



Blue Shield Select (PPO)

# 2025 年處方集

(承保藥物清單或「藥物清單」)

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 25355

本處方集更新於 03/19/2025。如需瞭解更多最新資訊或有其他問題，請聯絡 Blue Shield Select 客戶服務部，電話：(800) 776-4466，或者，TTY 使用者請撥打 711，服務時間：每週七天，每天上午 8 點至晚上 8 點，或造訪 [blueshieldca.com/medformulary2025](https://blueshieldca.com/medformulary2025)。

Blue Shield of California is an independent member of the Blue Shield Association.

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現有會員注意事項：本處方集自去年以來已發生變化。請查看本文件，確保其中仍包含您服用的藥物。

當本藥物清單（處方集）提及「我們」或「我們的」時，其指 **Blue Shield of California**。當提及「計劃」或「我們的計劃」時，其指 **Blue Shield Select**。

本文件包括我們計劃的藥物清單（處方集），該清單截至 **03/19/2025**。如需最新的藥物清單（處方集），請與我們聯絡。我們的聯絡資訊以及我們上次更新藥物清單（處方集）的日期顯示在封面和封底上。

您通常必須透過網絡藥房才能使用您的處方藥福利。福利、處方集、藥房網絡和/或共付額/共同保險可能會在 **2025 年 1 月 1 日** 以及一年中不時發生變化。

## 什麼是 **Blue Shield Select** 處方集？

在本文件中，我們使用術語「藥物清單」和「處方集」來表示相同的意思。處方集是我們的計劃與醫療保健提供者團隊協商後選擇的承保藥物清單，它代表了被認為是優質治療計劃必要組成部分的處方療法。我們的計劃通常會承保處方集中列出的藥物，只要該藥物是醫療必需的、在計劃網絡藥房配藥並遵守其他計劃規則即可。有關如何配藥的更多資訊，請查看您的 **Evidence of Coverage (EOC, 承保範圍說明書)**。

## 處方集可以變更嗎？

藥物承保範圍的大多數變更發生在 **1 月 1 日**，但我們的計劃可能會在一年內添加或刪除處方集上的藥物，將它們轉移到不同的費用分攤級別，或添加新限制。我們必須遵循 **Medicare** 規則來進行這些變更。處方集更新每月發佈在我們的網站上：[blueshieldca.com/medformulary2025](https://blueshieldca.com/medformulary2025)。

今年可能影響您的變更：在以下情況下，您將受到年內承保範圍變更的影響：

- 立即替換某些新版本的**品牌藥**和**原創生物製品**。如果我們用某種新版本的藥物替換現有藥物，而新藥出現在相同或較低的費用分攤層級上，並且具有相同或更少的限制，我們可能會立即從我們的藥品清單中刪除現有藥物。當我們將新版本的藥物添加到處方集中時，我們可能決定將**品牌藥**或**原創生物製品**保留在處方集中，但立即將其轉移到不同的費用分攤層級或添加新限制。

只有當我們添加**品牌藥**的**新學名藥**，或添加某些已在處方集中的**原創生物製品**的**新生物類似藥**時，我們才能立即做出這些變更（例如，添加一種可互換的生物類似藥，藥房可以在不需要新處方的情況下用其替代原創生物製品）。

如果您目前正在服用該**品牌藥**或**原創生物製品**，我們在進行即時變更之前可能不會提前告訴您，但我們稍後會向您提供有關我們所做的具體更改的資訊。

如果我們進行該變更，您或您的處方醫生可以要求我們進行例外處理，並且繼續為您承保發生變更的藥物。請參閱下文「**如何申請 Blue Shield Select 處方集例外處理？**」一節，瞭解更多資訊

其中一些藥物類型對您來說可能是新的。請參閱下文「什麼是原創生物製品以及它們與生物類似藥有何關係？」一節，瞭解更多資訊

- 藥物下架。如果某種藥物被製造商下架，或者 Food and Drug Administration (FDA，食品藥物管理局) 出於安全或有效性原因決定下架該藥物，我們可能會立即將該藥物從處方集中刪除，並在隨後向服用該藥物的會員發出通知。
- 其他變更。我們可能會做出其他影響目前正在服用藥物的會員的變更。例如，我們可能會在添加學名藥時從處方集中刪除品牌藥，或在添加生物類似藥時刪除原創生物製品。我們也可能對品牌藥或原創生物製品施加新限制，或將其轉移到不同的費用分攤層級，或兩者兼而有之。我們可能會根據新的臨床指南做出變更。如果我們從處方集中刪除藥物，對藥物添加事先授權、數量限制和/或階段療法限制，或將藥物移至更高的費用分攤層級，我們必須在藥物變更生效前至少 30 天，通知受影響的會員。或者，當會員要求續配藥物時，他們可能會收到 30 天的藥量和變更通知。

如果我們做出此類其他變更，您或您的處方醫生可以要求我們進行例外處理，並且繼續承保您正在服用的藥物。我們向您提供的通知也將包括如何申請例外處理的資訊，並且您也可閱讀下面一節（「如何申請 Blue Shield Select 處方集例外處理？」），以瞭解相關資訊。

如果您目前正在服用該藥物，這些變更不會影響您。通常，如果您正在服用 2025 年處方集上的某種藥物，且該藥物年初時屬於承保藥物，則除上述情況外，我們不會在 2025 承保年度內中止或減少該藥物的承保範圍。這意味著在本承保年度的剩餘時間內，該等藥物將按相同的費用分攤進行提供，並且對於服用該等藥物的會員而言無新的限制。本年內，對於不影響您的變更，您不會收到直接通知。但是，在明年的 1 月 1 日，該等變更將會對您造成影響，因此請務必查閱新福利年度的處方集，以瞭解任何藥物變更。

隨附的處方集是截至 03/19/2025 的最新處方集。要獲取有關我們計劃承保藥物的最新資訊，請聯絡我們。聯絡資訊見封面和封底。若我們在本年度內針對處方集作出任何其他負面變更，該等變更將發佈在我們的網站上：[blueshieldca.com/medformulary2025](https://blueshieldca.com/medformulary2025)。

## 如何使用處方集？

有兩種方法可以在處方集中找到您的藥物：

### 醫療病症

處方集從第 1 頁開始。本處方集的藥物按其治療的醫療病症類型劃分為不同類別。例如，治療心臟病的藥物列在「心血管藥物」類別下。如果您知道藥物用途，請在從第 1 頁開始的清單中查找類別名稱。然後在藥物類別名稱下查找。

### 按字母順序排列

如果您不確定要查找的類別，則應在從第 97 頁開始的索引中查找藥物。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提供保險資訊的頁碼。翻到索引列出的頁碼，在清單中的第一欄找到您的藥物名稱。

## 什麼是學名藥？

我們的計劃涵蓋品牌藥和學名藥。學名藥經 FDA 批准，具有與品牌藥相同的活性成分。一般來說，學名藥的藥效與品牌藥一樣，但費用通常低於品牌藥。許多品牌藥都有學名藥替代品。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。

什麼是原創生物製品以及它們與生物類似藥有何關係？

在處方集中，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，而是有稱為生物類似藥的替代品。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。

- 有關藥物類型的討論，請參見 Evidence of Coverage 第 5 章第 3.1 節「『藥物清單』說明哪些 D 部分藥物受到承保」。

## 承保範圍有任何限制嗎？

部分承保藥物可能有其他承保要求或限制。這些要求和限制可能包括：

- 事先授權：我們的計劃要求您或您的處方醫生就某些藥物獲得事先授權。這意味著您在配藥之前需要獲得我們計劃的批准。如果您未獲得批准，我們的計劃可能不承保該藥物。
- 藥量限制：對於某些藥物，我們的計劃限制了所承保的藥物數量。例如，我們的計劃為每 30 天的處方提供 18 片 *sumatriptan* (IMITREX 的學名藥)。這可能是一個月或三個月標準藥量的補充。
- 階段療法：某些情況下，我們的計劃可能要求您先試用某種藥物治療您所患病症後才會承保您使用另外一種藥物。例如，如果藥物 A 和藥物 B 都能治療您的健康狀況，我們的計劃可能不承保藥物 B，除非您先嘗試藥物 A。如果藥物 A 對您不起作用，我們的計劃將承保藥物 B。

如果您的藥物有任何額外要求或限制，您可以在從第 1 頁開始的處方集中找到相關資訊。您也可以造訪我們的網站，以獲取有關特定承保藥物的限制的更多資訊。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。我們的聯絡資訊及上次更新處方集的日期載於封面和封底。

您可以要求我們的計劃對這些限制或限定進行例外處理，或要求我們列出其他可以治療您的健康狀況的類似藥物。請參閱「我如何申請計劃處方集的例外？」一節（第 v 頁），以瞭解有關如何申請例外處理的資訊。

## 如果我的藥物不在處方集上怎麼辦？

如果處方集（承保藥物清單）上沒有您的藥物，您應首先聯絡客戶服務部，詢問您的藥物是否在承保範圍內。

如果您得知我們的計劃不承保您的藥物，您有兩種選擇：

- 您可以向客戶服務部索取我們計劃承保的類似藥物清單。當您收到該清單時，請將其交給您的醫生，並要求他們開處我們計劃承保的類似藥物。
- 您可以要求我們的計劃為您提供例外處理，並承保您的藥物。有關如何要求例外處理的資訊，請參閱下文。

## 如何申請 **Blue Shield Select** 處方集例外處理？

您可以要求我們的計劃為您提供承保規則的例外處理。您可以要求我們做出幾種類型的例外處理。

- 即使某種藥物不在我們的處方集中，您也可以要求我們承保。如果獲得批准，該藥物將以預定費用分攤層級進行承保，並且您將無法要求我們以較低的費用分攤層級提供該藥物。
- 您可以要求我們放棄承保限制，包括事先授權、階段療法或藥物數量限制。例如，對於某些藥物，我們的計劃限制了我們承保的藥物數量。如果您的藥品有數量限制，您可以要求我們放棄限制並承保更大的數量。
- 您可以要求我們以較低費用分攤層級承保處方集藥物，除非該藥物處於特殊藥物層級。如果獲得批准，這將降低您必須支付的藥物費用。

通常，我們的計劃僅在下述情況下批准例外處理申請：替代藥物屬於計劃處方集中的藥物，費用分攤較低的藥物或施加限制使得治療影響您的藥效和/或將導致您出現不良反應。

您或您的處方醫生應聯絡我們，要求我們做出層級或處方例外處理，包括承保限制的例外處理。當您請求例外處理時，您的處方醫生將需要解釋您需要例外處理的醫療原因。一般來說，我們必須在收到處方醫生的支持聲明後 **72** 小時內做出決定。如果您認為並且我們同意等待最多 **72** 小時的裁決可能嚴重損害您的健康，那麼您可請求加急（快速）裁決。如果我們同意，或者您的處方醫生要求快速裁決，我們必須在收到您處方醫生的支持聲明後 **24** 小時內為您作出裁決。

## 如果我的藥物不在處方集中或受到限制，該怎麼辦？

作為新近入保或繼續入保我們計劃的會員，您可能正在服用不在我們處方集中的藥物。或者，您可能正在服用我們處方集中的藥物，但存在承保限制，例如事先授權。您應與您的處方醫生討論以下方案，即申請承保裁決，以證明您符合批准的標準，改用我們承保的替代藥物，或申請處方集例外處理，以便我們承保您服用的藥物。當您與您的醫生交談以確定適合您的正確行動方案時，在某些情況下，我們可能會在您成為我們計劃成員的前 **90** 天內承保您的藥物。

對於不在我們處方集中的每種藥物或者存在承保限制，我們將提供 **30** 天的臨時藥量。如果您的處方天數較短，我們將會允許您續配，直到為您提供的藥量達到 **30** 天的上限藥量為止。如果承保沒有獲得批准，在您首次獲得 **30** 天的藥量後，即使您加入本計劃的時間少於 **90** 天，我們也不會為這些藥物付款。

如果您住在長期照護設施，並且所需藥物不在處方集中，或者如果您獲得藥物的能力受限，但您

成為本計劃會員已超過 90 天，則在您申請處方集例外處理時，我們將承保該藥物 31 天的應急藥量。

過渡政策適用於穩定服用下述藥物的會員：

- 不在計劃處方集中的 D 部分藥物，或
- 之前在例外處理項下承保的 D 部分藥物，但例外處理已到期，或
- 存在事先授權、階段療法或藥量限制要求的計劃處方集中的 D 部分藥物，或
- 在無法在服務點區分其是新增處方藥或持續使用的處方藥的情況下，上文列出的 D 部分藥物

且屬於下列情形之一的會員：

- 年度協調選擇期之後的新會員，
- 在合約年度開始時從其他保險過渡而來的新符合資格的會員，
- 在合約年度開始後將從一個 Blue Shield 計劃切換到另一個 Blue Shield 計劃的過渡者，
- 居住在長期護理 (LTC) 機構的成員，或
- 在某些情況下，現有會員會受到從一個計劃年到下一個計劃年的規定變化的影響。

繼續承保新計劃年度並經歷負面處方變化的會員將在新計劃年度繼續承保選定藥物，具體取決於我們的計劃以及 Centers for Medicare and Medicaid Services (CMS, Medicare 與 Medicaid 服務中心) 對 D 部分藥物的指南。服用未被選入自動繼續承保項目之藥物的計劃會員將獲得過渡過程，這與新計劃年度開始時新會員所需的過渡過程一致。如果會員入保的計劃的有效入保日期為 11 月 1 日或 12 月 1 日，並且需要獲得過渡藥量，則過渡政策將在整個計劃年度內延期。

在過渡階段，如果藥物不在處方集中或有如下限制：階段療法或事先授權，則會員可諮詢其處方醫生，以決定是否應改用我們承保的另一種藥物，或申請處方集例外處理，以就該藥物獲得承保。會員可以聯絡我們的計劃客戶服務部，尋求啟動事先授權或例外請求的協助。我們的網站上提供了事先授權或例外處理申請表，也可根據要求透過郵寄、電子郵件或傳真向會員和處方醫生提供。

根據我們的過渡政策，透過與網絡藥房合作，我們將就非處方集 D 部分藥物或有承保限制的處方藥提供臨時藥量，以防止持續治療中斷。臨時藥量也為會員提供充足時間，以便其與處方醫生合作改用療效相同的處方集藥物，或根據醫療必要性完成處方集例外處理申請。Blue Shield 藥房技師、藥劑師和/或醫師會根據 CMS 批准的承保標準對處方集藥物的事先授權申請進行審核，並就醫療必要性對處方集例外處理申請進行審核。如果處方集例外處理申請被拒，我們將向處方醫生提供適當治療替代選項的清單。您也將收到一封信函，其中提供了有關如何針對該裁決提出上訴的指示。

在您成為新會員的前 90 天內（自我們計劃的承保生效日期開始），對於零售藥房的非處方集藥物，其過渡藥量為一次性的 30 天的臨時藥量（除非處方天數較短，在這種情況下，我們將承保多次配取，直到提供總計達 30 天的藥量為止）。由於因安全性而作出的計劃藥量限制變更，或基於核准的產品標籤的藥物使用變更，過渡處方藥可配取少於處方天數的藥量，並可進行續配，但總

藥量不得超過 30 天藥量。如果從一個年度至下個年度期間，您受到處方集負面變更的影響，在您需要在新計劃年度的前 90 天內續配非處方集藥物的情況下，我們將提供該藥物多達 30 天的臨時藥量。

零售和 LTC 藥房可更改銷售點，以承保下述藥物的過渡藥量，即需要獲得事先授權或遵循階段療法的非處方集藥物，除非該藥物需要接受審核以作出 B 部分與 D 部分裁定，受限於防止非 D 部分藥物承保的限制或促進 D 部分藥物安全使用的限制。我們將承保 30 天的藥量（除非處方天數較短，在這種情況下，我們將承保多次配取，直到提供總計達 30 天的藥量為止）。對於符合低收入補貼 (LIS) 資格的會員而言，過渡流程項下提供的臨時藥量的費用分攤不得超過該等 LIS 會員的法定共付額上限。對於所有其他會員（非 LIS 會員），過渡期間提供的非處方集 D 部分藥物的相同費用分攤將適用於透過處方集例外處理獲得批准的非處方集藥物；並且在滿足使用管理條件後，過渡期間提供的受限於使用管理變更的處方集藥物的相同費用分攤將適用。在例外處理程序完成後，一旦確定 D 部分藥物的最初處方劑量具有醫療必要性，對於基於安全藥量限制而多次配取較少藥量的 D 部分藥物，會員將無需支付相關的額外費用分攤。

在我們承保 30 天的臨時藥量後，作為過渡政策的一部分，我們通常不會再為該等藥物支付費用。在承保臨時藥量後，我們將在 3 個工作日內發出書面通知。該通知將包含所收到的過渡藥量的臨時性質的說明、與我們和處方醫生合作以確定處方集中適當治療替代選項的說明、您申請處方集例外處理的權利的說明，以及申請處方集例外處理的程序的說明。如已提供過一次過渡藥量，且您目前正在申請承保範圍確定，則在最初的 30 天藥量之外，過渡藥量可加配 30 天藥量的處方藥，除非處方天數少於 30 天。過渡期的延長將視具體情況而定，如果您的例外處理申請或上訴在最短過渡期結束前仍未得到處理，過渡期將延長至完成過渡為止（透過改用適當的處方集藥物或針對例外處理申請作出決定）。

如果您住在長期護理機構（如療養院），在您入保我們計劃的前 90 天內（自保險生效日期開始），我們將按 14 天或更少天數的增量承保 D 部分藥物的藥量，以提供 31 天的臨時過渡藥量（除非處方天數較短）。

請注意，過渡政策僅適用於在網絡藥房購買的「D 部分藥物」。除非您有資格獲取網絡外藥物，否則過渡政策不能用於購買非 D 部分藥物或網絡外藥物。

## 要瞭解更多資訊

有關您的計劃處方藥承保的更多詳細資訊，請查看您的 Evidence of Coverage 和其他計劃材料。

如果您對計劃有疑問，請聯絡我們。我們的聯絡資訊及上次更新處方集的日期載於封面和封底。

如果您有關於 Medicare 處方藥承保範圍的常見疑問，請致電 Medicare，電話：1-800-MEDICARE (1-800-633-4227)，服務時間：每週七天，每天 24 小時。TTY 使用者請撥打 1-877-486-2048。或者，造訪 <http://www.medicare.gov>。

