg tab, 200 mg tab)</i>	Tier 2	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine (10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk, 5 mcg/hr patch wk, 7.5 mcg/hr patch wk)</i>	Tier 4	PA, QL (4 PER 28 OVER TIME), NDS
<i>fentanyl (100 mcg/hr patch 72hr, 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr)</i>	Tier 3	PA, QL (10 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg tab</i>	Tier 4	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/5ml solution</i>	Tier 4	PA, QL (450 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/ml solution</i>	Tier 4	PA, NDS
<i>methadone hcl 5 mg tab</i>	Tier 4	PA, QL (180 PER 30 OVER TIME), NDS
<i>methadone hcl 5 mg/5ml solution</i>	Tier 4	PA, QL (900 PER 30 OVER TIME), NDS
<i>morphine sulfate er (100 mg tab er, 200 mg tab er, 60 mg tab er)</i>	Tier 4	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate er 15 mg tab er</i>	Tier 4	QL (180 PER 30 OVER TIME), NDS

您可以查閱  
CI

節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANALGESICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>morphine sulfate er 30 mg tab er</i>	Tier 4	QL (90 PER 30 OVER TIME), NDS
<i>tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	Tier 4	PA, QL (1 PER 1 DAYS), NDS
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	Tier 2	QL (1800 PER 30 OVER TIME), NDS
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	Tier 2	QL (12 PER 1 DAYS), NDS
<i>acetaminophen-codeine 300-60 mg tab</i>	Tier 2	QL (6 PER 1 DAYS), NDS
<i>butorphanol tartrate 10 mg/ml solution</i>	Tier 3	QL (15 PER 28 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	Tier 4	QL (336 PER 30 OVER TIME), NDS
<i>codeine sulfate 30 mg tab</i>	Tier 4	QL (168 PER 30 OVER TIME), NDS
CODEINE SULFATE 60 MG TAB	Tier 4	QL (84 PER 30 OVER TIME), NDS
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	Tier 3	QL (168 PER 30 OVER TIME), NDS
<i>endocet 10-325 mg tab</i>	Tier 3	QL (84 PER 30 OVER TIME), NDS
<i>endocet 7.5-325 mg tab</i>	Tier 3	QL (112 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (10-325 mg tab, 7.5-325 mg tab)</i>	Tier 2	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	Tier 4	QL (2520 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	Tier 2	QL (8 PER 1 DAYS), NDS
<i>hydromorphone hcl 2 mg tab</i>	Tier 3	QL (154 PER 30 OVER TIME), NDS

您可以查閱  
CI

節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANALGESICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>hydromorphone hcl 4 mg tab</i>	Tier 3	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 8 mg tab</i>	Tier 3	QL (42 PER 30 OVER TIME), NDS
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	Tier 3	QL (120 PER 30 OVER TIME), NDS
<i>morphine sulfate (concentrate) (100 mg/5ml solution, 20 mg/ml solution)</i>	Tier 3	QL (70 PER 30 OVER TIME), NDS
<i>morphine sulfate 10 mg/5ml solution</i>	Tier 3	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate 20 mg/5ml solution</i>	Tier 3	QL (315 PER 30 OVER TIME), NDS
<i>oxycodone hcl (15 mg tab, 30 mg tab)</i>	Tier 3	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl 10 mg tab</i>	Tier 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone hcl 100 mg/5ml conc</i>	Tier 4	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl 20 mg tab</i>	Tier 3	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg tab</i>	Tier 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg/5ml solution</i>	Tier 3	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	Tier 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 10-325 mg tab</i>	Tier 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	Tier 3	QL (112 PER 30 OVER TIME), NDS
<i>tramadol hcl 50 mg tab</i>	Tier 2	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	Tier 2	QL (112 PER 30 OVER TIME), NDS

您可以查閱  
CI

節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANESTHETICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
LOCAL ANESTHETICS		
<i>lidocaine 5 % ointment</i>	Tier 4	QL (50 PER 30 DAYS)
<i>lidocaine 5 % patch</i>	Tier 3	PA, QL (3 PER 1 DAYS)
<i>lidocaine hcl 4 % solution</i>	Tier 2	
<i>lidocaine viscous hcl 2 % solution</i>	Tier 2	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	Tier 3	QL (30 PER 30 DAYS)
<i>lidocan 5 % patch</i>	Tier 3	PA, QL (3 PER 1 DAYS)
NAYZILAM 5 MG/0.1ML SOLUTION	Tier 4	QL (10 PER 30 DAYS)
PREMIUM LIDOCAINE 5 % OINTMENT	Tier 4	QL (50 PER 30 DAYS)

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
ALCOHOL DETERRENENTS/ANTI-CRAVING		
<i>acamprosate calcium 333 mg tab dr</i>	Tier 4	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	Tier 2	
OPIOID DEPENDENCE		
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	Tier 2	
<i>buprenorphine hcl-naloxone hcl (12-3 mg film, 2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab)</i>	Tier 2	
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	Tier 4	QL (2 PER 30 OVER TIME)
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	Tier 2	

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## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
<i>naltrexone hcl 50 mg tab</i>	Tier 2	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	Tier 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	Tier 4	
NICOTROL NS 10 MG/ML SOLUTION	Tier 4	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>varenicline tartrate (starter) 0.5 mg x 11 &amp; 1 mg x 42 tab thpk</i>	Tier 4	QL (53 PER 30 OVER TIME)
<i>varenicline tartrate(continue) 1 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)

## ANTIBACTERIALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
AMINOGLYCOSIDES		
<i>amikacin sulfate 500 mg/2ml solution</i>	Tier 4	
ARIKAYCE 590 MG/8.4ML SUSPENSION	Tier 5	PA, LA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	Tier 2	
<i>gentamicin sulfate 40 mg/ml solution</i>	Tier 4	
<i>neomycin sulfate 500 mg tab</i>	Tier 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	Tier 4	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 10 mg/ml solution, 2 gm/50ml solution, 80 mg/2ml solution)</i>	Tier 4	

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CI

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## ANTIBACTERIALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTIBACTERIALS, OTHER		
<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	Tier 4	
CAYSTON 75 MG RECON SOLN	Tier 5	PA, LA, QL (84 PER 28 DAYS)
<i>clindamycin hcl (150 mg cap, 300 mg cap, 75 mg cap)</i>	Tier 2	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	Tier 4	
<i>clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 9 gm/60ml solution, 900 mg/6ml solution)</i>	Tier 4	
<i>clindamycin phosphate 2 % cream</i>	Tier 2	
<i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	Tier 4	
CLINDAMYCIN PHOSPHATE IN NAACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	Tier 4	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	Tier 4	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	Tier 5	
<i>fosfomycin tromethamine 3 gm packet</i>	Tier 4	QL (1 PER 30 DAYS)
<i>lincomycin hcl 300 mg/ml solution</i>	Tier 4	
<i>linezolid 100 mg/5ml recon susp</i>	Tier 5	PA
<i>linezolid 600 mg tab</i>	Tier 4	PA
<i>linezolid 600 mg/300ml solution</i>	Tier 4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	Tier 5	
<i>methenamine hippurate 1 gm tab</i>	Tier 4	

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTIBACTERIALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)</i>	Tier 2	
<i>metronidazole (0.75 % lotion, 1 % gel, 500 mg/100ml solution)</i>	Tier 4	
<i>metronidazole 0.75 % cream</i>	Tier 3	
<i>nitrofurantoin macrocrystal (100 mg cap, 50 mg cap)</i>	Tier 2	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	Tier 2	
<i>rosadan 0.75 % cream</i>	Tier 3	
<i>rosadan 0.75 % gel</i>	Tier 2	
<i>tigecycline 50 mg recon soln</i>	Tier 4	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	Tier 4	
<i>trimethoprim 100 mg tab</i>	Tier 2	
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 1.75 gm recon soln, 10 gm recon soln, 100 gm recon soln, 125 mg cap, 2 gm recon soln, 250 mg cap, 500 mg recon soln, 750 mg recon soln)</i>	Tier 4	
<i>vancomycin hcl 5 gm recon soln</i>	Tier 4	PA - PART B VS D DETERMINATION
XIFAXAN 200 MG TAB	Tier 4	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	Tier 5	PA, QL (3 PER 1 DAYS)
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	Tier 2	
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg/5ml recon susp)</i>	Tier 3	
<i>cefadroxil 500 mg cap</i>	Tier 2	

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## ANTIBACTERIALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>cefazolin sodium (1 gm recon soln, 10 gm recon soln, 100 gm recon soln, 2 gm recon soln, 3 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	Tier 4	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	Tier 3	
<i>cefdinir 300 mg cap</i>	Tier 2	
CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION)	Tier 4	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	Tier 4	
<i>cefoxitin sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln)</i>	Tier 4	
CEFPODOXIME PROXETIL (100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB, 50 MG/5ML RECON SUSP)	Tier 4	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	Tier 2	
<i>ceftaroline fosamil (400 mg recon soln, 600 mg recon soln)</i>	Tier 5	
CEFTAZIDIME (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	Tier 4	
<i>ceftriaxone sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	Tier 4	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	Tier 2	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	Tier 4	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	Tier 2	

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTIBACTERIALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	Tier 4	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	Tier 5	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	Tier 2	
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	Tier 2	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	Tier 3	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h</i>	Tier 4	
<i>ampicillin 500 mg cap</i>	Tier 2	
<i>ampicillin sodium (1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 2 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	Tier 4	
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 15 (10-5) gm recon soln, 3 (2-1) gm recon soln)</i>	Tier 4	
BICILLIN L-A (1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR, 600000 UNIT/ML SUSP PRSYR)	Tier 4	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	Tier 2	
<i>nafcillin sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln)</i>	Tier 4	

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTIBACTERIALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>penicillin g potassium (20000000 unit recon soln, 5000000 unit recon soln)</i>	Tier 4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	Tier 4	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	Tier 2	
<i>pfizerpen (20000000 unit recon soln, 5000000 unit recon soln)</i>	Tier 4	
<i>piperacillin sod-tazobactam so (13.5 (12-1.5) gm recon ln, 2.25 (2-0.25) gm recon ln, 3-0.375 gm recon ln, 3.375 (3-0.375) gm recon ln, 4-0.5 gm recon ln, 4.5 (4-0.5) gm recon ln, 40.5 (36-4.5) gm recon ln)</i>	Tier 4	
CARBAPENEMS		
<i>ertapenem sodium 1 gm recon soln</i>	Tier 3	
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	Tier 4	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	Tier 4	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	Tier 4	
MACROLIDES		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	Tier 2	
AZITHROMYCIN 1 GM PACKET	Tier 3	
<i>azithromycin 500 mg recon soln</i>	Tier 4	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	Tier 4	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	Tier 2	

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTIBACTERIALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>clarithromycin er 500 mg tab er 24h</i>	Tier 4	
DIFICID 40 MG/ML RECON SUSP	Tier 5	PA, QL (136 PER 10 OVER TIME)
<i>erythrocin lactobionate 500 mg recon soln</i>	Tier 4	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)</i>	Tier 4	
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp</i>	Tier 4	
<i>erythromycin lactobionate 500 mg recon soln</i>	Tier 4	
<i>fidaxomicin 200 mg tab</i>	Tier 5	PA, QL (20 PER 10 OVER TIME)
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	Tier 3	
CILOXAN 0.3 % OINTMENT	Tier 4	
<i>ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)</i>	Tier 4	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	Tier 2	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	Tier 4	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	Tier 2	
<i>levofloxacin 25 mg/ml solution</i>	Tier 4	
<i>levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)</i>	Tier 4	
<i>moxifloxacin hcl 400 mg tab</i>	Tier 3	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	Tier 4	PA - PART B VS D DETERMINATION

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTIBACTERIALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	Tier 4	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	Tier 2	
TETRACYCLINES		
<i>avidoxy 100 mg tab</i>	Tier 3	
<i>doxy 100 100 mg recon soln</i>	Tier 4	
<i>doxycycline hyclate (100 mg cap, 100 mg tab, 20 mg tab, 50 mg cap)</i>	Tier 2	
<i>doxycycline hyclate 100 mg recon soln</i>	Tier 4	
<i>doxycycline monohydrate (100 mg cap, 50 mg cap)</i>	Tier 2	
<i>doxycycline monohydrate (100 mg tab, 50 mg tab, 75 mg tab)</i>	Tier 3	
<i>minocycline hcl (100 mg cap, 50 mg cap, 75 mg cap)</i>	Tier 2	
<i>mondoxylene nl 100 mg cap</i>	Tier 2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	Tier 4	

## ANTICONVULSANTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
ANTICONVULSANTS, OTHER		
<i>brivaracetam (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	Tier 5	ST, QL (2 PER 1 DAYS)

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTICONVULSANTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>brivaracetam 10 mg/ml solution</i>	Tier 5	ST, QL (20 ML PER 1 DAYS)
BRIVIACT (10 MG TAB, 100 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	Tier 5	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML SOLUTION	Tier 5	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	Tier 2	
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	Tier 2	
EPIDIOLEX 100 MG/ML SOLUTION	Tier 5	LA, PA - FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	Tier 4	
FINTEPLA 2.2 MG/ML SOLUTION	Tier 5	LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>lamotrigine (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab)</i>	Tier 1	
<i>lamotrigine (25 mg chew tab, 5 mg chew tab)</i>	Tier 2	
<i>levetiracetam (100 mg/ml solution, 1000 mg tab, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab)</i>	Tier 2	
<i>levetiracetam er 500 mg tab er 24h</i>	Tier 2	QL (6 PER 1 DAYS)
<i>levetiracetam er 750 mg tab er 24h</i>	Tier 2	QL (4 PER 1 DAYS)
<i>perampanel (10 mg tab, 12 mg tab, 4 mg tab, 6 mg tab, 8 mg tab)</i>	Tier 4	QL (1 PER 1 DAYS)
<i>perampanel 0.5 mg/ml suspension</i>	Tier 4	QL (24 ML PER 1 DAYS)

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## ANTICONVULSANTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>perampnel 2 mg tab</i>	Tier 4	QL (3 PER 1 DAYS)
<i>roweepra 500 mg tab</i>	Tier 2	
SPRITAM (250 MG TAB, 500 MG TAB)	Tier 4	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 1000 MG TAB	Tier 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 750 MG TAB	Tier 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>subvenite (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab)</i>	Tier 2	
SUBVENITE 10 MG/ML SUSPENSION	Tier 5	QL (50 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>topiramate (100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 50 mg cap sprink)</i>	Tier 2	
<i>topiramate 25 mg/ml solution</i>	Tier 4	QL (16 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	Tier 4	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	Tier 2	
XCOPRI (100 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (150 MG TAB, 200 MG TAB)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	Tier 2	
<i>methsuximide 300 mg cap</i>	Tier 4	
GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam 10 mg tab</i>	Tier 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTICONVULSANTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>clobazam 2.5 mg/ml suspension</i>	Tier 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 20 mg tab</i>	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>diazepam 10 mg gel</i>	Tier 4	QL (20 PER 30 DAYS)
<i>diazepam 2.5 mg gel</i>	Tier 4	QL (5 PER 30 DAYS)
<i>diazepam 20 mg gel</i>	Tier 4	QL (40 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	Tier 3	QL (72 PER 1 DAYS)
<i>gabapentin (600 mg tab, 800 mg tab)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>gabapentin 100 mg cap</i>	Tier 2	QL (12 PER 1 DAYS)
<i>gabapentin 300 mg cap</i>	Tier 2	QL (8 PER 1 DAYS)
<i>gabapentin 400 mg cap</i>	Tier 2	QL (6 PER 1 DAYS)
<i>phenobarbital (100 mg tab, 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab)</i>	Tier 2	PA - FOR NEW STARTS ONLY
<i>primidone (125 mg tab, 250 mg tab, 50 mg tab)</i>	Tier 2	
SYMPAZAN (10 MG FILM, 20 MG FILM, 5 MG FILM)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>tiagabine hcl (12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab)</i>	Tier 4	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	Tier 5	QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	Tier 5	QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	Tier 5	QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	Tier 5	QL (10 PER 30 DAYS)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以查閱  
CI

節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTICONVULSANTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>vigadrone 500 mg packet</i>	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg tab</i>	Tier 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIGAFYDE 100 MG/ML SOLUTION	Tier 5	LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigoder 500 mg packet</i>	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZTALMY 50 MG/ML SUSPENSION	Tier 5	LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SODIUM CHANNEL AGENTS		
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)</i>	Tier 2	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	Tier 3	
DILANTIN (100 MG CAP, 30 MG CAP)	Tier 4	
<i>epitol 200 mg tab</i>	Tier 2	
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	Tier 4	QL (1 PER 1 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>lacosamide (10 mg/ml solution, 100 mg/10ml solution, 50 mg/5ml solution)</i>	Tier 4	QL (40 PER 1 DAYS)
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	Tier 2	

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## ANTICONVULSANTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>oxcarbazepine 300 mg/5ml suspension</i>	Tier 4	
<i>phenytek (200 mg cap, 300 mg cap)</i>	Tier 2	
<i>phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension, 50 mg chew tab)</i>	Tier 2	
<i>phenytoin infatabs 50 mg chew tab</i>	Tier 2	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	Tier 2	
<i>rufinamide 200 mg tab</i>	Tier 4	ST, QL (16 PER 1 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	Tier 5	ST, QL (80 PER 1 DAYS)
<i>rufinamide 400 mg tab</i>	Tier 4	ST, QL (8 PER 1 DAYS)
XCOPRI (14 X 150 MG & 14 X 200 MG TAB THPK, 14 X 50 MG & 14 X 100 MG TAB THPK)	Tier 5	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	Tier 4	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ZONISADE 100 MG/5ML SUSPENSION	Tier 4	
<i>zonisamide (100 mg cap, 25 mg cap, 50 mg cap)</i>	Tier 2	

## ANTIDEMENTIA AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	Tier 3	

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTIDEMENTIA AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl (10 mg tab, 5 mg tab)</i>	Tier 1	
<i>donepezil hcl 23 mg tab</i>	Tier 4	ST
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 2	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 2	
<i>galantamine hydrobromide (12 mg tab, 4 mg tab, 4 mg/ml solution, 8 mg tab)</i>	Tier 4	
<i>galantamine hydrobromide er (16 mg cap er 24h, 24 mg cap er 24h, 8 mg cap er 24h)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>rivastigmine (13.3 mg/24hr patch 24hr, 4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr)</i>	Tier 4	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	Tier 3	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (10 mg tab, 5 mg tab)</i>	Tier 2	
<i>memantine hcl (10 mg/5ml solution, 2 mg/ml solution)</i>	Tier 3	
<i>memantine hcl er (14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h, 7 mg cap er 24h)</i>	Tier 4	

## ANTIDEPRESSANTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
ANTIDEPRESSANTS, OTHER		
AUVELITY 45-105 MG TAB ER	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl 100 mg tab</i>	Tier 2	QL (4 PER 1 DAYS)
<i>bupropion hcl 75 mg tab</i>	Tier 2	QL (6 PER 1 DAYS)

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTIDEPRESSANTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	Tier 2	QL (4 PER 1 DAYS)
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	Tier 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	Tier 2	QL (2 PER 1 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	Tier 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	Tier 2	QL (1 PER 1 DAYS)
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
EXXUA TITRATION PACK 18.2 MG TAB ER 24H	Tier 5	QL (64 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
<i>mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp, 7.5 mg tab)</i>	Tier 2	
<i>mirtazapine (15 mg tab, 30 mg tab)</i>	Tier 1	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	Tier 4	PA - FOR NEW STARTS ONLY
ZURZUVAE (20 MG CAP, 25 MG CAP)	Tier 5	QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	Tier 5	QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
MONOAMINE OXIDASE INHIBITORS		
EMSAM (12 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR)	Tier 5	PA - FOR NEW STARTS ONLY
MARPLAN 10 MG TAB	Tier 4	
PHENELZINE SULFATE 15 MG TAB	Tier 2	
<i>tranylcypromine sulfatate 10 mg tab</i>	Tier 4	

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## ANTIDEPRESSANTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	Tier 1	
<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	Tier 3	
<i>desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate er 100 mg tab er 24h</i>	Tier 3	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (10 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 1	
<i>escitalopram oxalate (10 mg/10ml solution, 5 mg/5ml solution)</i>	Tier 2	
FETZIMA (120 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H)	Tier 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FETZIMA TITRATION 20 & 40 MG CP24 THPK	Tier 4	QL (28 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i>	Tier 1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	Tier 2	
FLUOXETINE HCL 90 MG CAP DR	Tier 4	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	Tier 2	QL (3 PER 1 DAYS)
<i>fluvoxamine maleate 25 mg tab</i>	Tier 2	QL (12 PER 1 DAYS)
<i>fluvoxamine maleate 50 mg tab</i>	Tier 2	QL (6 PER 1 DAYS)
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB, 50 MG TAB)	Tier 3	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	Tier 1	
PAROXETINE HCL 10 MG/5ML SUSPENSION	Tier 4	QL (30 PER 1 DAYS)
<i>paroxetine hcl er (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>	Tier 4	

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTIDEPRESSANTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
RALDESY 10 MG/ML SOLUTION	Tier 5	QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sertraline hcl (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>sertraline hcl 20 mg/ml conc</i>	Tier 3	
<i>trazodone hcl (100 mg tab, 150 mg tab, 50 mg tab)</i>	Tier 2	
<i>trazodone hcl 300 mg tab</i>	Tier 3	
TRINTELLIX (10 MG TAB, 20 MG TAB, 5 MG TAB)	Tier 4	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab)</i>	Tier 2	
<i>venlafaxine hcl er (150 mg cap er 24h, 37.5 mg cap er 24h)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>venlafaxine hcl er 75 mg cap er 24h</i>	Tier 2	QL (3 PER 1 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	Tier 4	ST, QL (1 PER 1 DAYS)
TRICYCLICS		
<i>amitriptyline hcl (10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	Tier 2	PA - FOR NEW STARTS ONLY
<i>amoxapine (100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 3	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	Tier 4	PA - FOR NEW STARTS ONLY
<i>desipramine hcl (10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	Tier 4	
<i>doxepin hcl (10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	Tier 3	PA - FOR NEW STARTS ONLY
<i>doxepin hcl 10 mg/ml conc</i>	Tier 2	PA - FOR NEW STARTS ONLY
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 2	PA - FOR NEW STARTS ONLY
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	Tier 2	

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTIDEPRESSANTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>nortriptyline hcl 10 mg/5ml solution</i>	Tier 4	
<i>protriptyline hcl (10 mg tab, 5 mg tab)</i>	Tier 4	
<i>trimipramine maleate (100 mg cap, 25 mg cap, 50 mg cap)</i>	Tier 4	PA - FOR NEW STARTS ONLY

## ANTIEMETICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTIEMETICS, OTHER		
<i>compro 25 mg suppos</i>	Tier 4	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	Tier 2	
<i>metoclopramide hcl (10 mg tab, 10 mg/10ml solution, 5 mg tab, 5 mg/5ml solution)</i>	Tier 2	
<i>metoclopramide hcl 5 mg/ml solution</i>	Tier 4	
<i>perphenazine (16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	Tier 2	
<i>prochlorperazine 25 mg suppos</i>	Tier 4	
<i>prochlorperazine maleate (10 mg tab, 5 mg tab)</i>	Tier 2	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 2	PA
<i>scopolamine 1 mg/3days patch 72hr</i>	Tier 4	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant (125 mg cap, 80 &amp; 125 mg cap thpk, 80 mg cap)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>aprepitant 40 mg cap</i>	Tier 4	PA, QL (1 PER 30 DAYS)
<i>dronabinol (10 mg cap, 2.5 mg cap, 5 mg cap)</i>	Tier 4	PA, QL (6 PER 1 DAYS)

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTIEMETICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>granisetron hcl 1 mg tab</i>	Tier 4	QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 4 mg tab disp</i>	Tier 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 8 mg tab disp</i>	Tier 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION
ONDANSETRON HCL 24 MG TAB	Tier 2	QL (15 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg tab</i>	Tier 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg/5ml solution</i>	Tier 4	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 8 mg tab</i>	Tier 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION

## ANTIFUNGALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION	Tier 4	PA - PART B VS D DETERMINATION
AMPHOTERICIN B 50 MG RECON SOLN	Tier 4	PA - PART B VS D DETERMINATION
<i>amphotericin b liposome 50 mg recon susp</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	Tier 2	
CRESEMBA 186 MG CAP	Tier 5	PA, QL (2 PER 1 DAYS)
CRESEMBA 74.5 MG CAP	Tier 5	PA, QL (5 PER 1 DAYS)
<i>econazole nitrate 1 % cream</i>	Tier 4	

