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：31

本*藥物清單*更新於 10/20/2026。

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。

H2819_25_357A_C Approved 08202025

A55568EAE-CT (10/26)

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. *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*」。） xiv

B2. *藥物清單*是否會變更？ xiv

B3. 當*藥物清單*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*藥物清單*上找到某種藥物？ xvii

B8. 如果我想要的某種藥物不在*藥物清單*上，該怎麼辦？ xviii

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？ 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

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 135

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，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。*

本節續下頁

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 بريل 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:

本節續下頁

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|

本節續下頁

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.

本節續下頁

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.

本節續下頁

ແຈ້ງໄວ້ພາສາລາວ (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.

本節續下頁

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-452-4413 (TTY:711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ 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.

本節續下頁

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.

本節續下頁

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.

แท็กไลน์ภาษาไทย (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**

本節續下頁

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.

- 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）。

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) 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) 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。）

本節續下頁

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。*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。

本節續下頁

- **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。

本節續下頁

- **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)，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 135 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。

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) 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：

本節續下頁

- 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。

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咨詢，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。

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）。

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) 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。

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。

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。

ANALGESICS

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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANALGESICS

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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANALGESICS

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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANALGESICS

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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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		
lidocaine 5 % ointment	Tier 4	QL (50 PER 30 DAYS)
lidocaine 5 % patch	Tier 3	PA, QL (3 PER 1 DAYS)
lidocaine hcl 4 % solution	Tier 2	
lidocaine viscous hcl 2 % solution	Tier 2	
lidocaine-prilocaine 2.5-2.5 % cream	Tier 3	QL (30 PER 30 DAYS)
lidocan 5 % patch	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 DETERRENTS/ANTI-CRAVING		
acamprosate calcium 333 mg tab dr	Tier 4	
disulfiram (250 mg tab, 500 mg tab)	Tier 2	
OPIOID DEPENDENCE		
buprenorphine hcl (2 mg sl tab, 8 mg sl tab)	Tier 2	
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)	Tier 2	
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	Tier 4	QL (2 PER 30 OVER TIME)
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)	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
naltrexone hcl 50 mg tab	Tier 2	
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) 150 mg tab er 12h	Tier 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	Tier 4	
NICOTROL NS 10 MG/ML SOLUTION	Tier 4	
varenicline tartrate (0.5 mg tab, 1 mg tab)	Tier 4	QL (2 PER 1 DAYS)
varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk	Tier 4	QL (53 PER 30 OVER TIME)
varenicline tartrate(continue) 1 mg tab	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		
amikacin sulfate 500 mg/2ml solution	Tier 4	
ARIKAYCE 590 MG/8.4ML SUSPENSION	Tier 5	PA, LA, QL (235.2 PER 28 DAYS)
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	Tier 2	
gentamicin sulfate 40 mg/ml solution	Tier 4	
neomycin sulfate 500 mg tab	Tier 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	Tier 4	
tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 10 mg/ml solution, 2 gm/50ml solution, 80 mg/2ml solution)	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
ANTIBACTERIALS, OTHER		
aztreonam (1 gm recon soln, 2 gm recon soln)	Tier 4	
CAYSTON 75 MG RECON SOLN	Tier 5	PA, LA, QL (84 PER 28 DAYS)
clindamycin hcl (150 mg cap, 300 mg cap, 75 mg cap)	Tier 2	
clindamycin palmitate hcl 75 mg/5ml recon soln	Tier 4	
clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 9 gm/60ml solution, 900 mg/6ml solution)	Tier 4	
clindamycin phosphate 2 % cream	Tier 2	
clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)	Tier 4	
CLINDAMYCIN PHOSPHATE IN NACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	Tier 4	
colistimethate sodium (cba) 150 mg recon soln	Tier 4	
daptomycin (350 mg recon soln, 500 mg recon soln)	Tier 5	
fosfomycin tromethamine 3 gm packet	Tier 4	QL (4 PER 28 OVER TIME)
lincomycin hcl 300 mg/ml solution	Tier 4	
linezolid 100 mg/5ml recon susp	Tier 5	PA
linezolid 600 mg tab	Tier 4	PA
linezolid 600 mg/300ml solution	Tier 4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	Tier 5	
methenamine hippurate 1 gm tab	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)	Tier 2	
metronidazole (0.75 % lotion, 1 % gel, 500 mg/100ml solution)	Tier 4	
metronidazole 0.75 % cream	Tier 3	
nitrofurantoin macrocrystal (100 mg cap, 50 mg cap)	Tier 2	
nitrofurantoin monohyd macro 100 mg cap	Tier 2	
rosadan 0.75 % cream	Tier 3	
rosadan 0.75 % gel	Tier 2	
tigecycline 50 mg recon soln	Tier 4	
tinidazole (250 mg tab, 500 mg tab)	Tier 4	
trimethoprim 100 mg tab	Tier 2	
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)	Tier 4	
vancomycin hcl 5 gm recon soln	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	
cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg/5ml recon susp)	Tier 3	
cefadroxil 500 mg cap	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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)	Tier 4	
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)	Tier 3	
cefdinir 300 mg cap	Tier 2	
cefepime hcl (1 gm recon soln, 1 gm/50ml solution, 2 gm recon soln, 2 gm/100ml solution)	Tier 4	
cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)	Tier 4	
cefoxitin sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln)	Tier 4	
CEFPODOXIME PROXETIL (100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB, 50 MG/5ML RECON SUSP)	Tier 4	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	Tier 2	
ceftaroline fosamil (400 mg recon soln, 600 mg recon soln)	Tier 5	
CEFTAZIDIME (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	Tier 4	
ceftriaxone sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln, 250 mg recon soln, 500 mg recon soln)	Tier 4	
cefuroxime axetil (250 mg tab, 500 mg tab)	Tier 2	
cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)	Tier 4	
cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	Tier 4	
BETA-LACTAM, PENICILLINS		
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)	Tier 2	
amoxicillin trihydrate 250 mg/5ml recon susp	Tier 2	
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)	Tier 2	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	Tier 3	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h	Tier 4	
ampicillin 500 mg cap	Tier 2	
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)	Tier 4	
ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 15 (10-5) gm recon soln, 3 (2-1) gm recon soln)	Tier 4	
BICILLIN L-A (1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR, 600000 UNIT/ML SUSP PRSYR)	Tier 4	
dicloxacillin sodium (250 mg cap, 500 mg cap)	Tier 2	
nafcillin sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln)	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
penicillin g potassium (20000000 unit recon soln, 5000000 unit recon soln)	Tier 4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	Tier 4	
penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)	Tier 2	
pfizerpen (20000000 unit recon soln, 5000000 unit recon soln)	Tier 4	
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)	Tier 4	
CARBAPENEMS		
ertapenem sodium 1 gm recon soln	Tier 3	
imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)	Tier 4	
meropenem (1 gm recon soln, 500 mg recon soln)	Tier 4	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	Tier 4	
MACROLIDES		
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	Tier 2	
AZITHROMYCIN 1 GM PACKET	Tier 3	
azithromycin 500 mg recon soln	Tier 4	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	Tier 4	
clarithromycin (250 mg tab, 500 mg tab)	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
clarithromycin er 500 mg tab er 24h	Tier 4	
DIFICID 40 MG/ML RECON SUSP	Tier 5	PA, QL (136 PER 10 OVER TIME)
erythrocin lactobionate 500 mg recon soln	Tier 4	
erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)	Tier 4	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab)	Tier 4	
erythromycin lactobionate 500 mg recon soln	Tier 4	
fidaxomicin 200 mg tab	Tier 5	PA, QL (20 PER 10 OVER TIME)
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	Tier 3	
CILOXAN 0.3 % OINTMENT	Tier 4	
ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)	Tier 4	
ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)	Tier 2	
ciprofloxacin in d5w 200 mg/100ml solution	Tier 4	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	Tier 2	
levofloxacin 25 mg/ml solution	Tier 4	
levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)	Tier 4	
moxifloxacin hcl 400 mg tab	Tier 3	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION	Tier 4	PA - PART B VS D DETERMINATION

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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		
sulfadiazine 500 mg tab	Tier 3	
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)	Tier 2	
sulfamethoxazole-trimethoprim 400-80 mg/5ml solution	Tier 4	
sulfatrim pediatric 200-40 mg/5ml suspension	Tier 2	
TETRACYCLINES		
avidoxy 100 mg tab	Tier 3	
doxy 100 100 mg recon soln	Tier 4	
doxycycline hyclate (100 mg cap, 100 mg tab, 20 mg tab, 50 mg cap)	Tier 2	
doxycycline hyclate 100 mg recon soln	Tier 4	
doxycycline monohydrate (100 mg cap, 50 mg cap)	Tier 2	
doxycycline monohydrate (100 mg tab, 50 mg tab, 75 mg tab)	Tier 3	
minocycline hcl (100 mg cap, 50 mg cap, 75 mg cap)	Tier 2	
mondoxyne nl 100 mg cap	Tier 2	
tetracycline hcl (250 mg cap, 500 mg cap)	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		
brivaracetam (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)	Tier 5	ST, QL (2 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTICONVULSANTS

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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTICONVULSANTS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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
subvenite (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab)	Tier 2	
SUBVENITE 10 MG/ML SUSPENSION	Tier 5	QL (50 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
topiramate (100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
topiramate (15 mg cap sprink, 25 mg cap sprink, 50 mg cap sprink)	Tier 2	
topiramate 25 mg/ml solution	Tier 4	QL (16 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
valproate sodium (100 mg/ml solution, 500 mg/5ml solution)	Tier 4	
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	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		
ethosuximide (250 mg cap, 250 mg/5ml solution)	Tier 2	
methsuximide 300 mg cap	Tier 4	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam 10 mg tab	Tier 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
clobazam 2.5 mg/ml suspension	Tier 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
clobazam 20 mg tab	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTICONVULSANTS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
diazepam 10 mg gel	Tier 4	QL (20 PER 30 DAYS)
diazepam 2.5 mg gel	Tier 4	QL (5 PER 30 DAYS)
diazepam 20 mg gel	Tier 4	QL (40 PER 30 DAYS)
gabapentin (250 mg/5ml solution, 300 mg/6ml solution)	Tier 3	QL (72 PER 1 DAYS)
gabapentin (600 mg tab, 800 mg tab)	Tier 2	QL (4 PER 1 DAYS)
gabapentin 100 mg cap	Tier 2	QL (12 PER 1 DAYS)
gabapentin 300 mg cap	Tier 2	QL (8 PER 1 DAYS)
gabapentin 400 mg cap	Tier 2	QL (6 PER 1 DAYS)
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)	Tier 2	PA - FOR NEW STARTS ONLY
primidone (125 mg tab, 250 mg tab, 50 mg tab)	Tier 2	
SYMPAZAN (10 MG FILM, 20 MG FILM, 5 MG FILM)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
tiagabine hcl (12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab)	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)
vigabatrin (500 mg packet, 500 mg tab)	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
vigadrone 500 mg packet	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
vigadrone 500 mg tab	Tier 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTICONVULSANTS

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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTICONVULSANTS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension, 50 mg chew tab)	Tier 2	
phenytoin infatabs 50 mg chew tab	Tier 2	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	Tier 2	
rufinamide 200 mg tab	Tier 4	ST, QL (16 PER 1 DAYS)
rufinamide 40 mg/ml suspension	Tier 5	ST, QL (80 PER 1 DAYS)
rufinamide 400 mg tab	Tier 4	ST, QL (8 PER 1 DAYS)
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 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	
zonisamide (100 mg cap, 25 mg cap, 50 mg cap)	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、限制或使用限額
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	Tier 3	
CHOLINESTERASE INHIBITORS		
donepezil hcl (10 mg tab, 5 mg tab)	Tier 1	
donepezil hcl 23 mg tab	Tier 4	ST
donepezil hydrochloride orally disintegrating tab 10 mg	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
donepezil hydrochloride orally disintegrating tab 5 mg	Tier 2	
galantamine hydrobromide (12 mg tab, 4 mg tab, 4 mg/ml solution, 8 mg tab)	Tier 4	
galantamine hydrobromide er (16 mg cap er 24h, 24 mg cap er 24h, 8 mg cap er 24h)	Tier 2	QL (1 PER 1 DAYS)
rivastigmine (13.3 mg/24hr patch 24hr, 4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr)	Tier 4	QL (30 PER 30 DAYS)
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	Tier 3	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl (10 mg tab, 5 mg tab)	Tier 2	
memantine hcl (10 mg/5ml solution, 2 mg/ml solution)	Tier 3	
memantine hcl er (14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h, 7 mg cap er 24h)	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
AUVELITY TITRATION PACK 30-105 MG & 45-105 MG TBER THPK	Tier 4	QL (102 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
bupropion hcl 100 mg tab	Tier 2	QL (4 PER 1 DAYS)
bupropion hcl 75 mg tab	Tier 2	QL (6 PER 1 DAYS)
bupropion hcl er (sr) 100 mg tab er 12h	Tier 2	QL (4 PER 1 DAYS)
bupropion hcl er (sr) 150 mg tab er 12h	Tier 2	QL (3 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIDEPRESSANTS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
bupropion hcl er (sr) 200 mg tab er 12h	Tier 2	QL (2 PER 1 DAYS)
bupropion hcl er (xl) 150 mg tab er 24h	Tier 2	QL (3 PER 1 DAYS)
bupropion hcl er (xl) 300 mg tab er 24h	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
LYBALVI (10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB, 5-10 MG TAB)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp, 7.5 mg tab)	Tier 2	
mirtazapine (15 mg tab, 30 mg tab)	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	
tranylcypromine sulfate 10 mg tab	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIDEPRESSANTS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)	Tier 1	
citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)	Tier 3	
desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h)	Tier 3	QL (1 PER 1 DAYS)
desvenlafaxine succinate er 100 mg tab er 24h	Tier 3	QL (4 PER 1 DAYS)
escitalopram oxalate (10 mg tab, 20 mg tab, 5 mg tab)	Tier 1	
escitalopram oxalate (10 mg/10ml solution, 5 mg/5ml solution)	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
fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)	Tier 1	
fluoxetine hcl 20 mg/5ml solution	Tier 2	
FLUOXETINE HCL 90 MG CAP DR	Tier 4	QL (4 PER 28 DAYS)
fluvoxamine maleate 100 mg tab	Tier 2	QL (3 PER 1 DAYS)
fluvoxamine maleate 25 mg tab	Tier 2	QL (12 PER 1 DAYS)
fluvoxamine maleate 50 mg tab	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	
paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	Tier 1	
PAROXETINE HCL 10 MG/5ML SUSPENSION	Tier 4	QL (30 PER 1 DAYS)
paroxetine hcl er (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIDEPRESSANTS

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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIDEPRESSANTS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
nortriptyline hcl 10 mg/5ml solution	Tier 4	
protriptyline hcl (10 mg tab, 5 mg tab)	Tier 4	
trimipramine maleate (100 mg cap, 25 mg cap, 50 mg cap)	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、限制或使用限額
ANTIEMETICS, OTHER		
compro 25 mg suppos	Tier 4	
meclizine hcl (12.5 mg tab, 25 mg tab)	Tier 2	
metoclopramide hcl (10 mg tab, 10 mg/10ml solution, 5 mg tab, 5 mg/5ml solution)	Tier 2	
metoclopramide hcl 5 mg/ml solution	Tier 4	
perphenazine (16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	Tier 2	
prochlorperazine 25 mg suppos	Tier 4	
prochlorperazine maleate (10 mg tab, 5 mg tab)	Tier 2	
promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)	Tier 2	PA
scopolamine 1 mg/3days patch 72hr	Tier 4	
EMETOGENIC THERAPY ADJUNCTS		
aprepitant (125 mg cap, 80 & 125 mg cap thpk, 80 mg cap)	Tier 4	PA - PART B VS D DETERMINATION
aprepitant 40 mg cap	Tier 4	PA, QL (1 PER 30 DAYS)
dronabinol (10 mg cap, 2.5 mg cap, 5 mg cap)	Tier 4	PA, QL (6 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIEMETICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
granisetron hcl 1 mg tab	Tier 4	QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron 4 mg tab disp	Tier 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron 8 mg tab disp	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
ondansetron hcl 4 mg tab	Tier 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron hcl 4 mg/5ml solution	Tier 4	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron hcl 8 mg tab	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、限制或使用限額
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
amphotericin b liposome 50 mg recon susp	Tier 4	PA - PART B VS D DETERMINATION
clotrimazole (1 % cream, 1 % solution, 10 mg troche)	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)
econazole nitrate 1 % cream	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIFUNGALS

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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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		
allopurinol (100 mg tab, 300 mg tab)	Tier 1	
colchicine 0.6 mg tab	Tier 3	QL (4 PER 1 DAYS)
colchicine-probenecid 0.5-500 mg tab	Tier 2	
febuxostat (40 mg tab, 80 mg tab)	Tier 4	ST, QL (1 PER 1 DAYS)
probenecid 500 mg tab	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		
dihydroergotamine mesylate 4 mg/ml solution	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		
naratriptan hcl (1 mg tab, 2.5 mg tab)	Tier 3	QL (18 PER 30 OVER TIME)
rizatriptan benzoate (10 mg tab, 10 mg tab disp, 5 mg tab, 5 mg tab disp)	Tier 2	QL (24 PER 30 OVER TIME)
sumatriptan (20 mg/act solution, 5 mg/act solution)	Tier 4	QL (18 PER 30 OVER TIME)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
sumatriptan succinate (100 mg tab, 25 mg tab, 50 mg tab)	Tier 2	QL (18 PER 30 OVER TIME)
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	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		
pyridostigmine bromide 60 mg tab	Tier 2	
pyridostigmine bromide er 180 mg tab er	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		
dapsone (100 mg tab, 25 mg tab)	Tier 3	
rifabutin 150 mg cap	Tier 4	
ANTITUBERCULARS		
ethambutol hcl (100 mg tab, 400 mg tab)	Tier 2	
isoniazid (100 mg tab, 300 mg tab, 50 mg/5ml syrup)	Tier 2	
pyrazinamide 500 mg tab	Tier 2	
rifampin (150 mg cap, 300 mg cap)	Tier 2	
rifampin 600 mg recon soln	Tier 4	
rifapentine 150 mg tab	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
SIRTURO (100 MG TAB, 20 MG TAB)	Tier 5	PA
TRECATOR 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、限制或使用限額
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	
lomustine (10 mg cap, 40 mg cap)	Tier 4	
lomustine 100 mg cap	Tier 5	
MATULANE 50 MG CAP	Tier 5	LA
ANTIANDROGENS		
abiraterone acetate 250 mg tab	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
abiraterone acetate 500 mg tab	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
abirtega 250 mg tab	Tier 2	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
bicalutamide 50 mg tab	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	
nilutamide 150 mg tab	Tier 5	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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		
lenalidomide (10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	Tier 5	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		
fulvestrant 250 mg/5ml soln prsyr	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
tamoxifen citrate (10 mg tab, 20 mg tab)	Tier 2	
toremifene citrate 60 mg tab	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
VEPPANU (100 MG TAB, 200 MG TAB)	Tier 5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ANTIMETABOLITES		
mercaptopurine 2000 mg/100ml suspension	Tier 5	PA - FOR NEW STARTS ONLY
mercaptopurine 50 mg tab	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
BESREMI PEN 500 MCG/0.5ML SOLN PEN	Tier 5	LA, QL (1 ML PER 28 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
hydroxyurea 500 mg cap	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	
leucovorin calcium (10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab)	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
leucovorin calcium (100 mg recon soln, 350 mg recon soln)	Tier 4	
LONSURF 15-6.14 MG TAB	Tier 5	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY
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
ZENBEXUS (0.75 MG CAP, 1 MG CAP)	Tier 5	QL (21 PER 28 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		
anastrozole 1 mg tab	Tier 1	
exemestane 25 mg tab	Tier 4	
letrozole 2.5 mg tab	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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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
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 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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
BOSULIF 500 MG TAB	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
bosutinib (400 mg tab, 500 mg tab)	Tier 5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
bosutinib 100 mg tab	Tier 5	QL (120 PER 30 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
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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
COTELLIC 20 MG TAB	Tier 5	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
dasatinib (100 mg tab, 140 mg tab)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
dasatinib (20 mg tab, 50 mg tab)	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
dasatinib (70 mg tab, 80 mg tab)	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
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
erlotinib hcl (100 mg tab, 150 mg tab)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
erlotinib hcl 25 mg tab	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
everolimus (10 mg tab, 7.5 mg tab)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)	Tier 5	PA - FOR NEW STARTS ONLY
everolimus (2.5 mg tab, 5 mg tab)	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
gefitinib 250 mg tab	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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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
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
imatinib mesylate 100 mg tab	Tier 4	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
imatinib mesylate 400 mg tab	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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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
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
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	Tier 5	LA, QL (1 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
JIDEYTRO 100 MG TAB	Tier 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
JIDEYTRO 25 MG TAB	Tier 5	LA, QL (90 PER 30 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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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
KOMZIFTI 200 MG CAP	Tier 5	LA, QL (3 PER 1 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
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
lapatinib ditosylate 250 mg tab	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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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
LIFYORLI (125 MG DOSE) 1 X 25 MG & 1 X 100 MG CAP THPK	Tier 5	LA, QL (18 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LIFYORLI (150 MG DOSE) 2 X 25 MG & 1 X 100 MG CAP THPK	Tier 5	LA, QL (27 PER 28 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
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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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
nilotinib hcl (150 mg cap, 200 mg cap, 50 mg cap)	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
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