## 計劃處方集

下面的處方集提供了有關我們計劃承保藥物的承保資訊。如果您難以在清單中找到藥物，請翻到從第 97 頁開始的索引。

圖表的第一欄列明藥物名稱。品牌藥為大寫（如 ELIQUIS（阿哌沙班）），學名藥為小寫斜體（如 *amoxicillin*（阿莫西林））。

要求/限制欄中的資訊告訴您我們的計劃是否對您的藥物承保有任何特殊要求。



對於 Alameda 縣、Orange 縣和 San Diego 縣的 Blue Shield Select 會員，初始承保階段的共付額 / 共同保險：

層級	藥量	費用分攤 Alameda 縣	費用分攤 Orange 和 San Diego 縣
1：首選學名藥	優先零售費用分擔（網絡內）（30 天藥量）	\$0 共付額	\$0 共付額
	首選零售費用分攤（網絡內）或計劃送貨上門費用分攤（最多 100 天藥量）	\$0 共付額	\$0 共付額
	標準零售費用分攤（網絡內）（30 天藥量）	\$5 共付額	\$5 共付額
	標準零售費用分攤（網絡內）（最多 100 天藥量）	\$5 共付額	\$5 共付額
2：學名藥	首選零售費用分攤（網絡內）（30 天藥量）	\$5 共付額	\$10 共付額
	首選零售費用分攤（網絡內）或計劃送貨上門費用分攤（最多 100 天藥量）	\$7.50 共付額	\$15 共付額
	標準零售費用分攤（網絡內）（30 天藥量）	\$20 共付額	\$20 共付額
	標準零售費用分攤（網絡內）（最多 100 天藥量）	\$60 共付額	\$60 共付額
3：首選品牌藥	首選零售費用分攤（網絡內）（30 天藥量）	\$40 共付額	\$40 共付額
	首選零售費用分攤（網絡內）或計劃送貨上門費用分攤（最多 100 天藥量）	\$100 共付額	\$100 共付額
	標準零售費用分攤（網絡內）（30 天藥量）	\$47 共付額	\$47 共付額
	標準零售費用分攤（網絡內）（最多 100 天藥量）	\$141 共付額	\$141 共付額
3：承保胰島素	優先零售費用分擔（網絡內）（30 天藥量）	\$35 共付額	\$35 共付額
	首選零售費用分攤（網絡內）或計劃送貨上門費用分攤（最多 100 天藥量）	\$100 共付額	\$100 共付額
	標準零售費用分攤（網絡內）（30 天藥量）	\$35 共付額	\$35 共付額
	標準零售費用分攤（網絡內）（最多 100 天藥量）	\$105 共付額	\$105 共付額
4：非首選藥物	首選零售費用分攤（網絡內）（30 天藥量）	\$95 共付額	\$95 共付額
	首選零售費用分攤（網絡內）或計劃送貨上門費用分攤（最多 100 天藥量）	\$237.50 共付額	\$237.50 共付額
	標準零售費用分攤（網絡內）（30 天藥量）	\$100 共付額	\$100 共付額
	標準零售費用分攤（網絡內）（最多 100 天藥量）	\$300 共付額	\$300 共付額

層級	藥量	費用分攤 Alameda 縣	費用分攤 Orange 和 San Diego 縣
4：承保胰島素	優先零售費用分攤（網絡內）（30 天藥量）	\$35 共付額	\$35 共付額
	首選零售費用分攤（網絡內）或計劃送貨上門費用分攤（最多 100 天藥量）	\$100 共付額	\$100 共付額
	標準零售費用分攤（網絡內）（30 天藥量）	\$35 共付額	\$35 共付額
	標準零售費用分攤（網絡內）（最多 100 天藥量）	\$105 共付額	\$105 共付額
5：特殊層級藥物	首選零售費用分攤（網絡內）、標準零售費用分攤（網絡內）或計劃送貨上門費用分攤（30 天藥量）	Blue Shield 合約費率的 33%	Blue Shield 合約費率的 33%
	首選零售費用分攤（網絡內）、標準零售費用分攤（網絡內）或計劃送貨上門費用分攤（最多 100 天藥量）	長期藥量不適用於第 5 層級藥物。	長期藥量不適用於第 5 層級藥物。

- 購自網絡外藥房的藥物的費用分攤（30 天藥量）與網絡內標準零售費用分攤（30 天藥量）相同。
- 購自網絡內長期護理藥房的第 1-5 層級的藥物的費用分攤（31 天藥量）與網絡內標準零售費用分攤（30 天藥量）相同。

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	特殊層級藥物

符號	名稱	說明
LA	Limited Access (有限配取)	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	Prior Authorization (事先授權)	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。這些藥物標有「PA – B 部分與 D 部分裁定」
QL	Quantity Limit (藥量限制)	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。其他數量限制鼓勵在可能的情況下統一給藥。
ST	Step Therapy (階段療法)	當嘗試過其他第一線或首選藥物治療（階段療法）時，將提供此處方的承保。
NDS	Non-Extended Day Supply (非延期藥量)	藥物不可長期供應。
EDC	Enhanced Drug Coverage (增強藥物承保)	該處方藥通常不包含在 Medicare 處方藥計劃的承保範圍內；但是，Blue Shield 將這種藥物作為補充福利承保。您在配藥時支付的金額不計入您的藥品總費用（也就是說，您支付的金額不會幫助您獲得巨災承保的資格）。此外，如果您正在接受 Medicare 或社會安全署的 Extra Help（額外補助）來支付您的處方藥費用，您將不會獲得任何 Extra Help 來支付這種藥物的費用。
INS	Covered Insulin (承保胰島素)	對於我們計劃承保的每種胰島素產品的一個月供應量，無論其屬於哪個費用分攤級別，您所支付的費用不會超過 \$35。
VAC	\$0 Vaccine (\$0 疫苗)	我們的計劃免費承保大多數 D 部分疫苗。請致電客戶服務部以瞭解更多資訊。

## ANALGESICS

## NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	TIER 2	PA, QL (48 PER 30 OVER TIME), NDS
<i>cataflam 50 mg tab</i>	TIER 2	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>diclofenac potassium 50 mg tab</i>	TIER 2	
<i>diclofenac sodium (1 % gel, 1.5 % solution)</i>	TIER 3	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr)</i>	TIER 2	
<i>diclofenac sodium 3 % gel</i>	TIER 4	PA, QL (100 PER 30 DAYS)
<i>diclofenac sodium 75 mg tab dr</i>	TIER 1	
<i>diclofenac sodium er 100 mg tab er 24h</i>	TIER 2	
<i>diflunisal 500 mg tab</i>	TIER 3	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>etodolac (200 mg cap, 300 mg cap)</i>	TIER 3	
<i>etodolac (400 mg tab, 500 mg tab)</i>	TIER 2	
<i>etodolac er (er 400 mg tab er 24h, er 500 mg tab er 24h, er 600 mg tab er 24h)</i>	TIER 3	
FLURBIPROFEN (50 MG TAB, 100 MG TAB)	TIER 2	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	TIER 2	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	TIER 2	
<i>indomethacin er 75 mg cap er</i>	TIER 3	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	TIER 1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	TIER 2	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	TIER 1	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i></i>。

藥物名稱	藥物等級	要求/限制
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>naproxen dr 500 mg tab dr</i>	TIER 2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	TIER 3	
<i>oxaprozin 600 mg tab</i>	TIER 4	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	TIER 3	
<i>relafen (500 mg tab, 750 mg tab)</i>	TIER 2	
<i>sulindac (150 mg tab, 200 mg tab)</i>	TIER 2	

## OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	TIER 4	PA, QL (4 PER 28 OVER TIME), NDS
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	TIER 3	PA, QL (10 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg tab</i>	TIER 4	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/5ml solution</i>	TIER 4	PA, QL (450 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/ml solution</i>	TIER 4	PA, NDS
<i>methadone hcl 5 mg tab</i>	TIER 4	PA, QL (180 PER 30 OVER TIME), NDS
<i>methadone hcl 5 mg/5ml solution</i>	TIER 4	PA, QL (900 PER 30 OVER TIME), NDS
<i>morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	TIER 4	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate er 15 mg tab er</i>	TIER 4	QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate er 30 mg tab er</i>	TIER 4	QL (90 PER 30 OVER TIME), NDS
<i>tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)</i>	TIER 4	PA, QL (1 PER 1 DAYS), NDS

## OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	TIER 2	QL (1800 PER 30 OVER TIME), NDS
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	TIER 2	QL (12 PER 1 DAYS), NDS
<i>acetaminophen-codeine 300-60 mg tab</i>	TIER 2	QL (6 PER 1 DAYS), NDS
<i>butorphanol tartrate 10 mg/ml solution</i>	TIER 3	QL (15 PER 28 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	TIER 4	QL (336 PER 30 OVER TIME), NDS
<i>codeine sulfate 30 mg tab</i>	TIER 4	QL (168 PER 30 OVER TIME), NDS

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>.</i>

藥物名稱	藥物等級	要求/限制
CODEINE SULFATE 60 MG TAB	TIER 4	QL (84 PER 30 OVER TIME), NDS
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>endocet 10-325 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>endocet 7.5-325 mg tab</i>	TIER 3	QL (112 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	TIER 4	QL (2520 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 2	QL (8 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)</i>	TIER 2	QL (6 PER 1 DAYS), NDS
<i>hydromorphone hcl 2 mg tab</i>	TIER 3	QL (154 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 4 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 8 mg tab</i>	TIER 3	QL (42 PER 30 OVER TIME), NDS
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	TIER 3	QL (120 PER 30 OVER TIME), NDS
<i>morphine sulfate (concentrate) ((concentrate) 20 mg/ml solution, (concentrate) 100 mg/5ml solution)</i>	TIER 3	QL (70 PER 30 OVER TIME), NDS
<i>morphine sulfate 10 mg/5ml solution</i>	TIER 3	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate 20 mg/5ml solution</i>	TIER 3	QL (315 PER 30 OVER TIME), NDS
<i>oxycodone hcl (15 mg tab, 30 mg tab)</i>	TIER 3	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl 10 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone hcl 100 mg/5ml conc</i>	TIER 4	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl 20 mg tab</i>	TIER 3	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg tab</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg/5ml solution</i>	TIER 3	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 10-325 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	TIER 3	QL (1000 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	TIER 3	QL (112 PER 30 OVER TIME), NDS
<i>tramadol hcl 50 mg tab</i>	TIER 2	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	TIER 2	QL (112 PER 30 OVER TIME), NDS

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>。</i>

## ANESTHETICS

### LOCAL ANESTHETICS

<i>lidocaine 5 % ointment</i>	TIER 4	QL (50 PER 30 DAYS)
<i>lidocaine 5 % patch</i>	TIER 3	PA, QL (3 PER 1 DAYS)
<i>lidocaine hcl 4 % solution</i>	TIER 2	
<i>lidocaine viscous hcl 2 % solution</i>	TIER 2	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	TIER 3	QL (30 PER 30 DAYS)
<i>lidocan 5 % patch</i>	TIER 3	PA, QL (3 PER 1 DAYS)
NAYZILAM 5 MG/0.1ML SOLUTION	TIER 4	QL (10 PER 30 DAYS)
<i>premium lidocaine 5 % ointment</i>	TIER 4	QL (50 PER 30 DAYS)

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

### ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium 333 mg tab dr</i>	TIER 4	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	TIER 2	

### OPIOID DEPENDENCE

<i>buprenorphine hcl 2 mg sl tab</i>	TIER 2	QL (12 PER 1 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl (-naloxone 2-0.5 mg film, -naloxone 4-1 mg film)</i>	TIER 2	QL (5 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl (-naloxone 8-2 mg film, -naloxone 8-2 mg sl tab)</i>	TIER 2	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	TIER 2	QL (2 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	TIER 2	QL (12 PER 1 DAYS)

### OPIOID REVERSAL AGENTS

<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsy, 0.4 mg/ml solution, 2 mg/2ml soln prsy, 4 mg/10ml solution)</i>	TIER 2	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	TIER 2	QL (2 PER 30 DAYS)
<i>naltrexone hcl 50 mg tab</i>	TIER 2	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

**SMOKING CESSATION AGENTS**

<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	TIER 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	TIER 4	
NICOTROL NS 10 MG/ML SOLUTION	TIER 4	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>varenicline tartrate (starter) 0.5 mg x 11 &amp; 1 mg x 42 tab thpk</i>	TIER 4	QL (53 PER 30 OVER TIME)
<i>varenicline tartrate(continue) 1 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)

**ANTIBACTERIALS****AMINOGLYCOSIDES**

<i>amikacin sulfate 500 mg/2ml solution</i>	TIER 4	
ARIKAYCE 590 MG/8.4ML SUSPENSION	TIER 5	PA, LA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	TIER 2	
<i>gentamicin sulfate 40 mg/ml solution</i>	TIER 4	
<i>neomycin sulfate 500 mg tab</i>	TIER 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	TIER 4	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	TIER 4	

**ANTIBACTERIALS, OTHER**

<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	TIER 4	
CAYSTON 75 MG RECON SOLN	TIER 5	PA, LA, QL (84 PER 28 DAYS)
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	TIER 2	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	TIER 4	
<i>clindamycin phosphate (9 gm/60ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	TIER 4	
<i>clindamycin phosphate 2 % cream</i>	TIER 2	
<i>clindamycin phosphate in d5w ( 300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	TIER 4	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i></i>。



藥物名稱	藥物等級	要求/限制
CLINDAMYCIN PHOSPHATE IN NAACL ( 300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	TIER 4	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	TIER 4	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	TIER 5	
<i>lincomycin hcl 300 mg/ml solution</i>	TIER 4	
<i>linezolid 100 mg/5ml recon susp</i>	TIER 5	PA
<i>linezolid 600 mg tab</i>	TIER 4	PA
<i>linezolid 600 mg/300ml solution</i>	TIER 4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	TIER 5	
<i>methenamine hippurate 1 gm tab</i>	TIER 4	
<i>metronidazole (0.75 % cream, 0.75 % lotion)</i>	TIER 3	
<i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)</i>	TIER 2	
<i>metronidazole (1 % gel, 500 mg/100ml solution)</i>	TIER 4	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	TIER 2	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	TIER 2	
<i>polymyxin b sulfate 500000 unit recon soln</i>	TIER 4	
<i>rosadan 0.75 % cream</i>	TIER 3	
<i>rosadan 0.75 % gel</i>	TIER 2	
<i>tigecycline 50 mg recon soln</i>	TIER 5	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	TIER 4	
<i>trimethoprim 100 mg tab</i>	TIER 2	
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 1.75 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 125 mg cap, 250 mg cap, 250 mg recon soln, 500 mg recon soln, 750 mg recon soln)</i>	TIER 4	
<i>vancomycin hcl 5 gm recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
VANDAZOLE 0.75 % GEL	TIER 3	
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)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>x</i>。

**BETA-LACTAM, CEPHALOSPORINS**

CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	TIER 2
<i>cefadroxil (1 gm tab, 500 mg cap)</i>	TIER 2
<i>cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)</i>	TIER 3
<i>cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	TIER 4
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	TIER 3
<i>cefdinir 300 mg cap</i>	TIER 2
CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION)	TIER 4
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	TIER 4
<i>cefotetan disodium (1 gm recon soln, 2 gm recon soln)</i>	TIER 4
<i>cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	TIER 4
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	TIER 4
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	TIER 2
<i>ceftazidime (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i>	TIER 4
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	TIER 4
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	TIER 2
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	TIER 4
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	TIER 2
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	TIER 4
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	TIER 5

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

**BETA-LACTAM, PENICILLINS**

<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	TIER 2
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	TIER 2
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	TIER 4
<i>ampicillin 500 mg cap</i>	TIER 2
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i>	TIER 4
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)</i>	TIER 4
BICILLIN C-R 1200000 UNIT/2ML SUSPENSION	TIER 4
BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION	TIER 4
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	TIER 4
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	TIER 2
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	TIER 4
<i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</i>	TIER 4
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	TIER 4
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	TIER 2
<i>pfizerpen (5000000 recon soln, 20000000 recon soln)</i>	TIER 4

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
piperacillin sod-tazobactam so (d-tazobactam 2.25 (2-0.25) gm recon ln, d-tazobactam 3-0.375 gm recon ln, d-tazobactam 3.375 (3-0.375) gm recon ln, d-tazobactam 4-0.5 gm recon ln, d-tazobactam 4.5 (4-0.5) gm recon ln, d-tazobactam 13.5 (12-1.5) gm recon ln, d-tazobactam 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	
clarithromycin er 500 mg tab er 24h	TIER 4	
DIFICID 200 MG TAB	TIER 5	PA, QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	TIER 5	PA, QL (136 PER 10 OVER TIME)
e.e.s. 400 400 mg tab	TIER 4	
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, 400 mg/5ml recon susp)	TIER 4	
erythromycin lactobionate 500 mg recon soln	TIER 4	

## QUINOLONES

BESIVANCE 0.6 % SUSPENSION	TIER 3	
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您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
CILOXAN 0.3 % OINTMENT	TIER 4	
<i>ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)</i>	TIER 4	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 2	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	TIER 4	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 2	
<i>levofloxacin 25 mg/ml solution</i>	TIER 4	
<i>levofloxacin in d5w ( 500 mg/100ml solution, 750 mg/150ml solution)</i>	TIER 4	
<i>moxifloxacin hcl 400 mg tab</i>	TIER 3	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION

## SULFONAMIDES

<i>sulfadiazine 500 mg tab</i>	TIER 3	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	TIER 2	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	TIER 4	

## TETRACYCLINES

<i>avidoxy 100 mg tab</i>	TIER 3	
<i>doxy 100 100 mg recon soln</i>	TIER 4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	TIER 2	
<i>doxycycline hyclate 100 mg recon soln</i>	TIER 4	
<i>doxycycline monohydrate (50 mg cap, 100 mg cap)</i>	TIER 2	
<i>doxycycline monohydrate (50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 3	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	TIER 2	
<i>mondoxyne nl 100 mg cap</i>	TIER 2	
<i>morgidox 100 mg cap</i>	TIER 2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	TIER 4	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

## ANTICONVULSANTS

### ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	TIER 5	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML SOLUTION	TIER 5	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>divalproex sodium er (er 250 mg tab er 24h, er 500 mg tab er 24h)</i>	TIER 2	
EPIDIOLEX 100 MG/ML SOLUTION	TIER 5	LA, PA - FOR NEW STARTS ONLY
EPRONTIA 25 MG/ML SOLUTION	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	TIER 4	
FINTEPLA 2.2 MG/ML SOLUTION	TIER 5	LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	TIER 4	QL (24 PER 1 DAYS)
FYCOMPA 2 MG TAB	TIER 4	QL (3 PER 1 DAYS)
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	TIER 2	
<i>levetiracetam er 500 mg tab er 24h</i>	TIER 2	QL (6 PER 1 DAYS)
<i>levetiracetam er 750 mg tab er 24h</i>	TIER 2	QL (4 PER 1 DAYS)
<i>roweepira 500 mg tab</i>	TIER 2	
SPRITAM (250 MG TAB, 500 MG TAB)	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 1000 MG TAB	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 750 MG TAB	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 2	
TOPIRAMATE 50 MG CAP SPRINK	TIER 2	QL (8 PER 1 DAYS)
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	TIER 4	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	TIER 2	
XCOPRI (150 MG TAB, 200 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	TIER 2	
<i>methsuximide 300 mg cap</i>	TIER 3	

## GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam 10 mg tab</i>	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 2.5 mg/ml suspension</i>	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 20 mg tab</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>diazepam 10 mg gel</i>	TIER 4	QL (20 PER 30 DAYS)
DIAZEPAM 2.5 MG GEL	TIER 4	QL (5 PER 30 DAYS)
<i>diazepam 20 mg gel</i>	TIER 4	QL (40 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	TIER 3	QL (72 PER 1 DAYS)
<i>gabapentin (600 mg tab, 800 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>gabapentin 100 mg cap</i>	TIER 2	QL (12 PER 1 DAYS)
<i>gabapentin 300 mg cap</i>	TIER 2	QL (8 PER 1 DAYS)
<i>gabapentin 400 mg cap</i>	TIER 2	QL (6 PER 1 DAYS)
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	TIER 5	QL (10 PER 30 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>i>。