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## ANTIFUNGALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>fluconazole (10 mg/ml recon susp, 100 mg tab, 150 mg tab, 200 mg tab, 40 mg/ml recon susp, 50 mg tab)</i>	Tier 2	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	Tier 4	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	Tier 5	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	Tier 4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	Tier 4	
<i>itraconazole 100 mg cap</i>	Tier 4	
<i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>	Tier 2	
<i>klayesta 100000 unit/gm powder</i>	Tier 4	
<i>micafungin sodium (100 mg recon soln, 50 mg recon soln)</i>	Tier 4	
MICONAZOLE 3 200 MG SUPPOS	Tier 3	
<i>nyamyc 100000 unit/gm powder</i>	Tier 4	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension, 500000 unit tab)</i>	Tier 2	
<i>nystatin 100000 unit/gm powder</i>	Tier 4	
<i>nystop 100000 unit/gm powder</i>	Tier 4	
<i>posaconazole 100 mg tab dr</i>	Tier 5	PA, QL (3 PER 1 DAYS)
<i>terbinafine hcl 250 mg tab</i>	Tier 2	QL (1 PER 1 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream)</i>	Tier 3	
<i>terconazole 80 mg suppos</i>	Tier 4	
<i>voriconazole (200 mg tab, 40 mg/ml recon susp, 50 mg tab)</i>	Tier 4	PA
<i>voriconazole 200 mg recon soln</i>	Tier 4	PA - PART B VS D DETERMINATION

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## ANTIGOUT AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
ANTIGOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	Tier 1	
<i>colchicine 0.6 mg tab</i>	Tier 3	QL (4 PER 1 DAYS)
<i>colchicine-probenecid 0.5-500 mg tab</i>	Tier 2	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	Tier 4	ST, QL (1 PER 1 DAYS)
<i>probenecid 500 mg tab</i>	Tier 2	

## ANTIMIGRAINE AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG (140 MG/ML SOLN A-INJ, 70 MG/ML SOLN A-INJ)	Tier 3	PA, QL (1 PER 28 DAYS)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	Tier 3	PA, QL (2 PER 30 DAYS)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	Tier 3	PA, QL (3 PER 30 DAYS)
NURTEC 75 MG TAB DISP	Tier 5	PA, QL (16 PER 30 DAYS)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	Tier 5	PA, QL (8 PER 30 DAYS)
ERGOTAMINE-CAFFEINE 1-100 MG TAB	Tier 3	QL (40 PER 28 DAYS)
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	Tier 3	QL (18 PER 30 OVER TIME)
<i>rizatriptan benzoate (10 mg tab, 10 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	Tier 2	QL (24 PER 30 OVER TIME)
<i>sumatriptan (20 mg/act solution, 5 mg/act solution)</i>	Tier 4	QL (18 PER 30 OVER TIME)

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## ANTIMIGRAINE AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
<i>sumatriptan succinate (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 2	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	Tier 4	QL (8 PER 30 OVER TIME)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	Tier 4	QL (8 PER 30 OVER TIME)

## ANTIMYASTHENIC AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	Tier 2	
<i>pyridostigmine bromide er 180 mg tab er</i>	Tier 4	

## ANTIMYCOBACTERIALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (100 mg tab, 25 mg tab)</i>	Tier 3	
<i>rifabutin 150 mg cap</i>	Tier 4	
ANTITUBERCULARS		
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	Tier 2	
<i>isoniazid (100 mg tab, 300 mg tab, 50 mg/5ml syrup)</i>	Tier 2	
PRIFTIN 150 MG TAB	Tier 4	
<i>pyrazinamide 500 mg tab</i>	Tier 2	
<i>rifampin (150 mg cap, 300 mg cap)</i>	Tier 2	
<i>rifampin 600 mg recon soln</i>	Tier 4	

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## ANTIMYCOBACTERIALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
SIRTURO (100 MG TAB, 20 MG TAB)	Tier 5	PA
TRECTOR 250 MG TAB	Tier 4	

## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	Tier 3	PA - PART B VS D DETERMINATION
LEUKERAN 2 MG TAB	Tier 4	
<i>lomustine (10 mg cap, 40 mg cap)</i>	Tier 4	
<i>lomustine 100 mg cap</i>	Tier 5	
MATULANE 50 MG CAP	Tier 5	LA
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abiraterone acetate 500 mg tab</i>	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abirtega 250 mg tab</i>	Tier 2	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bicalutamide 50 mg tab</i>	Tier 2	
ERLEADA 240 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERLEADA 60 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
EULEXIN 125 MG CAP	Tier 3	
FLUTAMIDE 125 MG CAP	Tier 3	
<i>nilutamide 150 mg tab</i>	Tier 5	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ORSERDU 345 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIANGIOGENIC AGENTS		
<i>lenalidomide (10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap)</i>	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)</i>	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 100 MG CAP	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 50 MG CAP	Tier 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIESTROGENS/MODIFIERS		
<i>fulvestrant 250 mg/5ml soln prsyr</i>	Tier 5	
INLURIYO 200 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SOLTAMOX 10 MG/5ML SOLUTION	Tier 5	PA - FOR NEW STARTS ONLY
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	Tier 2	

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>toremifene citrate 60 mg tab</i>	Tier 4	
ANTIMETABOLITES		
<i>mercaptopurine 2000 mg/100ml suspension</i>	Tier 5	PA - FOR NEW STARTS ONLY
<i>mercaptopurine 50 mg tab</i>	Tier 2	
ONUREG (200 MG TAB, 300 MG TAB)	Tier 5	QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TABLOID 40 MG TAB	Tier 3	
ANTINEOPLASTICS, OTHER		
AKEEGA (100-500 MG TAB, 50-500 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 160 MG CAP	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	Tier 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	Tier 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 5 MG CAP	Tier 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>hydroxyurea 500 mg cap</i>	Tier 2	
INQOVI 35-100 MG TAB	Tier 5	LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IWILFIN 192 MG TAB	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LEDERLE LEUCOVORIN 5 MG TAB	Tier 2	
<i>leucovorin calcium (10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab)</i>	Tier 2	
<i>leucovorin calcium (100 mg recon soln, 350 mg recon soln)</i>	Tier 4	
LONSURF 15-6.14 MG TAB	Tier 5	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
LONSURF 20-8.19 MG TAB	Tier 5	LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	Tier 5	
MODEYSO 125 MG CAP	Tier 5	LA, QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	Tier 1	
<i>exemestane 25 mg tab</i>	Tier 4	
<i>letrozole 2.5 mg tab</i>	Tier 2	
ENZYME INHIBITORS		
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	Tier 5	LA, QL (66 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ENSACOVE 100 MG CAP	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 25 MG CAP	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 240 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 80 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (180 MG TAB, 90 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 90 & 180 MG TAB THPK	Tier 5	LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
AYVAKIT (100 MG TAB, 200 MG TAB, 25 MG TAB, 300 MG TAB, 50 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF (400 MG TAB, 500 MG TAB)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG CAP	Tier 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 50 MG CAP	Tier 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 160 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
BRUKINSA 80 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	Tier 5	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	Tier 5	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (100 mg tab, 140 mg tab)</i>	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (20 mg tab, 50 mg tab)</i>	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (70 mg tab, 80 mg tab)</i>	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
DAURISMO 25 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (10 mg tab, 7.5 mg tab)</i>	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	Tier 5	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	Tier 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG CAP	Tier 5	LA, QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG TAB SOL	Tier 5	LA, QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 2 MG CAP	Tier 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
HERNEXEOS 60 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
HYRNUO 10 MG TAB	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE (100 MG TAB, 125 MG CAP, 125 MG TAB, 75 MG CAP, 75 MG TAB)	Tier 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE 100 MG CAP	Tier 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBTROZI 200 MG CAP	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (100 MG TAB, 50 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	Tier 4	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (140 MG CAP, 140 MG TAB)	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (280 MG TAB, 420 MG TAB, 560 MG TAB, 70 MG CAP)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	Tier 5	LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMKELDI 80 MG/ML SOLUTION	Tier 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
INREBIC 100 MG CAP	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 3 MG TAB	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 9 MG TAB	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI (10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB, 5 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) 200 MG TAB THPK	Tier 5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 MG TAB THPK	Tier 5	QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 MG TAB THPK	Tier 5	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 5	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 5	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 5	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 25 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
KOSELUGO 5 MG CAP SPRINK	Tier 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 7.5 MG CAP SPRINK	Tier 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>lapatinib ditosylate 250 mg tab</i>	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
LUMAKRAS 120 MG TAB	Tier 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 240 MG TAB	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 320 MG TAB	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TAB, 150 MG TAB)	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	Tier 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	Tier 5	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	Tier 5	LA, QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	Tier 5	LA, QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 2 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>nilotinib hcl (150 mg cap, 200 mg cap, 50 mg cap)</i>	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 5	QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

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OGSIVEO 100 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 150 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 50 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 100 MG TAB	Tier 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	Tier 5	LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PAZOPANIB HCL 400 MG TAB	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (13.5 MG TAB, 4.5 MG TAB, 9 MG TAB)	Tier 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO (120 MG TAB, 160 MG TAB, 80 MG TAB)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	Tier 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG TAB	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 80 MG CAP	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 110 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
REVUFORJ 160 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 25 MG TAB	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	Tier 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	Tier 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	Tier 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	Tier 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 100 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	Tier 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	Tier 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate (37.5 mg cap, 50 mg cap)</i>	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 12.5 mg cap</i>	Tier 5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以查閱  
CI

節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>sunitinib malate 25 mg cap</i>	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	Tier 5	PA - PART B VS D DETERMINATION
TABRECTA (150 MG TAB, 200 MG TAB)	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR 10 MG TAB SOL	Tier 5	LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSE (40 MG TAB, 80 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	Tier 5	LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA (150 MG TAB, 50 MG TAB)	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TURALIO 125 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
VANFLYTA 17.7 MG TAB	Tier 5	LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 26.5 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	Tier 3	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 50 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	Tier 5	LA, QL (84 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
VERZENIO (100 MG TAB, 150 MG TAB, 200 MG TAB, 50 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 100 MG CAP	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 20 MG/ML SOLUTION	Tier 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 10 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 40 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI (20 MG CAP SPRINK, 200 MG CAP, 250 MG CAP, 50 MG CAP SPRINK)	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
XALKORI 150 MG CAP SPRINK	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	Tier 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	Tier 5	LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	Tier 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	Tier 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	Tier 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 5	LA, QL (32 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ZYKADIA 150 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETINOIDS		
<i>bexarotene 1 % gel</i>	Tier 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bexarotene 75 mg cap</i>	Tier 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	Tier 5	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg cap</i>	Tier 5	
TREATMENT ADJUNCTS		
<i>mesna 400 mg tab</i>	Tier 4	
VONJO 100 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## ANTIPARASITICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTHELMINTHICS		
<i>albendazole 200 mg tab</i>	Tier 4	
<i>ivermectin 3 mg tab</i>	Tier 2	
<i>praziquantel 600 mg tab</i>	Tier 3	
ANTIPROTOZOALS		
<i>atovaquone 750 mg/5ml suspension</i>	Tier 4	PA
<i>atovaquone-proguanil hcl (250- 100 mg tab, 62.5-25 mg tab)</i>	Tier 2	
BENZNIDAZOLE 100 MG TAB	Tier 4	QL (240 PER 365 OVER TIME)
BENZNIDAZOLE 12.5 MG TAB	Tier 4	QL (720 PER 365 OVER TIME)

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## ANTIPARASITICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	Tier 2	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	Tier 4	QL (24 PER 2 OVER TIME)
<i>hydroxychloroquine sulfite 100 mg tab</i>	Tier 2	QL (4 PER 1 DAYS)
<i>hydroxychloroquine sulfite 200 mg tab</i>	Tier 2	QL (3 PER 1 DAYS)
<i>hydroxychloroquine sulfite 300 mg tab</i>	Tier 2	QL (2 PER 1 DAYS)
<i>hydroxychloroquine sulfite 400 mg tab</i>	Tier 2	QL (1 PER 1 DAYS)
IMPAVIDO 50 MG CAP	Tier 5	PA, QL (84 PER 28 DAYS)
<i>mefloquine hcl 250 mg tab</i>	Tier 2	
<i>nitazoxanide 500 mg tab</i>	Tier 5	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate 300 mg recon soln</i>	Tier 3	PA - PART B VS D DETERMINATION
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	Tier 2	
<i>pyrimethamine 25 mg tab</i>	Tier 5	PA
<i>quinine sulfate 324 mg cap</i>	Tier 3	PA, QL (6 PER 1 DAYS)

## ANTIPARKINSON AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	Tier 2	
<i>benztropine mesylate 1 mg/ml solution</i>	Tier 4	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	Tier 2	

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## ANTIPARKINSON AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (100 mg cap, 100 mg tab, 100 mg/10ml solution, 50 mg/5ml solution)</i>	Tier 2	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	Tier 4	
<i>entacapone 200 mg tab</i>	Tier 4	QL (8 PER 1 DAYS)
DOPAMINE AGONISTS		
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	Tier 4	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	Tier 2	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	Tier 2	
<i>ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h)</i>	Tier 4	QL (1 PER 1 DAYS)
<i>ropinirole hcl er 12 mg tab er 24h</i>	Tier 4	QL (2 PER 1 DAYS)
<i>ropinirole hcl er 8 mg tab er 24h</i>	Tier 4	QL (3 PER 1 DAYS)
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	Tier 4	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	Tier 4	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	Tier 2	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	Tier 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	Tier 4	QL (1 PER 1 DAYS)

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## ANTIPARKINSON AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	Tier 2	

## ANTIPSYCHOTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution)</i>	Tier 4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	Tier 4	
FLUPHENAZINE HCL (1 MG TAB, 10 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 2.5 MG/ML SOLUTION, 5 MG TAB, 5 MG/ML CONC)	Tier 4	
<i>haloperidol (0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 2	
<i>haloperidol decanoate (100 mg/ml solution, 50 mg/ml solution)</i>	Tier 3	
<i>haloperidol lactate 2 mg/ml conc</i>	Tier 3	
<i>haloperidol lactate 5 mg/ml solution</i>	Tier 2	
<i>loxapine succinate (10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap)</i>	Tier 2	
MOLINDONE HCL 10 MG TAB	Tier 4	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	Tier 4	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	Tier 4	QL (12 PER 1 DAYS)
PIMOZIDE (1 MG TAB, 2 MG TAB)	Tier 3	
<i>thioridazine hcl (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 3	PA - FOR NEW STARTS ONLY
<i>thiothixene (1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap)</i>	Tier 3	

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## ANTIPSYCHOTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>trifluoperazine hcl (1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab)</i>	Tier 2	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	Tier 5	PA - PART B VS D DETERMINATION
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	Tier 4	QL (25 PER 1 DAYS)
<i>aripiprazole 2 mg tab</i>	Tier 3	QL (4 PER 1 DAYS)
<i>aripiprazole 5 mg tab</i>	Tier 3	QL (2 PER 1 DAYS)
<i>asenapine maleate (10 mg sl tab, 2.5 mg sl tab, 5 mg sl tab)</i>	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERZOFRI 117 MG/0.75ML SUSP PRSYR	Tier 5	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 156 MG/ML SUSP PRSYR	Tier 5	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 234 MG/1.5ML SUSP PRSYR	Tier 5	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 351 MG/2.25ML SUSP PRSYR	Tier 5	QL (4.5 ML PER 365 OVER TIME), PA - PART B VS D DETERMINATION
ERZOFRI 39 MG/0.25ML SUSP PRSYR	Tier 4	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 78 MG/0.5ML SUSP PRSYR	Tier 5	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTIPSYCHOTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
FANAPT (10 MG TAB, 12 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	Tier 4	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	Tier 4	QL (12 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	Tier 4	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	Tier 5	QL (3.5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	Tier 5	QL (5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	Tier 5	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	Tier 5	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	Tier 5	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	Tier 4	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	Tier 5	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	Tier 5	QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	Tier 5	QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	Tier 5	QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION

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## ANTIPSYCHOTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	Tier 5	QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
<i>lurasidone hcl (120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab)</i>	Tier 4	QL (1 PER 1 DAYS)
<i>lurasidone hcl 80 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp, 5 mg tab disp)</i>	Tier 4	
<i>olanzapine (10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab)</i>	Tier 2	
OPIPZA (10 MG FILM, 5 MG FILM)	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OPIPZA 2 MG FILM	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 9 mg tab er 24h)</i>	Tier 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab er 24h</i>	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PERSERIS (120 MG PRSYR, 90 MG PRSYR)	Tier 5	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab)</i>	Tier 2	
<i>quetiapine fumarate er (150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h, 50 mg tab er 24h)</i>	Tier 4	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	Tier 4	

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## ANTIPSYCHOTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	Tier 2	
<i>risperidone 1 mg/ml solution</i>	Tier 3	
<i>risperidone microspheres er (12.5 mg srer, 25 mg srer)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er (37.5 mg srer, 50 mg srer)</i>	Tier 5	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR 1.5 & 3 MG CAP THPK	Tier 4	QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	Tier 3	
<i>ziprasidone mesylate 20 mg recon soln</i>	Tier 4	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	Tier 4	PA - PART B VS D DETERMINATION
ANTIPSYCHOTICS, OTHER		
COBENFY (100-20 MG CAP, 125-30 MG CAP, 50-20 MG CAP)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	Tier 5	QL (112 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
TREATMENT-RESISTANT		
<i>clozapine (100 mg tab disp, 12.5 mg tab disp, 150 mg tab disp, 200 mg tab disp, 25 mg tab disp)</i>	Tier 4	
<i>clozapine (100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 2	
VERSACLOZ 50 MG/ML SUSPENSION	Tier 5	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## ANTISPASTICITY AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTISPASTICITY AGENTS		
<i>baclofen (10 mg tab, 20 mg tab)</i>	Tier 2	
<i>baclofen 15 mg tab</i>	Tier 2	QL (6 PER 1 DAYS)
<i>baclofen 5 mg tab</i>	Tier 2	QL (16 PER 1 DAYS)
<i>dantrolene sodium (100 mg cap, 25 mg cap, 50 mg cap)</i>	Tier 4	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	Tier 2	

## ANTIVIRALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY 200 MG TAB	Tier 5	PA, LA, QL (4 PER 1 DAYS)
PREVYMIS (120 MG PACKET, 20 MG PACKET)	Tier 5	QL (4 PER 1 DAYS)
PREVYMIS (240 MG TAB, 480 MG TAB)	Tier 5	QL (200 PER 365 OVER TIME)
<i>valganciclovir hcl 450 mg tab</i>	Tier 3	QL (2 PER 1 DAYS)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	Tier 4	QL (18 PER 1 DAYS)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	Tier 4	QL (1 PER 1 DAYS)
BARACLUDGE 0.05 MG/ML SOLUTION	Tier 5	QL (21 PER 1 DAYS)
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	Tier 4	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	Tier 3	
<i>lamivudine 100 mg tab</i>	Tier 3	
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TAB	Tier 5	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	Tier 5	PA, QL (6 PER 1 DAYS)

您可以查閱  
CI

節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ANTIVIRALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
RIBAVIRIN (200 MG CAP, 200 MG TAB)	Tier 2	
<i>ribavirin 6 gm recon soln</i>	Tier 5	PA - PART B VS D DETERMINATION
VOSEVI 400-100-100 MG TAB	Tier 5	PA, QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	Tier 5	QL (1 PER 1 DAYS)
ISENTRESS 100 MG CHEW TAB	Tier 5	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	Tier 5	QL (2 PER 1 DAYS)
ISENTRESS 25 MG CHEW TAB	Tier 3	QL (6 PER 1 DAYS)
ISENTRESS 400 MG TAB	Tier 5	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	Tier 5	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	Tier 5	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	Tier 5	QL (2 PER 1 DAYS)
TIVICAY 10 MG TAB	Tier 4	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	Tier 4	QL (6 PER 1 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	Tier 5	QL (2 PER 1 DAYS)
EDURANT PED 2.5 MG TAB SOL	Tier 5	QL (6 PER 1 DAYS)
EFAVIRENZ 200 MG CAP	Tier 4	QL (3 PER 1 DAYS)
EFAVIRENZ 50 MG CAP	Tier 4	QL (6 PER 1 DAYS)
<i>efavirenz 600 mg tab</i>	Tier 4	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	Tier 4	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	Tier 5	QL (1 PER 1 DAYS)

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## ANTIVIRALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>emtricitab- rilpivir- tenofov df 200-25-300 mg tab</i>	Tier 5	QL (1 PER 1 DAYS)
<i>etravirine 100 mg tab</i>	Tier 5	QL (4 PER 1 DAYS)
<i>etravirine 200 mg tab</i>	Tier 5	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	Tier 4	QL (12 PER 1 DAYS)
<i>nevirapine 200 mg tab</i>	Tier 2	QL (2 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	Tier 4	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB ER 24H	Tier 4	QL (3 PER 1 DAYS)
<i>nevirapine er 400 mg tab er 24h</i>	Tier 4	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	Tier 5	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	Tier 5	QL (2 PER 1 DAYS)
<i>rilpivirine hcl 25 mg tab</i>	Tier 5	QL (2 PER 1 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate 20 mg/ml solution</i>	Tier 4	QL (30 PER 1 DAYS)
<i>abacavir sulfate 300 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)
<i>abacavir sulfate- lamivudine 600-300 mg tab</i>	Tier 4	QL (1 PER 1 DAYS)
CIMDUO 300-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
<i>emtricitabine 200 mg cap</i>	Tier 4	QL (1 PER 1 DAYS)
<i>emtricitabine- tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	Tier 4	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	Tier 4	QL (24 PER 1 DAYS)
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	Tier 3	QL (30 PER 1 DAYS)
<i>lamivudine 150 mg tab</i>	Tier 3	QL (2 PER 1 DAYS)
<i>lamivudine 300 mg tab</i>	Tier 3	QL (1 PER 1 DAYS)

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## ANTIVIRALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>lamivudine-zidovudine 150-300 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	Tier 2	QL (2 PER 1 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	Tier 3	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	Tier 4	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	Tier 5	QL (2 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	Tier 5	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	Tier 4	QL (240 PER 30 DAYS)
<i>zidovudine 100 mg cap</i>	Tier 2	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tab</i>	Tier 2	QL (2 PER 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	Tier 2	QL (60 PER 1 DAYS)
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	Tier 5	QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	Tier 5	QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>maraviroc 150 mg tab</i>	Tier 5	QL (2 PER 1 DAYS)
<i>maraviroc 300 mg tab</i>	Tier 5	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	Tier 5	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	Tier 5	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TAB	Tier 3	QL (8 PER 1 DAYS)
SELZENTRY 75 MG TAB	Tier 5	QL (8 PER 1 DAYS)
SUNLENCA 300 MG TAB	Tier 5	LA, QL (24 PER 168 OVER TIME)
SUNLENCA 4 X 300 MG TAB THPK	Tier 5	QL (4 PER 180 OVER TIME)

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## ANTIVIRALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
SUNLENCA 463.5 MG/1.5ML SOLUTION	Tier 5	QL (3 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
SUNLENCA 5 X 300 MG TAB THPK	Tier 5	QL (5 PER 180 OVER TIME)
TYBOST 150 MG TAB	Tier 3	QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP	Tier 5	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	Tier 4	QL (1 PER 1 DAYS)
<i>darunavir 600 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)
<i>darunavir 800 mg tab</i>	Tier 5	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	Tier 5	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	Tier 4	QL (4 PER 1 DAYS)
KALETRA 400-100 MG/5ML SOLUTION	Tier 4	QL (13 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	Tier 4	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	Tier 4	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	Tier 4	QL (4 PER 1 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	Tier 4	QL (13 PER 1 DAYS)
NORVIR 100 MG CAP	Tier 4	
NORVIR 100 MG PACKET	Tier 4	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	Tier 4	QL (15 PER 1 DAYS)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	Tier 5	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	Tier 3	QL (8 PER 1 DAYS)
PREZISTA 75 MG TAB	Tier 3	QL (10 PER 1 DAYS)
REYATAZ 50 MG PACKET	Tier 5	QL (8 PER 1 DAYS)