您可以 前往第[xii]頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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
pazopanib hcl 200 mg tab	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
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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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
sorafenib tosylate 200 mg tab	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
sunitinib malate (37.5 mg cap, 50 mg cap)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sunitinib malate 12.5 mg cap	Tier 5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sunitinib malate 25 mg cap	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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
TAFINLAR 10 MG TAB SOL	Tier 5	LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSO (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
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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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
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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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	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
ZYKADIA 150 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETINOIDS		
bexarotene 1 % gel	Tier 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
bexarotene 75 mg cap	Tier 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	Tier 5	PA - FOR NEW STARTS ONLY

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
tretinoin 10 mg cap	Tier 5	
TREATMENT ADJUNCTS		
mesna 400 mg tab	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、限制或使用限額
ANTHELMINTHICS		
albendazole 200 mg tab	Tier 4	
ivermectin 3 mg tab	Tier 2	
praziquantel 600 mg tab	Tier 3	
ANTIPROTOZOALS		
atovaquone 750 mg/5ml suspension	Tier 4	PA
atovaquone-proguanil hcl (250-100 mg tab, 62.5-25 mg tab)	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)
chloroquine phosphate (250 mg tab, 500 mg tab)	Tier 2	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	Tier 4	QL (24 PER 2 OVER TIME)
hydroxychloroquine sulfate 100 mg tab	Tier 2	QL (4 PER 1 DAYS)
hydroxychloroquine sulfate 200 mg tab	Tier 2	QL (3 PER 1 DAYS)
hydroxychloroquine sulfate 300 mg tab	Tier 2	QL (2 PER 1 DAYS)
hydroxychloroquine sulfate 400 mg tab	Tier 2	QL (1 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIPARASITICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
IMPAVIDO 50 MG CAP	Tier 5	PA, QL (84 PER 28 DAYS)
mefloquine hcl 250 mg tab	Tier 2	
nitazoxanide 500 mg tab	Tier 5	PA, QL (6 PER 3 OVER TIME)
pentamidine isethionate 300 mg recon soln	Tier 4	PA - PART B VS D DETERMINATION
pentamidine isethionate 300 mg recon soln	Tier 3	
primaquine phosphate 26.3 (15 base) mg tab	Tier 2	
pyrimethamine 25 mg tab	Tier 5	PA
quinine sulfate 324 mg cap	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、限制或使用限額
ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	Tier 2	
benztropine mesylate 1 mg/ml solution	Tier 4	
trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)	Tier 2	
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl (100 mg cap, 100 mg tab, 100 mg/10ml solution, 50 mg/5ml solution)	Tier 2	
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)	Tier 4	
entacapone 200 mg tab	Tier 4	QL (8 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
DOPAMINE AGONISTS		
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	Tier 4	
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)	Tier 2	
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)	Tier 2	
ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h)	Tier 4	QL (1 PER 1 DAYS)
ropinirole hcl er 12 mg tab er 24h	Tier 4	QL (2 PER 1 DAYS)
ropinirole hcl er 8 mg tab er 24h	Tier 4	QL (3 PER 1 DAYS)
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa 25 mg tab	Tier 4	
carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)	Tier 4	
carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)	Tier 2	
carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)	Tier 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	Tier 4	QL (1 PER 1 DAYS)
selegiline hcl (5 mg cap, 5 mg tab)	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIPSYCHOTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
1ST GENERATION/TYPICAL		
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)	Tier 4	
fluphenazine decanoate 25 mg/ml solution	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	
haloperidol (0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab)	Tier 2	
haloperidol decanoate (100 mg/ml solution, 50 mg/ml solution)	Tier 3	
haloperidol lactate 2 mg/ml conc	Tier 3	
haloperidol lactate 5 mg/ml solution	Tier 2	
loxapine succinate (10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap)	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	
thioridazine hcl (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab)	Tier 3	PA - FOR NEW STARTS ONLY
thiothixene (1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap)	Tier 3	
trifluoperazine hcl (1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab)	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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIPSYCHOTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
aripiprazole (10 mg tab disp, 15 mg tab disp)	Tier 4	QL (2 PER 1 DAYS)
aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	Tier 3	QL (1 PER 1 DAYS)
aripiprazole 1 mg/ml solution	Tier 4	QL (25 PER 1 DAYS)
aripiprazole 2 mg tab	Tier 3	QL (4 PER 1 DAYS)
aripiprazole 5 mg tab	Tier 3	QL (2 PER 1 DAYS)
asenapine maleate (10 mg sl tab, 2.5 mg sl tab, 5 mg sl tab)	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BYSANTI (1 MG TAB, 10 MG TAB, 12 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BYSANTI TITRATION PACK A 1 & 2 & 4 & 6 MG TAB THPK	Tier 5	QL (16 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
BYSANTI TITRATION PACK B 1 & 2 & 6 & 8 MG TAB THPK	Tier 5	QL (24 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
BYSANTI TITRATION PACK C 1 & 2 & 6 MG TAB THPK	Tier 5	QL (16 PER 365 OVER TIME), 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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIPSYCHOTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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
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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIPSYCHOTICS

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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIPSYCHOTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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
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)	Tier 4	
risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)	Tier 2	
risperidone 1 mg/ml solution	Tier 3	
risperidone microspheres er (12.5 mg srer, 25 mg srer)	Tier 4	PA - PART B VS D DETERMINATION
risperidone microspheres er (37.5 mg srer, 50 mg srer)	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
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	Tier 3	
ziprasidone mesylate 20 mg recon soln	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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIPSYCHOTICS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
TREATMENT-RESISTANT		
clozapine (100 mg tab disp, 12.5 mg tab disp, 150 mg tab disp, 200 mg tab disp, 25 mg tab disp)	Tier 4	
clozapine (100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab)	Tier 2	
VERSACLOZ 50 MG/ML SUSPENSION	Tier 5	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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、限制或使用限額
ANTISPASTICITY AGENTS		
baclofen (10 mg tab, 20 mg tab)	Tier 2	
baclofen 15 mg tab	Tier 2	QL (6 PER 1 DAYS)
baclofen 5 mg tab	Tier 2	QL (16 PER 1 DAYS)
dantrolene sodium (100 mg cap, 25 mg cap, 50 mg cap)	Tier 4	
tizanidine hcl (2 mg tab, 4 mg tab)	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、限制或使用限額
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)
valganciclovir hcl 450 mg tab	Tier 3	QL (2 PER 1 DAYS)
valganciclovir hcl 50 mg/ml recon soln	Tier 4	QL (18 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIVIRALS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil 10 mg tab	Tier 4	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 5	QL (21 PER 1 DAYS)
entecavir (0.5 mg tab, 1 mg tab)	Tier 4	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	Tier 3	
lamivudine 100 mg tab	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)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	Tier 2	
ribavirin 6 gm recon soln	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)
BIXLENVO 75-50 MG TAB	Tier 5	QL (30 PER 30 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)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIVIRALS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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 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)
efavirenz 600 mg tab	Tier 4	QL (1 PER 1 DAYS)
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	Tier 4	QL (1 PER 1 DAYS)
efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)	Tier 5	QL (1 PER 1 DAYS)
emtricitab-rilpivir-tenofov df 200-25-300 mg tab	Tier 5	QL (1 PER 1 DAYS)
etravirine 100 mg tab	Tier 5	QL (4 PER 1 DAYS)
etravirine 200 mg tab	Tier 5	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	Tier 4	QL (12 PER 1 DAYS)
nevirapine 200 mg tab	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)
nevirapine er 400 mg tab er 24h	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)
rilpivirine hcl 25 mg tab	Tier 5	QL (2 PER 1 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate 20 mg/ml solution	Tier 4	QL (30 PER 1 DAYS)
abacavir sulfate 300 mg tab	Tier 4	QL (2 PER 1 DAYS)
abacavir sulfate-lamivudine 600-300 mg tab	Tier 4	QL (1 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIVIRALS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
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)
emtricitabine 200 mg cap	Tier 4	QL (1 PER 1 DAYS)
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)	Tier 4	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	Tier 4	QL (24 PER 1 DAYS)
lamivudine (10 mg/ml solution, 300 mg/30ml solution)	Tier 3	QL (30 PER 1 DAYS)
lamivudine 150 mg tab	Tier 3	QL (2 PER 1 DAYS)
lamivudine 300 mg tab	Tier 3	QL (1 PER 1 DAYS)
lamivudine-zidovudine 150-300 mg tab	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)
tenofovir disoproxil fumarate 300 mg tab	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)
zidovudine 100 mg cap	Tier 2	QL (6 PER 1 DAYS)
zidovudine 300 mg tab	Tier 2	QL (2 PER 1 DAYS)
zidovudine 50 mg/5ml syrup	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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIVIRALS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
IDVYNSO 100-0.25 MG TAB	Tier 5	QL (1 PER 1 DAYS)
maraviroc 150 mg tab	Tier 5	QL (2 PER 1 DAYS)
maraviroc 300 mg tab	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)
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)
atazanavir sulfate (150 mg cap, 200 mg cap)	Tier 4	QL (2 PER 1 DAYS)
atazanavir sulfate 300 mg cap	Tier 4	QL (1 PER 1 DAYS)
darunavir 600 mg tab	Tier 4	QL (2 PER 1 DAYS)
darunavir 800 mg tab	Tier 5	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	Tier 5	QL (1 PER 1 DAYS)
fosamprenavir calcium 700 mg tab	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)
lopinavir-ritonavir 100-25 mg tab	Tier 4	QL (10 PER 1 DAYS)
lopinavir-ritonavir 200-50 mg tab	Tier 4	QL (4 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIVIRALS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
lopinavir-ritonavir 400-100 mg/5ml solution	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)
ritonavir 100 mg tab	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		
oseltamivir phosphate 30 mg cap	Tier 3	QL (120 PER 180 OVER TIME)
oseltamivir phosphate 45 mg cap	Tier 3	QL (42 PER 180 OVER TIME)
oseltamivir phosphate 6 mg/ml recon susp	Tier 3	QL (1080 PER 365 OVER TIME)
oseltamivir phosphate 75 mg cap	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)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIVIRALS

藥品名稱	該藥物將花費您多少費用（層級級別）	必要行動、限制或使用限額
ANTIHERPETIC AGENTS		
acyclovir (200 mg cap, 400 mg tab, 800 mg tab)	Tier 2	
acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)	Tier 4	
acyclovir sodium 50 mg/ml solution	Tier 4	PA - PART B VS D DETERMINATION
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	Tier 2	
valacyclovir hcl (1 gm tab, 500 mg tab)	Tier 2	
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO 200 MG CAP	Tier 5	QL (40 PER 30 OVER TIME)
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		
buspirone hcl (10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab)	Tier 2	
BENZODIAZEPINES		
alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)	Tier 2	QL (4 PER 1 DAYS)
alprazolam 2 mg tab	Tier 2	QL (5 PER 1 DAYS)
clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp)	Tier 3	QL (40 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
clonazepam 0.5 mg tab	Tier 2	QL (40 PER 1 DAYS)
clonazepam 1 mg tab	Tier 2	QL (20 PER 1 DAYS)
clonazepam 1 mg tab disp	Tier 3	QL (20 PER 1 DAYS)
clonazepam 2 mg tab	Tier 2	QL (10 PER 1 DAYS)
clonazepam 2 mg tab disp	Tier 3	QL (10 PER 1 DAYS)
clorazepate dipotassium 15 mg tab	Tier 4	QL (6 PER 1 DAYS)
clorazepate dipotassium 3.75 mg tab	Tier 4	QL (24 PER 1 DAYS)
clorazepate dipotassium 7.5 mg tab	Tier 4	QL (12 PER 1 DAYS)
diazepam (5 mg tab, 5 mg/ml conc)	Tier 2	QL (12 PER 1 DAYS)
diazepam 10 mg tab	Tier 2	QL (6 PER 1 DAYS)
diazepam 2 mg tab	Tier 2	QL (30 PER 1 DAYS)
diazepam 5 mg/5ml solution	Tier 2	QL (60 PER 1 DAYS)
diazepam intensol 5 mg/ml conc	Tier 2	QL (12 PER 1 DAYS)
lorazepam 0.5 mg tab	Tier 2	QL (20 PER 1 DAYS)
lorazepam 1 mg tab	Tier 2	QL (10 PER 1 DAYS)
lorazepam 2 mg tab	Tier 2	QL (5 PER 1 DAYS)
lorazepam 2 mg/ml conc	Tier 3	QL (5 PER 1 DAYS)
lorazepam intensol 2 mg/ml conc	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、限制或使用限額
MOOD STABILIZERS		
lithium 8 meq/5ml solution	Tier 2	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	Tier 2	
lithium carbonate er (300 mg tab er, 450 mg tab er)	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
ANTIDIABETIC AGENTS		
acarbose (100 mg tab, 25 mg tab, 50 mg tab)	Tier 2	
dapagliflozin base-metformin er (10-1000 mg tab er 24h, 10-500 mg tab er 24h, 5-500 mg tab er 24h)	Tier 2	QL (30 PER 30 DAYS)
dapagliflozin base-metformin er 5-1000 mg tab er 24h	Tier 2	QL (60 PER 30 DAYS)
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	Tier 1	
glipizide (10 mg tab, 2.5 mg tab, 5 mg tab)	Tier 1	
glipizide er (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)	Tier 1	
glipizide xl (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)	Tier 1	
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	Tier 1	
glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)	Tier 1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	Tier 1	
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	Tier 1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JANUVIA (100 MG TAB, 25 MG TAB, 50 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)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
metformin hcl (1000 mg tab, 500 mg tab, 850 mg tab)	Tier 1	
metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)	Tier 1	
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)
nateglinide (120 mg tab, 60 mg tab)	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 (1.5 MG TAB, 4 MG TAB, 9 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	Tier 3	PA, QL (3 PER 28 DAYS)
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	Tier 1	
pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)	Tier 1	QL (1 PER 1 DAYS)
pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)	Tier 1	
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	Tier 1	
RYBELSUS (14 MG TAB, 3 MG TAB, 7 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
sitaglip phos-metformin hcl er (100-1000 mg tab er 24h, 50-500 mg tab er 24h)	Tier 2	QL (30 PER 30 DAYS)
sitaglip phos-metformin hcl er 50-1000 mg tab er 24h	Tier 2	QL (60 PER 30 DAYS)
sitagliptin phos-metformin hcl (50-1000 mg tab, 50-500 mg tab)	Tier 2	QL (60 PER 30 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)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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 2.5-1000 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)
diazoxide 50 mg/ml suspension	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	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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	
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)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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	
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		
dabigatran etexilate mesylate (110 mg cap, 150 mg cap, 75 mg cap)	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)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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)
enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)	Tier 4	QL (60 PER 30 DAYS)
enoxaparin sodium (120 mg/0.8ml soln prsyr, 80 mg/0.8ml soln prsyr)	Tier 4	QL (48 PER 30 DAYS)
enoxaparin sodium 30 mg/0.3ml soln prsyr	Tier 4	QL (18 PER 30 DAYS)
enoxaparin sodium 40 mg/0.4ml soln prsyr	Tier 4	QL (24 PER 30 DAYS)
enoxaparin sodium 60 mg/0.6ml soln prsyr	Tier 4	QL (36 PER 30 DAYS)
fondaparinux sodium 10 mg/0.8ml solution	Tier 5	QL (24 PER 30 DAYS)
fondaparinux sodium 2.5 mg/0.5ml solution	Tier 4	QL (15 PER 30 DAYS)
fondaparinux sodium 5 mg/0.4ml solution	Tier 5	QL (12 PER 30 DAYS)
fondaparinux sodium 7.5 mg/0.6ml solution	Tier 5	QL (18 PER 30 DAYS)
heparin sodium (porcine) (1000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution, 5000 unit/ml solution)	Tier 2	PA - PART B VS D DETERMINATION
heparin sodium (porcine) pf 1000 unit/ml solution	Tier 2	PA - PART B VS D DETERMINATION
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)	Tier 1	
rivaroxaban 1 mg/ml recon susp	Tier 3	QL (20 ML PER 1 DAYS)
rivaroxaban 2.5 mg tab	Tier 3	QL (2 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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)	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)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	Tier 3	QL (51 PER 180 OVER TIME)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide hcl (0.5 mg cap, 1 mg cap)	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
eltrombopag olamine (12.5 mg packet, 12.5 mg tab)	Tier 5	PA, QL (1 PER 1 DAYS)
eltrombopag olamine (25 mg tab, 50 mg tab)	Tier 5	PA, QL (3 PER 1 DAYS)
eltrombopag olamine 25 mg packet	Tier 5	PA, QL (6 PER 1 DAYS)
eltrombopag olamine 75 mg tab	Tier 5	PA, QL (2 PER 1 DAYS)
FULPHILA 6 MG/0.6ML SOLN PRSYR	Tier 5	PA