藥物名稱	藥物等級	要求/限制
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	TIER 2	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	TIER 4	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	TIER 5	QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	TIER 5	QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	TIER 5	QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	TIER 5	QL (10 PER 30 DAYS)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg tab</i>	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIGAFYDE 100 MG/ML SOLUTION	TIER 5	LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigpoder 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZTALMY 50 MG/ML SUSPENSION	TIER 5	LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## SODIUM CHANNEL AGENTS

APTIOM (200 MG TAB, 400 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
APTIOM (600 MG TAB, 800 MG TAB)	TIER 5	QL (2 PER 1 DAYS)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)</i>	TIER 2	
<i>carbamazepine er (er 100 mg cap er 12h, er 100 mg tab er 12h, er 200 mg cap er 12h, er 200 mg tab er 12h, er 300 mg cap er 12h, er 400 mg tab er 12h)</i>	TIER 3	
<i>epitol 200 mg tab</i>	TIER 2	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	TIER 4	QL (40 PER 1 DAYS)
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	TIER 2	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i></i>。



藥物名稱	藥物等級	要求/限制
<i>oxcarbazepine 300 mg/5ml suspension</i>	TIER 4	
<i>phenytek (200 mg cap, 300 mg cap)</i>	TIER 2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	TIER 2	
<i>phenytoin infatabs 50 mg chew tab</i>	TIER 2	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	TIER 2	
<i>rufinamide 200 mg tab</i>	TIER 4	ST, QL (16 PER 1 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	TIER 5	ST, QL (80 PER 1 DAYS)
<i>rufinamide 400 mg tab</i>	TIER 4	ST, QL (8 PER 1 DAYS)
XCOPRI (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 (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	TIER 5	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	TIER 4	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ZONISADE 100 MG/5ML SUSPENSION	TIER 4	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 2	

## ANTIDEMENTIA AGENTS

### ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	TIER 3	
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### CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>donepezil hcl 23 mg tab</i>	TIER 4	ST
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	TIER 2	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	TIER 2	
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	TIER 2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	TIER 4	
<i>galantamine hydrobromide er (er 8 mg cap er 24h, er 16 mg cap er 24h, er 24 mg cap er 24h)</i>	TIER 2	QL (1 PER 1 DAYS)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
<i>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	TIER 4	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	TIER 3	

## N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution, 28 x 5 mg &amp; 21 x 10 mg tab)</i>	TIER 3	
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>memantine hcl er (er 7 mg cap er 24h, er 14 mg cap er 24h, er 21 mg cap er 24h, er 28 mg cap er 24h)</i>	TIER 4	

## ANTIDEPRESSANTS

### ANTIDEPRESSANTS, OTHER

AUVELITY 45-105 MG TAB ER	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl 100 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>bupropion hcl 75 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	TIER 2	QL (4 PER 1 DAYS)
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	TIER 2	QL (2 PER 1 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	TIER 2	QL (1 PER 1 DAYS)
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>mirtazapine (15 mg tab, 30 mg tab)</i>	TIER 1	
<i>mirtazapine (7.5 mg tab, 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	TIER 2	
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

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

**MONOAMINE OXIDASE INHIBITORS**

EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	TIER 5	PA - FOR NEW STARTS ONLY
MARPLAN 10 MG TAB	TIER 4	
<i>phenelzine sulfate 15 mg tab</i>	TIER 2	
<i>tranylcypromine sulfate 10 mg tab</i>	TIER 4	

**SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)**

<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>citalopram hydrobromide 10 mg/5ml solution</i>	TIER 3	
<i>desvenlafaxine succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate er 100 mg tab er 24h</i>	TIER 3	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	
<i>escitalopram oxalate 5 mg/5ml solution</i>	TIER 2	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FETZIMA TITRATION 20 & 40 MG CP24 THPK	TIER 4	QL (28 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	TIER 2	
FLUOXETINE HCL 90 MG CAP DR	TIER 4	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>fluvoxamine maleate 25 mg tab</i>	TIER 2	QL (12 PER 1 DAYS)
<i>fluvoxamine maleate 50 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	TIER 3	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
<i>paroxetine hcl 10 mg/5ml suspension</i>	TIER 4	QL (30 PER 1 DAYS)
<i>paroxetine hcl er (er 12.5 mg tab er 24h, er 25 mg tab er 24h, er 37.5 mg tab er 24h)</i>	TIER 4	

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藥物名稱	藥物等級	要求/限制
sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
sertraline hcl 20 mg/ml conc	TIER 3	
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)	TIER 2	
trazodone hcl 300 mg tab	TIER 3	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	TIER 4	ST, QL (1 PER 1 DAYS)
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	TIER 2	
venlafaxine hcl er (er 37.5 mg cap er 24h, er 150 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 4	ST, QL (1 PER 1 DAYS)

## TRICYCLICS

amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	TIER 2	PA - FOR NEW STARTS ONLY
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	TIER 2	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	TIER 4	PA - FOR NEW STARTS ONLY
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	TIER 4	
doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)	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	
nortriptyline hcl 10 mg/5ml solution	TIER 4	
protriptyline hcl (5 mg tab, 10 mg tab)	TIER 4	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	TIER 4	PA - FOR NEW STARTS ONLY

## ANTIEMETICS

### ANTIEMETICS, OTHER

compro 25 mg suppos	TIER 4	
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您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	TIER 2	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	TIER 2	
<i>metoclopramide hcl 5 mg/ml solution</i>	TIER 4	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	TIER 2	
<i>prochlorperazine 25 mg suppos</i>	TIER 4	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA
<i>scopolamine 1 mg/3days patch 72hr</i>	TIER 4	

## EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant (80 &amp; 125 mg cap, 80 &amp; 125 mg misc, 80 mg cap, 125 mg cap)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>aprepitant 40 mg cap</i>	TIER 4	PA, QL (1 PER 30 DAYS)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 4	PA, QL (6 PER 1 DAYS)
<i>granisetron hcl 1 mg tab</i>	TIER 4	QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 4 mg tab disp</i>	TIER 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 8 mg tab disp</i>	TIER 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION
ONDANSETRON HCL 24 MG TAB	TIER 2	QL (15 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg tab</i>	TIER 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg/5ml solution</i>	TIER 4	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 8 mg tab</i>	TIER 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION

## ANTIFUNGALS

ABELCET 5 MG/ML SUSPENSION	TIER 4	PA - PART B VS D DETERMINATION
AMPHOTERICIN B 50 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
<i>caspofungin acetate (50 mg recon soln, 70 mg recon soln)</i>	TIER 4	PA
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	TIER 2	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>.</i>

藥物名稱	藥物等級	要求/限制
<i>econazole nitrate 1 % cream</i>	TIER 4	
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	TIER 4	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	TIER 5	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	TIER 4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	TIER 4	
<i>itraconazole 10 mg/ml solution</i>	TIER 4	PA
<i>itraconazole 100 mg cap</i>	TIER 4	
<i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>	TIER 2	
<i>micafungin sodium (50 mg recon soln, 100 mg recon soln)</i>	TIER 4	
MICONAZOLE 3 200 MG SUPPOS	TIER 3	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension, 500000 unit tab)</i>	TIER 2	
<i>posaconazole 100 mg tab dr</i>	TIER 5	PA, QL (3 PER 1 DAYS)
<i>terbinafine hcl 250 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream)</i>	TIER 3	
<i>terconazole 80 mg suppos</i>	TIER 4	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	TIER 4	PA
<i>voriconazole 200 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION

## ANTIGOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	TIER 1	
<i>colchicine 0.6 mg tab</i>	TIER 3	QL (4 PER 1 DAYS)
<i>colchicine-probenecid 0.5-500 mg tab</i>	TIER 2	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	TIER 4	ST, QL (1 PER 1 DAYS)
<i>probenecid 500 mg tab</i>	TIER 2	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

## ANTIMIGRAINE AGENTS

### CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	TIER 3	PA, QL (1 PER 28 DAYS)
NURTEC 75 MG TAB DISP	TIER 5	PA, QL (16 PER 30 DAYS)
UBRELVY (50 MG TAB, 100 MG TAB)	TIER 5	PA, QL (16 PER 30 DAYS)

### ERGOT ALKALOIDS

<i>dihydroergotamine mesylate 4 mg/ml solution</i>	TIER 5	PA, QL (8 PER 30 DAYS)
MIGERGOT 2-100 MG SUPPOS	TIER 4	QL (20 PER 30 DAYS)

### SEROTONIN (5-HT) RECEPTOR AGONIST

<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	TIER 3	QL (18 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	TIER 2	QL (24 PER 30 DAYS)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	TIER 4	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml soln prsy, 6 mg/0.5ml solution)</i>	TIER 4	QL (8 PER 30 DAYS)
<i>sumatriptan succinate refill (4 mg/0.5ml soln cart, 6 mg/0.5ml soln cart)</i>	TIER 4	QL (8 PER 30 DAYS)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	TIER 4	QL (18 PER 30 DAYS)

## ANTIMYASTHENIC AGENTS

### PARASYMPATHOMIMETICS

<i>pyridostigmine bromide 60 mg tab</i>	TIER 2	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	TIER 4	
<i>pyridostigmine bromide er 180 mg tab er</i>	TIER 4	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

## ANTIMYCOBACTERIALS

### ANTIMYCOBACTERIALS, OTHER

<i>dapsone (25 mg tab, 100 mg tab)</i>	TIER 3	
<i>rifabutin 150 mg cap</i>	TIER 4	

### ANTITUBERCULARS

<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	TIER 2	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	TIER 2	
PRIFTIN 150 MG TAB	TIER 4	
<i>pyrazinamide 500 mg tab</i>	TIER 2	
<i>rifampin (150 mg cap, 300 mg cap)</i>	TIER 2	
<i>rifampin 600 mg recon soln</i>	TIER 4	
SIRTURO (20 MG TAB, 100 MG TAB)	TIER 5	PA
TRECTOR 250 MG TAB	TIER 4	

## ANTINEOPLASTICS

### ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	TIER 3	PA - PART B VS D DETERMINATION
GLEOSTINE (10 MG CAP, 40 MG CAP)	TIER 4	
GLEOSTINE 100 MG CAP	TIER 5	
LEUKERAN 2 MG TAB	TIER 4	
MATULANE 50 MG CAP	TIER 5	LA
<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	TIER 5	PA - PART B VS D DETERMINATION

### ANTIANDROGENS

<i>abiraterone acetate 250 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abiraterone acetate 500 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bicalutamide 50 mg tab</i>	TIER 2	
ERLEADA 240 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERLEADA 60 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i></i>。



藥物名稱	藥物等級	要求/限制
FLUTAMIDE 125 MG CAP	TIER 3	
<i>nilutamide 150 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## ANTIANGIOGENIC AGENTS

<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (50 MG CAP, 100 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## ANTIESTROGENS/MODIFIERS

<i>fulvestrant 250 mg/5ml soln prsyr</i>	TIER 5	
SOLTAMOX 10 MG/5ML SOLUTION	TIER 5	PA - FOR NEW STARTS ONLY
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>toremifene citrate 60 mg tab</i>	TIER 4	

## ANTIMETABOLITES

<i>mercaptopurine 2000 mg/100ml suspension</i>	TIER 5	PA - FOR NEW STARTS ONLY
<i>mercaptopurine 50 mg tab</i>	TIER 2	
ONUREG (200 MG TAB, 300 MG TAB)	TIER 5	QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY
PURIXAN 2000 MG/100ML SUSPENSION	TIER 5	LA, PA - FOR NEW STARTS ONLY
TABLOID 40 MG TAB	TIER 3	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>x</i>。

**ANTINEOPLASTICS, OTHER**

AKEEGA (50-500 MG TAB, 100-500 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 160 MG CAP	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	TIER 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 5 MG CAP	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>hydroxyurea 500 mg cap</i>	TIER 2	
INQOVI 35-100 MG TAB	TIER 5	LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IWILFIN 192 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>leucovorin calcium (100 mg recon soln, 350 mg recon soln)</i>	TIER 4	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	TIER 2	
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	
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

**AROMATASE INHIBITORS, 3RD GENERATION**

<i>anastrozole 1 mg tab</i>	TIER 2	
<i>exemestane 25 mg tab</i>	TIER 4	
<i>letrozole 2.5 mg tab</i>	TIER 2	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>i>。

藥物名稱	藥物等級	要求/限制
<b>ENZYME INHIBITORS</b>		
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
<b>MOLECULAR TARGET INHIBITORS</b>		
ALECENSA 150 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TAB, 180 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 (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF (400 MG TAB, 500 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG CAP	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 50 MG CAP	TIER 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 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

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <id>。

藥物名稱	藥物等級	要求/限制
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	TIER 5	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	TIER 5	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (100 mg tab, 140 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (70 mg tab, 80 mg tab)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib 20 mg tab</i>	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib 50 mg tab</i>	TIER 5	QL (3 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
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	TIER 5	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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藥物名稱	藥物等級	要求/限制
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG TAB, 125 MG CAP, 125 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
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 (50 MG TAB, 100 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 140 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	TIER 5	LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMKELDI 80 MG/ML SOLUTION	TIER 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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 (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) 200 MG TAB THPK	TIER 5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 MG TAB THPK	TIER 5	QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 MG TAB THPK	TIER 5	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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藥物名稱	藥物等級	要求/限制
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	TIER 5	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	TIER 5	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	TIER 5	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 25 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>lapatinib ditosylate 250 mg tab</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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

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藥物名稱	藥物等級	要求/限制
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
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
OJEMDA 100 MG TAB	TIER 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	TIER 5	LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 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 (80 MG TAB, 120 MG TAB, 160 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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藥物名稱	藥物等級	要求/限制
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
REZLIDHIA 150 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	TIER 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	TIER 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 100 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	TIER 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate (37.5 mg cap, 50 mg cap)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 12.5 mg cap</i>	TIER 5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 25 mg cap</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	TIER 5	PA - PART B VS D DETERMINATION
TABRECTA (150 MG TAB, 200 MG TAB)	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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藥物名稱	藥物等級	要求/限制
TAFINLAR 10 MG TAB SOL	TIER 5	LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSE (40 MG TAB, 80 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP)	TIER 5	QL (4 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 (50 MG TAB, 150 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
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)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VERZENIO (50 MG TAB, 200 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

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藥物名稱	藥物等級	要求/限制
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, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	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) 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 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

<i>bexarotene 1 % gel</i>	TIER 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bexarotene 75 mg cap</i>	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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藥物名稱	藥物等級	要求/限制
PANRETIN 0.1 % GEL	TIER 5	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg cap</i>	TIER 5	

## TREATMENT ADJUNCTS

HEMADY 20 MG TAB	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>mesna 100 mg/ml solution</i>	TIER 4	
<i>mesna 400 mg tab</i>	TIER 4	
VONJO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## ANTIPARASITICS

### ANTHELMINTHICS

<i>albendazole 200 mg tab</i>	TIER 4	
<i>ivermectin 3 mg tab</i>	TIER 2	
<i>praziquantel 600 mg tab</i>	TIER 3	

### ANTIPROTOZOALS

<i>atovaquone 750 mg/5ml suspension</i>	TIER 4	PA
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	TIER 2	
BENZNIDAZOLE 100 MG TAB	TIER 4	QL (240 PER 365 OVER TIME)
BENZNIDAZOLE 12.5 MG TAB	TIER 4	QL (720 PER 365 OVER TIME)
<i>chloroquine phosphate 250 mg tab</i>	TIER 2	QL (50 PER 30 DAYS)
<i>chloroquine phosphate 500 mg tab</i>	TIER 2	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	TIER 4	QL (24 PER 2 OVER TIME)
<i>hydroxychloroquine sulfate 100 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>hydroxychloroquine sulfate 200 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>hydroxychloroquine sulfate 300 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>hydroxychloroquine sulfate 400 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>mefloquine hcl 250 mg tab</i>	TIER 2	
<i>nitazoxanide 500 mg tab</i>	TIER 5	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate 300 mg recon soln</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	TIER 2	
<i>pyrimethamine 25 mg tab</i>	TIER 5	PA

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藥物名稱	藥物等級	要求/限制
quinine sulfate 324 mg cap	TIER 3	PA, QL (6 PER 1 DAYS)

## ANTIPARKINSON AGENTS

### 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 (50 mg/5ml solution, 100 mg cap, 100 mg tab)	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)

### DOPAMINE AGONISTS

apomorphine hcl 30 mg/3ml soln cart	TIER 5	PA
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 (er 2 mg tab er 24h, er 4 mg tab er 24h, er 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	

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藥物名稱	藥物等級	要求/限制
carbidopa-levodopa er (er 25-100 mg tab er, 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	

## ANTIPSYCHOTICS

### 1ST GENERATION/TYPICAL

chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)	TIER 4	
fluphenazine decanoate 25 mg/ml solution	TIER 4	
FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 2.5 MG/ML SOLUTION, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB)	TIER 4	
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	TIER 2	
haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)	TIER 3	
haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)	TIER 3	
loxapine succinate (5 mg cap, 10 mg cap, 25 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, 25 mg tab, 50 mg tab, 100 mg tab)	TIER 3	PA - FOR NEW STARTS ONLY
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	TIER 3	
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	TIER 2	

### 2ND GENERATION/ATYPICAL

ABILIFY ASIMTUFLII (720 MG/2.4ML PRSYR, 960 MG/3.2ML PRSYR)	TIER 5	PA - PART B VS D DETERMINATION
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	TIER 5	PA - PART B VS D DETERMINATION

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>.</i>

藥物名稱	藥物等級	要求/限制
<i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>aripiprazole (5 mg tab, 10 mg tab disp, 15 mg tab disp)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	TIER 4	QL (25 PER 1 DAYS)
<i>aripiprazole 2 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR)	TIER 5	PA - PART B VS D DETERMINATION
ARISTADA INITIO 675 MG/2.4ML PRSYR	TIER 5	QL (2.4 PER 42 OVER TIME), PA - PART B VS D DETERMINATION
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK 1 & 2 & 4 & 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 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	TIER 5	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	TIER 5	QL (1.5 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	TIER 4	QL (0.25 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	TIER 5	QL (0.5 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	TIER 5	QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	TIER 5	QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	TIER 5	QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	TIER 5	QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION

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藥物名稱	藥物等級	要求/限制
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>lurasidone hcl (80 mg tab, 120 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	TIER 2	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	TIER 4	
<i>paliperidone er (er 1.5 mg tab er 24h, er 3 mg tab er 24h, er 9 mg tab er 24h)</i>	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab er 24h</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	TIER 5	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	TIER 2	
<i>quetiapine fumarate er (er 50 mg tab er 24h, er 150 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h, er 400 mg tab er 24h)</i>	TIER 4	
REXULTI (0.25 MG TAB, 1 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REXULTI (0.5 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	TIER 4	
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	TIER 2	
<i>risperidone 1 mg/ml solution</i>	TIER 3	
<i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i>	TIER 5	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (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

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藥物名稱	藥物等級	要求/限制
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	TIER 3	
<i>ziprasidone mesylate 20 mg recon soln</i>	TIER 4	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	TIER 4	PA - PART B VS D DETERMINATION

## ANTIPSYCHOTICS, OTHER

COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	TIER 5	QL (112 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY

## TREATMENT-RESISTANT

<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	TIER 4	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 2	
VERSACLOZ 50 MG/ML SUSPENSION	TIER 5	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## ANTISPASTICITY AGENTS