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## ANTIVIRALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>ritonavir 100 mg tab</i>	Tier 3	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	Tier 5	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	Tier 5	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	Tier 5	QL (4 PER 1 DAYS)
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	Tier 3	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap</i>	Tier 3	QL (42 PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	Tier 3	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phosphate 75 mg cap</i>	Tier 3	QL (60 PER 180 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	Tier 3	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL 100 MG TAB	Tier 4	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	Tier 4	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	Tier 4	QL (1 PER 30 OVER TIME)
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	Tier 2	
<i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>	Tier 4	
<i>acyclovir sodium 50 mg/ml solution</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	Tier 2	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	Tier 2	
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO 200 MG CAP	Tier 5	QL (40 PER 30 OVER TIME)

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## ANTIVIRALS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	Tier 2	QL (20 PER 30 OVER TIME)
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK	Tier 2	QL (11 PER 30 OVER TIME)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	Tier 2	QL (30 PER 30 OVER TIME)

## ANXIOLYTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
ANXIOLYTICS, OTHER		
<i>buspirone hcl (10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab)</i>	Tier 2	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>alprazolam 2 mg tab</i>	Tier 2	QL (5 PER 1 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp)</i>	Tier 3	QL (40 PER 1 DAYS)
<i>clonazepam 0.5 mg tab</i>	Tier 2	QL (40 PER 1 DAYS)
<i>clonazepam 1 mg tab</i>	Tier 2	QL (20 PER 1 DAYS)
<i>clonazepam 1 mg tab disp</i>	Tier 3	QL (20 PER 1 DAYS)
<i>clonazepam 2 mg tab</i>	Tier 2	QL (10 PER 1 DAYS)
<i>clonazepam 2 mg tab disp</i>	Tier 3	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	Tier 4	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	Tier 4	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium 7.5 mg tab</i>	Tier 4	QL (12 PER 1 DAYS)
<i>diazepam (5 mg tab, 5 mg/ml conc)</i>	Tier 2	QL (12 PER 1 DAYS)
<i>diazepam 10 mg tab</i>	Tier 2	QL (6 PER 1 DAYS)

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## ANXIOLYTICS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>diazepam 2 mg tab</i>	Tier 2	QL (30 PER 1 DAYS)
<i>diazepam 5 mg/5ml solution</i>	Tier 2	QL (60 PER 1 DAYS)
<i>diazepam intensol 5 mg/ml conc</i>	Tier 2	QL (12 PER 1 DAYS)
<i>lorazepam 0.5 mg tab</i>	Tier 2	QL (20 PER 1 DAYS)
<i>lorazepam 1 mg tab</i>	Tier 2	QL (10 PER 1 DAYS)
<i>lorazepam 2 mg tab</i>	Tier 2	QL (5 PER 1 DAYS)
<i>lorazepam 2 mg/ml conc</i>	Tier 3	QL (5 PER 1 DAYS)
<i>lorazepam intensol 2 mg/ml conc</i>	Tier 3	QL (5 PER 1 DAYS)

## BIPOlar AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
MOOD STABILIZERS		
<i>lithium 8 meq/5ml solution</i>	Tier 2	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	Tier 2	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	Tier 2	

## BLOOD GLUCOSE REGULATORS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTIDIABETIC AGENTS		
<i>acarbose (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 2	
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	Tier 1	
<i>glipizide (10 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 1	
<i>glipizide er (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)</i>	Tier 1	

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## BLOOD GLUCOSE REGULATORS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>glipizide xl (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)</i>	Tier 1	
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	Tier 1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	Tier 1	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	Tier 1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
JANUMET XR (100-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	Tier 3	QL (1 PER 1 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H	Tier 3	QL (2 PER 1 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JANUVIA 100 MG TAB	Tier 3	QL (1 PER 1 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	Tier 3	QL (2 PER 1 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	Tier 3	QL (1 PER 1 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	Tier 4	PA, QL (1 PER 1 DAYS)
<i>metformin hcl (1000 mg tab, 500 mg tab, 850 mg tab)</i>	Tier 1	
<i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>	Tier 1	

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## BLOOD GLUCOSE REGULATORS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
MOUNJARO (10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ, 2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ)	Tier 3	PA, QL (2 PER 28 DAYS)
<i>nateglinide (120 mg tab, 60 mg tab)</i>	Tier 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	Tier 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	Tier 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	Tier 3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	Tier 1	
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	Tier 1	QL (1 PER 1 DAYS)
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	Tier 1	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	Tier 1	
RYBELSUS (14 MG TAB, 3 MG TAB, 7 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
SYNJARDY (12.5-1000 MG TAB, 12.5-500 MG TAB, 5-1000 MG TAB, 5-500 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
SYNJARDY XR (10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	Tier 3	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	Tier 3	QL (1 PER 1 DAYS)
TRADJENTA 5 MG TAB	Tier 3	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	Tier 3	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H, 5-500 MG TAB ER 24H)	Tier 3	QL (1 PER 1 DAYS)

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## BLOOD GLUCOSE REGULATORS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	Tier 3	QL (2 PER 1 DAYS)
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	Tier 3	QL (2 PER 30 OVER TIME)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	Tier 3	QL (2 PER 30 OVER TIME)
<i>diazoxide 50 mg/ml suspension</i>	Tier 5	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	Tier 3	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY (1 MG RECON SOLN, 1 MG/ML RECON SOLN)	Tier 3	QL (2 PER 2 OVER TIME)
INSULINS		
FIASP 100 UNIT/ML SOLUTION	Tier 3	
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	Tier 3	
FIASP PENFILL 100 UNIT/ML SOLN CART	Tier 3	
FIASP PUMPCART 100 UNIT/ML SOLN CART	Tier 3	
HUMALOG 100 UNIT/ML SOLN CART	Tier 3	
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	Tier 3	
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	Tier 3	
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	Tier 3	
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	Tier 3	
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	Tier 3	

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## BLOOD GLUCOSE REGULATORS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN N 100 UNIT/ML SUSPENSION	Tier 3	
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN R 100 UNIT/ML SOLUTION	Tier 3	
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	Tier 3	PA - PART B VS D DETERMINATION
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	Tier 3	
INSULIN ASPART 100 UNIT/ML SOLUTION	Tier 3	
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	Tier 3	
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	Tier 3	
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	Tier 3	
INSULIN LISPRO 100 UNIT/ML SOLUTION	Tier 3	
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	Tier 3	
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	Tier 3	
LANTUS 100 UNIT/ML SOLUTION	Tier 3	QL (40 PER 30 DAYS)
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	Tier 3	QL (45 PER 30 DAYS)
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	Tier 3	
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	Tier 3	
NOVOLOG 100 UNIT/ML SOLUTION	Tier 3	

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CI

節所列說明，找到有關此表中符號和縮寫含義的資訊。

## BLOOD GLUCOSE REGULATORS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	Tier 3	
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	Tier 3	
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	Tier 3	
NOVOLOG RELION 100 UNIT/ML SOLUTION	Tier 3	
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	Tier 3	QL (18 PER 28 DAYS)
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	Tier 3	QL (18 PER 28 DAYS)
TRESIBA 100 UNIT/ML SOLUTION	Tier 3	QL (30 PER 30 DAYS)
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	Tier 3	QL (30 PER 30 DAYS)
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	Tier 3	QL (27 PER 30 DAYS)

## BLOOD PRODUCTS AND MODIFIERS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate (110 mg cap, 150 mg cap, 75 mg cap)</i>	Tier 4	QL (2 PER 1 DAYS)
ELIQUIS (0.15 MG CAP SPRINK, 2.5 MG TAB, 5 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	Tier 3	QL (12 PER 1 DAYS)
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	Tier 3	QL (16 PER 1 DAYS)
ELIQUIS 0.5 MG TAB SOL	Tier 3	QL (4 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	Tier 3	QL (74 PER 180 OVER TIME)
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	Tier 4	QL (60 PER 30 DAYS)

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CI

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## BLOOD PRODUCTS AND MODIFIERS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>enoxaparin sodium (120 mg/0.8ml soln prsy, 80 mg/0.8ml soln prsy)</i>	Tier 4	QL (48 PER 30 DAYS)
<i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>	Tier 4	QL (18 PER 30 DAYS)
<i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>	Tier 4	QL (24 PER 30 DAYS)
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	Tier 4	QL (36 PER 30 DAYS)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	Tier 5	QL (24 PER 30 DAYS)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	Tier 4	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	Tier 5	QL (12 PER 30 DAYS)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	Tier 5	QL (18 PER 30 DAYS)
<i>heparin sodium (porcine) (1000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution, 5000 unit/ml solution)</i>	Tier 2	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	Tier 2	PA - PART B VS D DETERMINATION
<i>jantoven (1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab)</i>	Tier 1	
<i>rivaroxaban 1 mg/ml recon susp</i>	Tier 3	QL (20 ML PER 1 DAYS)
<i>rivaroxaban 2.5 mg tab</i>	Tier 3	QL (2 PER 1 DAYS)
<i>warfarin sodium (1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab)</i>	Tier 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	Tier 3	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	Tier 3	QL (2 PER 1 DAYS)

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## BLOOD PRODUCTS AND MODIFIERS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
XARELTO STARTER PACK 15 & 20 MG TAB THPK	Tier 3	QL (51 PER 180 OVER TIME)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	Tier 3	
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 100 MCG/ML SOLUTION, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/ML SOLUTION)	Tier 4	PA
ARANESP (ALBUMIN FREE) (100 MCG/0.5ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 60 MCG/0.3ML SOLN PRSYR)	Tier 5	PA
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	Tier 5	PA
<i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab)</i>	Tier 5	PA, QL (1 PER 1 DAYS)
<i>eltrombopag olamine (25 mg tab, 50 mg tab)</i>	Tier 5	PA, QL (3 PER 1 DAYS)
<i>eltrombopag olamine 25 mg packet</i>	Tier 5	PA, QL (6 PER 1 DAYS)
<i>eltrombopag olamine 75 mg tab</i>	Tier 5	PA, QL (2 PER 1 DAYS)
FULPHILA 6 MG/0.6ML SOLN PRSYR	Tier 5	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	Tier 5	PA
RETACRIT (10000 UNIT/ML SOLUTION, 2000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	Tier 4	PA

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## BLOOD PRODUCTS AND MODIFIERS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	Tier 5	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	Tier 5	PA
HEMOSTASIS AGENTS		
<i>tranexamic acid 650 mg tab</i>	Tier 3	QL (1 PER 1 DAYS)
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	Tier 4	
<i>cilostazol (100 mg tab, 50 mg tab)</i>	Tier 2	
<i>clopidogrel bisulfate 75 mg tab</i>	Tier 1	QL (1 PER 1 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	Tier 3	
<i>prasugrel hcl (10 mg tab, 5 mg tab)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	Tier 3	QL (2 PER 1 DAYS)

## CARDIOVASCULAR AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	Tier 3	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	Tier 1	
<i>droxidopa 100 mg cap</i>	Tier 4	PA, QL (18 PER 1 DAYS)
<i>droxidopa 200 mg cap</i>	Tier 5	PA, QL (9 PER 1 DAYS)
<i>droxidopa 300 mg cap</i>	Tier 5	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	Tier 2	
METHYLDOPA (250 MG TAB, 500 MG TAB)	Tier 2	

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## CARDIOVASCULAR AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>midodrine hcl (10 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 3	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	Tier 2	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	Tier 2	
<i>terazosin hcl (1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap)</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab)</i>	Tier 1	
<i>irbesartan (150 mg tab, 300 mg tab, 75 mg tab)</i>	Tier 1	
<i>losartan potassium (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>olmesartan medoxomil (20 mg tab, 40 mg tab, 5 mg tab)</i>	Tier 1	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	Tier 1	
<i>valsartan (160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab)</i>	Tier 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)</i>	Tier 1	
<i>captopril (100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>enalapril maleate (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 1	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	Tier 1	
<i>lisinopril (10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab)</i>	Tier 1	
<i>moexipril hcl (15 mg tab, 7.5 mg tab)</i>	Tier 1	

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## CARDIOVASCULAR AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	Tier 1	
<i>quinapril hcl (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)</i>	Tier 1	
<i>ramipril (1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap)</i>	Tier 1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	Tier 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	Tier 4	
<i>amiodarone hcl 200 mg tab</i>	Tier 2	
<i>digitek (125 mcg tab, 250 mcg tab)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>digox (125 mcg tab, 250 mcg tab)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	Tier 4	
<i>flecainide acetate (100 mg tab, 150 mg tab, 50 mg tab)</i>	Tier 2	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	Tier 2	
MULTAQ 400 MG TAB	Tier 3	QL (2 PER 1 DAYS)
<i>pacerone (100 mg tab, 400 mg tab)</i>	Tier 4	
<i>pacerone 200 mg tab</i>	Tier 2	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	Tier 2	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	Tier 2	
<i>sorine (120 mg tab, 160 mg tab, 80 mg tab)</i>	Tier 2	
<i>sotalol hcl (120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab)</i>	Tier 2	
<i>sotalol hcl (af) (120 mg tab, 160 mg tab, 80 mg tab)</i>	Tier 2	

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## CARDIOVASCULAR AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	Tier 2	
<i>atenolol (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	Tier 2	
<i>bisoprolol fumarate (10 mg tab, 5 mg tab)</i>	Tier 2	
<i>carvedilol (12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab)</i>	Tier 1	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	Tier 2	
<i>metoprolol succinate er (100 mg tab er 24h, 200 mg tab er 24h, 25 mg tab er 24h, 50 mg tab er 24h)</i>	Tier 1	
<i>metoprolol tartrate (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	Tier 2	
<i>nebivolol hcl (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 3	
<i>pindolol (10 mg tab, 5 mg tab)</i>	Tier 2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	Tier 2	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	Tier 3	
<i>propranolol hcl er (120 mg cap er 24h, 160 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h)</i>	Tier 2	
<i>timolol maleate (10 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 4	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate (10 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 1	

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## CARDIOVASCULAR AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>felodipine er (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)</i>	Tier 2	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	Tier 3	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	Tier 2	
<i>nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	Tier 2	
<i>nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	Tier 2	
<i>nimodipine 30 mg cap</i>	Tier 4	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	Tier 2	
<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	Tier 2	
<i>diltiazem hcl (120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab)</i>	Tier 2	
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	Tier 2	
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	Tier 2	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	Tier 2	
<i>diltiazem hcl 300 mg extended release 24hr capsule</i>	Tier 2	
<i>diltiazem hcl 360 mg extended release 24hr capsule</i>	Tier 2	
<i>diltiazem hcl er (120 mg cap er 12h, 120 mg cap er 24h, 120 mg tab er 24h, 180 mg cap er 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h, 60 mg cap er 12h, 90 mg cap er 12h)</i>	Tier 2	
<i>diltiazem hcl er beads 420 mg cap er 24h</i>	Tier 2	

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## CARDIOVASCULAR AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	Tier 2	
<i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	Tier 2	
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	Tier 2	
<i>verapamil hcl (120 mg tab, 40 mg tab, 80 mg tab)</i>	Tier 1	
VERAPAMIL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H)	Tier 4	
<i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)</i>	Tier 2	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	Tier 2	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	Tier 4	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	Tier 2	
<i>amlodipine besy-benazepril hcl (10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap)</i>	Tier 1	
<i>amlodipine besylate-valsartan (10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab)</i>	Tier 1	

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## CARDIOVASCULAR AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>amlodipine-atorvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab)</i>	Tier 3	
<i>amlodipine-olmesartan (10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab)</i>	Tier 1	
<i>amlodipine-valsartan-hctz (10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab)</i>	Tier 1	
<i>atenolol-chlorthalidone (100-25 mg tab, 50-25 mg tab)</i>	Tier 1	
<i>benazepril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab)</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide (10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab)</i>	Tier 2	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	Tier 1	
CAPTOPRIL- HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	Tier 1	
CORLANOR 5 MG/5ML SOLUTION	Tier 4	PA, QL (20 PER 1 DAYS)
<i>enalapril-hydrochlorothiazide (10-25 mg tab, 5-12.5 mg tab)</i>	Tier 1	
ENTRESTO (15-16 MG CAP SPRINK, 6-6 MG CAP SPRINK)	Tier 3	QL (8 PER 1 DAYS)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	Tier 1	
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	Tier 4	PA, QL (2 PER 1 DAYS)

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## CARDIOVASCULAR AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	Tier 1	
<i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab)</i>	Tier 1	
<i>metoprolol-hydrochlorothiazide (100-25 mg tab, 100-50 mg tab, 50-25 mg tab)</i>	Tier 2	
<i>metyrosine 250 mg cap</i>	Tier 5	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	Tier 1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	Tier 1	
<i>pentoxifylline er 400 mg tab er</i>	Tier 2	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	Tier 1	
<i>ranolazine er (1000 mg tab er 12h, 500 mg tab er 12h)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)</i>	Tier 3	QL (2 PER 1 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	Tier 2	
<i>telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)</i>	Tier 1	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	Tier 1	
TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER)	Tier 1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	Tier 1	

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## CARDIOVASCULAR AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>valsartan-hydrochlorothiazide (160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab)</i>	Tier 1	
VERQUVO (10 MG TAB, 2.5 MG TAB, 5 MG TAB)	Tier 4	PA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	Tier 2	
<i>bumetanide 0.25 mg/ml solution</i>	Tier 4	
<i>furosemide (10 mg/ml solution, 20 mg tab, 40 mg tab, 8 mg/ml solution, 80 mg tab)</i>	Tier 1	
<i>furosemide 10 mg/ml solution</i>	Tier 4	
<i>torsemide (10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 2	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	Tier 2	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	Tier 3	
<i>spironolactone (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
DIURETICS, THIAZIDE		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	Tier 2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	Tier 1	
<i>metolazone (10 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap, 48 mg tab, 54 mg tab, 67 mg cap)</i>	Tier 2	
<i>fenofibrate micronized (130 mg cap, 134 mg cap, 200 mg cap, 43 mg cap, 67 mg cap)</i>	Tier 2	

您可以查閱  
CI

節所列說明，找到有關此表中符號和縮寫含義的資訊。

## CARDIOVASCULAR AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>fenofibric acid (135 mg cap dr, 45 mg cap dr)</i>	Tier 3	
<i>gemfibrozil 600 mg tab</i>	Tier 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	Tier 1	
<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	Tier 1	
<i>fluvastatin sodium er 80 mg tab er 24h</i>	Tier 2	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	Tier 1	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	Tier 1	
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)</i>	Tier 1	
<i>simvastatin (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab)</i>	Tier 1	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	Tier 3	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	Tier 2	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	Tier 4	
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	Tier 3	
<i>colestipol hcl 1 gm tab</i>	Tier 2	
<i>ezetimibe 10 mg tab</i>	Tier 2	
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	Tier 2	
<i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>	Tier 4	QL (4 PER 1 DAYS)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	Tier 4	

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## CARDIOVASCULAR AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>niacin er (antihyperlipidemic)</i> (1000 mg tab er, 750 mg tab er)	Tier 3	QL (2 PER 1 DAYS)
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	Tier 3	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	Tier 4	
<i>omega-3-acid ethyl esters 1 gm cap</i>	Tier 2	QL (4 PER 1 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	Tier 3	
REPATHA 140 MG/ML SOLN PRSYR	Tier 3	PA
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	Tier 3	PA
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	Tier 3	PA
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
DAPAGLIFLOZIN PROPANEDIOL (10 MG TAB, 5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
FARXIGA (10 MG TAB, 5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>minoxidil (10 mg tab, 2.5 mg tab)</i>	Tier 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab)</i>	Tier 2	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	Tier 2	
<i>isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h)</i>	Tier 1	
<i>isosorbide mononitrate er 120 mg tab er 24h</i>	Tier 2	
NITRO-BID 2 % OINTMENT	Tier 3	

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## CARDIOVASCULAR AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	Tier 2	
<i>nitroglycerin 0.4 % ointment</i>	Tier 4	QL (30 PER 30 DAYS)

## CENTRAL NERVOUS SYSTEM AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine (10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 5 mg cap er 24h)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>amphetamine-dextroamphetamine (10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	Tier 2	QL (5 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	Tier 2	QL (3 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	Tier 2	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate (10 mg tab, 5 mg tab)</i>	Tier 4	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate 15 mg tab</i>	Tier 4	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate 20 mg tab</i>	Tier 4	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate 30 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>	Tier 3	QL (4 PER 1 DAYS)

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CI

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## CENTRAL NERVOUS SYSTEM AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>atomoxetine hcl (100 mg cap, 60 mg cap, 80 mg cap)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>atomoxetine hcl 40 mg cap</i>	Tier 3	QL (2 PER 1 DAYS)
<i>dexmethylphenidate hcl (10 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)</i>	Tier 4	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 10 mg chew tab</i>	Tier 4	QL (6 PER 1 DAYS)
<i>methylphenidate hcl 10 mg tab</i>	Tier 2	QL (6 PER 1 DAYS)
<i>methylphenidate hcl 20 mg tab</i>	Tier 2	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 5 mg tab</i>	Tier 2	QL (12 PER 1 DAYS)
<i>methylphenidate hcl er 10 mg tab er</i>	Tier 3	QL (6 PER 1 DAYS)
<i>methylphenidate hcl er 20 mg tab er</i>	Tier 3	QL (3 PER 1 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	Tier 3	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	Tier 3	PA, QL (48 PER 30 OVER TIME), NDS
<i>riluzole 50 mg tab</i>	Tier 3	
<i>tetrabenazine 12.5 mg tab</i>	Tier 4	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine 25 mg tab</i>	Tier 5	PA, LA, QL (4 PER 1 DAYS)
VEOZAH 45 MG TAB	Tier 4	PA, QL (1 PER 1 DAYS)
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE 20 MG CAP DR	Tier 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 30 MG CAP DR	Tier 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## CENTRAL NERVOUS SYSTEM AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
DRIZALMA SPRINKLE 40 MG CAP DR	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 60 MG CAP DR	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (20 mg cp dr part, 60 mg cp dr part)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	Tier 2	QL (3 PER 1 DAYS)
<i>duloxetine hcl 40 mg cp dr part</i>	Tier 4	QL (2 PER 1 DAYS)
<i>pregabalin (100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	Tier 3	QL (3 PER 1 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i>	Tier 3	QL (2 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	Tier 3	QL (30 PER 1 DAYS)
MULTIPLE SCLEROSIS AGENTS		
BETASERON 0.3 MG KIT	Tier 5	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er 10 mg tab er 12h</i>	Tier 3	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	Tier 4	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate 240 mg cap dr</i>	Tier 5	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate starter pack 120 &amp; 240 mg cpdr thpk</i>	Tier 4	PA, QL (2 PER 1 DAYS)
<i>fingolimod hcl 0.5 mg cap</i>	Tier 5	PA, QL (1 PER 1 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	Tier 5	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	Tier 5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml soln prsyr</i>	Tier 5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsyr</i>	Tier 5	PA, QL (12 PER 28 DAYS)
<i>teriflunomide (14 mg tab, 7 mg tab)</i>	Tier 4	PA, QL (1 PER 1 DAYS)

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## DENTAL AND ORAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl 30 mg cap</i>	Tier 4	
<i>chlorhexidine gluconate 0.12 % solution</i>	Tier 2	
<i>kourzeq 0.1 % paste</i>	Tier 3	
<i>oralone 0.1 % paste</i>	Tier 3	
<i>periogard 0.12 % solution</i>	Tier 2	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	Tier 3	
<i>triamcinolone acetonide 0.1 % paste</i>	Tier 3	

## DERMATOLOGICAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ACNE AND ROSACEA AGENTS		
<i>accutane (10 mg cap, 20 mg cap, 40 mg cap)</i>	Tier 4	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	Tier 4	
<i>amnesteam (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	Tier 4	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	Tier 4	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	Tier 4	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	Tier 3	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	Tier 4	
<i>myorisan (10 mg cap, 20 mg cap, 40 mg cap)</i>	Tier 4	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	Tier 3	

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CI

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**DERMATOLOGICAL AGENTS**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	Tier 4	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	Tier 4	PA
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	Tier 4	
<b>DERMATITIS AND PRURITUS AGENTS</b>		
<i>ala-cort 1 % cream</i>	Tier 2	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	Tier 3	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	Tier 2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	Tier 2	
<i>betamethasone dipropionate aug (0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	Tier 3	
<i>betamethasone dipropionate aug 0.05 % cream</i>	Tier 2	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	Tier 2	
<i>clobetasol prop emollient base 0.05 % cream</i>	Tier 4	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	Tier 4	
<i>clobetasol propionate 0.05 % liquid</i>	Tier 4	QL (250 PER 30 DAYS)
<i>clobetasol propionate e 0.05 % cream</i>	Tier 4	
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	Tier 4	
<i>desoximetasone 0.25 % cream</i>	Tier 4	
<b>EUCRISA 2 % OINTMENT</b>	Tier 4	PA, QL (100 PER 30 DAYS)