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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
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		
tranexamic acid 650 mg tab	Tier 3	QL (1 PER 1 DAYS)
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er 25-200 mg cap er 12h	Tier 4	
cilostazol (100 mg tab, 50 mg tab)	Tier 2	
clopidogrel bisulfate 75 mg tab	Tier 1	QL (1 PER 1 DAYS)
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	Tier 3	
prasugrel hcl (10 mg tab, 5 mg tab)	Tier 3	QL (1 PER 1 DAYS)
ticagrelor (60 mg tab, 90 mg tab)	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、限制或使用限額
ALPHA-ADRENERGIC AGONISTS		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	Tier 1	
droxidopa 100 mg cap	Tier 4	PA, QL (18 PER 1 DAYS)
droxidopa 200 mg cap	Tier 5	PA, QL (9 PER 1 DAYS)
droxidopa 300 mg cap	Tier 5	PA, QL (84 PER 90 OVER TIME)
guanfacine hcl (1 mg tab, 2 mg tab)	Tier 2	
METHYLDOPA (250 MG TAB, 500 MG TAB)	Tier 2	
midodrine hcl (10 mg tab, 2.5 mg tab, 5 mg tab)	Tier 3	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	Tier 2	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	Tier 2	
terazosin hcl (1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap)	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab)	Tier 1	
irbesartan (150 mg tab, 300 mg tab, 75 mg tab)	Tier 1	
losartan potassium (100 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
olmesartan medoxomil (20 mg tab, 40 mg tab, 5 mg tab)	Tier 1	
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	Tier 1	
valsartan (160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab)	Tier 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)	Tier 1	
captopril (100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab)	Tier 1	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
enalapril maleate (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab)	Tier 1	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	Tier 1	
lisinopril (10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab)	Tier 1	
moexipril hcl (15 mg tab, 7.5 mg tab)	Tier 1	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	Tier 1	
quinapril hcl (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)	Tier 1	
ramipril (1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap)	Tier 1	
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	Tier 1	
ANTIARRHYTHMICS		
amiodarone hcl (100 mg tab, 400 mg tab)	Tier 4	
amiodarone hcl 200 mg tab	Tier 2	
digitek (125 mcg tab, 250 mcg tab)	Tier 2	QL (1 PER 1 DAYS)
digox 125 mcg tab	Tier 2	QL (1 PER 1 DAYS)
digoxin (125 mcg tab, 250 mcg tab)	Tier 2	QL (1 PER 1 DAYS)
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	Tier 4	
flecainide acetate (100 mg tab, 150 mg tab, 50 mg tab)	Tier 2	
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	Tier 2	
MULTAQ 400 MG TAB	Tier 3	QL (2 PER 1 DAYS)
pacerone (100 mg tab, 400 mg tab)	Tier 4	
pacerone 200 mg tab	Tier 2	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	Tier 2	
sorine (120 mg tab, 160 mg tab, 80 mg tab)	Tier 2	
sotalol hcl (120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab)	Tier 2	
sotalol hcl (af) (120 mg tab, 160 mg tab, 80 mg tab)	Tier 2	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (200 mg cap, 400 mg cap)	Tier 2	
atenolol (100 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
betaxolol hcl (10 mg tab, 20 mg tab)	Tier 2	
bisoprolol fumarate (10 mg tab, 5 mg tab)	Tier 2	
carvedilol (12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab)	Tier 1	
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	Tier 2	
metoprolol succinate er (100 mg tab er 24h, 200 mg tab er 24h, 25 mg tab er 24h, 50 mg tab er 24h)	Tier 1	
metoprolol tartrate (100 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	Tier 2	
nebivolol hcl (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab)	Tier 3	
pindolol (10 mg tab, 5 mg tab)	Tier 2	
propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)	Tier 2	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
propranolol hcl er (120 mg cap er 24h, 160 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h)	Tier 2	
timolol maleate (10 mg tab, 20 mg tab, 5 mg tab)	Tier 4	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate (10 mg tab, 2.5 mg tab, 5 mg tab)	Tier 1	
felodipine er (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)	Tier 2	
isradipine (2.5 mg cap, 5 mg cap)	Tier 3	
nicardipine hcl (20 mg cap, 30 mg cap)	Tier 2	
nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	Tier 2	
nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	Tier 2	
nimodipine 30 mg cap	Tier 4	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	Tier 2	
dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	Tier 2	
diltiazem hcl (120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab)	Tier 2	
diltiazem hcl 120 mg extended release 24hr capsule	Tier 2	
diltiazem hcl 180 mg extended release 24hr capsule	Tier 2	
diltiazem hcl 240 mg extended release 24hr capsule	Tier 2	
diltiazem hcl 300 mg extended release 24hr capsule	Tier 2	
diltiazem hcl 360 mg extended release 24hr capsule	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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)	Tier 2	
diltiazem hcl er beads 420 mg cap er 24h	Tier 2	
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)	Tier 2	
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)	Tier 2	
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)	Tier 2	
verapamil hcl (120 mg tab, 40 mg tab, 80 mg tab)	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	
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)	Tier 2	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide (125 mg tab, 250 mg tab)	Tier 2	
aliskiren fumarate (150 mg tab, 300 mg tab)	Tier 4	
amiloride-hydrochlorothiazide 5-50 mg tab	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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)	Tier 1	
amlodipine besylate-valsartan (10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab)	Tier 1	
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)	Tier 3	
amlodipine-olmesartan (10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab)	Tier 1	
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)	Tier 1	
atenolol-chlorthalidone (100-25 mg tab, 50-25 mg tab)	Tier 1	
benazepril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab)	Tier 1	
bisoprolol-hydrochlorothiazide (10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab)	Tier 2	
candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	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)
enalapril-hydrochlorothiazide (10-25 mg tab, 5-12.5 mg tab)	Tier 1	
ENTRESTO (15-16 MG CAP SPRINK, 6-6 MG CAP SPRINK)	Tier 3	QL (8 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	Tier 1	
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	Tier 1	
ivabradine hcl (5 mg tab, 7.5 mg tab)	Tier 4	PA, QL (2 PER 1 DAYS)
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	Tier 1	
losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab)	Tier 1	
metoprolol-hydrochlorothiazide (100-25 mg tab, 100-50 mg tab, 50-25 mg tab)	Tier 2	
metyrosine 250 mg cap	Tier 5	
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	Tier 1	
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)	Tier 1	
pentoxifylline er 400 mg tab er	Tier 2	
quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	Tier 1	
ranolazine er (1000 mg tab er 12h, 500 mg tab er 12h)	Tier 4	QL (2 PER 1 DAYS)
sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)	Tier 3	QL (2 PER 1 DAYS)
spironolactone-hctz 25-25 mg tab	Tier 2	
telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)	Tier 1	
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	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	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	Tier 1	
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)	Tier 1	
VERQUVO (10 MG TAB, 2.5 MG TAB, 5 MG TAB)	Tier 4	PA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	Tier 2	
bumetanide 0.25 mg/ml solution	Tier 4	
FUROSEMIDE (10 MG/ML SOLUTION, 20 MG TAB, 40 MG TAB, 8 MG/ML SOLUTION, 80 MG TAB)	Tier 1	
furosemide 10 mg/ml solution	Tier 4	
torsemide (10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab)	Tier 2	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl 5 mg tab	Tier 2	
eplerenone (25 mg tab, 50 mg tab)	Tier 3	
spironolactone (100 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
DIURETICS, THIAZIDE		
chlorthalidone (25 mg tab, 50 mg tab)	Tier 2	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
indapamide (1.25 mg tab, 2.5 mg tab)	Tier 1	
metolazone (10 mg tab, 2.5 mg tab, 5 mg tab)	Tier 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate (134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap, 48 mg tab, 54 mg tab, 67 mg cap)	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
fenofibrate micronized (130 mg cap, 134 mg cap, 200 mg cap, 43 mg cap, 67 mg cap)	Tier 2	
fenofibric acid (135 mg cap dr, 45 mg cap dr)	Tier 3	
gemfibrozil 600 mg tab	Tier 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	Tier 1	
fluvastatin sodium (20 mg cap, 40 mg cap)	Tier 1	
fluvastatin sodium er 80 mg tab er 24h	Tier 2	
lovastatin (10 mg tab, 20 mg tab, 40 mg tab)	Tier 1	
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	Tier 1	
rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)	Tier 1	
simvastatin (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab)	Tier 1	
DYSLIPIDEMICS, OTHER		
cholestyramine (4 gm packet, 4 gm/dose powder)	Tier 3	
cholestyramine light (4 gm packet, 4 gm/dose powder)	Tier 2	
colesevelam hcl (3.75 gm packet, 625 mg tab)	Tier 4	
colestipol hcl (5 gm granules, 5 gm packet)	Tier 3	
colestipol hcl 1 gm tab	Tier 2	
ezetimibe 10 mg tab	Tier 2	
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	Tier 2	
icosapent ethyl (0.5 gm cap, 1 gm cap)	Tier 4	QL (4 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	Tier 4	
niacin er (antihyperlipidemic) (1000 mg tab er, 750 mg tab er)	Tier 3	QL (2 PER 1 DAYS)
niacin er (antihyperlipidemic) 500 mg tab er	Tier 3	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	Tier 4	
omega-3-acid ethyl esters 1 gm cap	Tier 2	QL (4 PER 1 DAYS)
prevalite (4 gm packet, 4 gm/dose powder)	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 (10 mg tab, 5 mg tab)	Tier 2	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		
hydralazine hcl (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
minoxidil (10 mg tab, 2.5 mg tab)	Tier 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate (10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab)	Tier 2	
isosorbide mononitrate (10 mg tab, 20 mg tab)	Tier 2	
isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h)	Tier 1	
isosorbide mononitrate er 120 mg tab er 24h	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
nitro-bid 2 % ointment	Tier 3	
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)	Tier 2	
nitroglycerin 0.4 % ointment	Tier 4	QL (30 PER 30 DAYS)
nitroglycerin 2 % ointment	Tier 3	

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		
amphetamine-dextroamphet er (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)	Tier 4	QL (2 PER 1 DAYS)
amphetamine-dextroamphetamine (10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab)	Tier 2	QL (4 PER 1 DAYS)
amphetamine-dextroamphetamine 12.5 mg tab	Tier 2	QL (5 PER 1 DAYS)
amphetamine-dextroamphetamine 20 mg tab	Tier 2	QL (3 PER 1 DAYS)
amphetamine-dextroamphetamine 30 mg tab	Tier 2	QL (2 PER 1 DAYS)
dextroamphetamine sulfate (10 mg tab, 5 mg tab)	Tier 4	QL (6 PER 1 DAYS)
dextroamphetamine sulfate 15 mg tab	Tier 4	QL (4 PER 1 DAYS)
dextroamphetamine sulfate 20 mg tab	Tier 4	QL (3 PER 1 DAYS)
dextroamphetamine sulfate 30 mg tab	Tier 4	QL (2 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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, NON-AMPHETAMINES		
atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)	Tier 3	QL (4 PER 1 DAYS)
atomoxetine hcl (100 mg cap, 60 mg cap, 80 mg cap)	Tier 3	QL (1 PER 1 DAYS)
atomoxetine hcl 40 mg cap	Tier 3	QL (2 PER 1 DAYS)
dexmethylphenidate hcl (10 mg tab, 2.5 mg tab, 5 mg tab)	Tier 2	QL (2 PER 1 DAYS)
guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	Tier 3	QL (1 PER 1 DAYS)
methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)	Tier 4	QL (3 PER 1 DAYS)
methylphenidate hcl 10 mg chew tab	Tier 4	QL (6 PER 1 DAYS)
methylphenidate hcl 10 mg tab	Tier 2	QL (6 PER 1 DAYS)
methylphenidate hcl 20 mg tab	Tier 2	QL (3 PER 1 DAYS)
methylphenidate hcl 5 mg tab	Tier 2	QL (12 PER 1 DAYS)
methylphenidate hcl er 10 mg tab er	Tier 3	QL (6 PER 1 DAYS)
methylphenidate hcl er 20 mg tab er	Tier 3	QL (3 PER 1 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
bac (butalbital-acetamin-caff) 50-325-40 mg tab	Tier 3	PA, QL (48 PER 30 OVER TIME), NDS
butalbital-apap-caffeine 50-325-40 mg tab	Tier 3	PA, QL (48 PER 30 OVER TIME), NDS
riluzole 50 mg tab	Tier 3	
tetrabenazine 12.5 mg tab	Tier 4	PA, LA, QL (8 PER 1 DAYS)
tetrabenazine 25 mg tab	Tier 5	PA, LA, QL (4 PER 1 DAYS)
VEOZAH 45 MG TAB	Tier 4	PA, QL (1 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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
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
duloxetine hcl 20 mg cp dr part	Tier 2	QL (4 PER 1 DAYS)
duloxetine hcl 30 mg cp dr part	Tier 2	QL (3 PER 1 DAYS)
duloxetine hcl 40 mg cp dr part	Tier 4	QL (2 PER 1 DAYS)
duloxetine hcl 60 mg cp dr part	Tier 2	QL (2 PER 1 DAYS)
pregabalin (100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)	Tier 3	QL (3 PER 1 DAYS)
pregabalin (200 mg cap, 225 mg cap, 300 mg cap)	Tier 3	QL (2 PER 1 DAYS)
pregabalin 20 mg/ml solution	Tier 3	QL (30 PER 1 DAYS)
MULTIPLE SCLEROSIS AGENTS		
BETASERON 0.3 MG KIT	Tier 5	PA, QL (15 PER 30 DAYS)
dalfampridine er 10 mg tab er 12h	Tier 3	PA, QL (2 PER 1 DAYS)
dimethyl fumarate 120 mg cap dr	Tier 4	PA, QL (2 PER 1 DAYS)
dimethyl fumarate 240 mg cap dr	Tier 5	PA, QL (2 PER 1 DAYS)
dimethyl fumarate starter pack 120 & 240 mg cpdr thpk	Tier 4	PA, QL (2 PER 1 DAYS)
fingolimod hcl 0.5 mg cap	Tier 5	PA, QL (1 PER 1 DAYS)
glatiramer acetate 20 mg/ml soln prsyr	Tier 5	PA, QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml soln prsyr	Tier 5	PA, QL (12 PER 28 DAYS)
glatopa 20 mg/ml soln prsyr	Tier 5	PA, QL (30 PER 30 DAYS)
glatopa 40 mg/ml soln prsyr	Tier 5	PA, QL (12 PER 28 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
teriflunomide (14 mg tab, 7 mg tab)	Tier 4	PA, QL (1 PER 1 DAYS)

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、限制或使用限額
DENTAL AND ORAL AGENTS		
cevimeline hcl 30 mg cap	Tier 4	
chlorhexidine gluconate 0.12 % solution	Tier 2	
kourzeq 0.1 % paste	Tier 3	
oralone 0.1 % paste	Tier 3	
periogard 0.12 % solution	Tier 2	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	Tier 3	
triamcinolone acetonide 0.1 % paste	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、限制或使用限額
ACNE AND ROSACEA AGENTS		
accutane (10 mg cap, 20 mg cap, 40 mg cap)	Tier 4	
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	Tier 4	
amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	Tier 4	
benzoyl peroxide-erythromycin 5-3 % gel	Tier 4	
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	Tier 4	
clindamycin phos-benzoyl perox 1.2-5 % gel	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	Tier 4	
myorisan (10 mg cap, 20 mg cap, 40 mg cap)	Tier 4	
sulfacetamide sodium (acne) 10 % lotion	Tier 3	
tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)	Tier 4	
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)	Tier 4	PA
zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	Tier 4	
DERMATITIS AND PRURITUS AGENTS		
ala-cort 1 % cream	Tier 2	
alclometasone dipropionate (0.05 % cream, 0.05 % ointment)	Tier 3	
ammonium lactate (12 % cream, 12 % lotion)	Tier 2	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	Tier 2	
betamethasone dipropionate aug (0.05 % gel, 0.05 % lotion, 0.05 % ointment)	Tier 3	
betamethasone dipropionate aug 0.05 % cream	Tier 2	
betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)	Tier 2	
clobetasol prop emollient base 0.05 % cream	Tier 4	
clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % ointment, 0.05 % solution)	Tier 4	
clobetasol propionate 0.05 % liquid	Tier 4	QL (250 PER 30 DAYS)
desonide (0.05 % cream, 0.05 % ointment)	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
desoximetasone 0.25 % cream	Tier 4	
EUCRISA 2 % OINTMENT	Tier 4	PA, QL (100 PER 30 DAYS)
fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)	Tier 3	
fluocinolone acetonide 0.01 % solution	Tier 4	
fluocinolone acetonide body 0.01 % oil	Tier 4	
fluocinolone acetonide scalp 0.01 % oil	Tier 4	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)	Tier 3	
fluocinonide emulsified base 0.05 % cream	Tier 3	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	Tier 2	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	Tier 4	QL (200 PER 28 DAYS)
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)	Tier 2	
hydrocortisone (perianal) (1 % cream, 2.5 % cream)	Tier 2	
hydrocortisone butyrate 0.1 % ointment	Tier 4	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	Tier 2	
procto-med hc 2.5 % cream	Tier 2	
proctosol hc 2.5 % cream	Tier 2	
proctozone-hc 2.5 % cream	Tier 2	
selenium sulfide 2.5 % lotion	Tier 2	
tacrolimus (0.03 % ointment, 0.1 % ointment)	Tier 4	QL (100 PER 30 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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)	Tier 2	
triderm 0.5 % cream	Tier 2	
DERMATOLOGICAL AGENTS, OTHER		
alcohol wipes 70 % misc	Tier 2	
calcipotriene (0.005 % cream, 0.005 % ointment)	Tier 4	
calcipotriene 0.005 % solution	Tier 3	
calcitrene 0.005 % ointment	Tier 3	
clotrimazole-betamethasone 1-0.05 % cream	Tier 2	
clotrimazole-betamethasone 1-0.05 % lotion	Tier 4	
cvs isopropyl alcohol wipes 70 % misc	Tier 2	
fluorouracil (2 % solution, 5 % solution)	Tier 2	
fluorouracil 5 % cream	Tier 3	
imiquimod 5 % cream	Tier 2	QL (24 PER 30 DAYS)
isopropyl alcohol 70 % misc	Tier 2	
isopropyl alcohol wipes 70 % misc	Tier 2	
medpura alcohol pads 70 % misc	Tier 2	
METHOXSALEN RAPID 10 MG CAP	Tier 5	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	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)
podofilox 0.5 % solution	Tier 2	
qc alcohol 70 % misc	Tier 2	
ra isopropyl alcohol wipes 70 % misc	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
SANTYL 250 UNIT/GM OINTMENT	Tier 4	QL (180 PER 30 DAYS)
silver sulfadiazine 1 % cream	Tier 2	
ssd 1 % cream	Tier 2	
TOLAK 4 % CREAM	Tier 3	
VALCHLOR 0.016 % GEL	Tier 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PEDICULICIDES/SCABICIDES		
malathion 0.5 % lotion	Tier 4	
permethrin 5 % cream	Tier 2	
TOPICAL ANTI-INFECTIVES		
acyclovir 5 % ointment	Tier 4	PA, QL (30 PER 30 DAYS)
ciclodan 8 % solution	Tier 2	
ciclopirox (0.77 % gel, 1 % shampoo)	Tier 4	
ciclopirox 8 % solution	Tier 2	
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	Tier 2	
clindamycin phos (once-daily) 1 % gel	Tier 2	
clindamycin phos (twice-daily) 1 % gel	Tier 2	
clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)	Tier 2	
ERY 2 % PAD	Tier 3	
erythromycin 2 % gel	Tier 4	
erythromycin 2 % solution	Tier 2	
mupirocin 2 % ointment	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
ELECTROLYTE/MINERAL REPLACEMENT		
dextrose 10 % solution	Tier 4	
dextrose 5 % solution	Tier 3	
dextrose in lactated ringers 5 % solution	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	
dextrose-sodium chloride (5-0.45 % solution, 5-0.9 % solution)	Tier 3	
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)	Tier 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	Tier 4	
klor-con 10 10 meq tab er	Tier 2	
klor-con 8 meq tab er	Tier 2	
klor-con m10 10 meq tab er	Tier 2	
klor-con m15 15 meq tab er	Tier 2	
klor-con m20 20 meq tab er	Tier 2	
lactated ringers solution	Tier 4	
magnesium sulfate 50 % solution	Tier 4	
nafrinse 2.2 (1 f) mg chew tab	Tier 2	
PNV 27-CA/FE/FA 60-1 MG TAB	Tier 3	
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)	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
potassium chloride crys er (10 meq tab er, 15 meq tab er, 20 meq tab er)	Tier 2	
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)	Tier 2	
potassium chloride in dextrose 20-5 meq/l-% solution	Tier 4	
potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)	Tier 4	
potassium citrate er (10 meq (1080 mg) tab er, 15 meq (1620 mg) tab er, 5 meq (540 mg) tab er)	Tier 3	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	Tier 4	
PREMASOL 10 % SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
prenatal vitamins	Tier 3	
ringers solution	Tier 4	
sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)	Tier 4	
sodium chloride (pf) 0.9 % solution	Tier 4	
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)	Tier 2	
TPN ELECTROLYTES CONC	Tier 4	PA - PART B VS D DETERMINATION
ELECTROLYTE/MINERAL/METAL MODIFIERS		
deferasirox (250 mg tab sol, 500 mg tab sol)	Tier 5	
deferasirox 125 mg tab sol	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
tolvaptan 15 mg tab	Tier 5	PA, LA, QL (8 PER 1 DAYS)
tolvaptan 30 mg tab	Tier 5	PA, LA, QL (4 PER 1 DAYS)
trientine hcl 250 mg cap	Tier 5	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	Tier 5	PA, QL (4 PER 1 DAYS)
PHOSPHATE BINDERS		
calcium acetate (phos binder) 667 mg cap	Tier 2	PA - PART B VS D DETERMINATION
sevelamer carbonate 800 mg tab	Tier 3	PA - PART B VS D DETERMINATION
POTASSIUM BINDERS		
kionex 15 gm/60ml suspension	Tier 2	
LOKELMA (10 GM PACKET, 5 GM PACKET)	Tier 3	
sodium polystyrene sulfonate (15 gm/60ml suspension, powder)	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		
constulose 10 gm/15ml solution	Tier 2	
enulose 10 gm/15ml solution	Tier 2	
gavilyte-n with flavor pack 420 gm recon soln	Tier 2	
generlac 10 gm/15ml solution	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
lactulose (10 gm/15ml solution, 20 gm/30ml solution)	Tier 2	
lactulose encephalopathy 10 gm/15ml solution	Tier 2	
LINZESS (145 MCG CAP, 290 MCG CAP, 72 MCG CAP)	Tier 3	QL (1 PER 1 DAYS)
lubiprostone (24 mcg cap, 8 mcg cap)	Tier 2	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution	Tier 3	
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	Tier 2	
ANTI-DIARRHEAL AGENTS		
alosetron hcl (0.5 mg tab, 1 mg tab)	Tier 4	PA
diphenoxylate-atropine 2.5-0.025 mg tab	Tier 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	Tier 4	
loperamide hcl 2 mg cap	Tier 2	
XERMELO 250 MG TAB	Tier 5	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (10 mg cap, 20 mg tab)	Tier 2	PA
dicyclomine hcl 10 mg/5ml solution	Tier 4	PA
glycopyrrolate (1 mg tab, 2 mg tab)	Tier 2	
methscopolamine bromide (2.5 mg tab, 5 mg tab)	Tier 4	
GASTROINTESTINAL AGENTS, OTHER		
cromolyn sodium 100 mg/5ml conc	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
GAVILYTE-C 240 GM RECON SOLN	Tier 2	
gavilyte-g 236 gm recon soln	Tier 2	
OMNITROPE 10 MG/1.5ML SOLN CART	Tier 5	PA
peg-3350/electrolytes 236 gm recon soln	Tier 2	
ursodiol (250 mg tab, 500 mg tab)	Tier 3	
ursodiol 300 mg cap	Tier 4	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	Tier 2	
famotidine (20 mg tab, 40 mg tab)	Tier 1	
NIZATIDINE (150 MG CAP, 300 MG CAP)	Tier 2	
PROTECTANTS		
misoprostol (100 mcg tab, 200 mcg tab)	Tier 2	
sucralfate 1 gm tab	Tier 2	
PROTON PUMP INHIBITORS		
esomeprazole magnesium 20 mg cap dr	Tier 4	
esomeprazole magnesium 40 mg cap dr	Tier 4	QL (2 PER 1 DAYS)
lansoprazole 15 mg cap dr	Tier 2	
lansoprazole 30 mg cap dr	Tier 2	QL (2 PER 1 DAYS)
omeprazole 10 mg cap dr	Tier 2	
omeprazole 20 mg cap dr	Tier 1	
omeprazole 40 mg cap dr	Tier 1	QL (2 PER 1 DAYS)
pantoprazole sodium 20 mg tab dr	Tier 1	
pantoprazole sodium 40 mg recon soln	Tier 4	
pantoprazole sodium 40 mg tab dr	Tier 1	QL (2 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
rabeprazole sodium 20 mg tab dr	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、限制或使用限額
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ALDURAZYME 2.9 MG/5ML SOLUTION	Tier 5	LA, PA - PART B VS D DETERMINATION
ARALAST NP (1000 MG RECON SOLN, 500 MG RECON SOLN)	Tier 5	LA, PA - PART B VS D DETERMINATION
betaine powder	Tier 5	
carglumic acid 200 mg tab sol	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
l-glutamine 5 gm packet	Tier 5	PA, QL (6 PER 1 DAYS)
levocarnitine 330 mg tab	Tier 2	
NAGLAZYME 1 MG/ML SOLUTION	Tier 5	LA, PA - PART B VS D DETERMINATION
nitisinone (10 mg cap, 2 mg cap, 5 mg cap)	Tier 5	PA
REVCOVI 2.4 MG/1.5ML SOLUTION	Tier 5	PA, LA
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	Tier 5	PA
sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)	Tier 5	PA