<i>baclofen 10 mg tab</i>	TIER 2	QL (8 PER 1 DAYS)
<i>baclofen 15 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>baclofen 20 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>baclofen 5 mg tab</i>	TIER 2	QL (16 PER 1 DAYS)
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 3	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	TIER 2	

## ANTIVIRALS

### ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

LIVTENCITY 200 MG TAB	TIER 5	PA, LA, QL (4 PER 1 DAYS)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	TIER 5	QL (4 PER 1 DAYS)
PREVYMIS 240 MG TAB	TIER 5	QL (200 PER 365 OVER TIME)
PREVYMIS 480 MG TAB	TIER 5	QL (100 PER 365 OVER TIME)
<i>valganciclovir hcl 450 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)

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藥物名稱	藥物等級	要求/限制
<i>valganciclovir hcl 50 mg/ml recon soln</i>	TIER 4	QL (18 PER 1 DAYS)

## ANTI-HEPATITIS B (HBV) AGENTS

<i>adefovir dipivoxil 10 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	TIER 5	QL (21 PER 1 DAYS)
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	TIER 3	
<i>lamivudine 100 mg tab</i>	TIER 3	

## ANTI-HEPATITIS C (HCV) AGENTS

MAVYRET 100-40 MG TAB	TIER 5	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	TIER 5	PA, QL (6 PER 1 DAYS)
<i>ribavirin (200 mg cap, 200 mg tab)</i>	TIER 2	
<i>ribavirin 6 gm recon soln</i>	TIER 5	PA - PART B VS D DETERMINATION

## ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	TIER 5	QL (1 PER 1 DAYS)
ISENTRESS 100 MG CHEW TAB	TIER 5	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	TIER 5	QL (2 PER 1 DAYS)
ISENTRESS 25 MG CHEW TAB	TIER 3	QL (6 PER 1 DAYS)
ISENTRESS 400 MG TAB	TIER 5	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	TIER 5	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	TIER 5	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	TIER 5	QL (2 PER 1 DAYS)
TIVICAY 10 MG TAB	TIER 4	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	TIER 4	QL (6 PER 1 DAYS)

## ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

COMPLERA 200-25-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
DELSTRIGO 100-300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	TIER 5	QL (2 PER 1 DAYS)

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藥物名稱	藥物等級	要求/限制
EFAVIRENZ 200 MG CAP	TIER 4	QL (3 PER 1 DAYS)
EFAVIRENZ 50 MG CAP	TIER 4	QL (6 PER 1 DAYS)
<i>efavirenz 600 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS)
<i>etravirine 100 mg tab</i>	TIER 5	QL (4 PER 1 DAYS)
<i>etravirine 200 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	TIER 4	QL (12 PER 1 DAYS)
<i>nevirapine 200 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	TIER 4	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB ER 24H	TIER 4	QL (3 PER 1 DAYS)
<i>nevirapine er 400 mg tab er 24h</i>	TIER 4	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	TIER 5	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	TIER 5	QL (2 PER 1 DAYS)

## ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

<i>abacavir sulfate 20 mg/ml solution</i>	TIER 4	QL (30 PER 1 DAYS)
<i>abacavir sulfate 300 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
CIMDUO 300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
<i>emtricitabine 200 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	TIER 4	QL (24 PER 1 DAYS)
<i>lamivudine 10 mg/ml solution</i>	TIER 3	QL (30 PER 1 DAYS)
<i>lamivudine 150 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>lamivudine 300 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
<i>lamivudine-zidovudine 150-300 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	TIER 2	QL (2 PER 1 DAYS)

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藥物名稱	藥物等級	要求/限制
TEMIXYS 300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	TIER 4	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	TIER 5	QL (2 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	TIER 5	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	TIER 4	QL (240 PER 30 DAYS)
<i>zidovudine 100 mg cap</i>	TIER 2	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	TIER 2	QL (60 PER 1 DAYS)

## ANTI-HIV AGENTS, OTHER

CABENUVA 400 & 600 MG/2ML SUSP	TIER 5	QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	TIER 5	QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION
FUZEON 90 MG RECON SOLN	TIER 5	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
<i>maraviroc 300 mg tab</i>	TIER 5	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	TIER 5	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	TIER 5	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TAB	TIER 3	QL (8 PER 1 DAYS)
SELZENTRY 75 MG TAB	TIER 5	QL (8 PER 1 DAYS)
SUNLENCA 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)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>darunavir 600 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
<i>darunavir 800 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)

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藥物名稱	藥物等級	要求/限制
EVOTAZ 300-150 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	TIER 4	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	TIER 4	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	TIER 4	QL (13 PER 1 DAYS)
NORVIR 100 MG CAP	TIER 4	
NORVIR 100 MG PACKET	TIER 4	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	TIER 4	QL (15 PER 1 DAYS)
PREZCOBIX 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)
<i>ritonavir 100 mg tab</i>	TIER 3	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	TIER 5	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	TIER 5	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	TIER 5	QL (4 PER 1 DAYS)

## ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate 30 mg cap</i>	TIER 3	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap</i>	TIER 3	QL (42 PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	TIER 3	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phosphate 75 mg cap</i>	TIER 3	QL (60 PER 180 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	TIER 3	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL 100 MG TAB	TIER 4	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	TIER 4	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	TIER 4	QL (1 PER 30 OVER TIME)

## ANTIHERPETIC AGENTS

<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	TIER 2	
<i>acyclovir 200 mg/5ml suspension</i>	TIER 4	
<i>acyclovir sodium 50 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION

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藥物名稱	藥物等級	要求/限制
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

PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	TIER 3	QL (20 PER 30 DAYS)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	TIER 3	QL (30 PER 30 DAYS)

## ANXIOLYTICS

### ANXIOLYTICS, OTHER

buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	TIER 2	
meprobamate (200 mg tab, 400 mg tab)	TIER 4	

### 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)
alprazolam er (er 0.5 mg tab er 24h, er 1 mg tab er 24h, er 3 mg tab er 24h)	TIER 4	QL (1 PER 1 DAYS)
alprazolam er 2 mg tab er 24h	TIER 4	QL (5 PER 1 DAYS)
alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 3 mg tab er 24h)	TIER 4	QL (1 PER 1 DAYS)
alprazolam xr 2 mg tab er 24h	TIER 4	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)
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 3	QL (6 PER 1 DAYS)
clorazepate dipotassium 3.75 mg tab	TIER 3	QL (24 PER 1 DAYS)
clorazepate dipotassium 7.5 mg tab	TIER 3	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)

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藥物名稱	藥物等級	要求/限制
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 (2 mg tab, 2 mg/ml conc)	TIER 2	QL (5 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 intensol 2 mg/ml conc	TIER 2	QL (5 PER 1 DAYS)

## BIPOLAR AGENTS

### 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 (er 300 mg tab er, er 450 mg tab er)	TIER 2	

## BLOOD GLUCOSE REGULATORS

### ANTIDIABETIC AGENTS

acarbose (25 mg tab, 50 mg tab, 100 mg tab)	TIER 2	
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	TIER 1	
glipizide (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 1	
glipizide er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)	TIER 1	
glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 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)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	TIER 3	QL (1 PER 1 DAYS)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
JANUMET XR 50-1000 MG TAB ER 24H	TIER 3	QL (2 PER 1 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	TIER 3	QL (2 PER 1 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	TIER 3	QL (1 PER 1 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	TIER 1	
<i>metformin hcl er (er 500 mg tab er 24h, er 750 mg tab er 24h)</i>	TIER 1	
<i>miglitol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 4	QL (3 PER 1 DAYS)
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	TIER 3	PA, QL (2 PER 28 DAYS)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	TIER 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	TIER 1	
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	TIER 1	QL (1 PER 1 DAYS)
<i>pioglitazone hcl-metformin hcl (-metformin 15-500 mg tab, -metformin 15-850 mg tab)</i>	TIER 1	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
RYBELSUS (1.5 MG TAB, 4 MG TAB, 9 MG TAB)	TIER 3	PA, QL (1 PER 1 DAYS)
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	TIER 3	PA, QL (1 PER 1 DAYS)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 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)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
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, 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	TIER 3	QL (2 PER 1 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	TIER 3	QL (1 PER 1 DAYS)

## GLYCEMIC AGENTS

BAQSIMI ONE PACK 3 MG/DOSE POWDER	TIER 3	QL (2 PER 30 OVER TIME)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	TIER 3	QL (2 PER 30 OVER TIME)
<i>diazoxide 50 mg/ml suspension</i>	TIER 5	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	TIER 3	QL (2 PER 2 OVER TIME)
<i>glucagon emergency 1 mg kit</i>	TIER 3	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	TIER 3	QL (2 PER 2 OVER TIME)

## INSULINS

HUMALOG 100 UNIT/ML SOLN CART	TIER 3	INS
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	TIER 3	INS
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	TIER 3	INS
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMULIN N 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMULIN R 100 UNIT/ML SOLUTION	TIER 3	INS
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	TIER 3	PA - PART B VS D DETERMINATION, INS

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。



藥物名稱	藥物等級	要求/限制
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	TIER 3	INS
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	TIER 3	INS
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 3	INS
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	TIER 3	INS
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	TIER 3	INS
LANTUS 100 UNIT/ML SOLUTION	TIER 3	QL (40 PER 30 DAYS), INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	TIER 3	QL (45 PER 30 DAYS), INS
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 DAYS), INS
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 DAYS), INS
TRESIBA 100 UNIT/ML SOLUTION	TIER 3	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	TIER 3	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	TIER 3	QL (27 PER 30 DAYS), INS

## BLOOD PRODUCTS AND MODIFIERS

### ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
ELIQUIS (2.5 MG TAB, 5 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	TIER 3	QL (74 PER 180 OVER TIME)
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr)</i>	TIER 4	QL (48 PER 30 DAYS)
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	TIER 4	QL (18 PER 30 DAYS)
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	TIER 4	QL (24 PER 30 DAYS)
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	TIER 4	QL (36 PER 30 DAYS)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	TIER 5	QL (24 PER 30 DAYS)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	TIER 4	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	TIER 5	QL (12 PER 30 DAYS)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	TIER 5	QL (18 PER 30 DAYS)
<i>heparin sodium (porcine) ((porcine) 1000 unit/ml solution, (porcine) 5000 unit/ml solution, (porcine) 10000 unit/ml solution, (porcine) 20000 unit/ml solution)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 1	
<i>warfarin sodium (1 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, 10 mg tab)</i>	TIER 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	TIER 3	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	TIER 3	QL (2 PER 1 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	TIER 3	QL (51 PER 180 OVER TIME)

## BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	TIER 3	
ARANESP (ALBUMIN FREE) (FREE) 10 MCG/0.4ML SOLN PRSYR, (FREE) 25 MCG/0.42ML SOLN PRSYR, (FREE) 25 MCG/ML SOLUTION, (FREE) 40 MCG/0.4ML SOLN PRSYR, (FREE) 40 MCG/ML SOLUTION, (FREE) 60 MCG/ML SOLUTION, (FREE) 100 MCG/ML SOLUTION)	TIER 4	PA
ARANESP (ALBUMIN FREE) (FREE) 60 MCG/0.3ML SOLN PRSYR, (FREE) 100 MCG/0.5ML SOLN PRSYR, (FREE) 150 MCG/0.3ML SOLN PRSYR, (FREE) 200 MCG/0.4ML SOLN PRSYR, (FREE) 200 MCG/ML SOLUTION, (FREE) 300 MCG/0.6ML SOLN PRSYR)	TIER 5	PA
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	TIER 5	PA
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	TIER 5	PA
PROMACTA (12.5 MG PACKET, 12.5 MG TAB)	TIER 5	PA, LA, QL (1 PER 1 DAYS)
PROMACTA (25 MG TAB, 50 MG TAB)	TIER 5	PA, LA, QL (3 PER 1 DAYS)
PROMACTA 25 MG PACKET	TIER 5	PA, LA, QL (6 PER 1 DAYS)
PROMACTA 75 MG TAB	TIER 5	PA, LA, QL (2 PER 1 DAYS)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i></i>。

藥物名稱	藥物等級	要求/限制
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 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

<i>tranexamic acid 650 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
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## PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	TIER 4	
BRILINTA (60 MG TAB, 90 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
<i>cilostazol (50 mg tab, 100 mg tab)</i>	TIER 2	
<i>clopidogrel bisulfate 75 mg tab</i>	TIER 1	QL (1 PER 1 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	TIER 3	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	TIER 3	QL (1 PER 1 DAYS)

## CARDIOVASCULAR AGENTS

### ALPHA-ADRENERGIC AGONISTS

<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	TIER 3	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	TIER 1	
<i>droxidopa 100 mg cap</i>	TIER 5	PA, QL (252 PER 90 OVER TIME)
<i>droxidopa 200 mg cap</i>	TIER 5	PA, QL (120 PER 30 DAYS)
<i>droxidopa 300 mg cap</i>	TIER 5	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	TIER 2	
<i>methyldopa (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 3	

### ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	TIER 2	
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您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	TIER 2	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	TIER 1	

## ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	TIER 1	
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	TIER 1	
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	TIER 1	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	TIER 1	

## ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	TIER 1	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	TIER 1	
moexipril hcl (7.5 mg tab, 15 mg tab)	TIER 1	
perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)	TIER 1	
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 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)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
<i>digox (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	TIER 4	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	TIER 2	
MULTAQ 400 MG TAB	TIER 3	QL (2 PER 1 DAYS)
<i>pacerone (100 mg tab, 400 mg tab)</i>	TIER 4	
<i>pacerone 200 mg tab</i>	TIER 2	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	TIER 2	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	TIER 2	
<i>sorine (80 mg tab, 120 mg tab, 160 mg tab)</i>	TIER 2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	TIER 2	
<i>sotalol hcl (af) ((af) 80 mg tab, (af) 120 mg tab, (af) 160 mg tab)</i>	TIER 2	

## BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	TIER 2	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	TIER 1	
<i>carvedilol phosphate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 40 mg cap er 24h, er 80 mg cap er 24h)</i>	TIER 4	ST
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	TIER 2	
<i>metoprolol succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h)</i>	TIER 1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 2	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 3	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>.</i>

藥物名稱	藥物等級	要求/限制
<i>pindolol (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	TIER 2	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	TIER 3	
<i>propranolol hcl er (er 60 mg cap er 24h, er 80 mg cap er 24h, er 120 mg cap er 24h, er 160 mg cap er 24h)</i>	TIER 2	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 4	

## CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	
<i>felodipine er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)</i>	TIER 2	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	TIER 3	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	TIER 2	
<i>nifedipine (10 mg cap, 20 mg cap)</i>	TIER 2	
<i>nifedipine er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)</i>	TIER 2	
<i>nifedipine er osmotic release (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)</i>	TIER 2	
<i>nimodipine 30 mg cap</i>	TIER 4	
NYMALIZE 6 MG/ML SOLUTION	TIER 5	QL (1260 PER 21 DAYS)

## CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	TIER 2	
<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	TIER 2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	TIER 2	
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 300 mg extended release 24hr capsule</i>	TIER 2	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
diltiazem hcl 360 mg extended release 24hr capsule	TIER 2	
diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg tab er 24h, er 180 mg tab er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)	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 (er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h, er 300 mg cap er 24h, er 360 mg cap er 24h, er 420 mg cap er 24h)	TIER 2	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	TIER 1	
VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	TIER 4	
verapamil hcl er (er 120 mg cap er 24h, er 120 mg tab er, er 180 mg cap er 24h, er 180 mg tab er, er 240 mg cap er 24h, er 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	
amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)	TIER 1	
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	TIER 1	
amlodipine-atorvastatin (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, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	TIER 3	
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	TIER 1	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	TIER 1	
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	TIER 1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	TIER 1	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	TIER 1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	TIER 1	
CORLANOR 5 MG/5ML SOLUTION	TIER 4	PA, QL (20 PER 1 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	TIER 1	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	TIER 3	QL (8 PER 1 DAYS)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	TIER 1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	TIER 1	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	TIER 4	QL (6 PER 1 DAYS)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	TIER 1	
METHYLDOPA-HYDROCHLOROTHIAZIDE (250-15 MG TAB, 250-25 MG TAB)	TIER 3	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	TIER 2	
<i>metyrosine 250 mg cap</i>	TIER 5	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	TIER 1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	TIER 1	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>.</i>



藥物名稱	藥物等級	要求/限制
<i>pentoxifylline er 400 mg tab er</i>	TIER 2	
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	TIER 2	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>ranolazine er (er 500 mg tab er 12h, er 1000 mg tab er 12h)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	TIER 2	
<i>telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)</i>	TIER 1	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	TIER 1	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	TIER 1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	TIER 1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	TIER 1	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)

## DIURETICS, LOOP

<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2
<i>bumetanide 0.25 mg/ml solution</i>	TIER 4
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1
<i>furosemide 10 mg/ml solution</i>	TIER 4
FUROSEMIDE 8 MG/ML SOLUTION	TIER 2
<i>torseamide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	TIER 2

## DIURETICS, POTASSIUM-SPARING

<i>amiloride hcl 5 mg tab</i>	TIER 2
<i>eplerenone (25 mg tab, 50 mg tab)</i>	TIER 3
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1

## DIURETICS, THIAZIDE

<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	TIER 2
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您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
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 2	
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 2	

## DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES

fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	TIER 2	
fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)	TIER 2	
fenofibric acid (45 mg cap dr, 135 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 (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 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 3	
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	TIER 4	QL (8 PER 1 DAYS)
icosapent ethyl 1 gm cap	TIER 4	QL (4 PER 1 DAYS)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
NIACIN (ANTIHYPERTENSIVE) 500 MG TAB	TIER 4	
<i>niacin er (antihyperlipidemic) (er (antihyperlipidemic) 750 mg tab er, er (antihyperlipidemic) 1000 mg tab er)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	TIER 3	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	TIER 4	
<i>omega-3-acid ethyl esters 1 gm cap</i>	TIER 3	QL (4 PER 1 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
REPATHA 140 MG/ML SOLN PRSYR	TIER 3	PA, QL (2 PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	TIER 3	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	TIER 3	PA, QL (2 PER 28 DAYS)

## SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

FARXIGA (5 MG TAB, 10 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)

## VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	TIER 2	

## VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 2	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>isosorbide mononitrate er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 120 mg tab er 24h)</i>	TIER 2	
<i>minitran (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i>	TIER 2	
NITRO-BID 2 % OINTMENT	TIER 3	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i>	TIER 2	
<i>nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.6 mg sl tab)</i>	TIER 3	
<i>nitroglycerin 0.4 % ointment</i>	TIER 4	QL (30 PER 30 DAYS)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>.</i>

藥物名稱	藥物等級	要求/限制
nitroglycerin 0.4 mg/spray solution	TIER 4	
NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)	TIER 3	

## CENTRAL NERVOUS SYSTEM AGENTS

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

amphetamine-dextroamphet er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h)	TIER 4	QL (2 PER 1 DAYS)
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 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 (5 mg tab, 10 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)
lisdexamfetamine dimesylate (10 mg cap, 10 mg chew tab, 20 mg cap, 20 mg chew tab, 30 mg cap, 30 mg chew tab, 40 mg cap, 40 mg chew tab, 50 mg cap, 50 mg chew tab, 60 mg cap, 60 mg chew tab, 70 mg cap)	TIER 4	QL (1 PER 1 DAYS)