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CI

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## DERMATOLOGICAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)</i>	Tier 3	
<i>fluocinolone acetonide 0.01 % solution</i>	Tier 4	
<i>fluocinolone acetonide body 0.01 % oil</i>	Tier 4	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	Tier 4	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	Tier 3	
<i>fluocinonide emulsified base 0.05 % cream</i>	Tier 3	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	Tier 2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	Tier 4	QL (200 PER 28 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	Tier 2	
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	Tier 2	
<i>hydrocortisone butyrate 0.1 % ointment</i>	Tier 4	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	Tier 2	
<i>procto-med hc 2.5 % cream</i>	Tier 2	
<i>proctosol hc 2.5 % cream</i>	Tier 2	
<i>proctozone-hc 2.5 % cream</i>	Tier 2	
<i>selenium sulfide 2.5 % lotion</i>	Tier 2	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	Tier 4	QL (100 PER 30 DAYS)
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	Tier 2	

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## DERMATOLOGICAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>triderm 0.5 % cream</i>	Tier 2	
DERMATOLOGICAL AGENTS, OTHER		
<i>alcohol wipes 70 % misc</i>	Tier 2	
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	Tier 4	
<i>calcipotriene 0.005 % solution</i>	Tier 3	
<i>calcitrene 0.005 % ointment</i>	Tier 3	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	Tier 2	
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	Tier 4	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	Tier 2	
<i>fluorouracil (2 % solution, 5 % solution)</i>	Tier 2	
<i>fluorouracil 5 % cream</i>	Tier 3	
<i>imiquimod 5 % cream</i>	Tier 2	QL (24 PER 30 DAYS)
<i>isopropyl alcohol 70 % misc</i>	Tier 2	
<i>isopropyl alcohol wipes 70 % misc</i>	Tier 2	
<i>medpura alcohol pads 70 % misc</i>	Tier 2	
METHOXSALLEN RAPID 10 MG CAP	Tier 5	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	Tier 4	
OTEZLA (20 MG TAB, 30 MG TAB)	Tier 5	PA, QL (2 PER 1 DAYS)
OTEZLA XR 75 MG TAB ER 24H	Tier 5	PA, QL (1 PER 1 DAYS)
<i>podofilox 0.5 % solution</i>	Tier 2	
<i>qc alcohol 70 % misc</i>	Tier 2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	Tier 2	
SANTYL 250 UNIT/GM OINTMENT	Tier 4	QL (180 PER 30 DAYS)
<i>silver sulfadiazine 1 % cream</i>	Tier 2	
<i>ssd 1 % cream</i>	Tier 2	

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## DERMATOLOGICAL AGENTS

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TOLAK 4 % CREAM	Tier 3	
VALCHLOR 0.016 % GEL	Tier 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PEDICULICIDES/SCABICIDES		
<i>malathion 0.5 % lotion</i>	Tier 4	
<i>permethrin 5 % cream</i>	Tier 2	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % ointment</i>	Tier 4	PA, QL (30 PER 30 DAYS)
<i>ciclodan 8 % solution</i>	Tier 2	
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	Tier 4	
<i>ciclopirox 8 % solution</i>	Tier 2	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	Tier 2	
<i>clindamycin phos (once-daily) 1 % gel</i>	Tier 2	
<i>clindamycin phos (twice-daily) 1 % gel</i>	Tier 2	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	Tier 2	
ERY 2 % PAD	Tier 3	
<i>erythromycin 2 % gel</i>	Tier 4	
<i>erythromycin 2 % solution</i>	Tier 2	
<i>mupirocin 2 % ointment</i>	Tier 2	

## ELECTROLYTES/MINERALS/METALS/VITAMINS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ELECTROLYTE/MINERAL REPLACEMENT		
<i>dextrose 10 % solution</i>	Tier 4	
<i>dextrose 5 % solution</i>	Tier 3	

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**ELECTROLYTES/MINERALS/METALS/VITAMINS**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>dextrose in lactated ringers 5 % solution</i>	Tier 4	
DEXTROSE-NACL 5-0.9 % SOLUTION	Tier 3	
DEXTROSE-SODIUM CHLORIDE (10-0.2 % SOLUTION, 10-0.45 % SOLUTION, 2.5-0.45 % SOLUTION, 5-0.2 % SOLUTION, 5-0.225 % SOLUTION, 5-0.3 % SOLUTION, 5-0.33 % SOLUTION)	Tier 4	
<i>dextrose-sodium chloride (5-0.45 % solution, 5-0.9 % solution)</i>	Tier 3	
<i>kcl in dextrose-nacl (20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>	Tier 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	Tier 4	
<i>klor-con 10 10 meq tab er</i>	Tier 2	
KLOR-CON 8 MEQ TAB ER	Tier 2	
<i>klor-con m10 10 meq tab er</i>	Tier 2	
<i>klor-con m15 15 meq tab er</i>	Tier 2	
<i>klor-con m20 20 meq tab er</i>	Tier 2	
<i>lactated ringers solution</i>	Tier 4	
<i>magnesium sulfate 50 % solution</i>	Tier 4	
<i>nafrinse 2.2 (1 f) mg chew tab</i>	Tier 2	
PNV 27-CA/FE/FA 60-1 MG TAB	Tier 3	
<i>potassium chloride (10 % solution, 10 meq/100ml solution, 2 meq/ml solution, 20 meq/100ml solution, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	Tier 4	
<i>potassium chloride crys er (10 meq tab er, 15 meq tab er, 20 meq tab er)</i>	Tier 2	

您可以查閱  
Cl

節所列說明，找到有關此表中符號和縮寫含義的資訊。

**ELECTROLYTES/MINERALS/METALS/VITAMINS**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>potassium chloride er (10 meq cap er, 10 meq tab er, 15 meq tab er, 20 meq tab er, 8 meq cap er, 8 meq tab er)</i>	Tier 2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	Tier 4	
<i>potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i>	Tier 4	
<i>potassium citrate er (10 meq (1080 mg) tab er, 15 meq (1620 mg) tab er, 5 meq (540 mg) tab er)</i>	Tier 3	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	Tier 4	
PREMASOL 10 % SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
<i>prenatal vitamins</i>	Tier 3	
<i>ringers solution</i>	Tier 4	
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	Tier 4	
<i>sodium chloride (pf) 0.9 % solution</i>	Tier 4	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	Tier 2	
TPN ELECTROLYTES CONC	Tier 4	PA - PART B VS D DETERMINATION
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
<i>deferasirox (250 mg tab sol, 500 mg tab sol)</i>	Tier 5	
<i>deferasirox 125 mg tab sol</i>	Tier 3	
<i>tolvaptan (15 mg tab thpk, 30 &amp; 15 mg tab thpk, 45 &amp; 15 mg tab thpk, 60 &amp; 30 mg tab thpk, 90 &amp; 30 mg tab thpk)</i>	Tier 5	PA, LA, QL (2 PER 1 DAYS)
<i>trientine hcl 250 mg cap</i>	Tier 5	PA, QL (8 PER 1 DAYS)

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## ELECTROLYTES/MINERALS/METALS/VITAMINS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
TRIENTINE HCL 500 MG CAP	Tier 5	PA, QL (4 PER 1 DAYS)
PHOSPHATE BINDERS		
<i>calcium acetate (phos binder) 667 mg cap</i>	Tier 2	PA - PART B VS D DETERMINATION
<i>sevelamer carbonate 800 mg tab</i>	Tier 3	PA - PART B VS D DETERMINATION
POTASSIUM BINDERS		
<i>kionex 15 gm/60ml suspension</i>	Tier 2	
LOKELMA (10 GM PACKET, 5 GM PACKET)	Tier 3	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	Tier 2	
SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION)	Tier 2	

## GASTROINTESTINAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
ANTI-CONSTIPATION AGENTS		
<i>constulose 10 gm/15ml solution</i>	Tier 2	
<i>enulose 10 gm/15ml solution</i>	Tier 2	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	Tier 2	
<i>generlac 10 gm/15ml solution</i>	Tier 2	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	Tier 2	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	Tier 2	
LINZESS (145 MCG CAP, 290 MCG CAP, 72 MCG CAP)	Tier 3	QL (1 PER 1 DAYS)
<i>lubiprostone (24 mcg cap, 8 mcg cap)</i>	Tier 2	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)

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## GASTROINTESTINAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	Tier 3	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	Tier 2	
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	Tier 4	PA
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	Tier 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	Tier 4	
<i>loperamide hcl 2 mg cap</i>	Tier 2	
XERMELO 250 MG TAB	Tier 5	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	Tier 2	PA
<i>dicyclomine hcl 10 mg/5ml solution</i>	Tier 4	PA
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	Tier 2	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	Tier 4	
GASTROINTESTINAL AGENTS, OTHER		
<i>cromolyn sodium 100 mg/5ml conc</i>	Tier 4	
GAVILYTE-C 240 GM RECON SOLN	Tier 2	
<i>gavilyte-g 236 gm recon soln</i>	Tier 2	
OMNITROPE 10 MG/1.5ML SOLN CART	Tier 5	PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	Tier 2	
<i>ursodiol (250 mg tab, 500 mg tab)</i>	Tier 3	
<i>ursodiol 300 mg cap</i>	Tier 4	

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## GASTROINTESTINAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	Tier 2	
<i>famotidine (20 mg tab, 40 mg tab)</i>	Tier 1	
NIZATIDINE (150 MG CAP, 300 MG CAP)	Tier 2	
PROTECTANTS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	Tier 2	
<i>sucralfate 1 gm tab</i>	Tier 2	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium 20 mg cap dr</i>	Tier 4	
<i>esomeprazole magnesium 40 mg cap dr</i>	Tier 4	QL (2 PER 1 DAYS)
<i>lansoprazole 15 mg cap dr</i>	Tier 2	
<i>lansoprazole 30 mg cap dr</i>	Tier 2	QL (2 PER 1 DAYS)
<i>omeprazole 10 mg cap dr</i>	Tier 2	
<i>omeprazole 20 mg cap dr</i>	Tier 1	
<i>omeprazole 40 mg cap dr</i>	Tier 1	QL (2 PER 1 DAYS)
<i>pantoprazole sodium 20 mg tab dr</i>	Tier 1	
<i>pantoprazole sodium 40 mg recon soln</i>	Tier 4	
<i>pantoprazole sodium 40 mg tab dr</i>	Tier 1	QL (2 PER 1 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	Tier 3	

## GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ALDURAZYME 2.9 MG/5ML SOLUTION	Tier 5	LA, PA - PART B VS D DETERMINATION

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

**GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
ARALAST NP (1000 MG RECON SOLN, 500 MG RECON SOLN)	Tier 5	LA, PA - PART B VS D DETERMINATION
<i>betaine powder</i>	Tier 5	
<i>carglumic acid 200 mg tab sol</i>	Tier 5	PA, LA
CREON (12000-38000 UNIT CP DR PART, 24000-76000 UNIT CP DR PART, 3000-9500 UNIT CP DR PART, 36000-114000 UNIT CP DR PART, 6000-19000 UNIT CP DR PART)	Tier 3	
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	Tier 3	
ELAPRASE 6 MG/3ML SOLUTION	Tier 5	LA, PA - PART B VS D DETERMINATION
<i>l-glutamine 5 gm packet</i>	Tier 5	PA, QL (6 PER 1 DAYS)
<i>levocarnitine 330 mg tab</i>	Tier 2	
NAGLAZYME 1 MG/ML SOLUTION	Tier 5	LA, PA - PART B VS D DETERMINATION
<i>nitisinone (10 mg cap, 2 mg cap, 5 mg cap)</i>	Tier 5	PA
REVCovi 2.4 MG/1.5ML SOLUTION	Tier 5	PA, LA
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	Tier 5	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	Tier 5	PA
ZENPEP (10000-32000 UNIT CP DR PART, 15000-47000 UNIT CP DR PART, 20000-63000 UNIT CP DR PART, 25000-79000 UNIT CP DR PART, 3000-10000 UNIT CP DR PART, 40000-126000 UNIT CP DR PART, 5000-24000 UNIT CP DR PART, 60000-189600 UNIT CP DR PART)	Tier 3	

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## GENITOURINARY AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTISPASMODICS, URINARY		
GEMTESA 75 MG TAB	Tier 3	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	Tier 3	
MYRBETRIQ 8 MG/ML SRER	Tier 3	QL (10 PER 1 DAYS)
<i>oxybutynin chloride 5 mg tab</i>	Tier 2	
<i>oxybutynin chloride er (10 mg tab er 24h, 15 mg tab er 24h, 5 mg tab er 24h)</i>	Tier 2	
<i>solifenacin succinate (10 mg tab, 5 mg tab)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	Tier 4	ST
<i>tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)</i>	Tier 4	ST
<i>tropium chloride 20 mg tab</i>	Tier 2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	Tier 2	
<i>dutasteride 0.5 mg cap</i>	Tier 2	QL (1 PER 1 DAYS)
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	Tier 4	QL (1 PER 1 DAYS)
<i>finasteride 5 mg tab</i>	Tier 1	
<i>silodosin (4 mg cap, 8 mg cap)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	Tier 4	PA, QL (2 PER 1 DAYS)
<i>tadalafil 2.5 mg tab</i>	Tier 4	PA, QL (2 PER 1 DAYS)
<i>tadalafil 5 mg tab</i>	Tier 4	PA, QL (1 PER 1 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	Tier 1	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride (10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab)</i>	Tier 2	
<i>penicillamine 250 mg tab</i>	Tier 5	PA

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**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)**

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTISONE ACETATE 25 MG TAB	Tier 4	
<i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>	Tier 2	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	Tier 2	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	Tier 4	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	Tier 4	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	Tier 4	
<i>fludrocortisone acetate 0.1 mg tab</i>	Tier 2	
<i>methylprednisolone (16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab thpk, 8 mg tab)</i>	Tier 2	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	Tier 4	
<i>methylprednisolone sodium succ 125 mg recon soln</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>methylprednisolone sodium succ 40 mg recon soln</i>	Tier 4	
<i>prednisolone 15 mg/5ml solution</i>	Tier 2	
<i>prednisolone sodium phosphate (15 mg/5ml solution, 25 mg/5ml solution, 5 mg/5ml solution, 6.7 (5 base) mg/5ml solution)</i>	Tier 2	
<i>prednisone (1 mg tab, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 50 mg tab)</i>	Tier 2	
PREDNISONE 5 MG/5ML SOLUTION	Tier 3	

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
PREDNISONE INTENSOL 5 MG/ML CONC	Tier 4	

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig 0.01 % solution</i>	Tier 4	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	Tier 3	
<i>desmopressin acetate 4 mcg/ml solution</i>	Tier 4	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	Tier 4	
<i>desmopressin acetate spray 0.01 % solution</i>	Tier 4	
INCRELEX 40 MG/4ML SOLUTION	Tier 5	PA, LA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	Tier 5	PA

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANDROGENS		
<i>danazol (100 mg cap, 200 mg cap, 50 mg cap)</i>	Tier 4	
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i>	Tier 3	
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i>	Tier 4	PA, QL (150 PER 30 DAYS)
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	Tier 3	PA, QL (300 PER 30 DAYS)

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**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	Tier 4	PA, QL (37.5 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	Tier 3	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	Tier 4	QL (5 PER 30 DAYS)
<b>ESTROGENS</b>		
<i>afirmelle 0.1-20 mg-mcg tab</i>	Tier 3	
<i>altavera 0.15-30 mg-mcg tab</i>	Tier 3	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	Tier 3	
<i>amethia 0.15-0.03 &amp; 0.01 mg tab</i>	Tier 4	
<i>apri 0.15-30 mg-mcg tab</i>	Tier 3	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	Tier 3	
<i>ashlyna 0.15-0.03 &amp; 0.01 mg tab</i>	Tier 4	
<i>aubra 0.1-20 mg-mcg tab</i>	Tier 3	
<i>aubra eq 0.1-20 mg-mcg tab</i>	Tier 3	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>aviane 0.1-20 mg-mcg tab</i>	Tier 3	
<i>ayuna 0.15-30 mg-mcg tab</i>	Tier 3	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	Tier 3	
<i>balziva 0.4-35 mg-mcg tab</i>	Tier 3	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	Tier 3	

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**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>briellyn 0.4-35 mg-mcg tab</i>	Tier 3	
<i>camrese 0.15-0.03 &amp; 0.01 mg tab</i>	Tier 4	
<i>camrese lo 0.1-0.02 &amp; 0.01 mg tab</i>	Tier 3	
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	Tier 3	
<i>chateal 0.15-30 mg-mcg tab</i>	Tier 3	
<i>chateal eq 0.15-30 mg-mcg tab</i>	Tier 3	
<i>cryselle 0.3-30 mg-mcg tab</i>	Tier 3	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	Tier 3	
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	Tier 3	
<i>cyred 0.15-30 mg-mcg tab</i>	Tier 3	
<i>cyred eq 0.15-30 mg-mcg tab</i>	Tier 3	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	Tier 3	
<i>daysee 0.15-0.03 &amp; 0.01 mg tab</i>	Tier 4	
<i>delyla 0.1-20 mg-mcg tab</i>	Tier 3	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	Tier 3	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	Tier 3	QL (16 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	Tier 3	
<i>elinest 0.3-30 mg-mcg tab</i>	Tier 3	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	Tier 3	
<i>emoquette 0.15-30 mg-mcg tab</i>	Tier 3	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	Tier 3	

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**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>enpresse-28 50-30/75-40/125-30 mcg tab</i>	Tier 3	
<i>enskyce 0.15-30 mg-mcg tab</i>	Tier 3	
<i>estarylla 0.25-35 mg-mcg tab</i>	Tier 3	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	Tier 3	QL (16 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	Tier 3	QL (8 PER 28 DAYS)
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	Tier 1	
<i>estradiol 0.01 % cream</i>	Tier 2	
<i>estradiol 10 mcg tab</i>	Tier 3	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	Tier 4	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	Tier 3	QL (1 PER 84 OVER TIME)
<i>estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)</i>	Tier 4	
<i>ethynodiol diac-eth estradiol (1-35 mg-mcg tab, 1-50 mg-mcg tab)</i>	Tier 3	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	Tier 3	
<i>falmina 0.1-20 mg-mcg tab</i>	Tier 3	
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>feirza 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>femynor 0.25-35 mg-mcg tab</i>	Tier 3	
<i>fyavolv (0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab)</i>	Tier 4	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>haloette 0.12-0.015 mg/24hr ring</i>	Tier 3	
<i>iclevia 0.15-0.03 mg tab</i>	Tier 3	
<i>introvale 0.15-0.03 mg tab</i>	Tier 3	
<i>isibloom 0.15-30 mg-mcg tab</i>	Tier 3	
<i>jaimiess 0.15-0.03 &amp; 0.01 mg tab</i>	Tier 4	
<i>jasmiel 3-0.02 mg tab</i>	Tier 3	
<i>jinteli 1-5 mg-mcg tab</i>	Tier 4	
<i>jolessa 0.15-0.03 mg tab</i>	Tier 3	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	Tier 3	
<i>juleber 0.15-30 mg-mcg tab</i>	Tier 3	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>junel 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>kalliga 0.15-30 mg-mcg tab</i>	Tier 3	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	Tier 3	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	Tier 3	
<i>kurvelo 0.15-30 mg-mcg tab</i>	Tier 3	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>larin 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>larissia 0.1-20 mg-mcg tab</i>	Tier 3	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	Tier 3	
<i>lessina 0.1-20 mg-mcg tab</i>	Tier 3	
<i>levonest 50-30/75-40/125-30 mcg tab</i>	Tier 3	

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>levonorg-eth estrad triphasic 50-30/75-40/125-30 mcg tab</i>	Tier 3	
<i>levonorgest-eth estrad 91-day (0.1-0.02 &amp; 0.01 mg tab, 0.15-0.03 mg tab)</i>	Tier 3	
<i>levonorgest-eth estrad 91-day 0.15-0.03 &amp; 0.01 mg tab</i>	Tier 4	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	Tier 3	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab)</i>	Tier 3	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	Tier 3	
<i>lillow 0.15-30 mg-mcg tab</i>	Tier 3	
<i>lo-zumandimine 3-0.02 mg tab</i>	Tier 3	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	Tier 3	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	Tier 3	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>lojaimiess 0.1-0.02 &amp; 0.01 mg tab</i>	Tier 3	
<i>loryna 3-0.02 mg tab</i>	Tier 3	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	Tier 3	
<i>luizza 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>luizza 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>luteru 0.1-20 mg-mcg tab</i>	Tier 3	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	Tier 3	QL (16 PER 28 DAYS)
<i>marlissa 0.15-30 mg-mcg tab</i>	Tier 3	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	Tier 4	

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**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>mili 0.25-35 mg-mcg tab</i>	Tier 3	
<i>minzoya 0.1-20 mg-mcg(21) tab</i>	Tier 3	
<i>mono-lynyah 0.25-35 mg-mcg tab</i>	Tier 3	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	Tier 3	
<i>nikki 3-0.02 mg tab</i>	Tier 3	
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	Tier 3	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1.5-30 mg-mcg tab)</i>	Tier 3	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	Tier 3	
<i>norethindrone acet-ethinyl est (1-20 mg-mcg tab, 1.5-30 mg-mcg tab)</i>	Tier 3	
<i>norethindrone-eth estradiol (0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab)</i>	Tier 4	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	Tier 3	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	Tier 3	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	Tier 3	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	Tier 3	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	Tier 3	

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**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>nylia 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	Tier 3	
<i>nymyo 0.25-35 mg-mcg tab</i>	Tier 3	
<i>ocella 3-0.03 mg tab</i>	Tier 3	
<i>orsythia 0.1-20 mg-mcg tab</i>	Tier 3	
<i>philith 0.4-35 mg-mcg tab</i>	Tier 3	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	Tier 3	
<i>pirmella 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	Tier 3	
<i>portia-28 0.15-30 mg-mcg tab</i>	Tier 3	
PREMARIN 0.625 MG/GM CREAM	Tier 3	
<i>previfem 0.25-35 mg-mcg tab</i>	Tier 3	
<i>reclipsen 0.15-30 mg-mcg tab</i>	Tier 3	
<i>setlakin 0.15-0.03 mg tab</i>	Tier 3	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	Tier 3	
<i>simpesse 0.15-0.03 &amp; 0.01 mg tab</i>	Tier 4	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	Tier 3	
<i>sronyx 0.1-20 mg-mcg tab</i>	Tier 3	
<i>syeda 3-0.03 mg tab</i>	Tier 3	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	Tier 3	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>tri-lingah 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	

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**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>trivora (28) 50-30/75-40/125-30 mcg tab</i>	Tier 3	
<i>turqoz 0.3-30 mg-mcg tab</i>	Tier 3	
<i>valtya 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>valtya 1/50 1-50 mg-mcg tab</i>	Tier 3	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	Tier 3	
<i>vestura 3-0.02 mg tab</i>	Tier 3	
<i>vienva 0.1-20 mg-mcg tab</i>	Tier 3	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	Tier 3	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	Tier 3	
<i>vyfemla 0.4-35 mg-mcg tab</i>	Tier 3	
<i>vylibra 0.25-35 mg-mcg tab</i>	Tier 3	
<i>wera 0.5-35 mg-mcg tab</i>	Tier 3	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	Tier 3	
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	Tier 3	
<i>xulane 150-35 mcg/24hr patch wk</i>	Tier 3	
<i>yuvafem 10 mcg tab</i>	Tier 3	
<i>zafemy 150-35 mcg/24hr patch wk</i>	Tier 3	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	Tier 3	
<i>zovia 1/35e (28) 1-35 mg-mcg tab</i>	Tier 3	
<i>zumandimine 3-0.03 mg tab</i>	Tier 3	

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**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)**