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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	

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、限制或使用限額
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)
oxybutynin chloride 5 mg tab	Tier 2	
oxybutynin chloride er (10 mg tab er 24h, 15 mg tab er 24h, 5 mg tab er 24h)	Tier 2	
solifenacin succinate (10 mg tab, 5 mg tab)	Tier 2	QL (1 PER 1 DAYS)
tolterodine tartrate (1 mg tab, 2 mg tab)	Tier 4	ST
tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)	Tier 4	ST
trospium chloride 20 mg tab	Tier 2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er 10 mg tab er 24h	Tier 2	
dutasteride 0.5 mg cap	Tier 2	QL (1 PER 1 DAYS)
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	Tier 4	QL (1 PER 1 DAYS)
finasteride 5 mg tab	Tier 1	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
silodosin (4 mg cap, 8 mg cap)	Tier 3	QL (1 PER 1 DAYS)
tadalafil 2.5 mg tab	Tier 4	PA, QL (2 PER 1 DAYS)
tadalafil 5 mg tab	Tier 4	PA, QL (1 PER 1 DAYS)
tamsulosin hcl 0.4 mg cap	Tier 1	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride (10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab)	Tier 2	
penicillamine 250 mg tab	Tier 5	PA

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、限制或使用限額
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTISONE ACETATE 25 MG TAB	Tier 4	
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)	Tier 2	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	Tier 4	
dexamethasone sod phosphate pf 10 mg/ml solution	Tier 4	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	Tier 4	
fludrocortisone acetate 0.1 mg tab	Tier 2	
methylprednisolone (16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab thpk, 8 mg tab)	Tier 2	
methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)	Tier 4	
methylprednisolone sodium succ 125 mg recon soln	Tier 4	PA - PART B VS D DETERMINATION

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
methylprednisolone sodium succ 40 mg recon soln	Tier 4	
prednisolone 15 mg/5ml solution	Tier 2	
prednisolone sodium phosphate (15 mg/5ml solution, 25 mg/5ml solution, 5 mg/5ml solution, 6.7 (5 base) mg/5ml solution)	Tier 2	
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)	Tier 2	
PREDNISONE 5 MG/5ML SOLUTION	Tier 3	
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、限制或使用限額
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin ace spray refrig 0.01 % solution	Tier 4	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	Tier 3	
desmopressin acetate 4 mcg/ml solution	Tier 4	
desmopressin acetate pf 4 mcg/ml solution	Tier 4	
desmopressin acetate spray 0.01 % solution	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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
ANDROGENS		
danazol (100 mg cap, 200 mg cap, 50 mg cap)	Tier 4	
depo-testosterone (100 mg/ml solution, 200 mg/ml solution)	Tier 3	
testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)	Tier 3	PA, QL (300 PER 30 DAYS)
testosterone (20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)	Tier 4	PA, QL (150 PER 30 DAYS)
testosterone 20.25 mg/1.25gm (1.62%) gel	Tier 4	PA, QL (37.5 PER 30 DAYS)
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)	Tier 3	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	Tier 4	QL (5 PER 30 DAYS)
ESTROGENS		
afirmelle 0.1-20 mg-mcg tab	Tier 3	
altavera 0.15-30 mg-mcg tab	Tier 3	
alyacen 1/35 1-35 mg-mcg tab	Tier 3	
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	Tier 3	
amethia 0.15-0.03 &0.01 mg tab	Tier 4	
apri 0.15-30 mg-mcg tab	Tier 3	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	Tier 3	
ashlyna 0.15-0.03 &0.01 mg tab	Tier 4	
aubra 0.1-20 mg-mcg tab	Tier 3	
aubra eq 0.1-20 mg-mcg tab	Tier 3	
aurovela 1.5/30 1.5-30 mg-mcg tab	Tier 3	
aurovela 1/20 1-20 mg-mcg tab	Tier 3	
aurovela fe 1.5/30 1.5-30 mg-mcg tab	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
aurovela fe 1/20 1-20 mg-mcg tab	Tier 3	
aviane 0.1-20 mg-mcg tab	Tier 3	
ayuna 0.15-30 mg-mcg tab	Tier 3	
azurette 0.15-0.02/0.01 mg (21/5) tab	Tier 3	
balziva 0.4-35 mg-mcg tab	Tier 3	
blisovi fe 1.5/30 1.5-30 mg-mcg tab	Tier 3	
blisovi fe 1/20 1-20 mg-mcg tab	Tier 3	
briellyn 0.4-35 mg-mcg tab	Tier 3	
camrese 0.15-0.03 &0.01 mg tab	Tier 4	
camrese lo 0.1-0.02 & 0.01 mg tab	Tier 3	
chateal 0.15-30 mg-mcg tab	Tier 3	
chateal eq 0.15-30 mg-mcg tab	Tier 3	
cryselle 0.3-30 mg-mcg tab	Tier 3	
cryselle-28 0.3-30 mg-mcg tab	Tier 3	
cyred 0.15-30 mg-mcg tab	Tier 3	
cyred eq 0.15-30 mg-mcg tab	Tier 3	
dasetta 1/35 1-35 mg-mcg tab	Tier 3	
dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab	Tier 3	
daysee 0.15-0.03 &0.01 mg tab	Tier 4	
delyla 0.1-20 mg-mcg tab	Tier 3	
desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)	Tier 3	
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)	Tier 3	QL (16 PER 28 DAYS)
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	Tier 3	
elinest 0.3-30 mg-mcg tab	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
eluryng 0.12-0.015 mg/24hr ring	Tier 3	
enilloring 0.12-0.015 mg/24hr ring	Tier 3	
enpresse-28 50-30/75-40/ 125-30 mcg tab	Tier 3	
enskyce 0.15-30 mg-mcg tab	Tier 3	
estarylla 0.25-35 mg-mcg tab	Tier 3	
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)	Tier 3	QL (16 PER 28 DAYS)
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)	Tier 3	QL (8 PER 28 DAYS)
estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)	Tier 1	
estradiol 0.01 % cream	Tier 2	
estradiol 10 mcg tab	Tier 3	
estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)	Tier 4	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	Tier 3	QL (1 PER 84 OVER TIME)
estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)	Tier 4	
ethynodiol diac-eth estradiol (1-35 mg-mcg tab, 1-50 mg-mcg tab)	Tier 3	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring	Tier 3	
falmina 0.1-20 mg-mcg tab	Tier 3	
feirza 1.5/30 1.5-30 mg-mcg tab	Tier 3	
feirza 1/20 1-20 mg-mcg tab	Tier 3	
femynor 0.25-35 mg-mcg tab	Tier 3	
fyavolv (0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab)	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
hailey 1.5/30 1.5-30 mg-mcg tab	Tier 3	
hailey fe 1.5/30 1.5-30 mg-mcg tab	Tier 3	
hailey fe 1/20 1-20 mg-mcg tab	Tier 3	
haloette 0.12-0.015 mg/24hr ring	Tier 3	
iclevia 0.15-0.03 mg tab	Tier 3	
introvale 0.15-0.03 mg tab	Tier 3	
isibloom 0.15-30 mg-mcg tab	Tier 3	
jaimiess 0.15-0.03 &0.01 mg tab	Tier 4	
jasmiel 3-0.02 mg tab	Tier 3	
jinteli 1-5 mg-mcg tab	Tier 4	
jolessa 0.15-0.03 mg tab	Tier 3	
joyeaux 0.1-20 mg-mcg(21) tab	Tier 3	
juleber 0.15-30 mg-mcg tab	Tier 3	
junel 1.5/30 1.5-30 mg-mcg tab	Tier 3	
junel 1/20 1-20 mg-mcg tab	Tier 3	
junel fe 1.5/30 1.5-30 mg-mcg tab	Tier 3	
junel fe 1/20 1-20 mg-mcg tab	Tier 3	
kalliga 0.15-30 mg-mcg tab	Tier 3	
kariva 0.15-0.02/0.01 mg (21/5) tab	Tier 3	
kelnor 1/35 1-35 mg-mcg tab	Tier 3	
kelnor 1/50 1-50 mg-mcg tab	Tier 3	
kurvelo 0.15-30 mg-mcg tab	Tier 3	
larin 1.5/30 1.5-30 mg-mcg tab	Tier 3	
larin 1/20 1-20 mg-mcg tab	Tier 3	
larin fe 1.5/30 1.5-30 mg-mcg tab	Tier 3	
larin fe 1/20 1-20 mg-mcg tab	Tier 3	
larissia 0.1-20 mg-mcg tab	Tier 3	
leena 0.5/1/0.5-35 mg-mcg tab	Tier 3	
lessina 0.1-20 mg-mcg tab	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
levonest 50-30/75-40/ 125-30 mcg tab	Tier 3	
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	Tier 3	
levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)	Tier 3	
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	Tier 4	
levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab	Tier 3	
levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab)	Tier 3	
levora 0.15/30 (28) 0.15-30 mg-mcg tab	Tier 3	
lillow 0.15-30 mg-mcg tab	Tier 3	
lo-zumandimine 3-0.02 mg tab	Tier 3	
loestrin 1.5/30 (21) 1.5-30 mg-mcg tab	Tier 3	
loestrin 1/20 (21) 1-20 mg-mcg tab	Tier 3	
loestrin fe 1.5/30 1.5-30 mg-mcg tab	Tier 3	
loestrin fe 1/20 1-20 mg-mcg tab	Tier 3	
lojaimiess 0.1-0.02 & 0.01 mg tab	Tier 3	
loryna 3-0.02 mg tab	Tier 3	
low-ogestrel 0.3-30 mg-mcg tab	Tier 3	
luizza 1.5/30 1.5-30 mg-mcg tab	Tier 3	
luizza 1/20 1-20 mg-mcg tab	Tier 3	
lutera 0.1-20 mg-mcg tab	Tier 3	
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)	Tier 3	QL (16 PER 28 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
marlissa 0.15-30 mg-mcg tab	Tier 3	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	Tier 4	
microgestin 1.5/30 1.5-30 mg-mcg tab	Tier 3	
microgestin 1/20 1-20 mg-mcg tab	Tier 3	
microgestin fe 1.5/30 1.5-30 mg-mcg tab	Tier 3	
microgestin fe 1/20 1-20 mg-mcg tab	Tier 3	
mili 0.25-35 mg-mcg tab	Tier 3	
minzoya 0.1-20 mg-mcg(21) tab	Tier 3	
mono-linyah 0.25-35 mg-mcg tab	Tier 3	
necon 0.5/35 (28) 0.5-35 mg-mcg tab	Tier 3	
nikki 3-0.02 mg tab	Tier 3	
norelgestromin-eth estradiol 150-35 mcg/24hr patch wk	Tier 3	
norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1.5-30 mg-mcg tab)	Tier 3	
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	Tier 3	
norethindrone acet-ethinyl est (1-20 mg-mcg tab, 1.5-30 mg-mcg tab)	Tier 3	
norethindrone-eth estradiol (0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab)	Tier 4	
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	Tier 3	
norgestimate-eth estradiol 0.25-35 mg-mcg tab	Tier 3	
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	Tier 3	
nortrel 1/35 (21) 1-35 mg-mcg tab	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
nortrel 1/35 (28) 1-35 mg-mcg tab	Tier 3	
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	Tier 3	
nylia 1/35 1-35 mg-mcg tab	Tier 3	
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	Tier 3	
nymyo 0.25-35 mg-mcg tab	Tier 3	
ocella 3-0.03 mg tab	Tier 3	
philith 0.4-35 mg-mcg tab	Tier 3	
pimtrea 0.15-0.02/0.01 mg (21/5) tab	Tier 3	
pirmella 1/35 1-35 mg-mcg tab	Tier 3	
pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab	Tier 3	
portia-28 0.15-30 mg-mcg tab	Tier 3	
PREMARIN 0.625 MG/GM CREAM	Tier 3	
reclipsen 0.15-30 mg-mcg tab	Tier 3	
setlakin 0.15-0.03 mg tab	Tier 3	
simliya 0.15-0.02/0.01 mg (21/5) tab	Tier 3	
simpesse 0.15-0.03 &0.01 mg tab	Tier 4	
sprintec 28 0.25-35 mg-mcg tab	Tier 3	
sronyx 0.1-20 mg-mcg tab	Tier 3	
syeda 3-0.03 mg tab	Tier 3	
tarina fe 1/20 1-20 mg-mcg tab	Tier 3	
tarina fe 1/20 eq 1-20 mg-mcg tab	Tier 3	
tri femynor 0.18/0.215/0.25 mg-35 mcg tab	Tier 3	
tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab	Tier 3	
tri-linyah 0.18/0.215/0.25 mg-35 mcg tab	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	Tier 3	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab	Tier 3	
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	Tier 3	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab	Tier 3	
trivora (28) 50-30/75-40/ 125-30 mcg tab	Tier 3	
turqoz 0.3-30 mg-mcg tab	Tier 3	
valtya 1/35 1-35 mg-mcg tab	Tier 3	
VALTYA 1/50 1-50 MG-MCG TAB	Tier 3	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	Tier 3	
vestura 3-0.02 mg tab	Tier 3	
vienva 0.1-20 mg-mcg tab	Tier 3	
viorele 0.15-0.02/0.01 mg (21/5) tab	Tier 3	
volnea 0.15-0.02/0.01 mg (21/5) tab	Tier 3	
vyfemla 0.4-35 mg-mcg tab	Tier 3	
vylibra 0.25-35 mg-mcg tab	Tier 3	
wera 0.5-35 mg-mcg tab	Tier 3	
wymzya fe 0.4-35 mg-mcg chew tab	Tier 3	
xelria fe 0.4-35 mg-mcg chew tab	Tier 3	
xulane 150-35 mcg/24hr patch wk	Tier 3	
yuvafem 10 mcg tab	Tier 3	
zafemy 150-35 mcg/24hr patch wk	Tier 3	
zovia 1/35 (28) 1-35 mg-mcg tab	Tier 3	
zumandimine 3-0.03 mg tab	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
PROGESTINS		
camila 0.35 mg tab	Tier 3	
deblitane 0.35 mg tab	Tier 3	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	Tier 3	
emzahh 0.35 mg tab	Tier 3	
errin 0.35 mg tab	Tier 3	
gallifrey 5 mg tab	Tier 2	
heather 0.35 mg tab	Tier 3	
incassia 0.35 mg tab	Tier 3	
jencycla 0.35 mg tab	Tier 3	
LILETTA (52 MG) 20.1 MCG/DAY IUD	Tier 3	
lyleq 0.35 mg tab	Tier 3	
lyza 0.35 mg tab	Tier 3	
medroxyprogesterone acetate (10 mg tab, 2.5 mg tab, 5 mg tab)	Tier 2	
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	Tier 3	
megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	Tier 2	PA - FOR NEW STARTS ONLY
meleya 0.35 mg tab	Tier 3	
NEXPLANON 68 MG IMPLANT	Tier 3	
nora-be 0.35 mg tab	Tier 3	
norethindrone 0.35 mg tab	Tier 3	
norethindrone acetate 5 mg tab	Tier 2	
norlyda 0.35 mg tab	Tier 3	
norlyroc 0.35 mg tab	Tier 3	
orquidea 0.35 mg tab	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
progesterone (100 mg cap, 200 mg cap)	Tier 2	
sharobel 0.35 mg tab	Tier 3	
tulana 0.35 mg tab	Tier 3	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
OSPHENA 60 MG TAB	Tier 4	PA, QL (1 PER 1 DAYS)
raloxifene hcl 60 mg tab	Tier 3	QL (1 PER 1 DAYS)