### 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 (60 mg cap, 80 mg cap, 100 mg cap)	TIER 3	QL (1 PER 1 DAYS)
atomoxetine hcl 40 mg cap	TIER 3	QL (2 PER 1 DAYS)
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 2	QL (2 PER 1 DAYS)
guanfacine hcl er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h, er 4 mg tab er 24h)	TIER 3	QL (1 PER 1 DAYS)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)</i>	TIER 4	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 10 mg chew tab</i>	TIER 4	QL (6 PER 1 DAYS)
<i>methylphenidate hcl 10 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>methylphenidate hcl 20 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 5 mg tab</i>	TIER 2	QL (12 PER 1 DAYS)
<i>methylphenidate hcl er 10 mg tab er</i>	TIER 3	QL (6 PER 1 DAYS)
<i>methylphenidate hcl er 20 mg tab er</i>	TIER 3	QL (3 PER 1 DAYS)

## CENTRAL NERVOUS SYSTEM, OTHER

<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS
<i>riluzole 50 mg tab</i>	TIER 3	
<i>tetrabenazine 12.5 mg tab</i>	TIER 5	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine 25 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
VEOZAH 45 MG TAB	TIER 4	PA, QL (1 PER 1 DAYS)

## FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE 20 MG CAP DR	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 30 MG CAP DR	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 40 MG CAP DR	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 60 MG CAP DR	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (20 mg cp dr part, 60 mg cp dr part)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	TIER 2	QL (3 PER 1 DAYS)
<i>duloxetine hcl 40 mg cp dr part</i>	TIER 4	QL (2 PER 1 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 3	QL (3 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	TIER 3	QL (30 PER 1 DAYS)

## MULTIPLE SCLEROSIS AGENTS

BETASERON 0.3 MG KIT	TIER 5	PA, QL (15 PER 30 DAYS)
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您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
<i>dalfampridine er 10 mg tab er 12h</i>	TIER 3	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	TIER 5	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate starter pack 120 &amp; 240 mg cpdr thpk</i>	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>fingolimod hcl 0.5 mg cap</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	TIER 5	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	TIER 5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml soln prsyr</i>	TIER 5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsyr</i>	TIER 5	PA, QL (12 PER 28 DAYS)
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	TIER 4	PA, QL (1 PER 1 DAYS)

## DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg cap</i>	TIER 4	
<i>chlorhexidine gluconate 0.12 % solution</i>	TIER 2	
KEPIVANCE 6.25 MG RECON SOLN	TIER 5	PA - PART B VS D DETERMINATION
<i>kourzeq 0.1 % paste</i>	TIER 3	
<i>oralone 0.1 % paste</i>	TIER 3	
<i>periogard 0.12 % solution</i>	TIER 2	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 3	
<i>triamcinolone acetonide 0.1 % paste</i>	TIER 3	

## DERMATOLOGICAL AGENTS

### ACNE AND ROSACEA AGENTS

<i>accutane (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 4	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	TIER 4	
<i>adapalene 0.1 % cream</i>	TIER 4	PA
<i>amnestem (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 4	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	TIER 4	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	TIER 4	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	TIER 3	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
<i>myorisan (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 4	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	TIER 3	
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	TIER 4	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	TIER 4	PA
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	

## DERMATITIS AND PRURITUS AGENTS

<i>ala-cort (1 % cream, 2.5 % cream)</i>	TIER 2	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	TIER 2	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	TIER 2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	TIER 2	
<i>betamethasone dipropionate aug (0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	TIER 3	
<i>betamethasone dipropionate aug 0.05 % cream</i>	TIER 2	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	TIER 2	
<i>clobetasol prop emollient base 0.05 % cream</i>	TIER 4	
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	TIER 4	
<i>clobetasol propionate e 0.05 % cream</i>	TIER 4	
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	TIER 4	
<i>desoximetasone (0.25 % cream, 0.25 % ointment)</i>	TIER 3	
<i>fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)</i>	TIER 3	
<i>fluocinolone acetonide body 0.01 % oil</i>	TIER 4	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	TIER 4	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	TIER 3	
<i>fluocinonide emulsified base 0.05 % cream</i>	TIER 3	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	TIER 2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	TIER 3	QL (200 PER 28 DAYS)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)	TIER 2	
hydrocortisone (perianal) ((perianal) 1 % cream, (perianal) 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	
procto-pak 1 % 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)
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 (0.1 % cream, 0.5 % cream)	TIER 2	

## DERMATOLOGICAL AGENTS, OTHER

alcohol wipes 70 % misc	TIER 2	
calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)	TIER 3	
calcitrene 0.005 % ointment	TIER 3	
CALCITRIOL 3 MCG/GM OINTMENT	TIER 4	QL (800 PER 28 OVER TIME)
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	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>。</i>



藥物名稱	藥物等級	要求/限制
OTEZLA (20 MG TAB, 30 MG TAB)	TIER 5	PA, QL (2 PER 1 DAYS)
<i>podofilox 0.5 % solution</i>	TIER 2	
<i>qc alcohol 70 % misc</i>	TIER 2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	TIER 2	
SANTYL 250 UNIT/GM OINTMENT	TIER 4	QL (180 PER 30 DAYS)
<i>silver sulfadiazine 1 % cream</i>	TIER 2	
<i>ssd 1 % cream</i>	TIER 2	
TOLAK 4 % CREAM	TIER 3	
VALCHLOR 0.016 % GEL	TIER 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

## PEDICULICIDES/SCABICIDES

<i>malathion 0.5 % lotion</i>	TIER 4
<i>permethrin 5 % cream</i>	TIER 2

## TOPICAL ANTI-INFECTIVES

<i>acyclovir 5 % ointment</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>ciclodan 8 % solution</i>	TIER 2	
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	TIER 4	
<i>ciclopirox 8 % solution</i>	TIER 2	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	TIER 2	
<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	TIER 2	
ERY 2 % PAD	TIER 3	
<i>erythromycin 2 % gel</i>	TIER 4	
<i>erythromycin 2 % solution</i>	TIER 2	
<i>mupirocin 2 % ointment</i>	TIER 2	

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### ELECTROLYTE/MINERAL REPLACEMENT

<i>dextrose (5 % solution, 10 % solution)</i>	TIER 4
<i>dextrose in lactated ringers 5 % solution</i>	TIER 4
DEXTROSE-NAACL 5-0.9 % SOLUTION	TIER 4

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>.</i>

藥物名稱	藥物等級	要求/限制
dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)	TIER 4	
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	
NORMOSOL-M IN D5W SOLUTION	TIER 4	
potassium chloride (2 meq/ml solution, 10 % solution, 10 meq/100ml solution, 20 meq/100ml solution, 20 meq/15ml (10%) solution, 40 meq/100ml solution, 40 meq/15ml (20%) solution)	TIER 4	
potassium chloride crys er (crys er 10 tab er, crys er 15 tab er, crys er 20 tab er)	TIER 2	
potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 15 tab er, er 20 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 (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)	TIER 3	
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	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>。</i>

藥物名稱	藥物等級	要求/限制
<i>sodium chloride (pf) 0.9 % solution</i>	TIER 4	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	TIER 2	
TPN ELECTROLYTES CONC	TIER 4	PA - PART B VS D DETERMINATION

## ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET 100 MG CAP	TIER 5	
<i>clovique 250 mg cap</i>	TIER 5	PA, QL (8 PER 1 DAYS)
<i>deferasirox (250 mg tab sol, 500 mg tab sol)</i>	TIER 5	
<i>deferasirox 125 mg tab sol</i>	TIER 3	
<i>trientine hcl 250 mg cap</i>	TIER 5	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	TIER 5	PA, QL (4 PER 1 DAYS)

## POTASSIUM BINDERS

<i>kionex 15 gm/60ml suspension</i>	TIER 2	
LOKELMA (5 GM PACKET, 10 GM PACKET)	TIER 3	
<i>sodium polystyrene sulfonate powder</i>	TIER 2	
SPS (SODIUM POLYSTYRENE SULF) (SULF) 15 GM/60ML SUSPENSION, SULF) 30 GM/120ML SUSPENSION)	TIER 2	

## GASTROINTESTINAL AGENTS

### ANTI-CONSTIPATION AGENTS

<i>constulose 10 gm/15ml solution</i>	TIER 2	
<i>enulose 10 gm/15ml solution</i>	TIER 2	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	TIER 2	
<i>generlac 10 gm/15ml solution</i>	TIER 2	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	TIER 2	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	TIER 2	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	TIER 3	QL (1 PER 1 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	TIER 3	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	TIER 3	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>.</i>

藥物名稱	藥物等級	要求/限制
NULYTELY LEMON-LIME 420 GM RECON SOLN	TIER 3	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	TIER 2	
PLENVU 140 GM RECON SOLN	TIER 3	

## ANTI-DIARRHEAL AGENTS

<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	TIER 4	PA
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	TIER 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	TIER 4	
<i>loperamide hcl 2 mg cap</i>	TIER 2	
XERMELO 250 MG TAB	TIER 5	PA, LA, QL (3 PER 1 DAYS)

## ANTISPASMODICS, GASTROINTESTINAL

<i>atropine sulfate (0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr)</i>	TIER 4	
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	TIER 2	PA
<i>dicyclomine hcl 10 mg/5ml solution</i>	TIER 4	PA
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	TIER 2	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	TIER 4	

## GASTROINTESTINAL AGENTS, OTHER

<i>cromolyn sodium 100 mg/5ml conc</i>	TIER 4	
GAVILYTE-C 240 GM RECON SOLN	TIER 2	
<i>gavilyte-g 236 gm recon soln</i>	TIER 2	
GOLYTELY 236 GM RECON SOLN	TIER 3	
OMNITROPE 10 MG/1.5ML SOLN CART	TIER 5	PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	TIER 2	
<i>ursodiol (250 mg tab, 500 mg tab)</i>	TIER 3	
<i>ursodiol 300 mg cap</i>	TIER 4	

## HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	TIER 2	
<i>famotidine (20 mg tab, 40 mg tab)</i>	TIER 1	
NIZATIDINE (150 MG CAP, 300 MG CAP)	TIER 2	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
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## PROTECTANTS

<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	TIER 2	
<i>sucralfate 1 gm tab</i>	TIER 2	

## PROTON PUMP INHIBITORS

<i>esomeprazole magnesium 20 mg cap dr</i>	TIER 4	
<i>esomeprazole magnesium 40 mg cap dr</i>	TIER 4	QL (2 PER 1 DAYS)
<i>lansoprazole 15 mg cap dr</i>	TIER 2	
<i>lansoprazole 30 mg cap dr</i>	TIER 2	QL (2 PER 1 DAYS)
<i>omeprazole 10 mg cap dr</i>	TIER 2	
<i>omeprazole 20 mg cap dr</i>	TIER 1	
<i>omeprazole 40 mg cap dr</i>	TIER 1	QL (2 PER 1 DAYS)
<i>pantoprazole sodium 20 mg tab dr</i>	TIER 1	
<i>pantoprazole sodium 40 mg recon soln</i>	TIER 4	
<i>pantoprazole sodium 40 mg tab dr</i>	TIER 1	QL (2 PER 1 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	TIER 3	

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

ALDURAZYME 2.9 MG/5ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>betaine powder</i>	TIER 5	
<i>carglumic acid 200 mg tab sol</i>	TIER 5	PA, LA
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	TIER 3	
CYSTAGON (50 MG CAP, 150 MG CAP)	TIER 4	PA, LA
CYSTARAN 0.44 % SOLUTION	TIER 5	PA, LA, QL (60 PER 28 DAYS)
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	TIER 3	
ELAPRASE 6 MG/3ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>l-glutamine 5 gm packet</i>	TIER 5	PA, QL (6 PER 1 DAYS)
<i>levocarnitine 330 mg tab</i>	TIER 2	
NAGLAZYME 1 MG/ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 5	PA
PROLASTIN-C 1000 MG RECON SOLN	TIER 5	LA, PA - PART B VS D DETERMINATION
PROLASTIN-C 1000 MG/20ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	TIER 5	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	TIER 5	PA

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

<i>flavoxate hcl 100 mg tab</i>	TIER 3	
GEMTESA 75 MG TAB	TIER 4	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	TIER 3	
MYRBETRIQ 8 MG/ML SRER	TIER 3	QL (10 PER 1 DAYS)
<i>oxybutynin chloride 5 mg tab</i>	TIER 2	
<i>oxybutynin chloride er (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)</i>	TIER 2	
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	TIER 4	ST
<i>tolterodine tartrate er (er 2 mg cap er 24h, er 4 mg cap er 24h)</i>	TIER 4	ST
<i>tropium chloride 20 mg tab</i>	TIER 2	

### BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er 10 mg tab er 24h</i>	TIER 2	
<i>dutasteride 0.5 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>finasteride 5 mg tab</i>	TIER 1	
<i>silodosin (4 mg cap, 8 mg cap)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>tadalafil 2.5 mg tab</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>tadalafil 5 mg tab</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	TIER 1	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

**GENITOURINARY AGENTS, OTHER**

<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	
<i>penicillamine 250 mg tab</i>	TIER 5	PA

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

CORTISONE ACETATE 25 MG TAB	TIER 4	
CORTROPHIN 80 UNIT/ML GEL	TIER 5	PA, LA
<i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>	TIER 2	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	TIER 2	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	TIER 4	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	TIER 4	
<i>fludrocortisone acetate 0.1 mg tab</i>	TIER 2	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 2	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	TIER 4	
<i>methylprednisolone sodium succ 125 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>methylprednisolone sodium succ 40 mg recon soln</i>	TIER 4	
<i>prednisolone 15 mg/5ml solution</i>	TIER 2	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	TIER 2	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)</i>	TIER 2	
PREDNISONE INTENSOL 5 MG/ML CONC	TIER 3	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

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

<i>desmopressin ace spray refrig 0.01 % solution</i>	TIER 4	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	TIER 3	
<i>desmopressin acetate 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate spray 0.01 % solution</i>	TIER 4	
INCRELEX 40 MG/4ML SOLUTION	TIER 5	PA, LA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	TIER 5	PA

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

### ANDROGENS

<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 4	
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i>	TIER 3	
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i>	TIER 4	PA, QL (150 PER 30 DAYS)
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	TIER 3	PA, QL (300 PER 30 DAYS)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	TIER 4	PA, QL (37.5 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	TIER 3	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	TIER 4	QL (5 PER 30 DAYS)

### ESTROGENS

<i>afirmelle 0.1-20 mg-mcg tab</i>	TIER 3	
<i>altavera 0.15-30 mg-mcg tab</i>	TIER 3	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>amethia 0.15-0.03 &amp; 0.01 mg tab</i>	TIER 4	
<i>amethia lo 0.1-0.02 &amp; 0.01 mg tab</i>	TIER 3	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>.</i>



藥物名稱	藥物等級	要求/限制
<i>apri 0.15-30 mg-mcg tab</i>	TIER 3	
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	TIER 3	
<i>ashlyna 0.15-0.03 &amp; 0.01 mg tab</i>	TIER 4	
<i>aubra 0.1-20 mg-mcg tab</i>	TIER 3	
<i>aubra eq 0.1-20 mg-mcg tab</i>	TIER 3	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>aviane 0.1-20 mg-mcg tab</i>	TIER 3	
<i>ayuna 0.15-30 mg-mcg tab</i>	TIER 3	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>balziva 0.4-35 mg-mcg tab</i>	TIER 3	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>briellyn 0.4-35 mg-mcg tab</i>	TIER 3	
<i>camrese 0.15-0.03 &amp; 0.01 mg tab</i>	TIER 4	
<i>camrese lo 0.1-0.02 &amp; 0.01 mg tab</i>	TIER 3	
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	TIER 3	
<i>chateal 0.15-30 mg-mcg tab</i>	TIER 3	
<i>chateal eq 0.15-30 mg-mcg tab</i>	TIER 3	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	TIER 3	
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>cyred 0.15-30 mg-mcg tab</i>	TIER 3	
<i>cyred eq 0.15-30 mg-mcg tab</i>	TIER 3	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>daysee 0.15-0.03 &amp; 0.01 mg tab</i>	TIER 4	
<i>delyla 0.1-20 mg-mcg tab</i>	TIER 3	
DEPO-ESTRADIOL 5 MG/ML OIL	TIER 4	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	TIER 3	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
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	
eluryng 0.12-0.015 mg/24hr ring	TIER 3	
emoquette 0.15-30 mg-mcg tab	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 (0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab)	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)
ethynodiol diac-eth estradiol (1-35 tab, 1-50 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	
femynor 0.25-35 mg-mcg tab	TIER 3	
fyavolv (0.5-2.5 tab, 1-5 tab)	TIER 4	
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	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
<i>iclevia 0.15-0.03 mg tab</i>	TIER 3	
<i>introvale 0.15-0.03 mg tab</i>	TIER 3	
<i>isibloom 0.15-30 mg-mcg tab</i>	TIER 3	
<i>jaimiess 0.15-0.03 &amp; 0.01 mg tab</i>	TIER 4	
<i>jasmiel 3-0.02 mg tab</i>	TIER 3	
<i>jinteli 1-5 mg-mcg tab</i>	TIER 4	
<i>jolessa 0.15-0.03 mg tab</i>	TIER 3	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>juleber 0.15-30 mg-mcg tab</i>	TIER 3	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>junel 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>kalliga 0.15-30 mg-mcg tab</i>	TIER 3	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	TIER 3	
<i>kurvelo 0.15-30 mg-mcg tab</i>	TIER 3	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>larin 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>larissia 0.1-20 mg-mcg tab</i>	TIER 3	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	TIER 3	
<i>lessina 0.1-20 mg-mcg tab</i>	TIER 3	
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>levonorgest-eth estrad 91-day (0.1-0.02 &amp; 0.01 mg tab, 0.15-0.03 mg tab)</i>	TIER 3	
<i>levonorgest-eth estrad 91-day 0.15-0.03 &amp; 0.01 mg tab</i>	TIER 4	
<i>levonorgest-eth estradiol-iron 0.1-20 mg- mcg(21) tab</i>	TIER 3	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	TIER 3	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
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	
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)
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-lynyah 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 tab, 1.5-30 tab)	TIER 3	
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	TIER 3	
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	TIER 3	
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	TIER 4	

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
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	
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	
orsythia 0.1-20 mg-mcg 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 (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	TIER 4	
PREMARIN 0.625 MG/GM CREAM	TIER 3	
previfem 0.25-35 mg-mcg tab	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-lingah 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	

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藥物名稱	藥物等級	要求/限制
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>turqoz 0.3-30 mg-mcg tab</i>	TIER 3	
<i>valtya 1/50 1-50 mg-mcg tab</i>	TIER 3	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	TIER 3	
<i>vestura 3-0.02 mg tab</i>	TIER 3	
<i>vienva 0.1-20 mg-mcg tab</i>	TIER 3	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>vyfemla 0.4-35 mg-mcg tab</i>	TIER 3	
<i>vylibra 0.25-35 mg-mcg tab</i>	TIER 3	
<i>wera 0.5-35 mg-mcg tab</i>	TIER 3	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>xulane 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>yuvafem 10 mcg tab</i>	TIER 3	
<i>zafemy 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	TIER 3	
<i>zovia 1/35e (28) 1-35 mg-mcg tab</i>	TIER 3	
<i>zumandimine 3-0.03 mg tab</i>	TIER 3	