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
PROGESTINS		
<i>camila 0.35 mg tab</i>	Tier 3	
<i>deblitane 0.35 mg tab</i>	Tier 3	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	Tier 3	
<i>emzahh 0.35 mg tab</i>	Tier 3	
<i>errin 0.35 mg tab</i>	Tier 3	
<i>gallifrey 5 mg tab</i>	Tier 2	
<i>heather 0.35 mg tab</i>	Tier 3	
<i>incassia 0.35 mg tab</i>	Tier 3	
<i>jencycla 0.35 mg tab</i>	Tier 3	
LILETTA (52 MG) 20.1 MCG/DAY IUD	Tier 3	
<i>lyleq 0.35 mg tab</i>	Tier 3	
<i>lyza 0.35 mg tab</i>	Tier 3	
<i>medroxyprogesterone acetate (10 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 2	
<i>medroxyprogesterone acetate (150 mg/ml susp prsy, 150 mg/ml suspension)</i>	Tier 3	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	Tier 2	PA - FOR NEW STARTS ONLY
<i>meleya 0.35 mg tab</i>	Tier 3	
NEXPLANON 68 MG IMPLANT	Tier 3	
<i>nora-be 0.35 mg tab</i>	Tier 3	
<i>norethindrone 0.35 mg tab</i>	Tier 3	
<i>norethindrone acetate 5 mg tab</i>	Tier 2	
<i>norlyda 0.35 mg tab</i>	Tier 3	
<i>norlyroc 0.35 mg tab</i>	Tier 3	
<i>orquidea 0.35 mg tab</i>	Tier 3	

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**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>progesterone (100 mg cap, 200 mg cap)</i>	Tier 2	
<i>sharobel 0.35 mg tab</i>	Tier 3	
<i>tulana 0.35 mg tab</i>	Tier 3	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
OSPHENA 60 MG TAB	Tier 4	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl 60 mg tab</i>	Tier 3	QL (1 PER 1 DAYS)

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>euthyrox (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>	Tier 1	
<i>levo-t (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>	Tier 3	
<i>levothyroxine sodium (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>	Tier 1	
<i>levoxyl (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>	Tier 3	
<i>liothyronine sodium (25 mcg tab, 5 mcg tab, 50 mcg tab)</i>	Tier 2	
REZDIFFRA (100 MG TAB, 60 MG TAB, 80 MG TAB)	Tier 5	PA, QL (1 PER 1 DAYS)

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## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
SYNTHROID (100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 25 MCG TAB, 300 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB)	Tier 3	
<i>unithroid (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>	Tier 3	

## HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline 0.5 mg tab</i>	Tier 3	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	Tier 4	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	Tier 5	
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	Tier 5	
LUPRON DEPOT (4-MONTH) 30 MG KIT	Tier 5	
LUPRON DEPOT (6-MONTH) 45 MG KIT	Tier 5	
<i>mifepristone 300 mg tab</i>	Tier 5	PA, LA, QL (4 PER 1 DAYS)
<i>octreotide acetate (100 mcg/ml soln prsy, 100 mcg/ml solution, 1000 mcg/ml solution, 200 mcg/ml solution, 50 mcg/ml soln prsy, 50 mcg/ml solution, 500 mcg/ml solution)</i>	Tier 4	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	Tier 5	PA
ORGOVYX 120 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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## HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	Tier 5	PA, LA, QL (60 PER 30 DAYS)
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	Tier 5	PA, QL (1 PER 1 DAYS)
SYNAREL 2 MG/ML SOLUTION	Tier 5	

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTITHYROID AGENTS		
<i>methimazole (10 mg tab, 5 mg tab)</i>	Tier 2	
<i>propylthiouracil 50 mg tab</i>	Tier 2	

## IMMUNOLOGICAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANGIOEDEMA AGENTS		
HAEGARDA (2000 UNIT RECON SOLN, 3000 UNIT RECON SOLN)	Tier 5	PA, LA
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	Tier 5	PA, QL (36 PER 60 OVER TIME)
<i>sajazir 30 mg/3ml soln prsyr</i>	Tier 5	PA, QL (36 PER 60 OVER TIME)
IMMUNOGLOBULINS		
GAMUNEX-C (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 5	PA

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## IMMUNOLOGICAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION)	Tier 5	PA, LA
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	Tier 5	PA, LA
AURANOFIN 3 MG CAP	Tier 3	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	Tier 5	PA, LA, QL (4 PER 28 DAYS)
COSENTYX (150 MG/ML SOLN PRSYR, 75 MG/0.5ML SOLN PRSYR)	Tier 5	PA, LA
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	Tier 5	PA, LA
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	Tier 5	PA, LA
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	Tier 5	PA, LA
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	Tier 5	PA, LA
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	Tier 5	PA
OTEZLA (10 & 20 & 30 MG TAB THPK, 4 X 10 & 51 X 20 MG TAB THPK)	Tier 5	PA, QL (55 PER 28 OVER TIME)
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	Tier 5	PA, QL (41 PER 28 DAYS)
RIDAURA 3 MG CAP	Tier 3	
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	Tier 5	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	Tier 5	PA, QL (168 PER 365 OVER TIME)

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

## IMMUNOLOGICAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
RINVOQ LQ 1 MG/ML SOLUTION	Tier 5	PA, QL (12 ML PER 1 DAYS)
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	Tier 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 150 MG/ML SOLN PRSYR	Tier 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 180 MG/1.2ML SOLN CART	Tier 5	PA, QL (1.2 PER 56 OVER TIME)
SKYRIZI 360 MG/2.4ML SOLN CART	Tier 5	PA, QL (2.4 PER 56 OVER TIME)
SKYRIZI 600 MG/10ML SOLUTION	Tier 5	PA, QL (30 PER 365 OVER TIME)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	Tier 5	PA, QL (6 PER 365 OVER TIME)
STELARA 45 MG/0.5ML SOLUTION	Tier 5	PA, QL (0.5 ML PER 28 DAYS)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	Tier 5	PA, QL (3.6 PER 28 DAYS)
USTEKINUMAB 45 MG/0.5ML SOLUTION	Tier 5	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	Tier 4	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	Tier 5	PA, QL (1 ML PER 28 DAYS)
XELJANZ (10 MG TAB, 5 MG TAB)	Tier 5	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	Tier 5	PA, QL (10 PER 1 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	Tier 5	PA, QL (1 PER 1 DAYS)
XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR, 75 MG/0.5ML SOLN A-INJ)	Tier 5	PA, QL (8 PER 28 DAYS)
XOLAIR (150 MG/ML SOLN PRSYR, 75 MG/0.5ML SOLN PRSYR)	Tier 5	PA, LA, QL (8 PER 28 DAYS)
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	Tier 4	PA, QL (0.5 ML PER 28 DAYS)
YESINTEK 130 MG/26ML SOLUTION	Tier 5	PA, QL (104 ML PER 365 OVER TIME)

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## IMMUNOLOGICAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
YESINTEK 90 MG/ML SOLN PRSYR	Tier 5	PA, QL (1 ML PER 28 DAYS)
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	Tier 5	LA, PA - FOR NEW STARTS ONLY
BESREMI 500 MCG/ML SOLN PRSYR	Tier 5	LA, QL (2 PER 28 DAYS), PA - FOR NEW STARTS ONLY
PEGASYS 180 MCG/0.5ML SOLN PRSYR	Tier 5	PA, QL (2 PER 30 DAYS)
PEGASYS 180 MCG/ML SOLUTION	Tier 5	PA, QL (4 PER 30 DAYS)
IMMUNOSUPPRESSANTS		
<i>azathioprine 50 mg tab</i>	Tier 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	Tier 4	PA - PART B VS D DETERMINATION
<i>cyclosporine (100 mg cap, 25 mg cap, 50 mg/ml solution)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (100 mg cap, 100 mg/ml solution, 25 mg cap, 50 mg cap)</i>	Tier 3	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	Tier 5	PA, QL (8 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLN PRSYR	Tier 5	PA, QL (4.08 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLUTION	Tier 5	PA, QL (4 PER 28 DAYS)
ENBREL MINI 50 MG/ML SOLN CART	Tier 5	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	Tier 5	PA, QL (8 PER 28 DAYS)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	Tier 4	PA - FOR NEW STARTS ONLY
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	Tier 5	PA - PART B VS D DETERMINATION
<i>everolimus 0.25 mg tab</i>	Tier 4	PA - PART B VS D DETERMINATION

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**IMMUNOLOGICAL AGENTS**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>gengraf (100 mg cap, 100 mg/ml solution, 25 mg cap)</i>	Tier 3	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.4ML SOLN PRSYR	Tier 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	Tier 5	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	Tier 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	Tier 5	PA, QL (4.8 ML PER 28 DAYS)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	Tier 2	
METHOTREXATE SODIUM (250 MG/10ML SOLUTION, 50 MG/2ML SOLUTION)	Tier 2	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) (1 gm/40ml solution, 1000 mg/40ml solution, 250 mg/10ml solution)</i>	Tier 3	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	Tier 2	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 2.5 mg tab</i>	Tier 2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 500 mg recon soln)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	Tier 2	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	Tier 4	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	Tier 4	PA - FOR NEW STARTS ONLY
SANDIMMUNE 100 MG/ML SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	Tier 5	PA, QL (4 EA PER 28 DAYS)

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## IMMUNOLOGICAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	Tier 5	PA, QL (3 PER 28 DAYS)
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	Tier 5	PA, QL (3 PER 28 DAYS)
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	Tier 5	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	Tier 5	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	Tier 5	PA, QL (4 PER 28 DAYS)
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	Tier 3	PA - PART B VS D DETERMINATION
XATMEP 2.5 MG/ML SOLUTION	Tier 4	PA - FOR NEW STARTS ONLY
VACCINES		
ABRYSCO 120 MCG/0.5ML RECON SOLN	Tier 3	VAC
ACTHIB RECON SOLN	Tier 3	
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	Tier 3	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	Tier 3	VAC
BCG VACCINE 50 MG RECON SOLN	Tier 3	VAC
BEXSERO SUSP PRSYR	Tier 3	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF- MCG/0.5 SUSPENSION)	Tier 3	VAC
DAPTACEL 23-15-5 SUSPENSION	Tier 3	
DENGVAXIA RECON SUSP	Tier 4	
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	Tier 3	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	Tier 3	PA - PART B VS D DETERMINATION, VAC

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## IMMUNOLOGICAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	Tier 3	VAC
HAVRIX (720 EL U/0.5ML SUSP PRSYR, 720 EL U/0.5ML SUSPENSION)	Tier 3	
HAVRIX 1440 EL U/ML SUSP PRSYR	Tier 3	VAC
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	Tier 3	PA - PART B VS D DETERMINATION, VAC
HIBERIX 10 MCG RECON SOLN	Tier 3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	Tier 3	VAC
INFANRIX 25-58-10 SUSPENSION	Tier 3	
IPOL SUSPENSION	Tier 3	VAC
IXIARO SUSPENSION	Tier 4	VAC
JYNNEOS 0.5 ML SUSPENSION	Tier 3	VAC
KINRIX 0.5 ML SUSP PRSYR	Tier 3	
M-M-R II RECON SOLN	Tier 3	VAC
MENACTRA SOLUTION	Tier 3	VAC
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	Tier 3	VAC
MENVEO (RECON SOLN, SOLUTION)	Tier 3	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	Tier 3	VAC
PEDIARIX SUSP PRSYR	Tier 3	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	Tier 3	
PENMENVY RECON SUSP	Tier 3	
PENTACEL RECON SUSP	Tier 3	
PRIORIX RECON SUSP	Tier 3	VAC
PROQUAD RECON SUSP	Tier 3	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	Tier 3	

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## IMMUNOLOGICAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
RABAVERT RECON SUSP	Tier 3	VAC
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION, 5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	Tier 3	PA - PART B VS D DETERMINATION, VAC
ROTARIX (RECON SUSP, SUSPENSION)	Tier 3	
ROTATEQ SOLUTION	Tier 3	
SHINGRIX 50 MCG/0.5ML RECON SUSP	Tier 3	QL (2 PER 365 OVER TIME), VAC
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	Tier 3	QL (1 ML PER 365 DAYS), VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	Tier 3	VAC
TENIVAC 5-2 LF/0.5ML SUSPENSION	Tier 3	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	Tier 3	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	Tier 3	VAC
TRUMENBA SUSP PRSYR	Tier 3	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	Tier 3	PA - PART B VS D DETERMINATION, VAC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	Tier 4	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	Tier 3	
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	Tier 3	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	Tier 3	VAC
VAXCHORA RECON SUSP	Tier 4	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	Tier 4	

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## IMMUNOLOGICAL AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
VIVOTIF CAP DR	Tier 4	
YF-VAX RECON SUSP	Tier 4	VAC

## INFLAMMATORY BOWEL DISEASE AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
AMINOSALICYLATES		
<i>balsalazide disodium 750 mg cap</i>	Tier 3	
<i>mesalamine (1000 mg suppos, 4 gm enema)</i>	Tier 4	
<i>mesalamine 1.2 gm tab dr</i>	Tier 4	QL (4 PER 1 DAYS)
<i>mesalamine er 0.375 gm cap er 24h</i>	Tier 3	QL (4 PER 1 DAYS)
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	Tier 2	
GLUCOCORTICOIDS		
<i>budesonide 3 mg cp dr part</i>	Tier 4	PA, QL (3 PER 1 DAYS)
<i>budesonide er 9 mg tab er 24h</i>	Tier 4	PA, QL (1 PER 1 DAYS)
CORTIFOAM 10 % FOAM		
<i>hydrocortisone (10 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 2	
<i>hydrocortisone 100 mg/60ml enema</i>	Tier 3	

## METABOLIC BONE DISEASE AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	Tier 1	
ALENDRONATE SODIUM 5 MG TAB	Tier 2	

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## METABOLIC BONE DISEASE AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>alendronate sodium 70 mg/75ml solution</i>	Tier 4	
<i>calcitonin (salmon) 200 unit/act solution</i>	Tier 2	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	Tier 2	
CALCITRIOL 1 MCG/ML SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>doxercalciferol 4 mcg/2ml solution</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>ibandronate sodium 150 mg tab</i>	Tier 1	
<i>ibandronate sodium 3 mg/3ml solution</i>	Tier 4	PA - PART B VS D DETERMINATION
JUBBONTI 60 MG/ML SOLN PRSYR	Tier 4	PA
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>risedronate sodium (150 mg tab, 35 mg tab, 5 mg tab)</i>	Tier 4	
<i>teriparatide 560 mcg/2.24ml soln pen</i>	Tier 5	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	Tier 5	PA, QL (1.56 PER 28 DAYS)
WYOST 120 MG/1.7ML SOLUTION	Tier 5	QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	Tier 4	PA - PART B VS D DETERMINATION

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**MISCELLANEOUS THERAPEUTIC AGENTS**

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	Tier 3	
ALCOHOL 70% PADS	Tier 2	
ALCOHOL PREP PAD	Tier 2	
ALCOHOL PREP PADS 70 % PAD	Tier 2	
ALCOHOL SWABS 70 % PAD	Tier 2	
ALCOHOL SWABSTICK PAD	Tier 2	
AQ INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
AQINJECT PEN NEEDLE (31G X 5 MM MISC, 32G X 4 MM MISC)	Tier 3	
ARGYLE STERILE WATER SOLUTION	Tier 2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	Tier 3	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	Tier 3	
AUM ALCOHOL PREP PADS 70 % PAD	Tier 2	
AUM INSULIN SAFETY PEN NEEDLE (31G X 4 MM MISC, 31G X 5 MM MISC)	Tier 3	
AUM PEN NEEDLE (32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	Tier 3	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	Tier 3	
BD Pen Needle Mini U/F 31G X 5 MM MISC	Tier 3	
BD Pen Needle Nano U/F 32G X 4 MM MISC	Tier 3	
BD Pen Needle Original U/F 29G X 12.7MM MISC	Tier 3	

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## MISCELLANEOUS THERAPEUTIC AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
BD Pen Needle Short U/F 31G X 8 MM MISC	Tier 3	
BIOGUARD GAUZE SPONGES 2"X2" PAD	Tier 2	
CARETOUCH ALCOHOL PREP 70 % PAD	Tier 2	
COMFORT EZ INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC)	Tier 3	
COMFORT EZ PRO PEN NEEDLES (30G X 8 MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC)	Tier 3	
CVS ALCOHOL PREP PADS 70 % PAD	Tier 2	
CVS ANTIBACTERIAL GAUZE 2"X2" PAD	Tier 2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
DROPLET MICRON 34G X 3.5 MM MISC	Tier 3	
DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	Tier 3	
DROPSAFE AUTOPROTECT DUO (X 4 MM MISC, X 5 MM MISC, X 8 MM MISC)	Tier 3	

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**MISCELLANEOUS THERAPEUTIC AGENTS**

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
EASY COMFORT INSULIN SYRINGE (29G X 5/16" 0.5 ML MISC, 29G X 5/16" 1 ML MISC, 31G X 1/2" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 32G X 5/16" 1 ML MISC)	Tier 3	
EASY COMFORT PEN NEEDLES (29G X 4MM MISC, 29G X 5MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC	Tier 3	
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC	Tier 3	
EMBECTA INS SYR U/F 1/2 UNIT (31G X 15/64" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	Tier 3	
EMBECTA INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	Tier 3	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC	Tier 3	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	Tier 3	
EMBECTA INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC	Tier 3	
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC	Tier 3	

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節所列說明，找到有關此表中符號和縮寫含義的資訊。

**MISCELLANEOUS THERAPEUTIC AGENTS**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC	Tier 3	
EMBECTA PEN NEEDLE ULTRAFINE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 6 MM MISC)	Tier 3	
EMBRACE PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
<i>gauze pads 2</i>	Tier 2	
GNP PEN NEEDLES (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 3	
GOODSENSE ALCOHOL SWABS 70 % PAD	Tier 2	
INSULIN PEN NEEDLES	Tier 3	
INSULIN PEN NEEDLES	Tier 3	
INSULIN PEN NEEDLES	Tier 3	
INSULIN SYRINGE 0.3 ML	Tier 3	
INSULIN SYRINGE 0.5 ML	Tier 3	
INSULIN SYRINGE 1 ML	Tier 3	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
INSUPEN PEN NEEDLES (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
INSUPEN32G EXTR3ME 32G X 6 MM MISC	Tier 3	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	Tier 4	PA - PART B VS D DETERMINATION

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**MISCELLANEOUS THERAPEUTIC AGENTS**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>lactated ringers solution</i>	Tier 2	
<i>methergine 0.2 mg tab</i>	Tier 4	
<i>methylergonovine maleate 0.2 mg tab</i>	Tier 4	
<i>novofine 32g x 6 mm misc</i>	Tier 3	
<i>novotwist 32g x 5 mm misc</i>	Tier 3	
NUTRILIPID 20 % EMULSION	Tier 4	PA - PART B VS D DETERMINATION
OPVEE 2.7 MG/0.1ML SOLUTION	Tier 4	QL (2 PER 30 DAYS)
PEN NEEDLE/5-BEVEL TIP (31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
PEN NEEDLES (30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
PENBRAYA RECON SUSP	Tier 3	VAC
PRO COMFORT ALCOHOL 70 % PAD	Tier 2	
PRO COMFORT INSULIN SYRINGE (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE (29G X 12.7MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC, 33G X 8 MM MISC)	Tier 3	
<i>ringers irrigation solution</i>	Tier 2	
SECURESAFE INSULIN SYRINGE (X1/2" 0.5 ML MISC, X1/2" 1 ML MISC)	Tier 3	
SILIGENTLE FOAM DRESSING 2"X2" PAD	Tier 2	

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**MISCELLANEOUS THERAPEUTIC AGENTS**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
SMOFLIPID 20 % EMULSION	Tier 4	PA - PART B VS D DETERMINATION
<i>sterile water for irrigation solution</i>	Tier 2	
SURE COMFORT PEN NEEDLES (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	Tier 3	
<i>tis-u-sol solution</i>	Tier 2	
TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)	Tier 3	
TRUE COMFORT PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
TRUE COMFORT PRO PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
TRUE COMFORT SAFETY PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
ULTIGUARD SAFEPACK PEN NEEDLE (32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 3	
UNIFINE OTC PEN NEEDLES (31G X 5 MM MISC, 32G X 4 MM MISC)	Tier 3	
UNIFINE PENTIPS 32G X 4 MM MISC	Tier 3	
UNIFINE PROTECT PEN NEEDLE (30G X 5 MM MISC, 30G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
UNIFINE SAFECONTROL PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	Tier 3	

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## MISCELLANEOUS THERAPEUTIC AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 3	
VERIFINE INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
VERIFINE PLUS PEN NEEDLE (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
VOWST CAP	Tier 5	PA, LA, QL (12 PER 30 DAYS)
WEBCOL ALCOHOL PREP LARGE 70 % PAD	Tier 2	

## OPHTHALMIC AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
OPHTHALMIC AGENTS, OTHER		
<i>ak-poly-bac 500-10000 unit/gm ointment</i>	Tier 2	
<i>atropine sulfate 1 % solution</i>	Tier 3	
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	Tier 2	
BACITRACIN-POLYMYXIN B 500- 10000 UNIT/GM OINTMENT	Tier 2	
<i>brimonidine tartrate-timolol 0.2- 0.5 % solution</i>	Tier 3	
<i>dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)</i>	Tier 2	
<i>dorzolamide hcl-timolol mal pf 2- 0.5 % solution</i>	Tier 3	

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## OPHTHALMIC AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
<i>loteprednol-tobramycin 0.5-0.3 % suspension</i>	Tier 4	
<i>neo-polycin 3.5-400-10000 ointment</i>	Tier 2	
<i>neo-polycin hc 1 % ointment</i>	Tier 2	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	Tier 2	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	Tier 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	Tier 2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	Tier 4	
<i>polycin 500-10000 unit/gm ointment</i>	Tier 2	
RESTASIS 0.05 % EMULSION	Tier 3	QL (60 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	Tier 4	QL (2.5 PER 25 DAYS)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	Tier 2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	Tier 2	
XDEMIVY 0.25 % SOLUTION	Tier 5	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	Tier 3	
ZYLET 0.5-0.3 % SUSPENSION	Tier 3	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl 0.05 % solution</i>	Tier 2	
<i>cromolyn sodium 4 % solution</i>	Tier 2	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	Tier 4	

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## OPHTHALMIC AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
<i>erythromycin 5 mg/gm ointment</i>	Tier 2	
GENTAK 0.3 % OINTMENT	Tier 2	
<i>gentamicin sulfate 0.3 % solution</i>	Tier 2	
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	Tier 3	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	Tier 2	
<i>moxifloxacin hcl 0.5 % solution</i>	Tier 3	
NATACYN 5 % SUSPENSION	Tier 3	
<i>ofloxacin 0.3 % solution</i>	Tier 2	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	Tier 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	Tier 3	
<i>sulfacetamide sodium 10 % solution</i>	Tier 2	
<i>tobramycin 0.3 % solution</i>	Tier 2	
TRIFLURIDINE 1 % SOLUTION	Tier 3	
ZIRGAN 0.15 % GEL	Tier 4	QL (5 PER 30 DAYS)
OPHTHALMIC ANTI-INFLAMMATORIES		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	Tier 2	
<i>diclofenac sodium 0.1 % solution</i>	Tier 2	
<i>difluprednate 0.05 % emulsion</i>	Tier 4	
<i>fluorometholone 0.1 % suspension</i>	Tier 2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	Tier 2	
FML 0.1 % OINTMENT	Tier 4	
FML FORTE 0.25 % SUSPENSION	Tier 4	
ILEVRO 0.3 % SUSPENSION	Tier 3	QL (3 PER 30 DAYS)
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	Tier 2	
<i>prednisolone acetate 1 % suspension</i>	Tier 2	

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## OPHTHALMIC AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	Tier 3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl 0.5 % solution</i>	Tier 2	
CARTEOLOL HCL 1 % SOLUTION	Tier 2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	Tier 2	
<i>timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)</i>	Tier 3	
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	Tier 1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap er 12h</i>	Tier 2	
<i>apraclonidine hcl 0.5 % solution</i>	Tier 3	
<i>brimonidine tartrate 0.1 % solution</i>	Tier 3	
<i>brimonidine tartrate 0.15 % solution</i>	Tier 4	
<i>brimonidine tartrate 0.2 % solution</i>	Tier 2	
<i>brinzolamide 1 % suspension</i>	Tier 3	
<i>dorzolamide hcl 2 % solution</i>	Tier 2	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	Tier 4	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	Tier 2	
RHOPRESSA 0.02 % SOLUTION	Tier 3	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	Tier 3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	Tier 4	ST, QL (5 PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	Tier 1	
LUMIGAN 0.01 % SOLUTION	Tier 3	QL (5 PER 30 DAYS)
<i>travoprost (bak free) 0.004 % solution</i>	Tier 3	QL (5 PER 30 DAYS)

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## OPHTHALMIC AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
VYZULTA 0.024 % SOLUTION	Tier 4	