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、限制或使用限額
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
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)	Tier 1	
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)	Tier 3	
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)	Tier 1	
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)	Tier 3	
liothyronine sodium (25 mcg tab, 5 mcg tab, 50 mcg tab)	Tier 2	
REZDIFFRA (100 MG TAB, 60 MG TAB, 80 MG TAB)	Tier 5	PA, QL (1 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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	
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)	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、限制或使用限額
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg tab	Tier 3	
leuprolide acetate 1 mg/0.2ml kit	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	
mifepristone 300 mg tab	Tier 5	PA, LA, QL (4 PER 1 DAYS)
octreotide acetate (100 mcg/ml soln prsyr, 100 mcg/ml solution, 1000 mcg/ml solution, 200 mcg/ml solution, 50 mcg/ml soln prsyr, 50 mcg/ml solution, 500 mcg/ml solution)	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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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、限制或使用限額
ANTITHYROID AGENTS		
methimazole (10 mg tab, 5 mg tab)	Tier 2	
propylthiouracil 50 mg tab	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、限制或使用限額
ANGIOEDEMA AGENTS		
HAEGARDA (2000 UNIT RECON SOLN, 3000 UNIT RECON SOLN)	Tier 5	PA, LA
icatibant acetate 30 mg/3ml soln prsyr	Tier 5	PA, QL (36 PER 60 OVER TIME)
sajazir 30 mg/3ml soln prsyr	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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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 X20 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)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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 55 MG/0.37ML SOLN PRSYR	Tier 5	PA, QL (2.22 ML PER 365 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)
tofacitinib citrate (10 mg tab, 5 mg tab)	Tier 5	PA, QL (60 PER 30 DAYS)
tofacitinib citrate 1 mg/ml solution	Tier 5	PA, QL (300 ML PER 30 DAYS)
tofacitinib citrate er (11 mg tab er 24h, 22 mg tab er 24h)	Tier 5	PA, QL (30 PER 30 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)
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)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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)
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		
azathioprine 50 mg tab	Tier 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	Tier 4	PA - PART B VS D DETERMINATION
cyclosporine (100 mg cap, 25 mg cap, 50 mg/ml solution)	Tier 4	PA - PART B VS D DETERMINATION
cyclosporine modified (100 mg cap, 100 mg/ml solution, 25 mg cap, 50 mg cap)	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)
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	Tier 4	PA - FOR NEW STARTS ONLY

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)	Tier 5	PA - PART B VS D DETERMINATION
everolimus 0.25 mg tab	Tier 4	PA - PART B VS D DETERMINATION
gengraf (100 mg cap, 100 mg/ml solution, 25 mg cap)	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)
leflunomide (10 mg tab, 20 mg tab)	Tier 2	
METHOTREXATE SODIUM (250 MG/10ML SOLUTION, 50 MG/2ML SOLUTION)	Tier 2	PA - PART B VS D DETERMINATION
methotrexate sodium (pf) (1 gm/40ml solution, 1000 mg/40ml solution, 250 mg/10ml solution)	Tier 3	PA - PART B VS D DETERMINATION
methotrexate sodium (pf) 50 mg/2ml solution	Tier 2	PA - PART B VS D DETERMINATION
methotrexate sodium 2.5 mg tab	Tier 2	
mycophenolate mofetil (200 mg/ml recon susp, 500 mg recon soln)	Tier 4	PA - PART B VS D DETERMINATION
mycophenolate mofetil (250 mg cap, 500 mg tab)	Tier 2	PA - PART B VS D DETERMINATION
mycophenolate mofetil hcl 500 mg recon soln	Tier 4	PA - PART B VS D DETERMINATION
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	Tier 4	PA - PART B VS D DETERMINATION
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	Tier 4	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	Tier 4	PA - FOR NEW STARTS ONLY

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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)
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)
sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)	Tier 4	PA - PART B VS D DETERMINATION
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	Tier 3	PA - PART B VS D DETERMINATION
XATMEP 2.5 MG/ML SOLUTION	Tier 4	PA - FOR NEW STARTS ONLY
VACCINES		
ABRYSVO 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	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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
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	
PEDVAXHIB 7.5 MCG/0.5ML SUSPENSION	Tier 3	
PENMENVY RECON SUSP	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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	
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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
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	
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、限制或使用限額
AMINOSALICYLATES		
balsalazide disodium 750 mg cap	Tier 3	
mesalamine (1000 mg suppos, 4 gm enema)	Tier 4	
mesalamine 1.2 gm tab dr	Tier 4	QL (4 PER 1 DAYS)
mesalamine er 0.375 gm cap er 24h	Tier 3	QL (4 PER 1 DAYS)
sulfasalazine (500 mg tab, 500 mg tab dr)	Tier 2	
GLUCOCORTICOIDS		
budesonide 3 mg cp dr part	Tier 4	QL (3 PER 1 DAYS)
budesonide er 9 mg tab er 24h	Tier 4	PA, QL (1 PER 1 DAYS)
CORTIFOAM 10 % FOAM	Tier 4	
hydrocortisone (10 mg tab, 20 mg tab, 5 mg tab)	Tier 2	
hydrocortisone 100 mg/60ml enema	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
METABOLIC BONE DISEASE AGENTS		
alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)	Tier 1	
ALENDRONATE SODIUM 5 MG TAB	Tier 2	
alendronate sodium 70 mg/75ml solution	Tier 4	
BILDYOS 60 MG/ML SOLN PRSYR	Tier 4	PA
BILPREVDA 120 MG/1.7ML SOLUTION	Tier 5	PA, QL (1.7 ML PER 28 DAYS)
calcitonin (salmon) 200 unit/act solution	Tier 2	QL (3.7 PER 30 DAYS)
calcitriol (0.25 mcg cap, 0.5 mcg cap)	Tier 2	
CALCITRIOL 1 MCG/ML SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	Tier 4	PA - PART B VS D DETERMINATION
doxercalciferol 4 mcg/2ml solution	Tier 4	PA - PART B VS D DETERMINATION
ibandronate sodium 150 mg tab	Tier 1	
ibandronate sodium 3 mg/3ml solution	Tier 4	PA - PART B VS D DETERMINATION
JUBBONTI 60 MG/ML SOLN PRSYR	Tier 4	PA
paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)	Tier 4	PA - PART B VS D DETERMINATION
risedronate sodium (150 mg tab, 35 mg tab, 5 mg tab)	Tier 4	
teriparatide 560 mcg/2.24ml soln pen	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

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)	Tier 4	PA - PART B VS D DETERMINATION

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
MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	Tier 3	
ALCOHOL 70% PADS	Tier 2	
ALCOHOL PADS 70 % PAD	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	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
AUTOKEEPER SAFETY PEN NEEDLE (30G X 5 MM MISC, 30G X 8 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	
BD Pen Needle Short U/F 31G X 8 MM MISC	Tier 3	
CARETOUCH ALCOHOL PREP 70 % PAD	Tier 2	
CLEVER CHOICE COMFORT EZ PLUS 32G X 4 MM MISC	Tier 3	
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	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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	
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	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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 SYR ULTRAFINE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.5 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	
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	
gauze pads 2	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	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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
lactated ringers solution	Tier 2	
methergine 0.2 mg tab	Tier 4	
methylergonovine maleate 0.2 mg tab	Tier 4	
novofine 32g x 6 mm misc	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	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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	
ringers irrigation solution	Tier 2	
SECURESAFE INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	Tier 3	
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM MISC	Tier 3	
SILIGENTLE FOAM DRESSING 2"X2" PAD	Tier 2	
SMOFLIPID 20 % EMULSION	Tier 4	PA - PART B VS D DETERMINATION
sterile water for irrigation solution	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	
tis-u-sol solution	Tier 2	
TOPFINE INSULIN PEN NEEDLE 32G X 4 MM MISC	Tier 3	
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	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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, 31G X 8 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	
ULTRA COMFORT PEN NEEDLES 32G X 4 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	
UNIFINE ULTRA PEN NEEDLE (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 6 MM MISC, 34G X 3.5 MM MISC)	Tier 3	
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	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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 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	
VERISAFE SAFETY INSULIN SYR 29G X 1/2" 1 ML MISC	Tier 3	
VOWST CAP	Tier 5	PA, LA, QL (12 PER 30 OVER TIME)
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		
ak-poly-bac 500-10000 unit/gm ointment	Tier 2	
atropine sulfate 1 % solution	Tier 3	
bacitra-neomycin-polymyxin-hc 1 % ointment	Tier 2	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	Tier 2	
brimonidine tartrate-timolol 0.2-0.5 % solution	Tier 3	
dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)	Tier 2	
dorzolamide hcl-timolol mal pf 2-0.5 % solution	Tier 3	
loteprednol-tobramycin 0.5-0.3 % suspension	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
neo-polycin 3.5-400-10000 ointment	Tier 2	
neo-polycin hc 1 % ointment	Tier 2	
neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)	Tier 2	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	Tier 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	Tier 2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	Tier 4	
polycin 500-10000 unit/gm ointment	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	
tobramycin-dexamethasone 0.3-0.1 % suspension	Tier 2	
XDEMVY 0.25 % SOLUTION	Tier 5	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	Tier 3	
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine hcl 0.05 % solution	Tier 2	
cromolyn sodium 4 % solution	Tier 2	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	Tier 4	
erythromycin 5 mg/gm ointment	Tier 2	
GENTAK 0.3 % OINTMENT	Tier 2	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
gentamicin sulfate 0.3 % solution	Tier 2	
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	Tier 3	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	Tier 2	
moxifloxacin hcl 0.5 % solution	Tier 3	
NATACYN 5 % SUSPENSION	Tier 3	
ofloxacin 0.3 % solution	Tier 2	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution	Tier 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	Tier 3	
sulfacetamide sodium 10 % solution	Tier 2	
tobramycin 0.3 % solution	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	
diclofenac sodium 0.1 % solution	Tier 2	
difluprednate 0.05 % emulsion	Tier 4	
fluorometholone 0.1 % suspension	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)
ketorolac tromethamine (0.4 % solution, 0.5 % solution)	Tier 2	
prednisolone acetate 1 % suspension	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	Tier 3	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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 BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl 0.5 % solution	Tier 2	
CARTEOLOL HCL 1 % SOLUTION	Tier 2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	Tier 2	
timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)	Tier 3	
timolol maleate (0.25 % solution, 0.5 % solution)	Tier 1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er 500 mg cap er 12h	Tier 2	
apraclonidine hcl 0.5 % solution	Tier 3	
brimonidine tartrate 0.1 % solution	Tier 3	
brimonidine tartrate 0.15 % solution	Tier 4	
brimonidine tartrate 0.2 % solution	Tier 2	
brinzolamide 1 % suspension	Tier 3	
dorzolamide hcl 2 % solution	Tier 2	
methazolamide (25 mg tab, 50 mg tab)	Tier 4	
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	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		
bimatoprost 0.03 % solution	Tier 4	ST, QL (5 PER 30 DAYS)
latanoprost 0.005 % solution	Tier 1	
LUMIGAN 0.01 % SOLUTION	Tier 3	QL (5 ML PER 30 DAYS)
travoprost (bak free) 0.004 % solution	Tier 3	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	Tier 4	

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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、限制或使用限額
OTIC AGENTS		
acetic acid 2 % solution	Tier 2	
ciprofloxacin-dexamethasone 0.3-0.1 % suspension	Tier 4	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	Tier 3	
DERMOTIC 0.01 % OIL	Tier 3	
hydrocortisone-acetic acid 1-2 % solution	Tier 3	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	Tier 2	
ofloxacin 0.3 % solution	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、限制或使用限額
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY 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)
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)
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	Tier 4	PA - PART B VS D DETERMINATION

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	Tier 3	QL (21.2 PER 30 DAYS)
ANTIHISTAMINES		
azelastine hcl (0.1 % solution, 137 mcg/spray solution)	Tier 2	QL (30 PER 25 DAYS)
cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)	Tier 2	
cyproheptadine hcl 4 mg tab	Tier 3	PA
hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)	Tier 2	PA
hydroxyzine pamoate (100 mg cap, 25 mg cap, 50 mg cap)	Tier 4	PA
levocetirizine dihydrochloride 5 mg tab	Tier 1	
promethazine hcl (12.5 mg/10ml solution, 6.25 mg/5ml solution)	Tier 2	PA
ANTILEUKOTRIENES		
montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)	Tier 2	QL (1 PER 1 DAYS)
montelukast sodium 10 mg tab	Tier 1	QL (1 PER 1 DAYS)
zafirlukast (10 mg tab, 20 mg tab)	Tier 4	QL (2 PER 1 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
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)
ipratropium bromide 0.02 % solution	Tier 2	PA - PART B VS D DETERMINATION
ipratropium bromide 0.03 % solution	Tier 2	QL (30 PER 30 DAYS)
ipratropium bromide 0.06 % solution	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)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
tiotropium bromide 18 mcg cap	Tier 3	QL (30 PER 30 DAYS)
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol 90mcg hfa inhaler (generic proair)	Tier 2	QL (17 PER 30 DAYS)
albuterol 90mg hfa inhaler (generic proair)	Tier 2	QL (17 PER 30 DAYS)
albuterol 90mg hfa inhaler (generic proventil)	Tier 2	QL (13.4 PER 30 DAYS)
albuterol 90mg hfa inhaler (generic ventolin)	Tier 2	QL (36 PER 30 DAYS)
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)	Tier 2	PA - PART B VS D DETERMINATION
albuterol sulfate (2 mg tab, 4 mg tab)	Tier 4	
albuterol sulfate (2 mg/5ml syrup, 8 mg/20ml syrup)	Tier 2	
albuterol sulfate hfa 108 (90 base) mcg/act aero soln	Tier 2	QL (36 PER 30 DAYS)
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)	Tier 3	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	Tier 3	QL (24 PER 365 OVER TIME)
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)	Tier 4	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	Tier 3	QL (30 PER 30 DAYS)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 DAYS)
CYSTIC FIBROSIS AGENTS		
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)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
PULMOZYME 2.5 MG/2.5ML SOLUTION	Tier 5	QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION
tobramycin 300 mg/4ml nebu soln	Tier 5	PA, QL (224 PER 28 DAYS)
tobramycin 300 mg/5ml nebu soln	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)
MAST CELL STABILIZERS		
cromolyn sodium 20 mg/2ml nebu soln	Tier 3	PA - PART B VS D DETERMINATION
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
roflumilast 250 mcg tab	Tier 4	QL (28 PER 180 OVER TIME)
roflumilast 500 mcg tab	Tier 4	QL (1 PER 1 DAYS)
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)	Tier 3	
PULMONARY ANTIHYPERTENSIVES		
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)
alyq 20 mg tab	Tier 5	PA, QL (2 PER 1 DAYS)
ambrisentan (10 mg tab, 5 mg tab)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
bosentan (125 mg tab, 62.5 mg tab)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
bosentan 32 mg tab sol	Tier 5	PA, LA, QL (4 PER 1 DAYS)
macitentan 10 mg tab	Tier 5	PA, QL (30 PER 30 DAYS)
riociguat (0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab)	Tier 5	PA, QL (90 PER 30 DAYS)
sildenafil citrate 20 mg tab	Tier 3	PA, QL (12 PER 1 DAYS)
tadalafil (pah) 20 mg tab	Tier 4	PA, QL (2 PER 1 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
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 100 MCG TAB	Tier 5	PA, LA, QL (420 PER 30 DAYS)
UPTRAVI 150 MCG TAB	Tier 5	PA, LA, QL (560 PER 28 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)
PULMONARY FIBROSIS AGENTS		
nintedanib esylate (100 mg cap, 150 mg cap)	Tier 5	PA, QL (60 PER 30 DAYS)
pirfenidone (267 mg cap, 267 mg tab)	Tier 5	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	Tier 5	PA, QL (5 PER 1 DAYS)
pirfenidone 801 mg tab	Tier 5	PA, QL (3 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine (10 % solution, 20 % solution)	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)
breyna (160-4.5 mcg/act aerosol, 80-4.5 mcg/act aerosol)	Tier 3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACT AEROSOL	Tier 3	QL (10.7 GM PER 30 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	Tier 3	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate (160-4.5 mcg/act aerosol, 80-4.5 mcg/act aerosol)	Tier 3	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	Tier 4	QL (4 PER 30 DAYS)
flunisolide 25 mcg/act (0.025%) solution	Tier 2	QL (50 PER 30 DAYS)
fluticasone propionate 50 mcg/act suspension	Tier 2	QL (16 PER 30 DAYS)
fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	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)
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	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)
wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	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		
carisoprodol 350 mg tab	Tier 2	PA, QL (4 PER 1 DAYS)
cyclobenzaprine hcl (10 mg tab, 5 mg tab)	Tier 2	PA

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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
methocarbamol (500 mg tab, 750 mg tab)	Tier 3	PA
vanadom 350 mg tab	Tier 2	PA, QL (4 PER 1 DAYS)

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、限制或使用限額
SLEEP PROMOTING AGENTS		
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	Tier 3	QL (1 PER 1 DAYS)
ramelteon 8 mg tab	Tier 2	QL (1 PER 1 DAYS)
tasimelteon 20 mg cap	Tier 5	PA, QL (1 PER 1 DAYS)
temazepam 15 mg cap	Tier 2	QL (2 PER 1 DAYS)
temazepam 30 mg cap	Tier 2	QL (1 PER 1 DAYS)
triazolam 0.125 mg tab	Tier 4	QL (4 PER 1 DAYS)
triazolam 0.25 mg tab	Tier 4	QL (2 PER 1 DAYS)
zaleplon 10 mg cap	Tier 2	QL (2 PER 1 DAYS)
zaleplon 5 mg cap	Tier 2	QL (4 PER 1 DAYS)
zolpidem tartrate 10 mg tab	Tier 2	QL (1 PER 1 DAYS)
zolpidem tartrate 5 mg tab	Tier 2	QL (2 PER 1 DAYS)
WAKEFULNESS PROMOTING AGENTS		
armodafinil (150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab)	Tier 4	PA, QL (1 PER 1 DAYS)
modafinil 100 mg tab	Tier 3	PA, QL (3 PER 1 DAYS)
modafinil 200 mg tab	Tier 3	PA, QL (2 PER 1 DAYS)
sodium oxybate 500 mg/ml solution	Tier 5	PA, LA, QL (540 PER 30 DAYS)