## PROGESTINS

<i>camila 0.35 mg tab</i>	TIER 3	
<i>deblitane 0.35 mg tab</i>	TIER 3	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	TIER 3	
<i>emzahh 0.35 mg tab</i>	TIER 3	
<i>errin 0.35 mg tab</i>	TIER 3	
<i>gallifrey 5 mg tab</i>	TIER 2	
<i>heather 0.35 mg tab</i>	TIER 3	
<i>incassia 0.35 mg tab</i>	TIER 3	
<i>jencycla 0.35 mg tab</i>	TIER 3	

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藥物名稱	藥物等級	要求/限制
LILETTA (52 MG) 20.1 MCG/DAY IUD	TIER 3	PA - PART B VS D DETERMINATION
<i>lyleq 0.35 mg tab</i>	TIER 3	
<i>lyza 0.35 mg tab</i>	TIER 3	
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	TIER 3	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	TIER 2	PA - FOR NEW STARTS ONLY
NEXPLANON 68 MG IMPLANT	TIER 3	
<i>nora-be 0.35 mg tab</i>	TIER 3	
<i>norethindrone 0.35 mg tab</i>	TIER 3	
<i>norethindrone acetate 5 mg tab</i>	TIER 2	
<i>norlyda 0.35 mg tab</i>	TIER 3	
<i>norlyroc 0.35 mg tab</i>	TIER 3	
<i>progesterone (100 mg cap, 200 mg cap)</i>	TIER 2	
<i>sharobel 0.35 mg tab</i>	TIER 3	
<i>tulana 0.35 mg tab</i>	TIER 3	

## SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

OSPHENA 60 MG TAB	TIER 4	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl 60 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)

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

<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 1	
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 1	

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藥物名稱	藥物等級	要求/限制
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 3	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	TIER 2	
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	TIER 3	
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	

## HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline 0.5 mg tab</i>	TIER 3	
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	TIER 5	
FIRMAGON 80 MG RECON SOLN	TIER 4	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	TIER 4	
LUPRON DEPOT (1-MONTH) ((1-MONTH) 3.75 MG KIT, (1-MONTH) 7.5 MG KIT)	TIER 5	
LUPRON DEPOT (3-MONTH) ((3-MONTH) 11.25 MG KIT, (3-MONTH) 22.5 MG KIT)	TIER 5	
LUPRON DEPOT (4-MONTH) 30 MG KIT	TIER 5	
LUPRON DEPOT (6-MONTH) 45 MG KIT	TIER 5	
<i>mifepristone 300 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
<i>octreotide acetate (50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	TIER 4	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	TIER 5	PA
ORGOVYX 120 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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	

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藥物名稱	藥物等級	要求/限制
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	TIER 4	PA - PART B VS D DETERMINATION

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

### ANTITHYROID AGENTS

<i>methimazole (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>propylthiouracil 50 mg tab</i>	TIER 2	

### IMMUNOLOGICAL AGENTS

#### ANGIOEDEMA AGENTS

HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	TIER 5	PA, LA
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	TIER 5	PA, QL (36 PER 60 OVER TIME)
<i>sajazir 30 mg/3ml soln prsyr</i>	TIER 5	PA, QL (36 PER 60 OVER TIME)

#### IMMUNOGLOBULINS

GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	TIER 5	PA
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION)	TIER 5	PA, LA

#### IMMUNOLOGICAL AGENTS, OTHER

ARCALYST 220 MG RECON SOLN	TIER 5	PA, LA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	TIER 5	PA, LA, QL (4 PER 28 DAYS)
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	TIER 5	PA, LA
COSENTYX (75 MG/0.5ML SOLN PRSYR, 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

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藥物名稱	藥物等級	要求/限制
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 (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK)	TIER 5	PA, QL (55 PER 28 OVER TIME)
REZUROCK 200 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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)
RINVOQ LQ 1 MG/ML SOLUTION	TIER 5	PA, QL (12 ML PER 1 DAYS)
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	TIER 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 150 MG/ML SOLN PRSYR	TIER 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 180 MG/1.2ML SOLN CART	TIER 5	PA, QL (1.2 PER 56 OVER TIME)
SKYRIZI 360 MG/2.4ML SOLN CART	TIER 5	PA, QL (2.4 PER 56 OVER TIME)
SKYRIZI 600 MG/10ML SOLUTION	TIER 5	PA, QL (30 PER 365 OVER TIME)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	TIER 5	PA, QL (6 PER 365 OVER TIME)
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	TIER 5	PA, QL (0.5 PER 28 DAYS)
STELARA 130 MG/26ML SOLUTION	TIER 5	PA, QL (104 PER 365 OVER TIME)
STELARA 90 MG/ML SOLN PRSYR	TIER 5	PA, QL (1 PER 28 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	TIER 5	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	TIER 5	PA, QL (10 PER 1 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	TIER 5	PA, QL (1 PER 1 DAYS)
XOLAIR (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	TIER 5	PA, QL (8 PER 28 DAYS)
XOLAIR 150 MG/ML SOLN A-INJ	TIER 5	PA, QL (2 PER 28 DAYS)
XOLAIR 150 MG/ML SOLN PRSYR	TIER 5	PA, LA, QL (2 PER 28 DAYS)
XOLAIR 75 MG/0.5ML SOLN A-INJ	TIER 5	PA, QL (5 PER 28 DAYS)
XOLAIR 75 MG/0.5ML SOLN PRSYR	TIER 5	PA, LA, QL (5 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

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藥物名稱	藥物等級	要求/限制
PEGASYS 180 MCG/0.5ML SOLN PRSYR	TIER 5	PA, QL (2 PER 30 DAYS)
PEGASYS 180 MCG/ML SOLUTION	TIER 5	PA, QL (4 PER 30 DAYS)

## IMMUNOSUPPRESSANTS

<i>azathioprine 50 mg tab</i>	TIER 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	TIER 5	PA, QL (8 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLN PRSYR	TIER 5	PA, QL (4.08 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLUTION	TIER 5	PA, QL (4 PER 28 DAYS)
ENBREL MINI 50 MG/ML SOLN CART	TIER 5	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	TIER 5	PA, QL (8 PER 28 DAYS)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	TIER 4	PA - FOR NEW STARTS ONLY
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.4ML SOLN PRSYR	TIER 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	TIER 5	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA PUSH TOUCH 40 MG/0.4ML SOLN A-INJ	TIER 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA PUSH TOUCH 40 MG/0.8ML SOLN A-INJ	TIER 5	PA, QL (4.8 ML PER 28 DAYS)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	TIER 2	
METHOTREXATE SODIUM (1 GM RECON SOLN, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	TIER 3	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) ((pf) 1 gm/40ml solution, (pf) 50 mg/2ml solution, (pf) 250 mg/10ml solution, (pf) 1000 mg/40ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 2.5 mg tab</i>	TIER 2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 500 mg recon soln)</i>	TIER 4	PA - PART B VS D DETERMINATION

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>.</i>

藥物名稱	藥物等級	要求/限制
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	TIER 4	PA - FOR NEW STARTS ONLY
SANDIMMUNE 100 MG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	TIER 5	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	TIER 5	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	TIER 5	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	TIER 5	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	TIER 5	PA, QL (4 PER 28 DAYS)
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	TIER 3	PA - PART B VS D DETERMINATION
TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	TIER 4	
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 SUSPENSION	TIER 3	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	TIER 3	VAC
BCG VACCINE 50 MG RECON SOLN	TIER 3	VAC
BEXSERO SUSP PRSYR	TIER 3	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	TIER 3	VAC
DAPTACEL 23-15-5 SUSPENSION	TIER 3	
DENGVAXIA RECON SUSP	TIER 4	
DIPHThERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	TIER 3	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	TIER 3	PA - PART B VS D DETERMINATION, VAC

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藥物名稱	藥物等級	要求/限制
GARDASIL 9 (9 SUSP PRSYR, 9 SUSPENSION)	TIER 3	VAC
HAVRIX 1440 EL U/ML SUSPENSION	TIER 3	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	TIER 3	
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 INJECTABLE	TIER 3	VAC
IXCHIQ RECON SOLN	TIER 4	
IXIARO SUSPENSION	TIER 4	VAC
JYNNEOS 0.5 ML SUSPENSION	TIER 3	VAC
KINRIX (0.5 ML SUSP PRSYR, SUSPENSION)	TIER 3	
M-M-R II RECON SOLN	TIER 3	VAC
MENACTRA SOLUTION	TIER 3	VAC
MENQUADFI SOLUTION	TIER 3	VAC
MENVEO (RECON SOLN, SOLUTION)	TIER 3	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	TIER 3	VAC
PEDIARIX SUSP PRSYR	TIER 3	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	TIER 3	
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 (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML 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
TDVAX 2-2 LF/0.5ML SUSPENSION	TIER 3	VAC
TENIVAC 5-2 LFU INJECTABLE	TIER 3	VAC

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藥物名稱	藥物等級	要求/限制
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 SUSPENSION	TIER 3	
VAQTA 50 UNIT/ML SUSPENSION	TIER 3	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	TIER 3	VAC
VAXCHORA RECON SUSP	TIER 4	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	TIER 4	
YF-VAX INJECTABLE	TIER 4	VAC

## INFLAMMATORY BOWEL DISEASE AGENTS

### AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	TIER 3	
DIPENTUM 250 MG CAP	TIER 5	PA
<i>mesalamine 1.2 gm tab dr</i>	TIER 4	QL (4 PER 1 DAYS)
<i>mesalamine 1000 mg suppos</i>	TIER 4	
<i>mesalamine 4 gm enema</i>	TIER 2	
<i>mesalamine er 0.375 gm cap er 24h</i>	TIER 3	QL (4 PER 1 DAYS)
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	TIER 2	

### GLUCOCORTICOIDS

<i>budesonide 3 mg cp dr part</i>	TIER 4	PA, QL (3 PER 1 DAYS)
<i>budesonide er 9 mg tab er 24h</i>	TIER 4	PA, QL (1 PER 1 DAYS)
CORTIFOAM 10 % FOAM	TIER 4	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 2	
<i>hydrocortisone 100 mg/60ml enema</i>	TIER 3	

## METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	TIER 1	
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藥物名稱	藥物等級	要求/限制
ALENDRONATE SODIUM 5 MG TAB	TIER 2	
<i>alendronate sodium 70 mg/75ml solution</i>	TIER 4	
<i>calcitonin (salmon) 200 unit/act solution</i>	TIER 2	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>calcitriol 1 mcg/ml solution</i>	TIER 3	PA - PART B VS D DETERMINATION
CALCITRIOL 1 MCG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>doxercalciferol 4 mcg/2ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>ibandronate sodium 150 mg tab</i>	TIER 1	
<i>ibandronate sodium 3 mg/3ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION
PROLIA 60 MG/ML SOLN PRSYR	TIER 4	PA
<i>risedronate sodium (5 mg tab, 35 mg tab, 150 mg tab)</i>	TIER 4	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	TIER 5	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	TIER 5	PA, QL (1.56 PER 28 DAYS)
XGEVA 120 MG/1.7ML SOLUTION	TIER 5	QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION

## MISCELLANEOUS THERAPEUTIC AGENTS

ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	TIER 3	
ALCOHOL 70% PADS	TIER 2	
ALCOHOL PREP PAD	TIER 2	
ALCOHOL PREP PADS 70 % PAD	TIER 2	
ALCOHOL SWABS 70 % PAD	TIER 2	
ALCOHOL SWABSTICK PAD	TIER 2	
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 3	
<i>argyle sterile water solution</i>	TIER 2	

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藥物名稱	藥物等級	要求/限制
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 (PEN 4 MISC, PEN 5 MISC)	TIER 3	
AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 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	
BIOGUARD GAUZE SPONGES 2"X2" PAD	TIER 2	
CARETOUCH ALCOHOL PREP 70 % PAD	TIER 2	
COMFORT EZ INSULIN SYRINGE (15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC)	TIER 3	
COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC)	TIER 3	
CVS ALCOHOL PREP PADS 70 % PAD	TIER 2	
DROPLET MICRON 34G X 3.5 MM MISC	TIER 3	
DROPSAFE SAFETY SYRINGE/NEEDLE (SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.3 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.5 ML MISC, SYRINGE/NEEDLE 31G 15/64" 1 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.3 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.5 ML MISC, SYRINGE/NEEDLE 31G 5/16" 1 ML MISC)	TIER 3	
EASY COMFORT INSULIN SYRINGE (1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC)	TIER 3	
EASY COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC	TIER 3	
EMBECTA INS SYR U/F 1/2 UNIT (U/F 1/2 15/64" 0.3 ML MISC, U/F 1/2 5/16" 0.3 ML MISC)	TIER 3	

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藥物名稱	藥物等級	要求/限制
EMBECTA INSULIN SYRINGE U-100 (27G 5/8" 1 ML MISC, 28G 1/2" 1 ML MISC)	TIER 3	
EMBECTA INSULIN SYRINGE U/F (U/F 30G 1/2" 0.3 ML MISC, U/F 30G 1/2" 0.5 ML MISC, U/F 30G 1/2" 1 ML MISC, U/F 31G 15/64" 0.3 ML MISC, U/F 31G 15/64" 0.5 ML MISC, U/F 31G 15/64" 1 ML MISC, U/F 31G 5/16" 0.3 ML MISC, U/F 31G 5/16" 0.5 ML MISC, U/F 31G 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 (PEN U/F 29G 12.7MM MISC, PEN U/F 31G 5 MM MISC, PEN U/F 31G 8 MM MISC, PEN U/F 32G 6 MM MISC)	TIER 3	
EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	TIER 3	
<i>gauze pads 2</i>	TIER 2	
GNP PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	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 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	TIER 4	PA - PART B VS D DETERMINATION
<i>lactated ringers solution</i>	TIER 2	
<i>methergine 0.2 mg tab</i>	TIER 4	
<i>methylergonovine maleate 0.2 mg tab</i>	TIER 4	

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藥物名稱	藥物等級	要求/限制
NOVOFINE 32G X 6 MM MISC	TIER 3	
NOVOTWIST 32G X 5 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 32G X 4 MM MISC	TIER 3	
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
PENBRAYA RECON SUSP	TIER 3	VAC
PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
QUICK TOUCH INSULIN PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC, PEN 33G 8 MISC)	TIER 3	
<i>ringers irrigation solution</i>	TIER 2	
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 3	
SILIGENTLE FOAM DRESSING 2"X2" PAD	TIER 2	
SMOFLIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
<i>sterile water for irrigation solution</i>	TIER 2	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	TIER 3	
<i>tis-u-sol solution</i>	TIER 2	
TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC)	TIER 3	
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC	TIER 3	
TRUE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 3	

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藥物名稱	藥物等級	要求/限制
ULTIGUARD SAFEPAK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	TIER 3	
UNIFINE OTC PEN NEEDLES 32G X 4 MM MISC	TIER 3	
UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC)	TIER 3	
UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	TIER 3	
VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	TIER 3	
VERIFINE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
VOWST CAP	TIER 5	PA, LA, QL (12 PER 30 DAYS)
WEBCOL ALCOHOL PREP LARGE 70 % PAD	TIER 2	

## OPHTHALMIC AGENTS

### OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac 500-10000 unit/gm ointment</i>	TIER 2	
<i>atropine sulfate 1 % solution</i>	TIER 3	
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	TIER 2	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	TIER 2	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	TIER 3	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i>	TIER 2	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	TIER 3	
<i>neo-polycin 3.5-400-10000 ointment</i>	TIER 2	
<i>neo-polycin hc 1 % ointment</i>	TIER 2	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	TIER 2	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	TIER 2	

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藥物名稱	藥物等級	要求/限制
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	TIER 2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	TIER 4	
<i>polycin 500-10000 unit/gm ointment</i>	TIER 2	
RESTASIS 0.05 % EMULSION	TIER 3	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE 0.05 % EMULSION	TIER 3	QL (5.5 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	TIER 4	QL (2.5 PER 25 DAYS)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	TIER 2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	TIER 2	
XDEMVIY 0.25 % SOLUTION	TIER 5	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	TIER 3	
ZYLET 0.5-0.3 % SUSPENSION	TIER 3	

## OPHTHALMIC ANTI-ALLERGY AGENTS

<i>azelastine hcl 0.05 % solution</i>	TIER 2
<i>cromolyn sodium 4 % solution</i>	TIER 2

## OPHTHALMIC ANTI-INFECTIVES

BACITRACIN 500 UNIT/GM OINTMENT	TIER 4
<i>erythromycin 5 mg/gm ointment</i>	TIER 2
GENTAK 0.3 % OINTMENT	TIER 2
<i>gentamicin sulfate 0.3 % solution</i>	TIER 2
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	TIER 3
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	TIER 2
<i>moxifloxacin hcl 0.5 % solution</i>	TIER 2
NATACYN 5 % SUSPENSION	TIER 3
<i>ofloxacin 0.3 % solution</i>	TIER 2
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	TIER 2
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	TIER 2
<i>tobramycin 0.3 % solution</i>	TIER 2
TRIFLURIDINE 1 % SOLUTION	TIER 3

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藥物名稱	藥物等級	要求/限制
ZIRGAN 0.15 % GEL	TIER 4	QL (5 PER 30 DAYS)

## OPHTHALMIC ANTI-INFLAMMATORIES

DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	TIER 2	
<i>diclofenac sodium 0.1 % solution</i>	TIER 2	
<i>difluprednate 0.05 % emulsion</i>	TIER 4	
<i>fluorometholone 0.1 % suspension</i>	TIER 2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 2	
FML 0.1 % OINTMENT	TIER 4	
FML FORTE 0.25 % SUSPENSION	TIER 4	
ILEVRO 0.3 % SUSPENSION	TIER 3	QL (3 PER 30 DAYS)
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	TIER 2	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % suspension)</i>	TIER 3	
MAXIDEX 0.1 % SUSPENSION	TIER 4	
<i>prednisolone acetate 1 % suspension</i>	TIER 2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	TIER 2	

## OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

<i>betaxolol hcl 0.5 % solution</i>	TIER 2	
CARTEOLOL HCL 1 % SOLUTION	TIER 2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 2	
<i>timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)</i>	TIER 3	
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	TIER 1	

## OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

<i>acetazolamide er 500 mg cap er 12h</i>	TIER 2	
<i>apraclonidine hcl 0.5 % solution</i>	TIER 3	
<i>brimonidine tartrate 0.1 % solution</i>	TIER 3	
<i>brimonidine tartrate 0.15 % solution</i>	TIER 4	
<i>brimonidine tartrate 0.2 % solution</i>	TIER 2	
<i>brinzolamide 1 % suspension</i>	TIER 3	
<i>dorzolamide hcl 2 % solution</i>	TIER 2	

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藥物名稱	藥物等級	要求/限制
<i>methazolamide (25 mg tab, 50 mg tab)</i>	TIER 4	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	TIER 2	
RHOPRESSA 0.02 % SOLUTION	TIER 3	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	TIER 3	

## OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost 0.03 % solution</i>	TIER 4	ST, QL (5 PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	TIER 1	
LUMIGAN 0.01 % SOLUTION	TIER 3	QL (5 PER 30 DAYS)
<i>travoprost (bak free) 0.004 % solution</i>	TIER 3	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	TIER 4	