## OTIC AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	Tier 2	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	Tier 4	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	Tier 3	
DERMOTIC 0.01 % OIL	Tier 3	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	Tier 3	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	Tier 2	
<i>ofloxacin 0.3 % solution</i>	Tier 2	

## RESPIRATORY TRACT/PULMONARY AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUIITY ELLIPTA (100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA, 50 MCG/ACT AER POW BA)	Tier 3	QL (30 PER 30 DAYS)
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	Tier 3	QL (1 PER 30 DAYS)
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	Tier 3	QL (1 PER 30 DAYS)
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	Tier 3	QL (1 PER 30 DAYS)

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**RESPIRATORY TRACT/PULMONARY AGENTS**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	Tier 3	QL (1 PER 30 DAYS)
ASMANEX HFA (100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL, 50 MCG/ACT AEROSOL)	Tier 3	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	Tier 4	PA - PART B VS D DETERMINATION
QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	Tier 3	QL (21.2 PER 30 DAYS)
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	Tier 2	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	Tier 2	
<i>cyproheptadine hcl 4 mg tab</i>	Tier 3	PA
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 2	PA
<i>hydroxyzine pamoate (100 mg cap, 25 mg cap, 50 mg cap)</i>	Tier 4	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	Tier 1	
<i>promethazine hcl (12.5 mg/10ml solution, 6.25 mg/5ml solution)</i>	Tier 2	PA
<b>ANTILEUKOTRIENES</b>		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>montelukast sodium 10 mg tab</i>	Tier 1	QL (1 PER 1 DAYS)
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	Tier 4	QL (2 PER 1 DAYS)
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
ATROVENT HFA 17 MCG/ACT AERO SOLN	Tier 4	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	Tier 3	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	Tier 2	PA - PART B VS D DETERMINATION

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**RESPIRATORY TRACT/PULMONARY AGENTS**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
<i>ipratropium bromide 0.03 % solution</i>	Tier 2	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	Tier 2	QL (45 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	Tier 3	QL (4 PER 30 DAYS)
<i>tiotropium bromide 18 mcg cap</i>	Tier 3	QL (30 PER 30 DAYS)
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol 90mcg hfa inhaler (generic proair)</i>	Tier 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proair)</i>	Tier 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	Tier 2	QL (13.4 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic ventolin)</i>	Tier 2	QL (36 PER 30 DAYS)
<i>albuterol sulfate ((2.5 mg/3ml) 0.083% nebu soln, (5 mg/ml) 0.5% nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2.5 mg/0.5ml nebu soln)</i>	Tier 2	PA - PART B VS D DETERMINATION
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	Tier 4	
<i>albuterol sulfate (2 mg/5ml syrup, 8 mg/20ml syrup)</i>	Tier 2	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	Tier 2	QL (17 PER 30 DAYS)
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	Tier 3	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	Tier 3	QL (24 PER 365 OVER TIME)
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	Tier 4	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	Tier 3	QL (30 PER 30 DAYS)

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**RESPIRATORY TRACT/PULMONARY AGENTS**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
SEREVENT DISKUS 50 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 DAYS)
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO (13.4 MG PACKET, 150 MG TAB, 25 MG PACKET, 5.8 MG PACKET, 50 MG PACKET, 75 MG PACKET)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	Tier 5	QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>tobramycin 300 mg/4ml nebu soln</i>	Tier 5	PA, QL (224 PER 28 DAYS)
<i>tobramycin 300 mg/5ml nebu soln</i>	Tier 5	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (100-50-75 & 150 MG TAB THPK, 50-25-37.5 & 75 MG TAB THPK)	Tier 5	PA, LA, QL (3 PER 1 DAYS)
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	Tier 3	PA - PART B VS D DETERMINATION
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
<i>roflumilast 250 mcg tab</i>	Tier 4	QL (28 PER 180 OVER TIME)
<i>roflumilast 500 mcg tab</i>	Tier 4	QL (1 PER 1 DAYS)
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	Tier 3	
<b>PULMONARY ANTIHYPERTENSIVES</b>		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	Tier 5	PA, LA, QL (3 PER 1 DAYS)
<i>alyq 20 mg tab</i>	Tier 5	PA, QL (2 PER 1 DAYS)
<i>ambrisentan (10 mg tab, 5 mg tab)</i>	Tier 5	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan (125 mg tab, 62.5 mg tab)</i>	Tier 5	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan 32 mg tab sol</i>	Tier 5	PA, LA, QL (4 PER 1 DAYS)

您可以查閱  
CI

節所列說明，找到有關此表中符號和縮寫含義的資訊。

**RESPIRATORY TRACT/PULMONARY AGENTS**

<b>藥品名稱</b>	<b>該藥物將花費您多少費用 (層級級別)</b>	<b>必要行動、限制或使用限制</b>
OPSUMIT 10 MG TAB	Tier 5	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate 20 mg tab</i>	Tier 3	PA, QL (12 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	Tier 4	PA, QL (2 PER 1 DAYS)
UPTRAVI (1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	Tier 5	PA, LA, QL (200 PER 180 OVER TIME)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	Tier 5	PA, QL (1 PER 21 OVER TIME)
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV (100 MG CAP, 150 MG CAP)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	Tier 5	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	Tier 5	PA, QL (5 PER 1 DAYS)
<i>pirfenidone 801 mg tab</i>	Tier 5	PA, QL (3 PER 1 DAYS)
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	Tier 2	PA - PART B VS D DETERMINATION
ADVAIR HFA (115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL, 45-21 MCG/ACT AEROSOL)	Tier 3	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 DAYS)
BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA, 50-25 MCG/INH AER POW BA)	Tier 3	QL (60 PER 30 DAYS)
<i>breyna (160-4.5 mcg/act aerosol, 80-4.5 mcg/act aerosol)</i>	Tier 3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	Tier 3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate (160-4.5 mcg/act aerosol, 80-4.5 mcg/act aerosol)</i>	Tier 3	QL (10.2 PER 30 DAYS)

您可以查閱  
CI

節所列說明，找到有關此表中符號和縮寫含義的資訊。

## RESPIRATORY TRACT/PULMONARY AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	Tier 4	QL (4 PER 30 DAYS)
<i>flunisolide 25 mcg/act (0.025%) solution</i>	Tier 2	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	Tier 2	QL (16 PER 30 DAYS)
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	Tier 2	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA, 55-14 MCG/ACT AER POW BA)	Tier 2	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	Tier 2	PA - PART B VS D DETERMINATION
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	Tier 3	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	Tier 3	QL (60 PER 30 DAYS)
<i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	Tier 2	QL (60 PER 30 DAYS)

## SKELETAL MUSCLE RELAXANTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限額
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol 350 mg tab</i>	Tier 2	PA, QL (4 PER 1 DAYS)
<i>cyclobenzaprine hcl (10 mg tab, 5 mg tab)</i>	Tier 2	PA
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	Tier 3	PA
<i>vanadom 350 mg tab</i>	Tier 2	PA, QL (4 PER 1 DAYS)

您可以查閱  
CI

節所列說明，找到有關此表中符號和縮寫含義的資訊。

## SLEEP DISORDER AGENTS

藥品名稱	該藥物將花費您多少費用 (層級級別)	必要行動、限制或使用限制
SLEEP PROMOTING AGENTS		
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>ramelteon 8 mg tab</i>	Tier 2	QL (1 PER 1 DAYS)
<i>tasimelteon 20 mg cap</i>	Tier 5	PA, QL (1 PER 1 DAYS)
<i>temazepam 15 mg cap</i>	Tier 2	QL (2 PER 1 DAYS)
<i>temazepam 30 mg cap</i>	Tier 2	QL (1 PER 1 DAYS)
<i>triazolam 0.125 mg tab</i>	Tier 4	QL (4 PER 1 DAYS)
<i>triazolam 0.25 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)
<i>zaleplon 10 mg cap</i>	Tier 2	QL (2 PER 1 DAYS)
<i>zaleplon 5 mg cap</i>	Tier 2	QL (4 PER 1 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	Tier 2	QL (1 PER 1 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	Tier 2	QL (2 PER 1 DAYS)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil (150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab)</i>	Tier 4	PA, QL (1 PER 1 DAYS)
<i>modafinil 100 mg tab</i>	Tier 3	PA, QL (3 PER 1 DAYS)
<i>modafinil 200 mg tab</i>	Tier 3	PA, QL (2 PER 1 DAYS)
<i>sodium oxybate 500 mg/ml solution</i>	Tier 5	PA, LA, QL (540 PER 30 DAYS)

您可以查閱  
CI  
節所列說明，找到有關此表中符號和縮寫含義的資訊。

**在此部分中，您可以透過按字母順序搜尋藥物名稱來查找藥物。這將告訴您可以在其中找到您的藥物的其他承保資訊的頁碼。**

## A

abacavir sulfate	78	Albuterol 90mg HFA inhaler (Generic Ventolin)	152
abacavir sulfate-lamivudine	78	albuterol sulfate	152
ABELCET	48	albuterol sulfate hfa	152
ABILIFY MAINTENA	72	alclometasone dipropionate	106
abiraterone acetate	52	ALCOHOL 70% PADS	140
abirtega	52	ALCOHOL PREP	140
ABRYSVO	135	ALCOHOL PREP PADS	140
acamprosate calcium	29	ALCOHOL SWABS	140
acarbose	83	ALCOHOL SWABSTICK	140
accutane	105	alcohol wipes	108
acebutolol hcl	94	ALDURAZYME	114
acetaminophen-codeine	27	ALECENSA	56
acetazolamide	96	alendronate sodium	138,139
acetazolamide er	149	ALENDRONATE SODIUM	138
acetic acid	150	alfuzosin hcl er	116
acetylcysteine	154	aliskiren fumarate	96
acitretin	105	allopurinol	50
ACTHIB	135	alosectron hcl	113
ACTIMMUNE	133	alprazolam	82
acyclovir	81,109	altavera	119
acyclovir sodium	81	ALUNBRIG	56
ADACEL	135	alyacen 1/35	119
adefovir dipivoxil	76	alyacen 7/7/7	119
ADEMPAS	153	alyq	153
ADVAIR HFA	154	amantadine hcl	70
ADVOCATE INSULIN PEN NEEDLE	140	ambrisentan	153
afirmelle	119	amethia	119
AIMOVIG	50	amikacin sulfate	30
ak-poly-bac	146	amiloride hcl	99
AKEEGA	54	amiloride-hydrochlorothiazide	96
ala-cort	106	amiodarone hcl	93
albendazole	68	amitriptyline hcl	46
albuterol 90mcg hfa inhaler (generic proair)	152	amlodipine besy-benazepril hcl	96
albuterol 90mg hfa inhaler (generic proair)	152	amlodipine besylate	94
albuterol 90mg hfa inhaler (generic proventil)	152	amlodipine besylate-valsartan	96
		amlodipine-atorvastatin	97
		amlodipine-olmesartan	97
		amlodipine-valsartan-hctz	97
		ammonium lactate	106

amnesteam	105	ASSURE ID DUO PRO PEN NEEDLES	140
amoxapine	46	ASSURE ID PRO PEN NEEDLES	140
amoxicillin	34	atazanavir sulfate	80
amoxicillin-pot clavulanate	34	atenolol	94
AMOXICILLIN-POT CLAVULANATE	34	atenolol-chlorthalidone	97
amoxicillin-pot clavulanate er	34	atomoxetine hcl	102,103
amphetamine-dextroamphet er	102	atorvastatin calcium	100
amphetamine-dextroamphetamine	102	atovaquone	68
AMPHOTERICIN B	48	atovaquone-proguanil hcl	68
amphotericin b liposome	48	atropine sulfate	146
ampicillin	34	ATROVENT HFA	151
ampicillin sodium	34	aubra	119
ampicillin-sulbactam sodium	34	aubra eq	119
anagrelide hcl	90	AUGTYRO	54
anastrozole	55	AUM ALCOHOL PREP PADS	140
ANORO ELLIPTA	154	AUM INSULIN SAFETY PEN NEEDLE	140
apraclonidine hcl	149	AUM PEN NEEDLE	140
aprepitant	47	AURANOFIN	131
apri	119	aurovela 1.5/30	119
APTIVUS	80	aurovela 1/20	119
AQ INSULIN SYRINGE	140	aurovela fe 1.5/30	119
AQINJECT PEN NEEDLE	140	aurovela fe 1/20	119
ARALAST NP	115	AUVELITY	43
ARANELLE	119	aviane	119
ARANESP (ALBUMIN FREE)	90	avidoxy	37
ARCALYST	131	AVMAPKI FAKZYNJA CO-PACK	55
AREXVY	135	ayuna	119
ARGYLE STERILE WATER	140	AYVAKIT	56
ARIKAYCE	30	azathioprine	133
aripiprazole	72	AZATHIOPRINE SODIUM	133
armodafinil	156	azelastine hcl	147,151
ARNUIITY ELLIPTA	150	azithromycin	35
asenapine maleate	72	AZITHROMYCIN	35
ashlyna	119	aztreonam	31
ASMANEX (120 METERED DOSES)	150	azurette	119
ASMANEX (14 METERED DOSES)	150		
ASMANEX (30 METERED DOSES)	150	<b>B</b>	
ASMANEX (60 METERED DOSES)	151	bac (butalbital-acetamin-caff)	103
ASMANEX HFA	151	bacitra-neomycin-polymyxin-hc	146
aspirin-dipyridamole er	91	BACITRACIN	147

BACITRACIN-POLYMYXIN B	146	bisoprolol fumarate	94
baclofen	76	bisoprolol-hydrochlorothiazide	97
balsalazide disodium	138	blisovi fe 1.5/30	119
BALVERSA	56	blisovi fe 1/20	119
balziva	119	BOOSTRIX	135
BAQSIMI ONE PACK	86	bosentan	153
BAQSIMI TWO PACK	86	BOSULIF	56
BARACLUDE	76	BRAFTOVI	56
BCG VACCINE	135	BREO ELLIPTA	154
BD INSULIN SYRINGE	140	breyna	154
BD Pen Needle Mini U/F 31G X 5 MM		BREZTRI AEROSPHERE	154
MISC	140	briellyn	120
BD Pen Needle Nano U/F 32G X 4 MM		brimonidine tartrate	149
MISC	140	brimonidine tartrate-timolol	146
BD Pen Needle Original U/F 29G X 12.7MM		brinzolamide	149
MISC	140	brivaracetam	37,38
BD Pen Needle Short U/F 31G X 8 MM		BRIVIACT	38
MISC	141	bromocriptine mesylate	70
benazepril hcl	92	BRUKINSA	56,57
benazepril-hydrochlorothiazide	97	budesonide	138,151
BENLYSTA	131	budesonide er	138
BENZNIDAZOLE	68	budesonide-formoterol fumarate	154
benzoyl peroxide-erythromycin	105	bumetanide	99
benztropine mesylate	69	buprenorphine	26
BESIVANCE	36	buprenorphine hcl	29
BESREMI	133	buprenorphine hcl-naloxone hcl	29
betaine	115	bupropion hcl	43
betamethasone dipropionate	106	bupropion hcl er (smoking det)	30
betamethasone dipropionate aug	106	bupropion hcl er (sr)	44
betamethasone valerate	106	bupropion hcl er (xl)	44
BETASERON	104	bupirone hcl	82
betaxolol hcl	94,149	butalbital-apap-caffeine	103
bethanechol chloride	116	butalbital-aspirin-caffeine	25
bexarotene	68	butorphanol tartrate	27
BEXSERO	135		
bicalutamide	52	<b>C</b>	
BICILLIN L-A	34	CABENUVA	79
BIKTARVY	77	cabergoline	129
bimatoprost	149	CABOMETYX	57
BIOGUARD GAUZE SPONGES	141	calcipotriene	108

calcitonin (salmon)	139	CEFTAZIDIME	33
calcitrene	108	ceftriaxone sodium	33
calcitriol	139	cefuroxime axetil	33
CALCITRIOL	139	cefuroxime sodium	33
calcium acetate (phos binder)	112	celecoxib	25
CALQUENCE	57	cephalexin	33
camila	127	cetirizine hcl	151
camrese	120	cevimeline hcl	105
camrese lo	120	chateal	120
candesartan cilexetil	92	chateal eq	120
candesartan cilexetil-hctz	97	chlorhexidine gluconate	105
CAPLYTA	72	chloroquine phosphate	69
CAPRELSA	57	chlorpromazine hcl	71
captopril	92	chlorthalidone	99
CAPTOPRIL-HYDROCHLOROTHIAZIDE	97	cholestyramine	100
carbamazepine	41	cholestyramine light	100
carbamazepine er	41	ciclodan	109
carbidopa	70	ciclopirox	109
carbidopa-levodopa	70	ciclopirox olamine	109
carbidopa-levodopa er	70	cilostazol	91
carbidopa-levodopa-entacapone	70	CILOXAN	36
CARETOUCH ALCOHOL PREP	141	CIMDUO	78
carglumic acid	115	cimetidine	114
carisoprodol	155	cinacalcet hcl	139
CARTEOLOL HCL	149	ciprofloxacin	36
cartia xt	95	ciprofloxacin hcl	36
carvedilol	94	ciprofloxacin in d5w	36
cataflam	25	ciprofloxacin-dexamethasone	150
CAYSTON	31	citalopram hydrobromide	45
caziant	120	claravis	105
CEFACLOR	32	CLARITHROMYCIN	35
cefadroxil	32	clarithromycin	35
cefazolin sodium	33	clarithromycin er	36
cefdinir	33	clindamycin hcl	31
CEFEPIME HCL	33	clindamycin palmitate hcl	31
cefixime	33	clindamycin phos (once-daily)	109
cefoxitin sodium	33	clindamycin phos (twice-daily)	109
CEFPODOXIME PROXETIL	33	clindamycin phos-benzoyl perox	105
cefprozil	33	clindamycin phosphate	31,109
ceftaroline fosamil	33	clindamycin phosphate in d5w	31

CLINDAMYCIN PHOSPHATE IN NACL	31	COSENTYX SENSOREADY PEN	131
clobazam	39,40	COSENTYX UNOREADY	131
clobetasol prop emollient base	106	COTELLIC	57
clobetasol propionate	106	CREON	115
clobetasol propionate e	106	CRESEMBA	48
clomipramine hcl	46	cromolyn sodium	113,147,153
clonazepam	82	cryselle	120
clonidine	91	cryselle-28	120
clonidine hcl	91	CVS ALCOHOL PREP PADS	141
clopidogrel bisulfate	91	CVS ANTIBACTERIAL GAUZE	141
clorazepate dipotassium	82	cvs isopropyl alcohol wipes	108
clotrimazole	48	cyclafem 1/35	120
clotrimazole-betamethasone	108	cyclafem 7/7/7	120
clozapine	75	cyclobenzaprine hcl	155
COARTEM	69	CYCLOPHOSPHAMIDE	52
COBENFY	75	cyclosporine	133
COBENFY STARTER PACK	75	cyclosporine modified	133
CODEINE SULFATE	27	cyproheptadine hcl	151
codeine sulfate	27	cyred	120
colchicine	50	cyred eq	120
colchicine-probenecid	50		
colesevelam hcl	100	<b>D</b>	
colestipol hcl	100	dabigatran etexilate mesylate	88
colistimethate sodium (cba)	31	dalfampridine er	104
COMBIVENT RESPIMAT	155	danazol	118
COMETRIQ (100 MG DAILY DOSE)	57	dantrolene sodium	76
COMETRIQ (140 MG DAILY DOSE)	57	DAPAGLIFLOZIN PROPANEDIOL	101
COMETRIQ (60 MG DAILY DOSE)	57	dapsone	51
COMFORT EZ INSULIN SYRINGE	141	DAPTACEL	135
COMFORT EZ PRO PEN NEEDLES	141	daptomycin	31
compro	47	darunavir	80
constulose	112	dasatinib	57
COPIKTRA	57	dasetta 1/35	120
CORLANOR	97	dasetta 7/7/7	120
CORTIFOAM	138	DAURISMO	57,58
CORTISONE ACETATE	117	daysee	120
CORTISPORIN-TC	150	deblitane	127
COSENTYX	131	decadron	117
COSENTYX (300 MG DOSE)	131	deferasirox	111
COSENTYX SENSOREADY (300 MG)	131	DELSTRIGO	77

delyla.....	120	digox.....	93
DENGVAXIA.....	135	digoxin.....	93
DEPO-SUBQ PROVERA 104.....	127	dihydroergotamine mesylate.....	50
depo-testosterone.....	118	DILANTIN.....	41
DERMOTIC.....	150	dilt-xr.....	95
DESCOVY.....	78	diltiazem hcl.....	95
desipramine hcl.....	46	diltiazem hcl 120 mg extended release 24hr capsule.....	95
desmopressin ace spray refrig.....	118	diltiazem hcl 180 mg extended release 24hr capsule.....	95
desmopressin acetate.....	118	diltiazem hcl 240 mg extended release 24hr capsule.....	95
desmopressin acetate pf.....	118	diltiazem hcl 300 mg extended release 24hr capsule.....	95
desogestrel-ethinyl estradiol.....	120	diltiazem hcl 360 mg extended release 24hr capsule.....	95
desonide.....	106	diltiazem hcl er.....	95
desoximetasone.....	106	diltiazem hcl er beads.....	95
desvenlafaxine succinate er.....	45	dimethyl fumarate.....	104
dexamethasone.....	117	dimethyl fumarate starter pack.....	104
DEXAMETHASONE SOD PHOS +RFID.....	117	diphenoxylate-atropine.....	113
dexamethasone sod phosphate pf.....	117	DIPHENOXYLATE-ATROPINE.....	113
DEXAMETHASONE SODIUM PHOSPHATE.....	117,148	DIPHThERIA-TETANUS TOXOIDS DT.....	135
dexmethylphenidate hcl.....	103	dipyridamole.....	91
dextroamphetamine sulfate.....	102	disulfiram.....	29
dextrose.....	109	divalproex sodium.....	38
dextrose in lactated ringers.....	110	divalproex sodium er.....	38
DEXTROSE-NACL.....	110	dofetilide.....	93
DEXTROSE-SODIUM CHLORIDE.....	110	donepezil hcl.....	43
dextrose-sodium chloride.....	110	donepezil hydrochloride orally disintegrating tab 10 mg.....	43
DIACOMIT.....	38	donepezil hydrochloride orally disintegrating tab 5 mg.....	43
diazepam.....	40,82,83	dorzolamide hcl.....	149
diazepam intensol.....	83	dorzolamide hcl-timolol mal.....	146
diazoxide.....	86	dorzolamide hcl-timolol mal pf.....	146
diclofenac potassium.....	25	dotti.....	120
diclofenac sodium.....	25,148	DOVATO.....	77
diclofenac sodium er.....	25	doxazosin mesylate.....	92
dicloxacillin sodium.....	34	doxepin hcl.....	46
dicyclomine hcl.....	113		
DIFICID.....	36		
diflunisal.....	25		
difluprednate.....	148		
digitek.....	93		

doxercalciferol	139
doxy 100	37
doxycycline hyclate	37
doxycycline monohydrate	37
DRIZALMA SPRINKLE	103,104
dronabinol	47
DROPLET INSULIN SYRINGE	141
DROPLET MICRON	141
DROPLET PEN NEEDLES	141
DROPSAFE AUTOPROTECT DUO	141
DROPSAFE SAFETY SYRINGE/NEEDLE	142
drospirenone-ethinyl estradiol	120
DROXIA	115
droxidopa	91
duloxetine hcl	104
DUPIXENT	131
dutasteride	116
dutasteride-tamsulosin hcl	116