您可以 前往第 <xii> 頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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 . . . 55
abacavir sulfate-lamivudine . . . 55
ABELCET . . . 24
ABILIFY MAINTENA . . . 48
abiraterone acetate . . . 28
abirtega . . . 28
ABRYSVO . . . 112
acamprosate calcium . . . 5
acarbose . . . 61
accutane . . . 82
acebutolol hcl . . . 71
acetaminophen-codeine . . . 3
acetazolamide . . . 73
acetazolamide er . . . 127
acetic acid . . . 128
acetylcysteine . . . 132
acitretin . . . 82
ACTHIB . . . 112
ACTIMMUNE . . . 110
acyclovir . . . 59,86
acyclovir sodium . . . 59
ADACEL . . . 112
adefovir dipivoxil . . . 54
ADEMPAS . . . 131
ADVAIR HFA . . . 132
ADVOCATE INSULIN PEN NEEDLE . . . 117
afirmelle . . . 96
AIMOVIG . . . 26
ak-poly-bac . . . 124
AKEEGA . . . 30
ala-cort . . . 83
albendazole . . . 45
albuterol 90mcg hfa inhaler (generic proair) . . . 130
albuterol 90mg hfa inhaler (generic proair) . . . 130
albuterol 90mg hfa inhaler (generic proventil) . . . 130
albuterol 90mg hfa inhaler (generic ventolin) . . . 130
albuterol sulfate . . . 130
albuterol sulfate hfa . . . 130
alclometasone dipropionate . . . 83
ALCOHOL 70% PADS . . . 117
ALCOHOL PADS . . . 117
ALCOHOL PREP . . . 117
ALCOHOL PREP PADS . . . 117
ALCOHOL SWABS . . . 117
ALCOHOL SWABSTICK . . . 117
alcohol wipes . . . 85
ALDURAZYME . . . 92
ALECENSA . . . 32
alendronate sodium . . . 116
ALENDRONATE SODIUM . . . 116
alfuzosin hcl er . . . 93
aliskiren fumarate . . . 73
allopurinol . . . 26
alosetron hcl . . . 90
alprazolam . . . 59
altavera . . . 96
ALUNBRIG . . . 32
alyacen 1/35 . . . 96
alyacen 7/7/7 . . . 96
alyq . . . 131
amantadine hcl . . . 46
ambrisentan . . . 131
amethia . . . 96
amikacin sulfate . . . 6
amiloride hcl . . . 76
amiloride-hydrochlorothiazide . . . 73
amiodarone hcl . . . 70
amitriptyline hcl . . . 22
amlodipine besy-benazepril hcl . . . 74
amlodipine besylate . . . 72
amlodipine besylate-valsartan . . . 74
amlodipine-atorvastatin . . . 74
amlodipine-olmesartan . . . 74
amlodipine-valsartan-hctz . . . 74

ammonium lactate . . . 83
amnesteem . . . 82
amoxapine . . . 22
amoxicillin . . . 10
amoxicillin trihydrate . . . 10
amoxicillin-pot clavulanate . . . 10
AMOXICILLIN-POT CLAVULANATE . . . 10
amoxicillin-pot clavulanate er . . . 10
amphetamine-dextroamphet er . . . 79
amphetamine-dextroamphetamine . . . 79
AMPHOTERICIN B . . . 24
amphotericin b liposome . . . 24
ampicillin . . . 10
ampicillin sodium . . . 10
ampicillin-sulbactam sodium . . . 10
anagrelide hcl . . . 67
anastrozole . . . 31
ANORO ELLIPTA . . . 132
apraclonidine hcl . . . 127
aprepitant . . . 23
apri . . . 96
APTIVUS . . . 57
AQ INSULIN SYRINGE . . . 117
AQINJECT PEN NEEDLE . . . 117
ARALAST NP . . . 92
ARANELLE . . . 96
ARANESP (ALBUMIN FREE) . . . 67
ARCALYST . . . 108
AREXVY . . . 112
ARGYLE STERILE WATER . . . 117
ARIKAYCE . . . 6
aripiprazole . . . 49
armodafinil . . . 134
ARNUITY ELLIPTA . . . 128
asenapine maleate . . . 49
ashlyna . . . 96
ASMANEX (120 METERED DOSES) . . . 128
ASMANEX (14 METERED DOSES) . . . 128
ASMANEX (30 METERED DOSES) . . . 128
ASMANEX (60 METERED DOSES) . . . 128
ASMANEX HFA . . . 128
aspirin-dipyridamole er . . . 68
ASSURE ID DUO PRO PEN NEEDLES . . . 117
ASSURE ID PRO PEN NEEDLES . . . 117
atazanavir sulfate . . . 57
atenolol . . . 71
atenolol-chlorthalidone . . . 74
atomoxetine hcl . . . 80
atorvastatin calcium . . . 77
atovaquone . . . 45
atovaquone-proguanil hcl . . . 45
atropine sulfate . . . 124
ATROVENT HFA . . . 129
aubra . . . 96
aubra eq . . . 96
AUGTYRO . . . 30
AUM ALCOHOL PREP PADS . . . 117
AUM INSULIN SAFETY PEN NEEDLE . . . 117
AUM PEN NEEDLE . . . 117
AURANOFIN . . . 108
aurovela 1.5/30 . . . 96
aurovela 1/20 . . . 96
aurovela fe 1.5/30 . . . 96
aurovela fe 1/20 . . . 97
AUTOKEEPER SAFETY PEN NEEDLE . . . 118
AUVELITY . . . 19
AUVELITY TITRATION PACK . . . 19
aviane . . . 97
avidoxy . . . 13
AVMAPKI FAKZYNJA CO-PACK . . . 31
ayuna . . . 97
AYVAKIT . . . 32
azathioprine . . . 110
AZATHIOPRINE SODIUM . . . 110
azelastine hcl . . . 125,129
azithromycin . . . 11
AZITHROMYCIN . . . 11
aztreonam . . . 7
azurette . . . 97

B

bac (butalbital-acetamin-caff) 80
bacitra-neomycin-polymyxin-hc 124
BACITRACIN 125
BACITRACIN-POLYMYXIN B 124
baclofen 53
balsalazide disodium 115
BALVERSA 32
balziva 97
BAQSIMI ONE PACK 63
BAQSIMI TWO PACK 63
BARACLUDE 54
BCG VACCINE 112
BD INSULIN SYRINGE 118
BD Pen Needle Mini U/F 31G X 5 MM MISC 118
BD Pen Needle Nano U/F 32G X 4 MM MISC 118
BD Pen Needle Original U/F 29G X 12.7MM MISC 118
BD Pen Needle Short U/F 31G X 8 MM MISC 118
benazepril hcl 69
benazepril-hydrochlorothiazide 74
BENLYSTA 108
BENZNIDAZOLE 45
benzoyl peroxide-erythromycin 82
benztropine mesylate 46
BESIVANCE 12
BESREMI 110
BESREMI PEN 30
betaine 92
betamethasone dipropionate 83
betamethasone dipropionate aug 83
betamethasone valerate 83
BETASERON 81
betaxolol hcl 71,127
bethanechol chloride 94
bexarotene 44
BEXSERO 112
bicalutamide 28
BICILLIN L-A 10
BIKTARVY 54
BILDYOS 116
BILPREVDA 116
bimatoprost 127
bisoprolol fumarate 71
bisoprolol-hydrochlorothiazide 74
BIXLENVO 54
blisovi fe 1.5/30 97
blisovi fe 1/20 97
BOOSTRIX 112
bosentan 131
BOSULIF 32,33
bosutinib 33
BRAFTOVI 33
BREO ELLIPTA 132
breyna 132
BREZTRI AEROSPHERE 132,133
briellyn 97
brimonidine tartrate 127
brimonidine tartrate-timolol 124
brinzolamide 127
brivaracetam 13,14
bromocriptine mesylate 47
BRUKINSA 33
budesonide 115,128
budesonide er 115
budesonide-formoterol fumarate 133
bumetanide 76
buprenorphine 2
buprenorphine hcl 5
buprenorphine hcl-naloxone hcl 5
bupropion hcl 19
bupropion hcl er (smoking det) 6
bupropion hcl er (sr) 19,20
bupropion hcl er (xl) 20
buspirone hcl 59
butalbital-apap-caffeine 80

butalbital-aspirin-caffeine . . . 1
butorphanol tartrate . . . 3
BYSANTI . . . 49
BYSANTI TITRATION PACK A . . . 49
BYSANTI TITRATION PACK B . . . 49
BYSANTI TITRATION PACK C . . . 49

C

CABENUVA . . . 56
cabergoline . . . 106
CABOMETYX . . . 33
calcipotriene . . . 85
calcitonin (salmon) . . . 116
calcitrene . . . 85
calcitriol . . . 116
CALCITRIOL . . . 116
calcium acetate (phos binder) . . . 89
CALQUENCE . . . 33
camila . . . 104
camrese . . . 97
camrese lo . . . 97
candesartan cilexetil . . . 69
candesartan cilexetil-hctz . . . 74
CAPLYTA . . . 49
CAPRELSA . . . 33
captopril . . . 69
CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . 74
carbamazepine . . . 17
carbamazepine er . . . 17
carbidopa . . . 47
carbidopa-levodopa . . . 47
carbidopa-levodopa er . . . 47
carbidopa-levodopa-entacapone . . . 46
CARETOUCH ALCOHOL PREP . . . 118
carglumic acid . . . 92
carisoprodol . . . 133
CARTEOLOL HCL . . . 127
cartia xt . . . 72
carvedilol . . . 71
cataflam . . . 1
CAYSTON . . . 7
CEFACLOR . . . 8
cefadroxil . . . 8
cefazolin sodium . . . 9
cefdinir . . . 9
cefepime hcl . . . 9
cefixime . . . 9
cefoxitin sodium . . . 9
CEFPODOXIME PROXETIL . . . 9
cefprozil . . . 9
ceftaroline fosamil . . . 9
CEFTAZIDIME . . . 9
ceftriaxone sodium . . . 9
cefuroxime axetil . . . 9
cefuroxime sodium . . . 9
celecoxib . . . 1
cephalexin . . . 9
cetirizine hcl . . . 129
cevimeline hcl . . . 82
chateal . . . 97
chateal eq . . . 97
chlorhexidine gluconate . . . 82
chloroquine phosphate . . . 45
chlorpromazine hcl . . . 48
chlorthalidone . . . 76
cholestyramine . . . 77
cholestyramine light . . . 77
ciclodan . . . 86
ciclopirox . . . 86
ciclopirox olamine . . . 86
cilostazol . . . 68
CILOXAN . . . 12
CIMDUO . . . 56
cimetidine . . . 91
cinacalcet hcl . . . 116
ciprofloxacin . . . 12
ciprofloxacin hcl . . . 12
ciprofloxacin in d5w . . . 12
ciprofloxacin-dexamethasone . . . 128
citalopram hydrobromide . . . 21

claravis . . . 82
CLARITHROMYCIN . . . 11
clarithromycin . . . 11
clarithromycin er . . . 12
CLEVER CHOICE COMFORT EZ PLUS . . . 118
clindamycin hcl . . . 7
clindamycin palmitate hcl . . . 7
clindamycin phos (once-daily) . . . 86
clindamycin phos (twice-daily) . . . 86
clindamycin phos-benzoyl perox . . . 82
clindamycin phosphate . . . 7,86
clindamycin phosphate in d5w . . . 7
CLINDAMYCIN PHOSPHATE IN NACL . . . 7
clobazam . . . 15
clobetasol prop emollient base . . . 83
clobetasol propionate . . . 83
clomipramine hcl . . . 22
clonazepam . . . 59,60
clonidine . . . 68
clonidine hcl . . . 69
clopidogrel bisulfate . . . 68
clorazepate dipotassium . . . 60
clotrimazole . . . 24
clotrimazole-betamethasone . . . 85
clozapine . . . 53
COARTEM . . . 45
COBENFY . . . 52
COBENFY STARTER PACK . . . 52
CODEINE SULFATE . . . 3
codeine sulfate . . . 3
colchicine . . . 26
colchicine-probenecid . . . 26
colesevelam hcl . . . 77
colestipol hcl . . . 77
colistimethate sodium (cba) . . . 7
COMBIVENT RESPIMAT . . . 133
COMETRIQ (100 MG DAILY DOSE) . . . 33
COMETRIQ (140 MG DAILY DOSE) . . . 33
COMETRIQ (60 MG DAILY DOSE) . . . 33
COMFORT EZ INSULIN SYRINGE . . . 118
COMFORT EZ PRO PEN NEEDLES . . . 118
compro . . . 23
constulose . . . 89
COPIKTRA . . . 33
CORLANOR . . . 74
CORTIFOAM . . . 115
CORTISONE ACETATE . . . 94
CORTISPORIN-TC . . . 128
COSENTYX . . . 108
COSENTYX (300 MG DOSE) . . . 108
COSENTYX SENSOREADY (300 MG) . . . 108
COSENTYX SENSOREADY PEN . . . 108
COSENTYX UNOREADY . . . 108
COTELLIC . . . 34
CREON . . . 92
CRESEMBA . . . 24
cromolyn sodium . . . 90,125,131
cryselle . . . 97
cryselle-28 . . . 97
CVS ALCOHOL PREP PADS . . . 118
CVS ANTIBACTERIAL GAUZE . . . 118
cvs isopropyl alcohol wipes . . . 85
cyclobenzaprine hcl . . . 133
CYCLOPHOSPHAMIDE . . . 28
cyclosporine . . . 110
cyclosporine modified . . . 110
cyproheptadine hcl . . . 129
cyred . . . 97
cyred eq . . . 97

D

dabigatran etexilate mesylate . . . 65
dalfampridine er . . . 81
danazol . . . 96
dantrolene sodium . . . 53
dapagliflozin base-metformin er . . . 61
dapagliflozin . . . 78
dapsone . . . 27
DAPTACEL . . . 112
daptomycin . . . 7

darunavir . . . 57
dasatinib . . . 34
dasetta 1/35 . . . 97
dasetta 7/7/7 . . . 97
DAURISMO . . . 34
daysee . . . 97
deblitane . . . 104
deferasirox . . . 88
DELSTRIGO . . . 55
delyla . . . 97
DENGVAXIA . . . 113
DEPO-SUBQ PROVERA 104 . . . 104
depo-testosterone . . . 96
DERMOTIC . . . 128
DESCOVY . . . 56
desipramine hcl . . . 22
desmopressin ace spray refrig . . . 95
desmopressin acetate . . . 95
desmopressin acetate pf . . . 95
desmopressin acetate spray . . . 95
desogestrel-ethinyl estradiol . . . 97
desonide . . . 83
desoximetasone . . . 84
desvenlafaxine succinate er . . . 21
dexamethasone . . . 94
DEXAMETHASONE SOD PHOS +RFID . . . 94
dexamethasone sod phosphate pf . . . 94
DEXAMETHASONE SODIUM PHOSPHATE . . . 94,126
dexmethylphenidate hcl . . . 80
dextroamphetamine sulfate . . . 79
dextrose . . . 87
dextrose in lactated ringers . . . 87
DEXTROSE-NACL . . . 87
dextrose-sodium chloride . . . 87
DIACOMIT . . . 14
diazepam . . . 16,60
diazepam intensol . . . 60
diazoxide . . . 63
diclofenac potassium . . . 1
diclofenac sodium . . . 1,126
diclofenac sodium er . . . 1
dicloxacillin sodium . . . 10
dicyclomine hcl . . . 90
DIFICID . . . 12
diflunisal . . . 1
difluprednate . . . 126
digitek . . . 70
digox . . . 70
digoxin . . . 70
dihydroergotamine mesylate . . . 26
DILANTIN . . . 17
dilt-xr . . . 72
diltiazem hcl . . . 72
diltiazem hcl 120 mg extended release 24hr capsule . . . 72
diltiazem hcl 180 mg extended release 24hr capsule . . . 72
diltiazem hcl 240 mg extended release 24hr capsule . . . 72
diltiazem hcl 300 mg extended release 24hr capsule . . . 72
diltiazem hcl 360 mg extended release 24hr capsule . . . 72
diltiazem hcl er . . . 73
diltiazem hcl er beads . . . 73
dimethyl fumarate . . . 81
dimethyl fumarate starter pack . . . 81
diphenoxylate-atropine . . . 90
DIPHENOXYLATE-ATROPINE . . . 90
DIPHTHERIA-TETANUS TOXOIDS DT . . . 113
dipyridamole . . . 68
disulfiram . . . 5
divalproex sodium . . . 14
divalproex sodium er . . . 14
dofetilide . . . 70
donepezil hcl . . . 18
donepezil hydrochloride orally disintegrating tab 10 mg . . . 18

donepezil hydrochloride orally disintegrating tab 5 mg 19
dorzolamide hcl 127
dorzolamide hcl-timolol mal 124
dorzolamide hcl-timolol mal pf 124
dotti 97
DOVATO 54
doxazosin mesylate 69
doxepin hcl 22
doxercalciferol 116
doxy 100 13
doxycycline hyclate 13
doxycycline monohydrate 13
DRIZALMA SPRINKLE 81
dronabinol 23
DROPLET INSULIN SYRINGE 119
DROPLET MICRON 119
DROPLET PEN NEEDLES 119
DROPSAFE AUTOPROTECT DUO 119
DROPSAFE SAFETY SYRINGE/NEEDLE . . 119
drospirenone-ethinyl estradiol 97
DROXIA 92
droxidopa 69
duloxetine hcl 81
DUPIXENT 108
dutasteride 93
dutasteride-tamsulosin hcl 93

E

EASY COMFORT INSULIN SYRINGE 119
EASY COMFORT PEN NEEDLES 119
EASY TOUCH INSULIN BARRELS 119
ec-naproxen 1
econazole nitrate 24
EDURANT PED 55
EFAVIRENZ 55
efavirenz 55
efavirenz-emtricitab-tenofo df 55
efavirenz-lamivudine-tenofovir 55
ELAPRASE 92
elinest 97
ELIQUIS 65,66
ELIQUIS (1.5 MG PACK) 65
ELIQUIS (2 MG PACK) 66
ELIQUIS DVT/PE STARTER PACK 66
eltrombopag olamine 67
eluryng 98
EMBECTA AUTOSHIELD DUO 119
EMBECTA INS SYR U/F 1/2 UNIT 120
EMBECTA INSULIN SYR ULTRAFINE 120
EMBECTA INSULIN SYRINGE 120
EMBECTA INSULIN SYRINGE U-100 120
EMBECTA INSULIN SYRINGE U-500 120
EMBECTA INSULIN SYRINGE U/F 120
EMBECTA PEN NEEDLE NANO 120
EMBECTA PEN NEEDLE NANO 2 GEN . . . 120
EMBECTA PEN NEEDLE U/F 120
EMBECTA PEN NEEDLE ULTRAFINE 120
EMBRACE PEN NEEDLES 120
EMGALITY 26
EMGALITY (300 MG DOSE) 26
EMSAM 20
emtricitab-rilpivir-tenofov df 55
emtricitabine 56
emtricitabine-tenofovir df 56
EMTRIVA 56
emzahh 104
enalapril maleate 70
enalapril-hydrochlorothiazide 74
ENBREL 110
ENBREL MINI 110
ENBREL SURECLICK 110
endocet 3
ENGERIX-B 113
enilloring 98
enoxaparin sodium 66
enpresse-28 98
ENSACOVE 31,32
enskyce 98
entacapone 46

entecavir . . . 54
ENTRESTO . . . 74
enulose . . . 89
ENVARSUS XR . . . 110
EPIDIOLEX . . . 14
epinephrine . . . 130
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK) . . . 130
epitol . . . 17
EPIVIR HBV . . . 54
eplerenone . . . 76
ERGOLOID MESYLATES . . . 18
ERGOTAMINE-CAFFEINE . . . 26
ERIVEDGE . . . 34
ERLEADA . . . 28
erlotinib hcl . . . 34
errin . . . 104
ertapenem sodium . . . 11
ERY . . . 86
erythrocin lactobionate . . . 12
erythromycin . . . 86,125
erythromycin base . . . 12
erythromycin ethylsuccinate . . . 12
erythromycin lactobionate . . . 12
ERZOFRI . . . 49,50
escitalopram oxalate . . . 21
eslicarbazepine acetate . . . 17
esomeprazole magnesium . . . 91
estarylla . . . 98
estradiol . . . 98
estradiol valerate . . . 98
ESTRING . . . 98
estrogens conjugated . . . 98
eszopiclone . . . 134
ethambutol hcl . . . 27
ethosuximide . . . 15
ethynodiol diac-eth estradiol . . . 98
etodolac . . . 1
etodolac er . . . 1
etonogestrel-ethinyl estradiol . . . 98
etravirine . . . 55
EUCRISA . . . 84
EULEXIN . . . 28
euthyrox . . . 105
everolimus . . . 34,111
EVOTAZ . . . 57
exemestane . . . 31
EXXUA . . . 20
EXXUA TITRATION PACK . . . 20
ezetimibe . . . 77
ezetimibe-simvastatin . . . 77