## OTIC AGENTS

<i>acetic acid 2 % solution</i>	TIER 2	
CIPRO HC 0.2-1 % SUSPENSION	TIER 4	
<i>ciprofloxacin hcl 0.2 % solution</i>	TIER 3	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	TIER 4	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3	
DERMOTIC 0.01 % OIL	TIER 3	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	TIER 3	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	TIER 2	
<i>ofloxacin 0.3 % solution</i>	TIER 2	

## RESPIRATORY TRACT/PULMONARY AGENTS

### ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	TIER 3	QL (30 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	TIER 4	PA - PART B VS D DETERMINATION
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	TIER 3	QL (2 PER 30 DAYS)

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藥物名稱	藥物等級	要求/限制
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## ANTI-HISTAMINES

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 (25 mg cap, 50 mg cap, 100 mg cap)	TIER 4	PA
levocetirizine dihydrochloride 5 mg tab	TIER 1	
promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml 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 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)
tiotropium bromide monohydrate 18 mcg cap	TIER 3	QL (30 PER 30 DAYS)

## BRONCHODILATORS, SYMPATHOMIMETIC

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 (0.63 MG/3ML NEBU SOLN, 1.25 MG/3ML NEBU SOLN, (2.5 MG/3ML) 0.083% NEBU SOLN, 2.5 MG/0.5ML NEBU SOLN, (5 MG/ML) 0.5% NEBU SOLN)	TIER 2	PA - PART B VS D DETERMINATION

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

藥物名稱	藥物等級	要求/限制
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	TIER 4	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	TIER 2	QL (17 PER 30 DAYS)
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	TIER 3	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENALCLICK)	TIER 3	QL (24 PER 365 OVER TIME)
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	TIER 4	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	TIER 3	QL (30 PER 30 DAYS)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)

## CYSTIC FIBROSIS AGENTS

KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	TIER 5	QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>tobramycin 300 mg/4ml nebu soln</i>	TIER 5	PA, QL (224 PER 28 DAYS)
<i>tobramycin 300 mg/5ml nebu soln</i>	TIER 5	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100- 50-75 150 MG TAB THPK)	TIER 5	PA, LA, QL (3 PER 1 DAYS)

## MAST CELL STABILIZERS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	TIER 3	PA - PART B VS D DETERMINATION
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## PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>roflumilast 250 mcg tab</i>	TIER 4	PA, QL (28 PER 180 OVER TIME)
<i>roflumilast 500 mcg tab</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>theophylline er (er 100 mg tab er 12h, er 200 mg tab er 12h, er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)</i>	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)
<i>alyq 20 mg tab</i>	TIER 5	PA, QL (2 PER 1 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	TIER 5	PA, LA, QL (1 PER 1 DAYS)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。



藥物名稱	藥物等級	要求/限制
<i>bosentan 125 mg tab</i>	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan 62.5 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	TIER 5	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate 10 mg/ml recon susp</i>	TIER 5	PA, QL (12 PER 1 DAYS)
<i>sildenafil citrate 20 mg tab</i>	TIER 3	PA, QL (12 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	TIER 5	PA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TAB SOL	TIER 5	PA, LA, QL (4 PER 1 DAYS)

## PULMONARY FIBROSIS AGENTS

OFEV (100 MG CAP, 150 MG CAP)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	TIER 5	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	TIER 5	PA, QL (5 PER 1 DAYS)
<i>pirfenidone 801 mg tab</i>	TIER 5	PA, QL (3 PER 1 DAYS)

## RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (10 % solution, 20 % solution)</i>	TIER 2	PA - PART B VS D DETERMINATION
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 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 (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
<i>breyza (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	TIER 3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	TIER 3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	TIER 3	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	TIER 4	QL (4 PER 30 DAYS)
<i>flunisolide 25 mcg/act (0.025%) solution</i>	TIER 2	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	TIER 2	QL (16 PER 30 DAYS)
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	TIER 2	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	TIER 2	QL (1 PER 30 DAYS)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>.</i>

藥物名稱	藥物等級	要求/限制
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	TIER 3	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
<i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	TIER 2	QL (60 PER 30 DAYS)

## SKELETAL MUSCLE RELAXANTS

<i>carisoprodol 350 mg tab</i>	TIER 2	PA, QL (4 PER 1 DAYS)
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	TIER 2	PA
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	TIER 3	PA
<i>vanadom 350 mg tab</i>	TIER 2	PA, QL (4 PER 1 DAYS)

## SLEEP DISORDER AGENTS

### SLEEP PROMOTING AGENTS

<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>ramelteon 8 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>tasimelteon 20 mg cap</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>temazepam 15 mg cap</i>	TIER 2	QL (2 PER 1 DAYS)
<i>temazepam 30 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>triazolam 0.125 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>triazolam 0.25 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>zaleplon 10 mg cap</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zaleplon 5 mg cap</i>	TIER 2	QL (4 PER 1 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zolpidem tartrate er 12.5 mg tab er</i>	TIER 3	QL (1 PER 1 DAYS)
<i>zolpidem tartrate er 6.25 mg tab er</i>	TIER 3	QL (2 PER 1 DAYS)

### WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>modafinil 100 mg tab</i>	TIER 3	PA, QL (3 PER 1 DAYS)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <i>i>。

藥物名稱	藥物等級	要求/限制
<i>modafinil 200 mg tab</i>	TIER 3	PA, QL (2 PER 1 DAYS)
SODIUM OXYBATE 500 MG/ML SOLUTION	TIER 5	PA, LA, QL (540 PER 30 DAYS)

您可以造訪以下頁面，找到有關此表中符號和縮寫含義的資訊 <x>。

# 藥品索引

## A

abacavir sulfate	39	albuterol sulfate	93
abacavir sulfate-lamivudine	39	albuterol sulfate hfa	93
abacavir-lamivudine-zidovudine	39	alclometasone dipropionate	60
ABELCET	18	ALCOHOL 70% PADS	84
ABILIFY ASIMTUFII	34	ALCOHOL PREP	84
ABILIFY MAINTENA	34	ALCOHOL PREP PADS	84
abiraterone acetate	21	ALCOHOL SWABS	84
ABRYSVO	81	ALCOHOL SWABSTICK	84
acamprosate calcium	4	alcohol wipes	61
acarbose	43	ALDURAZYME	66
accutane	59	ALECENSA	24
acebutolol hcl	50	alendronate sodium	83,84
acetaminophen-codeine	2	ALENDRONATE SODIUM	84
acetazolamide	52	alfuzosin hcl er	67
acetazolamide er	90	aliskiren fumarate	52
acetic acid	91	allopurinol	19
acetylcysteine	94	alosetron hcl	65
acitretin	59	alprazolam	42
ACTHIB	81	alprazolam er	42
ACTIMMUNE	79	alprazolam xr	42
acyclovir	41,62	altavera	69
acyclovir sodium	41	ALUNBRIG	24
ADACEL	81	alyacen 1/35	69
adapalene	59	alyacen 7/7/7	69
adefovir dipivoxil	38	alyq	93
ADEMPAS	93	amantadine hcl	33
ADVAIR HFA	94	ambrisentan	93
ADVOCATE INSULIN PEN NEEDLE	84	amethia	69
afirmelle	69	amethia lo	69
AIMOVIG	20	amikacin sulfate	5
ak-poly-bac	88	amiloride hcl	54
AKEEGA	23	amiloride-hydrochlorothiazide	52
ala-cort	60	amiodarone hcl	49
albendazole	32	amitriptyline hcl	17
albuterol 90mg hfa inhaler (generic proair)	92	amlodipine besy-benazepril hcl	52
albuterol 90mg hfa inhaler (generic proventil)	92	amlodipine besylate	51
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)	92	amlodipine besylate-valsartan	52
ALBUTEROL SULFATE	92	amlodipine-atorvastatin	52
		amlodipine-olmesartan	52
		amlodipine-valsartan-hctz	53
		ammonium lactate	60

amnesteam	59	atomoxetine hcl	57
amoxapine	17	atorvastatin calcium	55
amoxicillin	8	atovaquone	32
amoxicillin-pot clavulanate	8	atovaquone-proguanil hcl	32
AMOXICILLIN-POT CLAVULANATE ER	8	atropine sulfate	65,88
amphetamine-dextroamphet er	57	ATROVENT HFA	92
amphetamine-dextroamphetamine	57	aubra	70
AMPHOTERICIN B	18	aubra eq	70
ampicillin	8	AUGTYRO	23
ampicillin sodium	8	AUM ALCOHOL PREP PADS	85
ampicillin-sulbactam sodium	8	AUM INSULIN SAFETY PEN NEEDLE	85
anagrelide hcl	47	AUM PEN NEEDLE	85
anastrozole	23	aurovela 1.5/30	70
ANORO ELLIPTA	94	aurovela 1/20	70
apomorphine hcl	33	aurovela fe 1.5/30	70
apraclonidine hcl	90	aurovela fe 1/20	70
aprepitant	18	AUVELITY	15
apri	70	aviane	70
APTIOM	13	avidoxy	10
APTIVUS	40	ayuna	70
AQ INSULIN SYRINGE	84	AYVAKIT	24
AQINJECT PEN NEEDLE	84	azathioprine	80
aranelle	70	AZATHIOPRINE SODIUM	80
ARANESP (ALBUMIN FREE)	47	azelastine hcl	89,92
ARCALYST	78	azithromycin	9
AREXVY	81	AZITHROMYCIN	9
argyle sterile water	84	aztreonam	5
ARIKAYCE	5	azurette	70
aripiprazole	35	<b>B</b>	
ARISTADA	35	bac (butalbital-acetamin-caff)	58
ARISTADA INITIO	35	bacitra-neomycin-polymyxin-hc	88
armodafinil	95	BACITRACIN	89
ARNUIITY ELLIPTA	91	bacitracin-polymyxin b	88
asenapine maleate	35	baclofen	37
ashlyna	70	balsalazide disodium	83
aspirin-dipyridamole er	48	BALVERSA	24
ASSURE ID DUO PRO PEN NEEDLES	85	balziva	70
ASSURE ID PRO PEN NEEDLES	85	BAQSIMI ONE PACK	45
atazanavir sulfate	40	BAQSIMI TWO PACK	45
atenolol	50	BARACLUDE	38
atenolol-chlorthalidone	53		

BCG VACCINE . . . . .	81	BREO ELLIPTA . . . . .	94
BD INSULIN SYRINGE . . . . .	85	breynd . . . . .	94
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	85	BREZTRI AEROSPHERE . . . . .	94
BD PEN NEEDLE NANO U/F 32G X 4 MM		briellyn . . . . .	70
MISC . . . . .	85	BRILINTA . . . . .	48
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM		brimonidine tartrate . . . . .	90
MISC . . . . .	85	brimonidine tartrate-timolol . . . . .	88
BD PEN NEEDLE SHORT U/F 31G X 8 MM		brinzolamide . . . . .	90
MISC . . . . .	85	BRIVIACT . . . . .	11
benazepril hcl . . . . .	49	bromocriptine mesylate . . . . .	33
benazepril-hydrochlorothiazide . . . . .	53	BRUKINSA . . . . .	24
BENLYSTA . . . . .	78	budesonide . . . . .	83,91
BENZNIDAZOLE . . . . .	32	budesonide er . . . . .	83
benzoyl peroxide-erythromycin . . . . .	59	budesonide-formoterol fumarate . . . . .	94
benztropine mesylate . . . . .	33	bumetanide . . . . .	54
BESIVANCE . . . . .	9	buprenorphine . . . . .	2
BESREMI . . . . .	79	buprenorphine hcl . . . . .	4
betaine . . . . .	66	buprenorphine hcl-naloxone hcl . . . . .	4
betamethasone dipropionate . . . . .	60	bupropion hcl . . . . .	15
betamethasone dipropionate aug . . . . .	60	bupropion hcl er (smoking det) . . . . .	5
betamethasone valerate . . . . .	60	bupropion hcl er (sr) . . . . .	15
BETASERON . . . . .	58	bupropion hcl er (xl) . . . . .	15
betaxolol hcl . . . . .	50,90	bupirone hcl . . . . .	42
bethanechol chloride . . . . .	68	butalbital-apap-caffeine . . . . .	58
bexarotene . . . . .	31	butalbital-aspirin-caffeine . . . . .	1
BEXSERO . . . . .	81	BUTALBITAL-ASPIRIN-CAFFEINE . . . . .	1
bicalutamide . . . . .	21	butorphanol tartrate . . . . .	2
BICILLIN C-R . . . . .	8		
BICILLIN C-R 900/300 . . . . .	8	<b>C</b>	
BICILLIN L-A . . . . .	8	CABENUVA . . . . .	40
BIKTARVY . . . . .	38	cabergoline . . . . .	77
bimatoprost . . . . .	91	CABOMETYX . . . . .	24
BIOGUARD GAUZE SPONGES . . . . .	85	calcipotriene . . . . .	61
bisoprolol fumarate . . . . .	50	calcitonin (salmon) . . . . .	84
bisoprolol-hydrochlorothiazide . . . . .	53	calcitrene . . . . .	61
blisovi fe 1.5/30 . . . . .	70	CALCITRIOL . . . . .	61,84
blisovi fe 1/20 . . . . .	70	calcitriol . . . . .	84
BOOSTRIX . . . . .	81	CALQUENCE . . . . .	24
bosentan . . . . .	94	camila . . . . .	75
BOSULIF . . . . .	24	camrese . . . . .	70
BRAFTOVI . . . . .	24	camrese lo . . . . .	70

candesartan cilexetil . . . . .	49	chateal . . . . .	70
candesartan cilexetil-hctz . . . . .	53	chateal eq . . . . .	70
CAPLYTA . . . . .	35	CHEMET . . . . .	64
CAPRELSA . . . . .	24	chlorhexidine gluconate . . . . .	59
captopril . . . . .	49	chloroquine phosphate . . . . .	32
CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . . .	53	chlorpromazine hcl . . . . .	34
carbamazepine . . . . .	13	chlorthalidone . . . . .	54
carbamazepine er . . . . .	13	cholestyramine . . . . .	55
carbidopa . . . . .	33	cholestyramine light . . . . .	55
carbidopa-levodopa . . . . .	33	ciclodan . . . . .	62
carbidopa-levodopa er . . . . .	34	ciclopirox . . . . .	62
carbidopa-levodopa-entacapone . . . . .	33	ciclopirox olamine . . . . .	62
CARETOUCH ALCOHOL PREP . . . . .	85	cilostazol . . . . .	48
carglumic acid . . . . .	66	CILOXAN . . . . .	10
carisoprodol . . . . .	95	CIMDUO . . . . .	39
CARTEOLOL HCL . . . . .	90	cimetidine . . . . .	65
cartia xt . . . . .	51	cinacalcet hcl . . . . .	84
carvedilol . . . . .	50	CIPRO HC . . . . .	91
carvedilol phosphate er . . . . .	50	ciprofloxacin . . . . .	10
caspofungin acetate . . . . .	18	ciprofloxacin hcl . . . . .	10,91
cataflam . . . . .	1	ciprofloxacin in d5w . . . . .	10
CAYSTON . . . . .	5	ciprofloxacin-dexamethasone . . . . .	91
caziant . . . . .	70	citalopram hydrobromide . . . . .	16
CEFACLOR . . . . .	7	claravis . . . . .	59
cefadroxil . . . . .	7	CLARITHROMYCIN . . . . .	9
cefazolin sodium . . . . .	7	clarithromycin . . . . .	9
cefdinir . . . . .	7	clarithromycin er . . . . .	9
CEFEPIME HCL . . . . .	7	clindamycin hcl . . . . .	5
cefixime . . . . .	7	clindamycin palmitate hcl . . . . .	5
cefotetan disodium . . . . .	7	clindamycin phos-benzoyl perox . . . . .	59
cefoxitin sodium . . . . .	7	clindamycin phosphate . . . . .	5,62
cefpodoxime proxetil . . . . .	7	clindamycin phosphate in d5w . . . . .	5
cefprozil . . . . .	7	CLINDAMYCIN PHOSPHATE IN NACL . . . . .	6
ceftazidime . . . . .	7	clobazam . . . . .	12
ceftriaxone sodium . . . . .	7	clobetasol prop emollient base . . . . .	60
cefuroxime axetil . . . . .	7	clobetasol propionate . . . . .	60
cefuroxime sodium . . . . .	7	clobetasol propionate e . . . . .	60
celecoxib . . . . .	1	clomipramine hcl . . . . .	17
cephalexin . . . . .	7	clonazepam . . . . .	42
cetirizine hcl . . . . .	92	clonidine . . . . .	48
cevimeline hcl . . . . .	59	clonidine hcl . . . . .	48

clopidogrel bisulfate	48	cvs isopropyl alcohol wipes	61
clorazepate dipotassium	42	cyclafem 1/35	70
clotrimazole	18	cyclafem 7/7/7	70
clotrimazole-betamethasone	61	cyclobenzaprine hcl	95
clovique	64	CYCLOPHOSPHAMIDE	21
clozapine	37	cyclosporine	80
COARTEM	32	cyclosporine modified	80
COBENFY	37	cyproheptadine hcl	92
COBENFY STARTER PACK	37	cyred	70
CODEINE SULFATE	2,3	cyred eq	70
codeine sulfate	2	CYSTAGON	66
colchicine	19	CYSTARAN	66
colchicine-probenecid	19		
colesevelam hcl	55	<b>D</b>	
colestipol hcl	55	dabigatran etexilate mesylate	46
colistimethate sodium (cba)	6	dalfampridine er	59
COMBIVENT RESPIMAT	94	danazol	69
COMETRIQ (100 MG DAILY DOSE)	25	dantrolene sodium	37
COMETRIQ (140 MG DAILY DOSE)	25	dapsone	21
COMETRIQ (60 MG DAILY DOSE)	25	DAPTACEL	81
COMFORT EZ INSULIN SYRINGE	85	daptomycin	6
COMFORT EZ PRO PEN NEEDLES	85	darunavir	40
COMPLERA	38	dasatinib	25
compro	17	dasetta 1/35	70
constulose	64	dasetta 7/7/7	70
COPIKTRA	25	DAURISMO	25
CORLANOR	53	daysee	70
CORTIFOAM	83	deblitane	75
CORTISONE ACETATE	68	decadron	68
CORTISPORIN-TC	91	deferasirox	64
CORTROPHIN	68	DELSTRIGO	38
COSENTYX	78	delyla	70
COSENTYX (300 MG DOSE)	78	DENGVAXIA	81
COSENTYX SENSOREADY (300 MG)	78	DEPO-ESTRADIOL	70
COSENTYX SENSOREADY PEN	78	DEPO-SUBQ PROVERA 104	75
COSENTYX UNOREADY	79	depo-testosterone	69
COTELLIC	25	DERMOTIC	91
CREON	66	DESCOVY	39
cromolyn sodium	65,89,93	desipramine hcl	17
cryselle-28	70	desmopressin ace spray refrig	69
CVS ALCOHOL PREP PADS	85	desmopressin acetate	69



desmopressin acetate pf.....	69	diltiazem hcl 300 mg extended release 24hr capsule .....	51
desmopressin acetate spray .....	69	diltiazem hcl 360 mg extended release 24hr capsule .....	52
desogestrel-ethinyl estradiol .....	70	diltiazem hcl er .....	52
desonide .....	60	diltiazem hcl er beads .....	52
desoximetasone .....	60	dimethyl fumarate .....	59
desvenlafaxine succinate er .....	16	dimethyl fumarate starter pack .....	59
dexamethasone .....	68	DIPENTUM .....	83
DEXAMETHASONE SOD PHOS +RFID .....	68	diphenoxylate-atropine .....	65
dexamethasone sod phosphate pf .....	68	DIPHENOXYLATE-ATROPINE .....	65
DEXAMETHASONE SODIUM PHOSPHATE 68,90		DIPHThERIA-TETANUS TOXOIDS DT .....	81
dexmethylphenidate hcl .....	57	dipyridamole .....	48
dextroamphetamine sulfate .....	57	disulfiram .....	4
dextrose .....	62	divalproex sodium .....	11
dextrose in lactated ringers .....	62	divalproex sodium er .....	11
DEXTROSE-NACL .....	62	dofetilide .....	50
dextrose-sodium chloride .....	63	donepezil hcl .....	14
DIACOMIT .....	11	donepezil hydrochloride orally disintegrating tab 10 mg .....	14
diazepam .....	12,42,43	donepezil hydrochloride orally disintegrating tab 5 mg .....	14
DIAZEPAM .....	12	dorzolamide hcl .....	90
diazepam intensol .....	43	dorzolamide hcl-timolol mal .....	88
diazoxide .....	45	dorzolamide hcl-timolol mal pf .....	88
diclofenac potassium .....	1	dotti .....	71
diclofenac sodium .....	1,90	DOVATO .....	38
diclofenac sodium er .....	1	doxazosin mesylate .....	48
dicloxacillin sodium .....	8	doxepin hcl .....	17
dicyclomine hcl .....	65	doxercalciferol .....	84
DIFICID .....	9	doxy 100 .....	10
diflunisal .....	1	doxycycline hyclate .....	10
difluprednate .....	90	doxycycline monohydrate .....	10
digitek .....	49	DRIZALMA SPRINKLE .....	58
digoxin .....	50	dronabinol .....	18
digoxin .....	50	DROPLET MICRON .....	85
dihydroergotamine mesylate .....	20	DROPSAFE SAFETY SYRINGE/NEEDLE .....	85
dilt-xr .....	51	drospirenone-ethinyl estradiol .....	71
diltiazem hcl .....	51	DROXIA .....	66
diltiazem hcl 120 mg extended release 24hr capsule .....	51	droxidopa .....	48
diltiazem hcl 180 mg extended release 24hr capsule .....	51	duloxetine hcl .....	58
diltiazem hcl 240 mg extended release 24hr capsule .....	51		