## E

EASY COMFORT INSULIN SYRINGE	142
EASY COMFORT PEN NEEDLES	142
EASY TOUCH INSULIN BARRELS	142
ec-naproxen	25
econazole nitrate	48
EDURANT	77
EDURANT PED	77
EFAVIRENZ	77
efavirenz	77
efavirenz-emtricitab-tenofo df	77
efavirenz-lamivudine-tenofovir	77
ELAPRASE	115
elinest	120
ELIQUIS	88
ELIQUIS (1.5 MG PACK)	88
ELIQUIS (2 MG PACK)	88
ELIQUIS DVT/PE STARTER PACK	88
eltrombopag olamine	90
eluryng	120
EMBECTA AUTOSHIELD DUO	142
EMBECTA INS SYR U/F 1/2 UNIT	142
EMBECTA INSULIN SYRINGE	142
EMBECTA INSULIN SYRINGE U-100	142
EMBECTA INSULIN SYRINGE U-500	142
EMBECTA INSULIN SYRINGE U/F	142
EMBECTA PEN NEEDLE NANO	142
EMBECTA PEN NEEDLE NANO 2 GEN	142
EMBECTA PEN NEEDLE U/F	143
EMBECTA PEN NEEDLE ULTRAFINE	143
EMBRACE PEN NEEDLES	143
EMGALITY	50
EMGALITY (300 MG DOSE)	50
emoquette	120
EMSAM	44
emtricitab-rilpivir-tenofov df	78
emtricitabine	78
emtricitabine-tenofovir df	78
EMTRIVA	78
emzahn	127
enalapril maleate	92
enalapril-hydrochlorothiazide	97
ENBREL	133
ENBREL MINI	133
ENBREL SURECLICK	133
endocet	27
ENGERIX-B	135
enilloring	120
enoxaparin sodium	88,89
enpresse-28	121
ENSACOVE	55
enskyce	121
entacapone	70
entecavir	76
ENTRESTO	97
enulose	112
ENVARUSUS XR	133
EPIDIOLEX	38
epinephrine	152
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	152

epitol.....	41	EXXUA TITRATION PACK.....	44
EPIVIR HBV.....	76	ezetimibe.....	100
eplerenone.....	99	ezetimibe-simvastatin.....	100
ERGOLOID MESYLATES.....	42	<b>F</b>	
ERGOTAMINE-CAFFEINE.....	50	falmina.....	121
ERIVEDGE.....	58	famciclovir.....	81
ERLEADA.....	52	famotidine.....	114
erlotinib hcl.....	58	FANAPT.....	72,73
errin.....	127	FANAPT TITRATION PACK A.....	73
ertapenem sodium.....	35	FANAPT TITRATION PACK B.....	73
ERY.....	109	FANAPT TITRATION PACK C.....	73
erythrocin lactobionate.....	36	FARXIGA.....	101
erythromycin.....	109,148	febuxostat.....	50
erythromycin base.....	36	feirza 1.5/30.....	121
erythromycin ethylsuccinate.....	36	feirza 1/20.....	121
erythromycin lactobionate.....	36	felbamate.....	38
ERZOFRI.....	72	felodipine er.....	95
escitalopram oxalate.....	45	femynor.....	121
eslicarbazepine acetate.....	41	fenofibrate.....	99
esomeprazole magnesium.....	114	fenofibrate micronized.....	99
estarylla.....	121	fenofibric acid.....	100
estradiol.....	121	fentanyl.....	26
estradiol valerate.....	121	FETZIMA.....	45
ESTRING.....	121	FETZIMA TITRATION.....	45
estrogens conjugated.....	121	FIASP.....	86
eszopiclone.....	156	FIASP FLEXTOUCH.....	86
ethambutol hcl.....	51	FIASP PENFILL.....	86
ethosuximide.....	39	FIASP PUMPCART.....	86
ethynodiol diac-eth estradiol.....	121	fidaxomicin.....	36
etodolac.....	25	finasteride.....	116
etodolac er.....	25	fingolimod hcl.....	104
etonogestrel-ethinyl estradiol.....	121	FINTEPLA.....	38
etravirine.....	78	flecainide acetate.....	93
EUCRISA.....	106	fluconazole.....	49
EULEXIN.....	52	fluconazole in sodium chloride.....	49
euthyrox.....	128	flucytosine.....	49
everolimus.....	58,133	fludrocortisone acetate.....	117
EVOTAZ.....	80	flunisolide.....	155
exemestane.....	55	fluocinolone acetonide.....	107
EXXUA.....	44		

fluocinolone acetonide body	107
fluocinolone acetonide scalp	107
fluocinonide	107
fluocinonide emulsified base	107
fluorometholone	148
fluorouracil	108
fluoxetine hcl	45
FLUOXETINE HCL	45
fluphenazine decanoate	71
FLUPHENAZINE HCL	71
FLURBIPROFEN	25
FLURBIPROFEN SODIUM	148
FLUTAMIDE	52
fluticasone propionate	107,155
fluticasone-salmeterol	155
FLUTICASONE-SALMETEROL	155
fluvastatin sodium	100
fluvastatin sodium er	100
flvoxamine maleate	45
FML	148
FML FORTE	148
fondaparinux sodium	89
fosamprenavir calcium	80
fosfomycin tromethamine	31
fosinopril sodium	92
fosinopril sodium-hctz	97
FOTIVDA	58
FRUZAQLA	54
FULPHILA	90
fulvestrant	53
furosemide	99
fyavolv	121

## G

gabapentin	40
galantamine hydrobromide	43
galantamine hydrobromide er	43
gallifrey	127
GAMUNEX-C	130
GARDASIL 9	136

gauze pads 2	143
GAVILYTE-C	113
gavilyte-g	113
gavilyte-n with flavor pack	112
GAVRETO	58
gefitinib	58
gemfibrozil	100
GEMTESA	116
generlac	112
gengraf	134
GENTAK	148
gentamicin sulfate	30,148
GENVOYA	77
GILOTRIF	58
glatiramer acetate	104
glatopa	104
glimepiride	83
glipizide	83
glipizide er	83
glipizide xl	84
glipizide-metformin hcl	84
GLUCAGEN HYPOKIT	86
GLUCAGON EMERGENCY	86
glyburide	84
GLYBURIDE MICRONIZED	84
glyburide-metformin	84
glycopyrrolate	113
GLYXAMBI	84
GNP PEN NEEDLES	143
GOMEKLI	58
GOODSENSE ALCOHOL SWABS	143
granisetron hcl	48
griseofulvin microsize	49
griseofulvin ultramicrosize	49
guanfacine hcl	91
guanfacine hcl er	103

## H

HADLIMA	134
HADLIMA PUSH TOUCH	134

HAEGARDA.....	130	hydroxyzine hcl.....	151
hailey 1.5/30.....	121	hydroxyzine pamoate.....	151
hailey fe 1.5/30.....	122	HYRNUO.....	59
hailey fe 1/20.....	122		
halobetasol propionate.....	107	I	
haloette.....	122	ibandronate sodium.....	139
haloperidol.....	71	IBRANCE.....	59
haloperidol decanoate.....	71	IBTROZI.....	59
haloperidol lactate.....	71	ibu.....	25
HAVRIX.....	136	ibuprofen.....	25
heather.....	127	icatibant acetate.....	130
heparin sodium (porcine).....	89	iclevia.....	122
heparin sodium (porcine) pf.....	89	ICLUSIG.....	59
HEPLISAV-B.....	136	icosapent ethyl.....	100
HERNEXEOS.....	58	IDHIFA.....	59
HIBERIX.....	136	ILEVRO.....	148
HIZENTRA.....	131	imatinib mesylate.....	59
HUMALOG.....	86	IMBRUVICA.....	59
HUMALOG JUNIOR KWIKPEN.....	86	imipenem-cilastatin.....	35
HUMALOG KWIKPEN.....	86	imipramine hcl.....	46
HUMALOG MIX 50/50 KWIKPEN.....	86	imiquimod.....	108
HUMALOG MIX 75/25.....	86	IMKELDI.....	59
HUMALOG MIX 75/25 KWIKPEN.....	86	IMOVAX RABIES.....	136
HUMULIN 70/30.....	86	IMPAVIDO.....	69
HUMULIN 70/30 KWIKPEN.....	87	incassia.....	127
HUMULIN N.....	87	INCRELEX.....	118
HUMULIN N KWIKPEN.....	87	INCRUSE ELLIPTA.....	151
HUMULIN R.....	87	indapamide.....	99
HUMULIN R U-500 (CONCENTRATED).....	87	indomethacin.....	25
HUMULIN R U-500 KWIKPEN.....	87	INFANRIX.....	136
hydralazine hcl.....	101	INLURIYO.....	53
hydrochlorothiazide.....	99	INLYTA.....	59
hydrocodone-acetaminophen.....	27	INQOVI.....	54
hydrocortisone.....	107,138	INREBIC.....	60
hydrocortisone (perianal).....	107	INSULIN ASPART.....	87
hydrocortisone butyrate.....	107	INSULIN ASPART FLEXPEN.....	87
hydrocortisone-acetic acid.....	150	INSULIN ASPART PENFILL.....	87
hydromorphone hcl.....	27,28	INSULIN LISPRO.....	87
hydroxychloroquine sulfate.....	69	INSULIN LISPRO (1 UNIT DIAL).....	87
hydroxyurea.....	54	INSULIN LISPRO JUNIOR KWIKPEN.....	87

INSULIN LISPRO PROT & LISPRO	87
INSULIN PEN NEEDLES	143
INSULIN PEN NEEDLES	143
INSULIN SYRINGE 0.3 ML	143
INSULIN SYRINGE 0.5 ML	143
INSULIN SYRINGE 1 ML	143
INSULIN SYRINGE-NEEDLE U-100	143
INSUPEN PEN NEEDLES	143
INSUPEN32G EXTR3ME	143
INTELENCE	78
INTRALIPID	143
introvale	122
INVEGA HAFYERA	73
INVEGA SUSTENNA	73
INVEGA TRINZA	73,74
IPOL	136
ipratropium bromide	151,152
ipratropium-albuterol	155
irbesartan	92
irbesartan-hydrochlorothiazide	97
ISENTRESS	77
ISENTRESS HD	77
isibloom	122
isoniazid	51
isopropyl alcohol	108
isopropyl alcohol wipes	108
isosorbide dinitrate	101
isosorbide mononitrate	101
isosorbide mononitrate er	101
isotretinoin	105
isradipine	95
ITOVEBI	60
itraconazole	49
ivabradine hcl	97
ivermectin	68
IWILFIN	54
IXIARO	136

## J

jaimiess	122
----------	-----

JAKAFI	60
jantoven	89
JANUMET	84
JANUMET XR	84
JANUVIA	84
JARDIANCE	101
jasmiel	122
JAYPIRCA	60
jencycla	127
JENTADUETO	84
JENTADUETO XR	84
jinteli	122
jolessa	122
joyeaux	122
JUBBONTI	139
juleber	122
JULUCA	77
junel 1.5/30	122
junel 1/20	122
junel fe 1.5/30	122
junel fe 1/20	122
JYNNEOS	136

## K

KALETRA	80
kalliga	122
KALYDECO	153
kariva	122
kcl in dextrose-nacl	110
KCL-LACTATED RINGERS-D5W	110
kelnor 1/35	122
kelnor 1/50	122
KERENDIA	84
ketoconazole	49
ketorolac tromethamine	148
KINRIX	136
kionex	112
KISQALI (200 MG DOSE)	60
KISQALI (400 MG DOSE)	60
KISQALI (600 MG DOSE)	60

KISQALI FEMARA (200 MG DOSE)	60	lenalidomide	53
KISQALI FEMARA (400 MG DOSE)	60	LENVIMA (10 MG DAILY DOSE)	61
KISQALI FEMARA (600 MG DOSE)	60	LENVIMA (12 MG DAILY DOSE)	61
klayesta	49	LENVIMA (14 MG DAILY DOSE)	61
KLOR-CON	110	LENVIMA (18 MG DAILY DOSE)	61
klor-con 10	110	LENVIMA (20 MG DAILY DOSE)	61
klor-con m10	110	LENVIMA (24 MG DAILY DOSE)	61
klor-con m15	110	LENVIMA (4 MG DAILY DOSE)	61
klor-con m20	110	LENVIMA (8 MG DAILY DOSE)	61
KLOXXADO	29	lessina	122
KOSELUGO	60,61	letrozole	55
kourzeq	105	leucovorin calcium	54
KRAZATI	61	LEUKERAN	52
kurvelo	122	leuprolide acetate	129
<b>L</b>		levabuterol hcl	152
l-glutamine	115	LEVALBUTEROL TARTRATE	152
labetalol hcl	94	levetiracetam	38
lacosamide	41	levetiracetam er	38
lactated ringers	110,144	levo-t	128
lactulose	112	LEVOBUNOLOL HCL	149
lactulose encephalopathy	112	levocarnitine	115
LAGEVRIO	81	levocetirizine dihydrochloride	151
lamivudine	76,78	levofloxacin	36
lamivudine-zidovudine	79	LEVOFLOXACIN	148
lamotrigine	38	levofloxacin in d5w	36
lansoprazole	114	levonest	122
LANTUS	87	levonorg-eth estrad triphasic	123
LANTUS SOLOSTAR	87	levonorgest-eth estrad 91-day	123
lapatinib ditosylate	61	levonorgest-eth estradiol-iron	123
larin 1.5/30	122	levonorgestrel-ethinyl estrad	123
larin 1/20	122	levora 0.15/30 (28)	123
larin fe 1.5/30	122	levothyroxine sodium	128
larin fe 1/20	122	levoxyl	128
larissia	122	LEXIVA	80
latanoprost	149	lidocaine	29
LAZCLUZE	55	lidocaine hcl	29
LEDERLE LEUCOVORIN	54	lidocaine viscous hcl	29
leena	122	lidocaine-prilocaine	29
leflunomide	134	lidocan	29
		LILETTA (52 MG)	127

lillow	123
lincomycin hcl	31
linezolid	31
LINEZOLID IN SODIUM CHLORIDE	31
LINZESS	112
liothyronine sodium	128
lisinopril	92
lisinopril-hydrochlorothiazide	98
lithium	83
lithium carbonate	83
lithium carbonate er	83
LIVTENCITY	76
lo-zumandimine	123
loestrin 1.5/30 (21)	123
loestrin 1/20 (21)	123
loestrin fe 1.5/30	123
loestrin fe 1/20	123
lojaimiess	123
LOKELMA	112
lomustine	52
LONSURF	54,55
loperamide hcl	113
lopinavir-ritonavir	80
lorazepam	83
lorazepam intensol	83
LORBRENA	61
loryna	123
losartan potassium	92
losartan potassium-hctz	98
loteprednol-tobramycin	147
lovastatin	100
low-ogestrel	123
loxapine succinate	71
lubiprostone	112
luizza 1.5/30	123
luizza 1/20	123
LUMAKRAS	62
LUMIGAN	149
LUPRON DEPOT (1-MONTH)	129
LUPRON DEPOT (3-MONTH)	129

LUPRON DEPOT (4-MONTH)	129
LUPRON DEPOT (6-MONTH)	129
lurasidone hcl	74
lutura	123
lyleq	127
lyllana	123
LYNPARZA	62
LYSODREN	55
LYTGOBI (12 MG DAILY DOSE)	62
LYTGOBI (16 MG DAILY DOSE)	62
LYTGOBI (20 MG DAILY DOSE)	62
lyza	127

## M

M-M-R II	136
magnesium sulfate	110
malathion	109
maraviroc	79
marlissa	123
MARPLAN	44
MATULANE	52
matzim la	96
MAVYRET	76
meclizine hcl	47
medpura alcohol pads	108
medroxyprogesterone acetate	127
mefloquine hcl	69
megestrol acetate	127
MEKINIST	62
MEKTOVI	62
meleya	127
meloxicam	26
memantine hcl	43
memantine hcl er	43
MENACTRA	136
MENEST	123
MENQUADFI	136
MENVEO	136
mercaptapurine	54
meropenem	35

MEROPENEM-SODIUM CHLORIDE.....	35	mifepristone.....	129
mesalamine.....	138	mili.....	124
mesalamine er.....	138	minocycline hcl.....	37
mesna.....	68	minoxidil.....	101
metformin hcl.....	84	minzoya.....	124
metformin hcl er.....	84	mirtazapine.....	44
methadone hcl.....	26	misoprostol.....	114
methazolamide.....	149	modafinil.....	156
methenamine hippurate.....	31	MODEYSO.....	55
methergine.....	144	moexipril hcl.....	92
methimazole.....	130	MOLINDONE HCL.....	71
methocarbamol.....	155	mometasone furoate.....	107
METHOTREXATE SODIUM.....	134	mondoxyne nl.....	37
methotrexate sodium.....	134	mono-lynyah.....	124
methotrexate sodium (pf).....	134	montelukast sodium.....	151
METHOXSALLEN RAPID.....	108	morphine sulfate.....	28
methscopolamine bromide.....	113	morphine sulfate (concentrate).....	28
methsuximide.....	39	morphine sulfate er.....	26,27
METHYLDOPA.....	91	MOUNJARO.....	85
methylergonovine maleate.....	144	MOVANTIK.....	112
methylphenidate hcl.....	103	moxifloxacin hcl.....	36,148
methylphenidate hcl er.....	103	MOXIFLOXACIN HCL.....	36
methylprednisolone.....	117	MOXIFLOXACIN HCL (2X DAY).....	148
methylprednisolone acetate.....	117	MOXIFLOXACIN HCL IN NAACL.....	36
methylprednisolone sodium succ.....	117	MRESVIA.....	136
metoclopramide hcl.....	47	MULTAQ.....	93
metolazone.....	99	mupirocin.....	109
metoprolol succinate er.....	94	mycophenolate mofetil.....	134
metoprolol tartrate.....	94	mycophenolate mofetil hcl.....	134
metoprolol-hydrochlorothiazide.....	98	mycophenolate sodium.....	134
metronidazole.....	32	mycophenolic acid.....	134
metyrosine.....	98	myorisan.....	105
mexiletine hcl.....	93	MYRBETRIQ.....	116
micafungin sodium.....	49		
MICONAZOLE 3.....	49	<b>N</b>	
microgestin 1.5/30.....	124	na sulfate-k sulfate-mg sulf.....	113
microgestin 1/20.....	124	nabumetone.....	26
microgestin fe 1.5/30.....	124	nadolol.....	94
microgestin fe 1/20.....	124	nafcillin sodium.....	34
midodrine hcl.....	92	nafrinse.....	110

NAGLAZYME.....	115	nitazoxanide.....	69
naloxone hcl.....	29	nitisinone.....	115
naltrexone hcl.....	30	NITRO-BID.....	101
naproxen.....	26	nitrofurantoin macrocrystal.....	32
naproxen dr.....	26	nitrofurantoin monohyd macro.....	32
naproxen sodium.....	26	nitroglycerin.....	102
naratriptan hcl.....	50	NIVESTYM.....	90
NATACYN.....	148	NIZATIDINE.....	114
nateglinide.....	85	nora-be.....	127
NAYZILAM.....	29	norelgestromin-eth estradiol.....	124
nebivolol hcl.....	94	norethin ace-eth estrad-fe.....	124
necon 0.5/35 (28).....	124	norethin-eth estradiol-fe.....	124
NEFAZODONE HCL.....	45	norethindrone.....	127
neo-polycin.....	147	norethindrone acet-ethinyl est.....	124
neo-polycin hc.....	147	norethindrone acetate.....	127
neomycin sulfate.....	30	norethindrone-eth estradiol.....	124
neomycin-bacitracin zn-polymyx.....	147	norgestim-eth estrad triphasic.....	124
neomycin-polymyxin-dexameth.....	147	norgestimate-eth estradiol.....	124
NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	147	norlyda.....	127
NEOMYCIN-POLYMYXIN-HC.....	147	norlyroc.....	127
neomycin-polymyxin-hc.....	150	nortrel 0.5/35 (28).....	124
NERLYNX.....	62	nortrel 1/35 (21).....	124
nevirapine.....	78	nortrel 1/35 (28).....	124
NEVIRAPINE.....	78	nortrel 7/7/7.....	124
NEVIRAPINE ER.....	78	nortriptyline hcl.....	46,47
nevirapine er.....	78	NORVIR.....	80
NEXPLANON.....	127	NovoFine 32G X 6 MM MISC.....	144
NIACIN (ANTIHYPERLIPIDEMIC).....	100	NOVOLIN R FLEXPEN.....	87
niacin er (antihyperlipidemic).....	101	NOVOLIN R FLEXPEN RELION.....	87
NIACOR.....	101	NOVOLOG.....	87
nicardipine hcl.....	95	NOVOLOG FLEXPEN.....	88
NICOTROL.....	30	NOVOLOG FLEXPEN RELION.....	88
NICOTROL NS.....	30	NOVOLOG PENFILL.....	88
nifedipine er.....	95	NOVOLOG RELION.....	88
nifedipine er osmotic release.....	95	NovoTwist 32G X 5 MM MISC.....	144
nikki.....	124	NUBEQA.....	52
nilotinib hcl.....	62	NUPLAZID.....	74
nilutamide.....	52	NURTEC.....	50
nimodipine.....	95	NUTRILIPID.....	144
NINLARO.....	62	nyamyc.....	49

nylia 1/35.....	125
nylia 7/7/7.....	125
nymyo.....	125
nystatin.....	49
nystatin-triamcinolone.....	108
nystop.....	49

## O

ocella.....	125
octreotide acetate.....	129
OCTREOTIDE ACETATE.....	129
ODEFSEY.....	78
ODOMZO.....	62
OFEV.....	154
ofloxacin.....	148,150
OGSIVEO.....	63
OJEMDA.....	63
OJJAARA.....	55
olanzapine.....	74
olmesartan medoxomil.....	92
olmesartan medoxomil-hctz.....	98
olmesartan-amlodipine-hctz.....	98
omega-3-acid ethyl esters.....	101
omeprazole.....	114
OMNITROPE.....	113,118
ondansetron.....	48
ONDANSETRON HCL.....	48
ondansetron hcl.....	48
ONUREG.....	54
OPIPZA.....	74
OPSUMIT.....	154
OPVEE.....	144
oralone.....	105
ORGOVYX.....	129
orquidea.....	127
ORSERDU.....	53
orsythia.....	125
oseltamivir phosphate.....	81
OSPHENA.....	128
OTEZLA.....	108,131

OTEZLA XR.....	108
OTEZLA/OTEZLA XR INITIATION PK.....	131
oxaprozin.....	26
oxcarbazepine.....	41,42
oxybutynin chloride.....	116
oxybutynin chloride er.....	116
oxycodone hcl.....	28
oxycodone-acetaminophen.....	28
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	85
OZEMPIC (1 MG/DOSE).....	85
OZEMPIC (2 MG/DOSE).....	85

## P

pacerone.....	93
paliperidone er.....	74
PANRETIN.....	68
pantoprazole sodium.....	114
paricalcitol.....	139
paroxetine hcl.....	45
PAROXETINE HCL.....	45
paroxetine hcl er.....	45
PAXLOVID (150/100).....	82
PAXLOVID (300/100 & 150/100).....	82
PAXLOVID (300/100).....	82
pazopanib hcl.....	63
PAZOPANIB HCL.....	63
PEDIARIX.....	136
PEDVAX HIB.....	136
peg 3350-kcl-na bicarb-nacl.....	113
peg-3350/electrolytes.....	113
PEGASYS.....	133
PEMAZYRE.....	63
PEN NEEDLE/5-BEVEL TIP.....	144
PEN NEEDLES.....	144
PENBRAYA.....	144
penicillamine.....	116
penicillin g potassium.....	35
PENICILLIN G SODIUM.....	35
penicillin v potassium.....	35
PENMENVY.....	136