F

falmina . . . 98
famciclovir . . . 59
famotidine . . . 91
FANAPT . . . 50
FANAPT TITRATION PACK A . . . 50
FANAPT TITRATION PACK B . . . 50
FANAPT TITRATION PACK C . . . 50
FARXIGA . . . 78
febuxostat . . . 26
feirza 1.5/30 . . . 98
feirza 1/20 . . . 98
felbamate . . . 14
felodipine er . . . 72
femynor . . . 98
fenofibrate . . . 76
fenofibrate micronized . . . 77
fenofibric acid . . . 77
fentanyl . . . 2
FETZIMA . . . 21
FETZIMA TITRATION . . . 21
FIASP . . . 63
FIASP FLEXTOUCH . . . 63
FIASP PENFILL . . . 63
FIASP PUMPCART . . . 63
fidaxomicin . . . 12
finasteride . . . 93
fingolimod hcl . . . 81

FINTEPLA....14
flecainide acetate....70
fluconazole....25
fluconazole in sodium chloride....25
flucytosine....25
fludrocortisone acetate....94
flunisolide....133
fluocinolone acetonide....84
fluocinolone acetonide body....84
fluocinolone acetonide scalp....84
fluocinonide....84
fluocinonide emulsified base....84
fluorometholone....126
fluorouracil....85
fluoxetine hcl....21
FLUOXETINE HCL....21
fluphenazine decanoate....48
fluphenazine hcl....48
FLURBIPROFEN....1
FLURBIPROFEN SODIUM....126
FLUTAMIDE....28
fluticasone propionate....84,133
fluticasone-salmeterol....133
FLUTICASONE-SALMETEROL....133
fluvastatin sodium....77
fluvastatin sodium er....77
fluvoxamine maleate....21
FML....126
FML FORTE....126
fondaparinux sodium....66
fosamprenavir calcium....57
fosfomycin tromethamine....7
fosinopril sodium....70
fosinopril sodium-hctz....75
FOTIVDA....34
FRUZAQLA....30
FULPHILA....67
fulvestrant....29
FUROSEMIDE....76
furosemide....76
fyavolv....98

G

gabapentin....16
galantamine hydrobromide....19
galantamine hydrobromide er....19
gallifrey....104
GAMUNEX-C....107
GARDASIL 9....113
gauze pads 2....120
GAVILYTE-C....91
gavilyte-g....91
gavilyte-n with flavor pack....89
GAVRETO....34
gefitinib....34
gemfibrozil....77
GEMTESA....93
generlac....89
gengraf....111
GENTAK....125
gentamicin sulfate....6,126
GENVOYA....54
GILOTRIF....34
glatiramer acetate....81
glatopa....81
glimepiride....61
glipizide....61
glipizide er....61
glipizide xl....61
glipizide-metformin hcl....61
GLUCAGEN HYPOKIT....63
glucagon emergency....63
glyburide....61
GLYBURIDE MICRONIZED....61
glyburide-metformin....61
glycopyrrolate....90
GLYXAMBI....61
GNP PEN NEEDLES....120
GOMEKLI....35
GOODSENSE ALCOHOL SWABS....120

granisetron hcl 24
griseofulvin microsize 25
griseofulvin ultramicrosize 25
guanfacine hcl 69
guanfacine hcl er 80

H

HADLIMA 111
HADLIMA PUSHTOUCH 111
HAEGARDA 107
hailey 1.5/30 99
hailey fe 1.5/30 99
hailey fe 1/20 99
halobetasol propionate 84
haloette 99
haloperidol 48
haloperidol decanoate 48
haloperidol lactate 48
HAVRIX 113
heather 104
heparin sodium (porcine) 66
heparin sodium (porcine) pf 66
HEPLISAV-B 113
HERNEXEOS 35
HIBERIX 113
HIZENTRA 108
HUMALOG 63
HUMALOG JUNIOR KWIKPEN 63
HUMALOG KWIKPEN 63
HUMALOG MIX 50/50 KWIKPEN 64
HUMALOG MIX 75/25 64
HUMALOG MIX 75/25 KWIKPEN 64
HUMULIN 70/30 64
HUMULIN 70/30 KWIKPEN 64
HUMULIN N 64
HUMULIN N KWIKPEN 64
HUMULIN R 64
HUMULIN R U-500 (CONCENTRATED) . . . 64
HUMULIN R U-500 KWIKPEN 64
hydralazine hcl 78
hydrochlorothiazide 76
hydrocodone-acetaminophen 3
hydrocortisone 84,115
hydrocortisone (perianal) 84
hydrocortisone butyrate 84
hydrocortisone-acetic acid 128
hydromorphone hcl 3,4
hydroxychloroquine sulfate 45
hydroxyurea 30
hydroxyzine hcl 129
hydroxyzine pamoate 129
HYRNUO 35

I

ibandronate sodium 116
IBRANCE 35
IBTROZI 35
ibu 1
ibuprofen 1
icatibant acetate 107
iclevia 99
ICLUSIG 35
icosapent ethyl 77
IDHIFA 35
IDVYNSO 57
ILEVRO 126
imatinib mesylate 35
IMBRUVICA 35,36
imipenem-cilastatin 11
imipramine hcl 22
imiquimod 85
IMKELDI 36
IMOVAX RABIES 113
IMPAVIDO 46
incassia 104
INCRELEX 95
INCRUSE ELLIPTA 129
indapamide 76
indomethacin 1
INFANRIX 113

INLURIYO 29
INLYTA 36
INQOVI 30
INREBIC 36
INSULIN ASPART 64
INSULIN ASPART FLEXPEN 64
INSULIN ASPART PENFILL 64
INSULIN LISPRO 64
INSULIN LISPRO (1 UNIT DIAL) 64
INSULIN LISPRO JUNIOR KWIKPEN 64
INSULIN LISPRO PROT & LISPRO 64
INSULIN PEN NEEDLES 121
INSULIN PEN NEEDLES 121
INSULIN SYRINGE 0.3 ML 121
INSULIN SYRINGE 0.5 ML 121
INSULIN SYRINGE 1 ML 121
INSULIN SYRINGE-NEEDLE U-100 121
INSUPEN PEN NEEDLES 121
INSUPEN32G EXTR3ME 121
INTELENCE 55
INTRALIPID 121
introvale 99
INVEGA HAFYERA 50
INVEGA SUSTENNA 50
INVEGA TRINZA 50,51
IPOL 113
ipratropium bromide 129
ipratropium-albuterol 133
irbesartan 69
irbesartan-hydrochlorothiazide 75
ISENTRESS 54
ISENTRESS HD 54
isibloom 99
isoniazid 27
isopropyl alcohol 85
isopropyl alcohol wipes 85
isosorbide dinitrate 78
isosorbide mononitrate 78
isosorbide mononitrate er 78
isotretinoin 83
isradipine 72
ITOVEBI 36
itraconazole 25
ivabradine hcl 75
ivermectin 45
IWILFIN 30
IXIARO 113

J

jaimiess 99
JAKAFI 36
JAKAFI XR 36
jantoven 66
JANUVIA 61
JARDIANCE 78
jasmiel 99
JAYPIRCA 36
jencycla 104
JENTADUETO 61
JENTADUETO XR 61
JIDEYTRO 36
jinteli 99
jolessa 99
joyeaux 99
JUBBONTI 116
juleber 99
JULUCA 54
junel 1.5/30 99
junel 1/20 99
junel fe 1.5/30 99
junel fe 1/20 99
JYNNEOS 113

K

KALETRA 57
kalliga 99
KALYDECO 130
kariva 99
kcl in dextrose-nacl 87
KCL-LACTATED RINGERS-D5W 87

kelnor 1/35 . . . 99
kelnor 1/50 . . . 99
KERENDIA . . . 61
ketoconazole . . . 25
ketorolac tromethamine . . . 126
KINRIX . . . 113
kionex . . . 89
KISQALI (200 MG DOSE) . . . 36
KISQALI (400 MG DOSE) . . . 37
KISQALI (600 MG DOSE) . . . 37
KISQALI FEMARA (200 MG DOSE) . . . 37
KISQALI FEMARA (400 MG DOSE) . . . 37
KISQALI FEMARA (600 MG DOSE) . . . 37
klayesta . . . 25
klor-con . . . 87
klor-con 10 . . . 87
klor-con m10 . . . 87
klor-con m15 . . . 87
klor-con m20 . . . 87
KLOXXADO . . . 5
KOMZIFTI . . . 37
KOSELUGO . . . 37
kourzeq . . . 82
KRAZATI . . . 37
kurvelo . . . 99

L

l-glutamine . . . 92
labetalol hcl . . . 71
lacosamide . . . 17
lactated ringers . . . 87,121
lactulose . . . 90
lactulose encephalopathy . . . 90
LAGEVRIO . . . 59
lamivudine . . . 54,56
lamivudine-zidovudine . . . 56
lamotrigine . . . 14
lansoprazole . . . 91
LANTUS . . . 64
LANTUS SOLOSTAR . . . 65
lapatinib ditosylate . . . 37
larin 1.5/30 . . . 99
larin 1/20 . . . 99
larin fe 1.5/30 . . . 99
larin fe 1/20 . . . 99
larissia . . . 99
latanoprost . . . 127
LAZCLUZE . . . 32
LEDERLE LEUCOVORIN . . . 30
leena . . . 99
leflunomide . . . 111
lenalidomide . . . 29
LENVIMA (10 MG DAILY DOSE) . . . 37
LENVIMA (12 MG DAILY DOSE) . . . 37
LENVIMA (14 MG DAILY DOSE) . . . 38
LENVIMA (18 MG DAILY DOSE) . . . 38
LENVIMA (20 MG DAILY DOSE) . . . 38
LENVIMA (24 MG DAILY DOSE) . . . 38
LENVIMA (4 MG DAILY DOSE) . . . 38
LENVIMA (8 MG DAILY DOSE) . . . 38
lessina . . . 99
letrozole . . . 31
leucovorin calcium . . . 30,31
LEUKERAN . . . 28
leuprolide acetate . . . 106
levalbuterol hcl . . . 130
LEVALBUTEROL TARTRATE . . . 130
levetiracetam . . . 14
levetiracetam er . . . 14
levo-t . . . 105
LEVOBUNOLOL HCL . . . 127
levocarnitine . . . 92
levocetirizine dihydrochloride . . . 129
levofloxacin . . . 12
LEVOFLOXACIN . . . 126
levofloxacin in d5w . . . 12
levonest . . . 100
levonorg-eth estrad triphasic . . . 100
levonorgest-eth estrad 91-day . . . 100
levonorgest-eth estradiol-iron . . . 100

levonorgestrel-ethinyl estrad 100
levora 0.15/30 (28) 100
levothyroxine sodium 105
levoxyl 105
LEXIVA 57
lidocaine 5
lidocaine hcl 5
lidocaine viscous hcl 5
lidocaine-prilocaine 5
lidocan 5
LIFYORLI (125 MG DOSE) 38
LIFYORLI (150 MG DOSE) 38
LILETTA (52 MG) 104
lillow 100
lincomycin hcl 7
linezolid 7
LINEZOLID IN SODIUM CHLORIDE 7
LINZESS 90
liothyronine sodium 105
lisinopril 70
lisinopril-hydrochlorothiazide 75
lithium 60
lithium carbonate 60
lithium carbonate er 60
LIVTENCITY 53
lo-zumandimine 100
loestrin 1.5/30 (21) 100
loestrin 1/20 (21) 100
loestrin fe 1.5/30 100
loestrin fe 1/20 100
lojaimiess 100
LOKELMA 89
lomustine 28
LONSURF 31
loperamide hcl 90
lopinavir-ritonavir 57,58
lorazepam 60
lorazepam intensol 60
LORBRENA 38
loryna 100
losartan potassium 69
losartan potassium-hctz 75
loteprednol-tobramycin 124
lovastatin 77
low-ogestrel 100
loxapine succinate 48
lubiprostone 90
luizza 1.5/30 100
luizza 1/20 100
LUMAKRAS 38
LUMIGAN 127
LUPRON DEPOT (1-MONTH) 106
LUPRON DEPOT (3-MONTH) 106
LUPRON DEPOT (4-MONTH) 106
LUPRON DEPOT (6-MONTH) 106
lurasidone hcl 51
lutera 100
LYBALVI 20
lyleq 104
lyllana 100
LYNPARZA 38
LYSODREN 31
LYTGOBI (12 MG DAILY DOSE) 39
LYTGOBI (16 MG DAILY DOSE) 39
LYTGOBI (20 MG DAILY DOSE) 39
lyza 104

M

M-M-R II 113
macitentan 131
magnesium sulfate 87
malathion 86
maraviroc 57
marlissa 101
MARPLAN 20
MATULANE 28
matzim la 73
MAVYRET 54
meclizine hcl 23
medpura alcohol pads 85

medroxyprogesterone acetate . . . 104
mefloquine hcl . . . 46
megestrol acetate . . . 104
MEKINIST . . . 39
MEKTOVI . . . 39
meleya . . . 104
meloxicam . . . 2
memantine hcl . . . 19
memantine hcl er . . . 19
MENACTRA . . . 113
MENEST . . . 101
MENQUADFI . . . 113
MENVEO . . . 113
mercaptopurine . . . 30
meropenem . . . 11
MEROPENEM-SODIUM CHLORIDE . . . 11
mesalamine . . . 115
mesalamine er . . . 115
mesna . . . 45
metformin hcl . . . 62
metformin hcl er . . . 62
methadone hcl . . . 2
methazolamide . . . 127
methenamine hippurate . . . 7
methergine . . . 121
methimazole . . . 107
methocarbamol . . . 134
METHOTREXATE SODIUM . . . 111
methotrexate sodium . . . 111
methotrexate sodium (pf) . . . 111
METHOXSALEN RAPID . . . 85
methscopolamine bromide . . . 90
methsuximide . . . 15
METHYLDOPA . . . 69
methylergonovine maleate . . . 121
methylphenidate hcl . . . 80
methylphenidate hcl er . . . 80
methylprednisolone . . . 94
methylprednisolone acetate . . . 94
methylprednisolone sodium succ . . . 94,95
metoclopramide hcl . . . 23
metolazone . . . 76
metoprolol succinate er . . . 71
metoprolol tartrate . . . 71
metoprolol-hydrochlorothiazide . . . 75
metronidazole . . . 8
metyrosine . . . 75
mexiletine hcl . . . 70
micafungin sodium . . . 25
MICONAZOLE 3 . . . 25
microgestin 1.5/30 . . . 101
microgestin 1/20 . . . 101
microgestin fe 1.5/30 . . . 101
microgestin fe 1/20 . . . 101
midodrine hcl . . . 69
mifepristone . . . 106
mili . . . 101
minocycline hcl . . . 13
minoxidil . . . 78
minzoya . . . 101
mirtazapine . . . 20
misoprostol . . . 91
modafinil . . . 134
MODEYSO . . . 31
moexipril hcl . . . 70
MOLINDONE HCL . . . 48
mometasone furoate . . . 84
mondoxyne nl . . . 13
mono-linyah . . . 101
montelukast sodium . . . 129
morphine sulfate . . . 4
morphine sulfate (concentrate) . . . 4
morphine sulfate er . . . 2,3
MOUNJARO . . . 62
MOVANTIK . . . 90
moxifloxacin hcl . . . 12,126
MOXIFLOXACIN HCL . . . 12
MOXIFLOXACIN HCL (2X DAY) . . . 126
MOXIFLOXACIN HCL IN NACL . . . 12
MRESVIA . . . 113

MULTAQ 70
mupirocin 86
mycophenolate mofetil 111
mycophenolate mofetil hcl 111
mycophenolate sodium 111
mycophenolic acid 111
myorisan 83
MYRBETRIQ 93

N

na sulfate-k sulfate-mg sulf 90
nabumetone 2
nadolol 71
nafcillin sodium 10
nafrinse 87
NAGLAZYME 92
naloxone hcl 5
naltrexone hcl 6
naproxen 2
naproxen dr 2
naproxen sodium 2
naratriptan hcl 26
NATACYN 126
nateglinide 62
NAYZILAM 5
nebivolol hcl 71
necon 0.5/35 (28) 101
NEFAZODONE HCL 21
neo-polycin 125
neo-polycin hc 125
neomycin sulfate 6
neomycin-bacitracin zn-polymyx 125
neomycin-polymyxin-dexameth 125
NEOMYCIN-POLYMYXIN-GRAMICIDIN . . 125
NEOMYCIN-POLYMYXIN-HC 125
neomycin-polymyxin-hc 128
NERLYNX 39
nevirapine 55
NEVIRAPINE 55
NEVIRAPINE ER 55
nevirapine er 55
NEXPLANON 104
NIACIN (ANTIHYPERLIPIDEMIC) 78
niacin er (antihyperlipidemic) 78
NIACOR 78
nicardipine hcl 72
NICOTROL 6
NICOTROL NS 6
nifedipine er 72
nifedipine er osmotic release 72
nikki 101
nilotinib hcl 39
nilutamide 28
nimodipine 72
NINLARO 39
nintedanib esylate 132
nitazoxanide 46
nitisinone 92
nitro-bid 79
nitrofurantoin macrocrystal 8
nitrofurantoin monohyd macro 8
nitroglycerin 79
NIVESTYM 68
NIZATIDINE 91
nora-be 104
norelgestromin-eth estradiol 101
norethin ace-eth estrad-fe 101
norethin-eth estradiol-fe 101
norethindrone 104
norethindrone acet-ethinyl est 101
norethindrone acetate 104
norethindrone-eth estradiol 101
norgestim-eth estrad triphasic 101
norgestimate-eth estradiol 101
norlyda 104
norlyroc 104
nortrel 0.5/35 (28) 101
nortrel 1/35 (21) 101
nortrel 1/35 (28) 102
nortrel 7/7/7 102

nortriptyline hcl 22,23
NORVIR 58
NovoFine 32G X 6 MM MISC 121
NOVOLIN R FLEXPEN 65
NOVOLIN R FLEXPEN RELION 65
NOVOLOG 65
NOVOLOG FLEXPEN 65
NOVOLOG FLEXPEN RELION 65
NOVOLOG PENFILL 65
NOVOLOG RELION 65
NUBEQA 28
NUPLAZID 51
NURTEC 26
NUTRILIPID 121
nyamyc 25
nylia 1/35 102
nylia 7/7/7 102
nymyo 102
nystatin 25
nystatin-triamcinolone 85
nystop 25

O

ocella 102
octreotide acetate 106
OCTREOTIDE ACETATE 106
ODEFSEY 55
ODOMZO 39
ofloxacin 126,128
OGSIVEO 39
OJEMDA 40
OJJAARA 31
olanzapine 51
olmesartan medoxomil 69
olmesartan medoxomil-hctz 75
olmesartan-amlodipine-hctz 75
omega-3-acid ethyl esters 78
omeprazole 91
OMNITROPE 91,95
ondansetron 24
ONDANSETRON HCL 24
ondansetron hcl 24
ONUREG 30
OPIPZA 51
OPVEE 121
oralone 82
ORGOVYX 106
orquidea 104
ORSERDU 29
oseltamivir phosphate 58
OSPHENA 105
OTEZLA 85,108
OTEZLA XR 85
OTEZLA/OTEZLA XR INITIATION PK 108
oxaprozin 2
oxcarbazepine 17
oxybutynin chloride 93
oxybutynin chloride er 93
oxycodone hcl 4
oxycodone-acetaminophen 4
OZEMPIC 62
OZEMPIC (0.25 OR 0.5 MG/DOSE) 62
OZEMPIC (1 MG/DOSE) 62
OZEMPIC (2 MG/DOSE) 62

P

pacerone 70
paliperidone er 51
PANRETIN 44
pantoprazole sodium 91
paricalcitol 116
paroxetine hcl 21
PAROXETINE HCL 21
paroxetine hcl er 21
PAXLOVID (150/100) 59
PAXLOVID (300/100 & 150/100) 59
PAXLOVID (300/100) 59
pazopanib hcl 40
PAZOPANIB HCL 40
PEDIARIX 113

PEDVAXHIB....113
peg 3350-kcl-na bicarb-nacl....90
peg-3350/electrolytes....91
PEGASYS....110
PEMAZYRE....40
PEN NEEDLE/5-BEVEL TIP....121
PEN NEEDLES....121
PENBRAYA....121
penicillamine....94
penicillin g potassium....11
PENICILLIN G SODIUM....11
penicillin v potassium....11
PENMENVY....113
PENTACEL....114
pentamidine isethionate....46
pentoxifylline er....75
perampanel....14
PERINDOPRIL ERBUMINE....70
periogard....82
permethrin....86
perphenazine....23
PERPHENAZINE-AMITRIPTYLINE....20
PERSERIS....51
pfizerpen....11
PHENELZINE SULFATE....20
phenobarbital....16
phenytek....17
phenytoin....18
phenytoin infatabs....18
phenytoin sodium extended....18
philith....102
PIFELTRO....55
pilocarpine hcl....82,127
pimozide....48
pimtrea....102
pindolol....71
pioglitazone hcl....62
pioglitazone hcl-glimepiride....62
pioglitazone hcl-metformin hcl....62
piperacillin sod-tazobactam so....11
PIQRAY (200 MG DAILY DOSE)....40
PIQRAY (250 MG DAILY DOSE)....40
PIQRAY (300 MG DAILY DOSE)....40
pirfenidone....132
PIRFENIDONE....132
pirmella 1/35....102
pirmella 7/7/7....102
piroxicam....2
PNV 27-CA/FE/FA....87
podofilox....85
polycin....125
polymyxin b-trimethoprim....126
pomalidomide....29
portia-28....102
posaconazole....25
potassium chloride....87
potassium chloride crys er....88
potassium chloride er....88
potassium chloride in dextrose....88
potassium chloride in nacl....88
potassium citrate er....88
POTASSIUM CL IN DEXTROSE 5%....88
pramipexole dihydrochloride....47
prasugrel hcl....68
pravastatin sodium....77
praziquantel....45
prazosin hcl....69
prednisolone....95
prednisolone acetate....126
prednisolone sodium phosphate....95
PREDNISOLONE SODIUM PHOSPHATE....126
prednisone....95
PREDNISONE....95
PREDNISONE INTENSOL....95
pregabalin....81
PREMARIN....102
PREMASOL....88
PREMIUM LIDOCAINE....5
prenatal vitamins....88
prevalite....78

PREVYMIS....53
PREZCOBIX....58
PREZISTA....58
primaquine phosphate....46
primidone....16
PRIORIX....114
PRO COMFORT ALCOHOL....121
PRO COMFORT INSULIN SYRINGE....122
probenecid....26
prochlorperazine....23
prochlorperazine maleate....23
procto-med hc....84
proctosol hc....84
proctozone-hc....84
progesterone....105
PROGRAF....111
promethazine hcl....23,129
propafenone hcl....70
propranolol hcl....71
PROPRANOLOL HCL....71
propranolol hcl er....72
propylthiouracil....107
PROQUAD....114
protriptyline hcl....23
PULMOZYME....131
PURE COMFORT SAFETY PEN NEEDLE....122
pyrazinamide....27
pyridostigmine bromide....27
pyridostigmine bromide er....27
pyrimethamine....46

Q

qc alcohol....85
QINLOCK....31
QUADRACEL....114
quetiapine fumarate....51
quetiapine fumarate er....51
QUICK TOUCH INSULIN PEN NEEDLE....122
quinapril hcl....70
quinapril-hydrochlorothiazide....75
QUINIDINE SULFATE....71
quinine sulfate....46
QVAR REDIHALER....129

R

ra isopropyl alcohol wipes....85
RABAVERT....114
rabeprazole sodium....92
RALDESY....22
raloxifene hcl....105
ramelteon....134
ramipril....70
ranolazine er....75
rasagiline mesylate....47
reclipsen....102
RECOMBIVAX HB....114
relafen....2
RELENZA DISKHALER....58
repaglinide....62
REPATHA....78
REPATHA PUSHTRONEX SYSTEM....78
REPATHA SURECLICK....78
RESTASIS....125
RETACRIT....68
RETEVMO....40
REVCOVI....92
REVUFORJ....40
REXULTI....52
REYATAZ....58
REZDIFFRA....105
REZLIDHIA....40
RHOPRESSA....127
RIBAVIRIN....54
ribavirin....54
RIDAURA....108
rifabutin....27
rifampin....27
rifapentine....27
rilpivirine hcl....55
riluzole....80

RIMANTADINE HCL . . . 58
ringers . . . 88
ringers irrigation . . . 122
RINVOQ . . . 108
RINVOQ LQ . . . 109
riociguat . . . 131
risedronate sodium . . . 116
risperidone . . . 52
risperidone microspheres er . . . 52
ritonavir . . . 58
rivaroxaban . . . 66
rivastigmine . . . 19
rivastigmine tartrate . . . 19
rizatriptan benzoate . . . 26
ROCKLATAN . . . 125
roflumilast . . . 131
ROMVIMZA . . . 41
ropinirole hcl . . . 47
ropinirole hcl er . . . 47
rosadan . . . 8
rosuvastatin calcium . . . 77
ROTARIX . . . 114
ROTATEQ . . . 114
roweepra . . . 14
ROZLYTREK . . . 41
RUBRACA . . . 41
rufinamide . . . 18
RUKOBIA . . . 57
RYBELSUS . . . 62
RYDAPT . . . 41

S

sacubitril-valsartan . . . 75
sajazir . . . 107
SANDIMMUNE . . . 112
SANTYL . . . 86
sapropterin dihydrochloride . . . 92
SCEMBLIX . . . 41
scopolamine . . . 23
SECUADO . . . 52
SECURESAFE INSULIN SYRINGE . . . 122
SECURESAFE SAFETY PEN NEEDLES . . . 122
selegiline hcl . . . 47
selenium sulfide . . . 84
SELZENTRY . . . 57
SEREVENT DISKUS . . . 130
sertraline hcl . . . 22
setlakin . . . 102
sevelamer carbonate . . . 89
sharobel . . . 105
SHINGRIX . . . 114
SIGNIFOR . . . 107
sildenafil citrate . . . 131
SILIGENTLE FOAM DRESSING . . . 122
silodosin . . . 94
silver sulfadiazine . . . 86
SIMBRINZA . . . 127
SIMLANDI (1 PEN) . . . 112
SIMLANDI (1 SYRINGE) . . . 112
SIMLANDI (2 PEN) . . . 112
SIMLANDI (2 SYRINGE) . . . 112
simliya . . . 102
simpesse . . . 102
simvastatin . . . 77
sirolimus . . . 112
SIRTURO . . . 28
sitaglip phos-metformin hcl er . . . 62
sitagliptin phos-metformin hcl . . . 62
SKYRIZI . . . 109
SKYRIZI (150 MG DOSE) . . . 109
SKYRIZI PEN . . . 109
SMOFLIPID . . . 122
sodium chloride . . . 88
sodium chloride (pf) . . . 88
SODIUM FLUORIDE . . . 88
sodium oxybate . . . 134
sodium phenylbutyrate . . . 92
sodium polystyrene sulfonate . . . 89
solifenacin succinate . . . 93
SOLTAMOX . . . 29

SOMAVERT....107
sorafenib tosylate....41
sorine....71
sotalol hcl....71
sotalol hcl (af)....71
SPIRIVA RESPIMAT....129
spironolactone....76
spironolactone-hctz....75
sprintec 28....102
SPRITAM....14,15
SPS (SODIUM POLYSTYRENE SULF)....89
sronyx....102
ssd....86
STAVUDINE....56
STELARA....109
sterile water for irrigation....122
STIOLTO RESPIMAT....133
STIVARGA....41
STREPTOMYCIN SULFATE....6
STRIBILD....54
subvenite....15
SUBVENITE....15
sucralfate....91
SULFACETAMIDE SODIUM....126
sulfacetamide sodium....126
sulfacetamide sodium (acne)....83
SULFACETAMIDE-PREDNISOLONE....125
sulfadiazine....13
sulfamethoxazole-trimethoprim....13
sulfasalazine....115
sulfatrim pediatric....13
sulindac....2
sumatriptan....26
sumatriptan succinate....27
SUMATRIPTAN SUCCINATE REFILL....27
sunitinib malate....41
SUNLENCA....57
SURE COMFORT PEN NEEDLES....122
syeda....102
SYMPAZAN....16
SYMTUZA....58
SYNAREL....107
SYNJARDY....62
SYNJARDY XR....63
SYNRIBO....41
SYNTHROID....106

T

TABLOID....30
TABRECTA....41
tacrolimus....84,112
tadalafil....94
tadalafil (pah)....131
TAFINLAR....41,42
TAGRISSO....42
TALZENNA....42
tamoxifen citrate....29
tamsulosin hcl....94
tarina fe 1/20....102
tarina fe 1/20 eq....102
tasimelteon....134
tazarotene....83
TAZICEF....10
taztia xt....73
TAZVERIK....42
TDVAX....114
TECHLITE PLUS PEN NEEDLES....122
telmisartan....69
telmisartan-amlodipine....75
telmisartan-hctz....75
temazepam....134
TENIVAC....114
tenofovir disoproxil fumarate....56
TEPMETKO....42
terazosin hcl....69
terbinafine hcl....25
terconazole....25
teriflunomide....82
teriparatide....116
testosterone....96

testosterone cypionate . . . 96
TESTOSTERONE ENANTHATE . . . 96
tetrabenazine . . . 80
tetracycline hcl . . . 13
THALOMID . . . 29
theophylline er . . . 131
thioridazine hcl . . . 48
thiothixene . . . 48
tiadylt er . . . 73
tiagabine hcl . . . 16
TIBSOVO . . . 42
ticagrelor . . . 68
TICOVAC . . . 114
tigecycline . . . 8
timolol maleate . . . 72,127
tinidazole . . . 8
tiotropium bromide . . . 130
tis-u-sol . . . 122
TIVICAY . . . 54
TIVICAY PD . . . 55
tizanidine hcl . . . 53
tobramycin . . . 126,131
tobramycin sulfate . . . 6
tobramycin-dexamethasone . . . 125
tofacitinib citrate . . . 109
tofacitinib citrate er . . . 109
TOLAK . . . 86
tolterodine tartrate . . . 93
tolterodine tartrate er . . . 93
tolvaptan . . . 89
TOPFINE INSULIN PEN NEEDLE . . . 122
topiramate . . . 15
toremifene citrate . . . 29
torsemide . . . 76
TOUJEO MAX SOLOSTAR . . . 65
TOUJEO SOLOSTAR . . . 65
TPN ELECTROLYTES . . . 88
TRADJENTA . . . 63
tramadol hcl . . . 4
tramadol hcl er . . . 3
tramadol-acetaminophen . . . 4
trandolapril . . . 70
TRANDOLAPRIL-VERAPAMIL HCL ER . . . 75
tranexamic acid . . . 68
tranylcypromine sulfate . . . 20
travoprost (bak free) . . . 127
trazodone hcl . . . 22
TRECATOR . . . 28
TRELEGY ELLIPTA . . . 133
TRESIBA . . . 65
TRESIBA FLEXTOUCH . . . 65
tretinoin . . . 45,83
tri femynor . . . 102
tri-estarylla . . . 102
tri-linyah . . . 102
tri-mili . . . 103
tri-nymyo . . . 103
tri-sprintec . . . 103
tri-vylibra . . . 103
triamcinolone acetonide . . . 82,85
triamterene-hctz . . . 76
triazolam . . . 134
triderm . . . 85
trientine hcl . . . 89
TRIENTINE HCL . . . 89
trifluoperazine hcl . . . 48
TRIFLURIDINE . . . 126
trihexyphenidyl hcl . . . 46
TRIKAFTA . . . 131
trimethoprim . . . 8
trimipramine maleate . . . 23
TRINTELLIX . . . 22
TRIUMEQ . . . 56
TRIUMEQ PD . . . 56
trivora (28) . . . 103
TRIZIVIR . . . 56
trospium chloride . . . 93
TRUE COMFORT INSULIN SYRINGE . . . 122
TRUE COMFORT PEN NEEDLES . . . 123
TRUE COMFORT PRO PEN NEEDLES . . . 123

TRUE COMFORT SAFETY PEN NEEDLE . . 123
TRULICITY 63
TRUMENBA 114
TRUQAP 42
TUKYSA 42
tulana 105
TURALIO 42
turqoz 103
TWINRIX 114
TYBOST 57
TYENNE 109
TYMLOS 116
TYPHIM VI 114

U

UDENYCA 68
ULTIGUARD SAFEPACK PEN NEEDLE . . . 123
ULTRA COMFORT PEN NEEDLES 123
UNIFINE OTC PEN NEEDLES 123
UNIFINE PENTIPS 123
UNIFINE PROTECT PEN NEEDLE 123
UNIFINE SAFECONTROL PEN NEEDLE . . 123
UNIFINE ULTRA PEN NEEDLE 123
unithroid 106
UPTRAVI 132
ursodiol 91
USTEKINUMAB 109
USTEKINUMAB-AEKN 109

V

valacyclovir hcl 59
VALCHLOR 86
valganciclovir hcl 53
valproate sodium 15
valproic acid 15
valsartan 69
valsartan-hydrochlorothiazide 76
VALTOCO 10 MG DOSE 16
VALTOCO 15 MG DOSE 16
VALTOCO 20 MG DOSE 16
VALTOCO 5 MG DOSE 16
valtya 1/35 103
VALTYA 1/50 103
vanadom 134
vancomycin hcl 8
VANFLYTA 42
VAQTA 114
varenicline tartrate 6
varenicline tartrate (starter) 6
varenicline tartrate(continue) 6
VARIVAX 115
VAXCHORA 115
VELIVET 103
VENCLEXTA 42,43
VENCLEXTA STARTING PACK 43
venlafaxine hcl 22
venlafaxine hcl er 22
VEOZAH 80
VEPPANU 30
verapamil hcl 73
VERAPAMIL HCL ER 73
verapamil hcl er 73
VERIFINE INSULIN PEN NEEDLE 123
VERIFINE INSULIN SYRINGE 124
VERIFINE PLUS PEN NEEDLE 124
VERISAFE SAFETY INSULIN SYR 124
VERQUVO 76
VERSACLOZ 53
VERZENIO 43
vestura 103
vienva 103
vigabatrin 16
vigadrone 16
VIGAFYDE 17
vigpoder 17
vilazodone hcl 22
VIMKUNYA 115
viorele 103
VIRACEPT 58
VIREAD 56

VITRAKVI 43
VIVOTIF 115
VIZIMPRO 43
volnea 103
VONJO 45
VORANIGO 43
voriconazole 25
VOSEVI 54
VOWST 124
VRAYLAR 52
vyfemla 103
vylibra 103
VYZULTA 127

W

warfarin sodium 67
WEBCOL ALCOHOL PREP LARGE 124
WELIREG 31
wera 103
WINREVAIR 132
wixela inhub 133
wymzya fe 103
WYOST 116

X

XALKORI 43
XARELTO 67
XARELTO STARTER PACK 67
XATMEP 112
XCOPRI 15,18
XCOPRI (250 MG DAILY DOSE) 18
XCOPRI (350 MG DAILY DOSE) 18
XDEMVY 125
xelria fe 103
XERMELO 90
XIFAXAN 8
XIGDUO XR 63
XIIDRA 125
XOFLUZA (40 MG DOSE) 58
XOFLUZA (80 MG DOSE) 58
XOLAIR 109
XOSPATA 43
XPOVIO (100 MG ONCE WEEKLY) 43
XPOVIO (40 MG ONCE WEEKLY) 43,44
XPOVIO (40 MG TWICE WEEKLY) 44
XPOVIO (60 MG ONCE WEEKLY) 44
XPOVIO (60 MG TWICE WEEKLY) 44
XPOVIO (80 MG ONCE WEEKLY) 44
XPOVIO (80 MG TWICE WEEKLY) 44
XTANDI 29
xulane 103

Y

YESINTEK 110
YF-VAX 115
yuvafem 103

Z

zafemy 103
zafirlukast 129
zaleplon 134
ZARXIO 68
ZEJULA 44
ZELBORAF 44
zenatane 83
ZENBEXUS 31
ZENPEP 93
zidovudine 56
ziprasidone hcl 52
ziprasidone mesylate 52
ZIRGAN 126
zoledronic acid 117
ZOLINZA 31
zolpidem tartrate 134
ZONISADE 18
zonisamide 18
zovia 1/35 (28) 103
ZTALMY 17
zumandimine 103
ZURZUVAE 20

ZYDELIG 44
ZYKADIA 44
ZYPREXA RELPREVV 52

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 1
ANESTHETICS 5
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS 5
ANTIBACTERIALS 6
ANTICONVULSANTS 13
ANTIDEMENTIA AGENTS 18
ANTIDEPRESSANTS 19
ANTIEMETICS 23
ANTIFUNGALS 24
ANTIGOUT AGENTS 26
ANTIMIGRAINE AGENTS 26
ANTIMYASTHENIC AGENTS 27
ANTIMYCOBACTERIALS 27
ANTINEOPLASTICS 28
ANTIPARASITICS 45
ANTIPARKINSON AGENTS 46
ANTIPSYCHOTICS 48
ANTISPASTICITY AGENTS 53
ANTIVIRALS 53
ANXIOLYTICS 59
BIPOLAR AGENTS 60
BLOOD GLUCOSE REGULATORS 61
BLOOD PRODUCTS AND MODIFIERS 65
CARDIOVASCULAR AGENTS 68
CENTRAL NERVOUS SYSTEM AGENTS 79
DENTAL AND ORAL AGENTS 82
DERMATOLOGICAL AGENTS 82
ELECTROLYTES/MINERALS/METALS/VITAMINS 87
GASTROINTESTINAL AGENTS 89
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT 92
GENITOURINARY AGENTS 93
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) 94
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) 95
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) 96
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) 105
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) 106

HORMONAL AGENTS, SUPPRESSANT (THYROID) 107
IMMUNOLOGICAL AGENTS 107
INFLAMMATORY BOWEL DISEASE AGENTS 115
METABOLIC BONE DISEASE AGENTS 116
MISCELLANEOUS THERAPEUTIC AGENTS 117
OPHTHALMIC AGENTS 124
OTIC AGENTS 128
RESPIRATORY TRACT/PULMONARY AGENTS 128
SKELETAL MUSCLE RELAXANTS 133
SLEEP DISORDER AGENTS 134

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 بريل 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:

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.

ແຫກໄລພາສາລາວ (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.

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.

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 serbisyong ito.

แท็กไลน์ภาษาไทย (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

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。

» 電子方式：寄電子郵件至CivilRights@dhcs.ca.gov。

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 10/20/2026 。

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。