PENTACEL.....	136	POMALYST.....	53
pentamidine isethionate.....	69	portia-28.....	125
pentoxifylline er.....	98	posaconazole.....	49
perampanel.....	38,39	potassium chloride.....	110
PERINDOPRIL ERBUMINE.....	93	potassium chloride crys er.....	110
perlogard.....	105	potassium chloride er.....	111
permethrin.....	109	potassium chloride in dextrose.....	111
perphenazine.....	47	potassium chloride in nacl.....	111
PERPHENAZINE-AMITRIPTYLINE.....	44	potassium citrate er.....	111
PERSERIS.....	74	POTASSIUM CL IN DEXTROSE 5%.....	111
pfizerpen.....	35	pramipexole dihydrochloride.....	70
PHENELZINE SULFATE.....	44	prasugrel hcl.....	91
phenobarbital.....	40	pravastatin sodium.....	100
phenytek.....	42	praziquantel.....	68
phenytoin.....	42	prazosin hcl.....	92
phenytoin infatabs.....	42	prednisolone.....	117
phenytoin sodium extended.....	42	prednisolone acetate.....	148
philith.....	125	prednisolone sodium phosphate.....	117
PIFELTRO.....	78	PREDNISOLONE SODIUM PHOSPHATE.....	149
pilocarpine hcl.....	105,149	prednisone.....	117
PIMOZIDE.....	71	PREDNISONE.....	117
pimtrea.....	125	PREDNISONE INTENSOL.....	118
pindolol.....	94	pregabalin.....	104
pioglitazone hcl.....	85	PREMARIN.....	125
pioglitazone hcl-glimepiride.....	85	PREMASOL.....	111
pioglitazone hcl-metformin hcl.....	85	PREMIUM LIDOCAINE.....	29
piperacillin sod-tazobactam so.....	35	prenatal vitamins.....	111
PIQRAY (200 MG DAILY DOSE).....	63	prevalite.....	101
PIQRAY (250 MG DAILY DOSE).....	63	previfem.....	125
PIQRAY (300 MG DAILY DOSE).....	63	PREVYMIS.....	76
pirfenidone.....	154	PREZCOBIX.....	80
PIRFENIDONE.....	154	PREZISTA.....	80
pirmella 1/35.....	125	PRIFTIN.....	51
pirmella 7/7/7.....	125	primaquine phosphate.....	69
piroxicam.....	26	primidone.....	40
PNV 27-CA/FE/FA.....	110	PRIORIX.....	136
podofilox.....	108	PRO COMFORT ALCOHOL.....	144
polycin.....	147	PRO COMFORT INSULIN SYRINGE.....	144
polymyxin b-trimethoprim.....	148	probenecid.....	50
pomalidomide.....	53	prochlorperazine.....	47

prochlorperazine maleate	47	ramelteon	156
procto-med hc	107	ramipril	93
proctosol hc	107	ranolazine er	98
proctozone-hc	107	rasagiline mesylate	70
progesterone	128	reclipsen	125
PROGRAF	134	RECOMBIVAX HB	137
promethazine hcl	47,151	relafen	26
propafenone hcl	93	RELENZA DISKHALER	81
propranolol hcl	94	repaglinide	85
PROPRANOLOL HCL	94	REPATHA	101
propranolol hcl er	94	REPATHA PUSHTRONEX SYSTEM	101
propylthiouracil	130	REPATHA SURECLICK	101
PROQUAD	136	RESTASIS	147
protriptyline hcl	47	RETACRIT	90
PULMOZYME	153	RETEVMO	63
PURE COMFORT SAFETY PEN NEEDLE	144	REVCOVI	115
pyrazinamide	51	REVUFORJ	63,64
pyridostigmine bromide	51	REXULTI	74
pyridostigmine bromide er	51	REYATAZ	80
pyrimethamine	69	REZDIFFRA	128
		REZLIDHIA	64
<b>Q</b>		RHOPRESSA	149
qc alcohol	108	RIBAVIRIN	77
QINLOCK	55	ribavirin	77
QUADRACEL	136	RIDAURA	131
quetiapine fumarate	74	rifabutin	51
quetiapine fumarate er	74	rifampin	51
QUICK TOUCH INSULIN PEN NEEDLE	144	rilpivirine hcl	78
quinapril hcl	93	riluzole	103
quinapril-hydrochlorothiazide	98	RIMANTADINE HCL	81
QUINIDINE SULFATE	93	ringers	111
quinine sulfate	69	ringers irrigation	144
QVAR REDIHALER	151	RINVOQ	131
		RINVOQ LQ	132
<b>R</b>		risedronate sodium	139
ra isopropyl alcohol wipes	108	risperidone	74,75
RABAVERT	137	risperidone microspheres er	75
rabeprazole sodium	114	ritonavir	81
RALDESY	46	rivaroxaban	89
raloxifene hcl	128	rivastigmine	43

rivastigmine tartrate	43	SILIGENTLE FOAM DRESSING	144
rizatriptan benzoate	50	silodosin	116
ROCKLATAN	147	silver sulfadiazine	108
roflumilast	153	SIMBRINZA	149
ROMVIMZA	64	SIMLANDI (1 PEN)	134,135
ropinirole hcl	70	SIMLANDI (1 SYRINGE)	135
ropinirole hcl er	70	SIMLANDI (2 PEN)	135
rosadan	32	SIMLANDI (2 SYRINGE)	135
rosuvastatin calcium	100	simliya	125
ROTARIX	137	simpesse	125
ROTATEQ	137	simvastatin	100
roweepa	39	sirolimus	135
ROZLYTREK	64	SIRTURO	52
RUBRACA	64	SKYRIZI	132
rufinamide	42	SKYRIZI (150 MG DOSE)	132
RUKOBIA	79	SKYRIZI PEN	132
RYBELSUS	85	SMOFLIPID	145
RYDAPT	64	sodium chloride	111
<b>S</b>		sodium chloride (pf)	111
sacubitril-valsartan	98	sodium fluoride	111
sajazir	130	sodium oxybate	156
SANDIMMUNE	134	sodium phenylbutyrate	115
SANTYL	108	sodium polystyrene sulfonate	112
sapropterin dihydrochloride	115	solifenacin succinate	116
SCSEMBLIX	64	SOLTAMOX	53
scopolamine	47	SOMAVERT	130
SECUADO	75	sorafenib tosylate	64
SECURESAFE INSULIN SYRINGE	144	sorine	93
selegiline hcl	71	sotalol hcl	93
selenium sulfide	107	sotalol hcl (af)	93
SELZENTRY	79	SPIRIVA RESPIMAT	152
SEREVENT DISKUS	153	spironolactone	99
sertraline hcl	46	spironolactone-hctz	98
setlakin	125	sprintec 28	125
sevelamer carbonate	112	SPRITAM	39
sharobel	128	SPS (SODIUM POLYSTYRENE SULF)	112
SHINGRIX	137	sronyx	125
SIGNIFOR	130	ssd	108
sildenafil citrate	154	STAVUDINE	79
		STELARA	132

sterile water for irrigation.....	145
STIOLTO RESPIMAT.....	155
STIVARGA.....	64
STREPTOMYCIN SULFATE.....	30
STRIBILD.....	77
subvenite.....	39
SUBVENITE.....	39
sucrafate.....	114
SULFACETAMIDE SODIUM.....	148
sulfacetamide sodium.....	148
sulfacetamide sodium (acne).....	105
SULFACETAMIDE-PREDNISOLONE.....	147
sulfadiazine.....	37
sulfamethoxazole-trimethoprim.....	37
sulfasalazine.....	138
sulfatrim pediatric.....	37
sulindac.....	26
sumatriptan.....	50
sumatriptan succinate.....	51
SUMATRIPTAN SUCCINATE REFILL.....	51
sunitinib malate.....	64,65
SUNLENCA.....	79,80
SURE COMFORT PEN NEEDLES.....	145
syeda.....	125
SYMPAZAN.....	40
SYMTUZA.....	81
SYNAREL.....	130
SYNJARDY.....	85
SYNJARDY XR.....	85
SYNRIBO.....	65
SYNTHROID.....	129

## T

TABLOID.....	54
TABRECTA.....	65
tacrolimus.....	107,135
tadalafil.....	116
tadalafil (pah).....	116,154
TAFINLAR.....	65
TAGRISO.....	65

TALZENNA.....	65
tamoxifen citrate.....	53
tamsulosin hcl.....	116
tarina fe 1/20.....	125
tarina fe 1/20 eq.....	125
tasimelteon.....	156
tazarotene.....	106
TAZICEF.....	34
taztia xt.....	96
TAZVERIK.....	65
TDVAX.....	137
TECHLITE PLUS PEN NEEDLES.....	145
TEFLARO.....	34
telmisartan.....	92
telmisartan-amlodipine.....	98
telmisartan-hctz.....	98
temazepam.....	156
TENIVAC.....	137
tenofovir disoproxil fumarate.....	79
TEPMETKO.....	65
terazosin hcl.....	92
terbinafine hcl.....	49
terconazole.....	49
teriflunomide.....	104
teriparatide.....	139
testosterone.....	118,119
testosterone cypionate.....	119
TESTOSTERONE ENANTHATE.....	119
tetrabenazine.....	103
tetracycline hcl.....	37
THALOMID.....	53
theophylline er.....	153
thioridazine hcl.....	71
thiothixene.....	71
tiadylt er.....	96
tiagabine hcl.....	40
TIBSOVO.....	65
ticagrelor.....	91
TICOVAC.....	137
tigecycline.....	32

timolol maleate.....	94,149	tri-previfem.....	126
tinidazole.....	32	tri-sprintec.....	126
tiotropium bromide.....	152	tri-vylibra.....	126
tis-u-sol.....	145	triamcinolone acetonide.....	105,107
TIVICAY.....	77	triamterene-hctz.....	98
TIVICAY PD.....	77	triazolam.....	156
tizanidine hcl.....	76	triderm.....	108
tobramycin.....	148,153	trientine hcl.....	111
tobramycin sulfate.....	30	TRIENTINE HCL.....	112
tobramycin-dexamethasone.....	147	trifluoperazine hcl.....	72
TOLAK.....	109	TRIFLURIDINE.....	148
tolterodine tartrate.....	116	trihexyphenidyl hcl.....	69
tolterodine tartrate er.....	116	TRIKAFTA.....	153
tolvaptan.....	111	trimethoprim.....	32
topiramate.....	39	trimipramine maleate.....	47
toremifene citrate.....	54	TRINTELLIX.....	46
toremide.....	99	TRIUMEQ.....	79
TOUJEO MAX SOLOSTAR.....	88	TRIUMEQ PD.....	79
TOUJEO SOLOSTAR.....	88	trivora (28).....	126
TPN ELECTROLYTES.....	111	TRIZIVIR.....	79
TRADJENTA.....	85	trospium chloride.....	116
tramadol hcl.....	28	TRUE COMFORT INSULIN SYRINGE.....	145
tramadol hcl er.....	27	TRUE COMFORT PEN NEEDLES.....	145
tramadol-acetaminophen.....	28	TRUE COMFORT PRO PEN NEEDLES.....	145
trandolapril.....	93	TRUE COMFORT SAFETY PEN NEEDLE.....	145
TRANDOLAPRIL-VERAPAMIL HCL ER.....	98	TRULICITY.....	85
tranexamic acid.....	91	TRUMENBA.....	137
tranylcypromine sulfate.....	44	TRUQAP.....	65
travoprost (bak free).....	149	TUKYSA.....	65
trazodone hcl.....	46	tulana.....	128
TRECATOR.....	52	TURALIO.....	65
TRELEGY ELLIPTA.....	155	turqoz.....	126
TRESIBA.....	88	TWINRIX.....	137
TRESIBA FLEXTOUCH.....	88	TYBOST.....	80
tretinoin.....	68,106	TYENNE.....	132
tri femynor.....	125	TYMLOS.....	139
tri-estarylla.....	125	TYPHIM VI.....	137
tri-linyah.....	125		
tri-mili.....	125	<b>U</b>	
tri-nymyo.....	126	UDENYCA.....	91

ULTIGUARD SAFEPAK PEN NEEDLE . . .	145
UNIFINE OTC PEN NEEDLES . . . . .	145
UNIFINE PENTIPS . . . . .	145
UNIFINE PROTECT PEN NEEDLE . . . . .	145
UNIFINE SAFECONTROL PEN NEEDLE .	145
unithroid . . . . .	129
UPTRAVI . . . . .	154
ursodiol . . . . .	113
USTEKINUMAB . . . . .	132
USTEKINUMAB-AEKN . . . . .	132

## V

valacyclovir hcl . . . . .	81
VALCHLOR . . . . .	109
valganciclovir hcl . . . . .	76
valproate sodium . . . . .	39
valproic acid . . . . .	39
valsartan . . . . .	92
valsartan-hydrochlorothiazide . . . . .	99
VALTOCO 10 MG DOSE . . . . .	40
VALTOCO 15 MG DOSE . . . . .	40
VALTOCO 20 MG DOSE . . . . .	40
VALTOCO 5 MG DOSE . . . . .	40
valtya 1/35 . . . . .	126
valtya 1/50 . . . . .	126
vanadom . . . . .	155
vancomycin hcl . . . . .	32
VANFLYTA . . . . .	66
VAQTA . . . . .	137
varenicline tartrate . . . . .	30
varenicline tartrate (starter) . . . . .	30
varenicline tartrate(continue) . . . . .	30
VARIVAX . . . . .	137
VAXCHORA . . . . .	137
VELIVET . . . . .	126
VENCLEXTA . . . . .	66
VENCLEXTA STARTING PACK . . . . .	66
venlafaxine hcl . . . . .	46
venlafaxine hcl er . . . . .	46
VEOZAH . . . . .	103

verapamil hcl . . . . .	96
VERAPAMIL HCL ER . . . . .	96
verapamil hcl er . . . . .	96
VERIFINE INSULIN PEN NEEDLE . . . . .	146
VERIFINE INSULIN SYRINGE . . . . .	146
VERIFINE PLUS PEN NEEDLE . . . . .	146
VERQUVO . . . . .	99
VERSACLOZ . . . . .	75
VERZENIO . . . . .	66
vestura . . . . .	126
vienva . . . . .	126
vigabatrin . . . . .	40
vigadrone . . . . .	41
VIGAFYDE . . . . .	41
vigpoder . . . . .	41
vilazodone hcl . . . . .	46
VIMKUNYA . . . . .	137
violele . . . . .	126
VIRACEPT . . . . .	81
VIREAD . . . . .	79
VITRAKVI . . . . .	66
VIVOTIF . . . . .	138
VIZIMPRO . . . . .	66
volnea . . . . .	126
VONJO . . . . .	68
VORANIGO . . . . .	66
voriconazole . . . . .	49
VOSEVI . . . . .	77
VOWST . . . . .	146
VRAYLAR . . . . .	75
vyfemla . . . . .	126
vylibra . . . . .	126
VYZULTA . . . . .	150

## W

warfarin sodium . . . . .	89
WEBCOL ALCOHOL PREP LARGE . . . . .	146
WELIREG . . . . .	55
wera . . . . .	126
WINREVAIR . . . . .	154

wixela inhub.....	155
wymzya fe.....	126
WYOST.....	139

## X

XALKORI.....	66,67
XARELTO.....	89
XARELTO STARTER PACK.....	90
XATMEP.....	135
XCOPRI.....	39,42
XCOPRI (250 MG DAILY DOSE).....	42
XCOPRI (350 MG DAILY DOSE).....	42
XDEMVY.....	147
XELJANZ.....	132
XELJANZ XR.....	132
xelria fe.....	126
XERMELO.....	113
XIFAXAN.....	32
XIGDUO XR.....	85,86
XIIDRA.....	147
XOFLUZA (40 MG DOSE).....	81
XOFLUZA (80 MG DOSE).....	81
XOLAIR.....	132
XOSPATA.....	67
XPOVIO (100 MG ONCE WEEKLY).....	67
XPOVIO (40 MG ONCE WEEKLY).....	67
XPOVIO (40 MG TWICE WEEKLY).....	67
XPOVIO (60 MG ONCE WEEKLY).....	67
XPOVIO (60 MG TWICE WEEKLY).....	67
XPOVIO (80 MG ONCE WEEKLY).....	67
XPOVIO (80 MG TWICE WEEKLY).....	67
XTANDI.....	53
xulane.....	126

## Y

YESINTEK.....	132,133
YF-VAX.....	138
yuvafem.....	126

## Z

zafemy.....	126
zafirlukast.....	151
zaleplon.....	156
ZARXIO.....	91
ZEJULA.....	67
ZELBORAF.....	67
zenatane.....	106
ZENPEP.....	115
zidovudine.....	79
ziprasidone hcl.....	75
ziprasidone mesylate.....	75
ZIRGAN.....	148
zoledronic acid.....	139
ZOLINZA.....	55
zolpidem tartrate.....	156
ZONISADE.....	42
zonisamide.....	42
zovia 1/35 (28).....	126
zovia 1/35e (28).....	126
ZTALMY.....	41
zumandimine.....	126
ZURZUVAE.....	44
ZYDELIG.....	67
ZYKADIA.....	68
ZYLET.....	147
ZYPREXA RELPREVV.....	75

**在此部分中，您可以透過按字母順序搜尋藥物名稱來查找藥物。這將告訴您可以在其中找到您的藥物的其他承保資訊的頁碼。**

ANALGESICS	25
ANESTHETICS	29
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	29
ANTIBACTERIALS	30
ANTICONVULSANTS	37
ANTIDEMENTIA AGENTS	42
ANTIDEPRESSANTS	43
ANTIEMETICS	47
ANTIFUNGALS	48
ANTIGOUT AGENTS	50
ANTIMIGRAINE AGENTS	50
ANTIMYASTHENIC AGENTS	51
ANTIMYCOBACTERIALS	51
ANTINEOPLASTICS	52
ANTIPARASITICS	68
ANTIPARKINSON AGENTS	69
ANTIPSYCHOTICS	71
ANTISPASTICITY AGENTS	76
ANTIVIRALS	76
ANXIOLYTICS	82
BIPOLAR AGENTS	83
BLOOD GLUCOSE REGULATORS	83
BLOOD PRODUCTS AND MODIFIERS	88
CARDIOVASCULAR AGENTS	91
CENTRAL NERVOUS SYSTEM AGENTS	102
DENTAL AND ORAL AGENTS	105
DERMATOLOGICAL AGENTS	105
ELECTROLYTES/MINERALS/METALS/VITAMINS	109
GASTROINTESTINAL AGENTS	112
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	114
GENITOURINARY AGENTS	116
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	117
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	118
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	118
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	128
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	129
HORMONAL AGENTS, SUPPRESSANT (THYROID)	130
IMMUNOLOGICAL AGENTS	130

INFLAMMATORY BOWEL DISEASE AGENTS .....	138
METABOLIC BONE DISEASE AGENTS .....	138
MISCELLANEOUS THERAPEUTIC AGENTS .....	140
OPHTHALMIC AGENTS .....	146
OTIC AGENTS .....	150
RESPIRATORY TRACT/PULMONARY AGENTS .....	150
SKELETAL MUSCLE RELAXANTS .....	155
SLEEP DISORDER AGENTS .....	156

## Notice of Availability of Language Services and Auxiliary Aids and Services

### English Tagline

ATTENTION: If you need help in your language call

**1-800-452-4413 (TTY:711)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-452-4413 (TTY:711)**. These services are free.

### الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-800-452-4413 (TTY:711)**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ **1-800-452-4413 (TTY:711)**. هذه الخدمات مجانية.

### Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-800-452-4413 (TTY:711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու

խոշորատառ տպագրված նյութեր: Չանգահարեք **1-800-452-4413 (TTY:711)**: Այդ ծառայություններն անվճար են:

### **简体中文标语 (Chinese)**

请注意：如果您需要以您的母语提供帮助，请致电 **1-800-452-4413 (TTY: 711)**。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-800-452-4413 (TTY: 711)**。这些服务都是免费的。

### **हिंदी टैगलाइन (Hindi)**

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-800-452-4413 (TTY: 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-800-452-4413 (TTY: 711)** पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

### **Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-800-452-4413 (TTY: 711)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-800-452-4413 (TTY: 711)**. Cov kev pab cuam no yog pab dawb xwb.

## 日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-800-452-4413 (TTY: 711)**

へお電話ください。

点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。

**1-800-452-4413 (TTY: 711)**へお電話ください。これらのサービスは無料で提供しています。

## 한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-800-452-4413 (TTY: 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다.

**1-800-452-4413 (TTY: 711)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

## ແທກໄລພາສາລາວ (Laotian)

ປະກາດ:



ਪ੍ਰੋਗਰਾਮ ਸਰਵੋਤਮ ਸੇਵਾ ਮੁਹੱਈਆ ਕਰਵਾਉਣ ਲਈ ਸਹਾਇਤਾ ਲਈ ਸੰਪਰਕ ਕਰੋ।

ਦੂਰ ਸੰਚਾਰ ਨੰਬਰ **1-800-452-4413** (TTY: 711)।

ਸੇਵਾ ਮੁਹੱਈਆ ਕਰਵਾਉਣ ਲਈ ਸਹਾਇਤਾ ਲਈ ਸੰਪਰਕ ਕਰੋ।

### مطلب به زبان فارسی (Persian (Farsi))

1-800-452-4413 (TTY: 711) توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های (711) 1-800-452-4413 (TTY: 711) خط بریل و چاپ با حروف بزرگ، نیز موجود است. با تماس بگیرید. این خدمات رایگان ارائه می‌شوند. (711)

### ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ

**1-800-452-4413** (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ,

ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ

**1-800-452-4413** (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

### Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-800-452-4413** (линия TTY: 711).

Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы

крупным шрифтом или шрифтом Брайля. Звоните по номеру

**1-800-452-4413** (линия TTY: 711). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al

**1-800-452-4413** (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-800-452-4413** (TTY: 711). Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-800-452-4413** (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-452-4413** (TTY: 711). Libre ang mga serbisyonang ito.

### **เท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-452-4413** (TTY: 711) นอกจากนี้ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-452-4413** (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-800-452-4413 (TTY: 711)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-800-452-4413 (TTY: 711)**. Ці послуги безкоштовні.

### **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-800-452-4413 (TTY: 711)**. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-800-452-4413 (TTY: 711)**. Các dịch vụ này đều miễn phí.

## 禁止歧視通知

歧視是違法行為。Blue Shield of California 遵守州和聯邦民權法律規定。

Blue Shield of California 不會因為生理性別、種族、膚色、宗教、族裔、原始國籍、族群認同、年齡、心理殘疾、身體殘疾、醫療病況、基因資訊、婚姻狀態、社會性別、性別認同或性傾向而違法歧視、排除任何人或給予其不同待遇。

Blue Shield of California 提供以下服務：

- » 為殘疾人士及時提供免費協助與服務，以便與我們有效地溝通，例如：
  - 合格手語翻譯員
  - 其他格式的書面資訊(大字體、語音、無障礙電子格式、其他格式)
- » 為主要語言不是英語的民眾及時提供免費語言服務，例如：
  - 合格口譯員
  - 其他語言版本的書面資訊
- » 如果您需要這些服務，請與*Blue Shield of California* 聯絡，週一至週五辦公，早上8點至下午8點。請撥您所在區域的客戶關懷部電話：

1-800-452-4413. 如果您是聽障或語障人士，請撥聽障和語障專線：711。提出要求時，此文件能以盲人點字、大字體、語音或電子格式向您提供。如欲取得以上任何一種替代格式，請致電或來函至：

Blue Shield of California  
601 12th Street  
Oakland, CA 94607-3613  
1-800-452-4413 (聽障和語障專線：711)

## 如何提出申訴

如果您認為Blue Shield of California 因為生理性別、種族、膚色、宗教、族裔、原始國籍、族群認同、年齡、心理殘疾、身體殘疾、醫療病況、基因資訊、婚姻狀態、社會性別、性別認同或性傾向而不提供這些服務，或以其他方式而違法歧視，您可以向 Blue Shield of California 的民權協調員提出申訴。您可以致電、寫信或以電子方式提出申訴：

- » 致電：聯絡Blue Shield of California 的民權協調員，週一至週五辦公，早上8點至下午8點，電話 1-844-831-4133。如果您是聽障或語障人士，請撥聽障和語障專線711。

- » 寫信：請填寫投訴表或寫信，並寄至：

Blue Shield of California Civil Rights Coordinator, 601 12th Street, Oakland, CA 94607-3613

- » 親自提交：造訪您醫生的診所或 Blue Shield of California，並說明您希望提出申訴。  
。電子方式：瀏覽 Blue Shield of California's 的網站。blueshieldca.com

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## **民權辦公室 (OFFICE OF CIVIL RIGHTS) – 加州衛生保健服務部 (CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES)**

您也可以透過致電、寫信或電子方式向加州衛生保健服務部民權辦公室提出民權投訴：

- » 致電：請撥1-916-440-7370。如果您是語障或聽障人士，請撥711 (電信轉接服務)。

- » 寫信：請填寫投訴表或寄信至：

Deputy Director, Office of Civil Rights Department of Health Care Services, P.O. Box 997413, MS 0009 Sacramento, CA 95899-7413

投訴表可在網站取得，網址

[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)。

- » 電子方式：寄電子郵件至[CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)。

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## **民權辦公室 – 美國衛生和公眾服務部 (U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES)**

如果您認為您因為種族、膚色、原始國籍、年齡、殘疾或性別而遭到歧視，您也可以透過致電、寫信或電子方式向美國衛生和公眾服務部民權辦公室提出民權投訴：

- » 致電：只要撥打1-800-368-1019。如果您是語障或聽障人士，請撥聽障聽語障專線1-800-537-7697。

- » 寫信：請填寫投訴表或寄信至：

U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201

投訴表可在網站取得，網址<http://www.hhs.gov/ocr/office/file/index.html>。

- » 電子方式：瀏覽民權辦公室投訴入口網站  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>。

本藥物清單更新於 03/24/2026 。

如欲瞭解更多最新資訊或有其他問題，請聯絡我們，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間），或造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。

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**如有問題**，請致電 Blue Shield TotalDual Plan，電話：(800) 452-4413 (TTY:711)，服務時間：每週七天，每天上午 8 點至晚上 8 點（太平洋時間）。此為免費電話。**如欲瞭解更多資訊**，請造訪 [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026)。



03/24/2026