DUPIXENT	79
dutasteride	67
dutasteride-tamsulosin hcl	67

## E

e.e.s. 400	9
EASY COMFORT INSULIN SYRINGE	85
EASY COMFORT PEN NEEDLES	85
ec-naproxen	1
econazole nitrate	19
EDURANT	38
EFAVIRENZ	39
efavirenz	39
efavirenz-emtricitab-tenofo df	39
efavirenz-lamivudine-tenofovir	39
ELAPRASE	66
elinest	71
ELIQUIS	46
ELIQUIS DVT/PE STARTER PACK	46
eluryng	71
EMBECTA AUTOSHIELD DUO	85
EMBECTA INS SYR U/F 1/2 UNIT	85
EMBECTA INSULIN SYRINGE U-100	86
EMBECTA INSULIN SYRINGE U/F	86
EMBECTA PEN NEEDLE NANO	86
EMBECTA PEN NEEDLE NANO 2 GEN	86
EMBECTA PEN NEEDLE U/F	86
EMBRACE PEN NEEDLES	86
emoquette	71
EMSAM	16
emtricitabine	39
emtricitabine-tenofovir df	39
EMTRIVA	39
emzahn	75
enalapril maleate	49
enalapril-hydrochlorothiazide	53
ENBREL	80
ENBREL MINI	80
ENBREL SURECLICK	80
endocet	3
ENGERIX-B	81
enilloring	71
enoxaparin sodium	46
enpresse-28	71
enskyce	71
entacapone	33
entecavir	38
ENTRESTO	53
enulose	64
ENVARUSUS XR	80
EPIDIOLEX	11
epinephrine	93
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	93
epitol	13
EPIVIR HBV	38
eplerenone	54
EPRONTIA	11
ERGOLOID MESYLATES	14
ERIVEDGE	25
ERLEADA	21
erlotinib hcl	25
errin	75
ertapenem sodium	9
ERY	62
erythrocin lactobionate	9
erythromycin	62,89
erythromycin base	9
erythromycin ethylsuccinate	9
erythromycin lactobionate	9
escitalopram oxalate	16
esomeprazole magnesium	66
estarylla	71
estradiol	71
estradiol valerate	71
ESTRING	71
eszopiclone	95
ethambutol hcl	21
ethosuximide	12
ethynodiol diac-eth estradiol	71
etodolac	1
etodolac er	1

etonogestrel-ethinyl estradiol . . . . .	71
etravirine . . . . .	39
euthyrox . . . . .	76
everolimus . . . . .	25,80
EVOTAZ . . . . .	41
exemestane . . . . .	23
ezetimibe . . . . .	55
ezetimibe-simvastatin . . . . .	55

## F

falmina . . . . .	71
famciclovir . . . . .	42
famotidine . . . . .	65
FANAPT . . . . .	35
FANAPT TITRATION PACK . . . . .	35
FARXIGA . . . . .	56
febuxostat . . . . .	19
feirza 1.5/30 . . . . .	71
felbamate . . . . .	11
felodipine er . . . . .	51
femynor . . . . .	71
fenofibrate . . . . .	55
fenofibrate micronized . . . . .	55
fenofibric acid . . . . .	55
fentanyl . . . . .	2
FETZIMA . . . . .	16
FETZIMA TITRATION . . . . .	16
finasteride . . . . .	67
fingolimod hcl . . . . .	59
FINTEPLA . . . . .	11
FIRMAGON . . . . .	77
FIRMAGON (240 MG DOSE) . . . . .	77
flavoxate hcl . . . . .	67
flecainide acetate . . . . .	50
fluconazole . . . . .	19
fluconazole in sodium chloride . . . . .	19
flucytosine . . . . .	19
fludrocortisone acetate . . . . .	68
flunisolide . . . . .	94
fluocinolone acetonide . . . . .	60
fluocinolone acetonide body . . . . .	60

fluocinolone acetonide scalp . . . . .	60
fluocinonide . . . . .	60
fluocinonide emulsified base . . . . .	60
fluorometholone . . . . .	90
fluorouracil . . . . .	61
fluoxetine hcl . . . . .	16
FLUOXETINE HCL . . . . .	16
fluphenazine decanoate . . . . .	34
FLUPHENAZINE HCL . . . . .	34
FLURBIPROFEN . . . . .	1
FLURBIPROFEN SODIUM . . . . .	90
FLUTAMIDE . . . . .	22
fluticasone propionate . . . . .	60,94
fluticasone-salmeterol . . . . .	94
FLUTICASONE-SALMETEROL . . . . .	94
fluvastatin sodium . . . . .	55
fluvastatin sodium er . . . . .	55
flvoxamine maleate . . . . .	16
FML . . . . .	90
FML FORTE . . . . .	90
fondaparinux sodium . . . . .	46,47
fosamprenavir calcium . . . . .	41
fosinopril sodium . . . . .	49
fosinopril sodium-hctz . . . . .	53
FOTIVDA . . . . .	25
FRUZAQLA . . . . .	23
fulvestrant . . . . .	22
furosemide . . . . .	54
FUROSEMIDE . . . . .	54
FUZEON . . . . .	40
fyavolv . . . . .	71
FYCOMPA . . . . .	11

## G

gabapentin . . . . .	12
galantamine hydrobromide . . . . .	14
GALANTAMINE HYDROBROMIDE . . . . .	14
galantamine hydrobromide er . . . . .	14
gallifrey . . . . .	75
GAMUNEX-C . . . . .	78
GARDASIL 9 . . . . .	82

gauze pads 2	86	HAEGARDA	78
GAVILYTE-C	65	hailey 1.5/30	71
gavilyte-g	65	hailey fe 1.5/30	71
gavilyte-n with flavor pack	64	hailey fe 1/20	71
GAVRETO	25	halobetasol propionate	60
gefitinib	25	haloette	71
gemfibrozil	55	haloperidol	34
GEMTESA	67	haloperidol decanoate	34
generlac	64	haloperidol lactate	34
gengraf	80	HAVRIX	82
GENTAK	89	heather	75
gentamicin sulfate	5,89	HEMADY	32
GENVOYA	38	heparin sodium (porcine)	47
GILOTRIF	25	heparin sodium (porcine) pf	47
glatiramer acetate	59	HEPLISAV-B	82
glatopa	59	HIBERIX	82
GLEOSTINE	21	HIZENTRA	78
glimepiride	43	HUMALOG	45
glipizide	43	HUMALOG JUNIOR KWIKPEN	45
glipizide er	43	HUMALOG KWIKPEN	45
glipizide xl	43	HUMALOG MIX 50/50 KWIKPEN	45
glipizide-metformin hcl	43	HUMALOG MIX 75/25	45
GLUCAGEN HYPOKIT	45	HUMALOG MIX 75/25 KWIKPEN	45
glucagon emergency	45	HUMULIN 70/30	45
GLUCAGON EMERGENCY	45	HUMULIN 70/30 KWIKPEN	45
glyburide	43	HUMULIN N	45
GLYBURIDE MICRONIZED	43	HUMULIN N KWIKPEN	45
glyburide-metformin	43	HUMULIN R	45
glycopyrrolate	65	HUMULIN R U-500 (CONCENTRATED)	45
GLYXAMBI	43	HUMULIN R U-500 KWIKPEN	46
GNP PEN NEEDLES	86	hydralazine hcl	56
GOLYTELY	65	hydrochlorothiazide	55
granisetron hcl	18	hydrocodone-acetaminophen	3
griseofulvin microsize	19	hydrocortisone	61,83
griseofulvin ultramicrosize	19	hydrocortisone (perianal)	61
guanfacine hcl	48	hydrocortisone butyrate	61
guanfacine hcl er	57	hydrocortisone-acetic acid	91
<b>H</b>		hydromorphone hcl	3
HADLIMA	80	hydroxychloroquine sulfate	32
HADLIMA PUSHTOUCH	80	hydroxyurea	23
		hydroxyzine hcl	92

hydroxyzine pamoate	92	INTRALIPID	86
<b>I</b>		introvale	72
ibandronate sodium	84	INVEGA HAFYERA	35
IBRANCE	26	INVEGA SUSTENNA	35
ibu	1	INVEGA TRINZA	35
ibuprofen	1	IPOL	82
icatibant acetate	78	ipratropium bromide	92
iclevia	72	ipratropium-albuterol	95
ICLUSIG	26	irbesartan	49
icosapent ethyl	55	irbesartan-hydrochlorothiazide	53
IDHIFA	26	ISENTRESS	38
ILEVRO	90	ISENTRESS HD	38
imatinib mesylate	26	isibloom	72
IMBRUVICA	26	isoniazid	21
imipenem-cilastatin	9	isopropyl alcohol	61
imipramine hcl	17	isopropyl alcohol wipes	61
imiquimod	61	isosorb dinitrate-hydralazine	53
IMKELDI	26	isosorbide dinitrate	56
IMOVAX RABIES	82	isosorbide mononitrate	56
incassia	75	isosorbide mononitrate er	56
INCRELEX	69	isotretinoin	59
INCRUSE ELLIPTA	92	isradipine	51
indapamide	55	ITOVEBI	26
indomethacin	1	itraconazole	19
indomethacin er	1	ivabradine hcl	53
INFANRIX	82	ivermectin	32
INLYTA	26	IWILFIN	23
INQOVI	23	IXCHIQ	82
INREBIC	26	IXIARO	82
INSULIN LISPRO	46	<b>J</b>	
INSULIN LISPRO (1 UNIT DIAL)	46	jaimiess	72
INSULIN LISPRO JUNIOR KWIKPEN	46	JAKAFI	26
INSULIN LISPRO PROT & LISPRO	46	jantoven	47
INSULIN PEN NEEDLES	86	JANUMET	43
INSULIN SYRINGE 0.3 ML	86	JANUMET XR	43,44
INSULIN SYRINGE 0.5 ML	86	JANUVIA	44
INSULIN SYRINGE 1 ML	86	JARDIANCE	56
INSULIN SYRINGE-NEEDLE U-100	86	jasmiel	72
INSUPEN PEN NEEDLES	86	JAYPIRCA	26
INTELENCE	39	jencycla	75

JENTADUETO	44
JENTADUETO XR	44
jinteli	72
jolessa	72
joyeaux	72
juleber	72
JULUCA	38
junel 1.5/30	72
junel 1/20	72
junel fe 1.5/30	72
junel fe 1/20	72
JYNNEOS	82

## K

kalliga	72
KALYDECO	93
kariva	72
kcl in dextrose-nacl	63
KCL-LACTATED RINGERS-D5W	63
kelnor 1/35	72
kelnor 1/50	72
KEPIVANCE	59
KERENDIA	44
ketoconazole	19
ketorolac tromethamine	90
KINRIX	82
kionex	64
KISQALI (200 MG DOSE)	26
KISQALI (400 MG DOSE)	26
KISQALI (600 MG DOSE)	26
KISQALI FEMARA (200 MG DOSE)	27
KISQALI FEMARA (400 MG DOSE)	27
KISQALI FEMARA (600 MG DOSE)	27
klor-con	63
klor-con 10	63
klor-con m10	63
klor-con m15	63
klor-con m20	63
KOSELUGO	27
kourzeq	59
KRAZATI	27
kurvelo	72

## L

l-glutamine	66
labetalol hcl	50
lacosamide	13
lactated ringers	63,86
lactulose	64
lactulose encephalopathy	64
lamivudine	38,39
lamivudine-zidovudine	39
lamotrigine	11
lansoprazole	66
LANTUS	46
LANTUS SOLOSTAR	46
lapatinib ditosylate	27
larin 1.5/30	72
larin 1/20	72
larin fe 1.5/30	72
larin fe 1/20	72
larissia	72
latanoprost	91
LAZCLUZE	24
leena	72
leflunomide	80
lenalidomide	22
LENVIMA (10 MG DAILY DOSE)	27
LENVIMA (12 MG DAILY DOSE)	27
LENVIMA (14 MG DAILY DOSE)	27
LENVIMA (18 MG DAILY DOSE)	27
LENVIMA (20 MG DAILY DOSE)	27
LENVIMA (24 MG DAILY DOSE)	27
LENVIMA (4 MG DAILY DOSE)	27
LENVIMA (8 MG DAILY DOSE)	27
lessina	72
letrozole	23
leucovorin calcium	23
LEUKERAN	21
leuprolide acetate	77
levallbuterol hcl	93
LEVALBUTEROL TARTRATE	93

levetiracetam	11	loestrin fe 1.5/30	73
levetiracetam er	11	loestrin fe 1/20	73
levo-t	76	lojaimiess	73
LEVOBUNOLOL HCL	90	LOKELMA	64
levocarnitine	66	LONSURF	23
levocetirizine dihydrochloride	92	loperamide hcl	65
levofloxacin	10	lopinavir-ritonavir	41
LEVOFLOXACIN	89	lorazepam	43
levofloxacin in d5w	10	lorazepam intensol	43
levonest	72	LORBRENA	27
levonorg-eth estrad triphasic	72	loryna	73
levonorgest-eth estrad 91-day	72	losartan potassium	49
levonorgest-eth estradiol-iron	72	losartan potassium-hctz	53
levonorgestrel-ethinyl estrad	72	loteprednol etabonate	90
levora 0.15/30 (28)	73	lovastatin	55
levothyroxine sodium	76	low-ogestrel	73
levoxyl	77	loxapine succinate	34
LEXIVA	41	lubiprostone	64
LIBERVANT	12	LUMAKRAS	27
lidocaine	4	LUMIGAN	91
lidocaine hcl	4	LUPRON DEPOT (1-MONTH)	77
lidocaine viscous hcl	4	LUPRON DEPOT (3-MONTH)	77
lidocaine-prilocaine	4	LUPRON DEPOT (4-MONTH)	77
lidocan	4	LUPRON DEPOT (6-MONTH)	77
LILETTA (52 MG)	76	lurasidone hcl	36
lillow	73	lutura	73
lincomycin hcl	6	LYBALVI	15
linezolid	6	lyleq	76
LINEZOLID IN SODIUM CHLORIDE	6	lyllana	73
LINZESS	64	LYNPARZA	27
liothyronine sodium	77	LYSODREN	23
lisdexamfetamine dimesylate	57	LYTGOBI (12 MG DAILY DOSE)	28
lisinopril	49	LYTGOBI (16 MG DAILY DOSE)	28
lisinopril-hydrochlorothiazide	53	LYTGOBI (20 MG DAILY DOSE)	28
lithium	43	lyza	76
lithium carbonate	43		
lithium carbonate er	43	<b>M</b>	
LIVTENCITY	37	M-M-R II	82
lo-zumandimine	73	magnesium sulfat	63
loestrin 1.5/30 (21)	73	malathion	62
loestrin 1/20 (21)	73	maraviroc	40

marlissa . . . . .	73	methyldopa . . . . .	48
MARPLAN . . . . .	16	METHYLDOPA-HYDROCHLOROTHIAZIDE . . . . .	53
MATULANE . . . . .	21	methylergonovine maleate . . . . .	86
matzim la . . . . .	52	methylphenidate hcl . . . . .	58
MAVYRET . . . . .	38	methylphenidate hcl er . . . . .	58
MAXIDEX . . . . .	90	methylprednisolone . . . . .	68
meclizine hcl . . . . .	18	methylprednisolone acetate . . . . .	68
medpura alcohol pads . . . . .	61	methylprednisolone sodium succ . . . . .	68
medroxyprogesterone acetate . . . . .	76	metoclopramide hcl . . . . .	18
mefloquine hcl . . . . .	32	metolazone . . . . .	55
megestrol acetate . . . . .	76	metoprolol succinate er . . . . .	50
MEKINIST . . . . .	28	metoprolol tartrate . . . . .	50
MEKTOVI . . . . .	28	metoprolol-hydrochlorothiazide . . . . .	53
meloxicam . . . . .	1	metronidazole . . . . .	6
memantine hcl . . . . .	15	metyrosine . . . . .	53
memantine hcl er . . . . .	15	mexiletine hcl . . . . .	50
MENACTRA . . . . .	82	micafungin sodium . . . . .	19
MENEST . . . . .	73	MICONAZOLE 3 . . . . .	19
MENQUADFI . . . . .	82	microgestin 1.5/30 . . . . .	73
MENVEO . . . . .	82	microgestin 1/20 . . . . .	73
meprobamate . . . . .	42	microgestin fe 1.5/30 . . . . .	73
mercaptapurine . . . . .	22	microgestin fe 1/20 . . . . .	73
meropenem . . . . .	9	midodrine hcl . . . . .	48
MEROPENEM-SODIUM CHLORIDE . . . . .	9	mifepristone . . . . .	77
mesalamine . . . . .	83	MIGERGOT . . . . .	20
mesalamine er . . . . .	83	miglitol . . . . .	44
mesna . . . . .	32	mili . . . . .	73
metformin hcl . . . . .	44	minitran . . . . .	56
metformin hcl er . . . . .	44	minocycline hcl . . . . .	10
methadone hcl . . . . .	2	minoxidil . . . . .	56
methazolamide . . . . .	91	minzoya . . . . .	73
methenamine hippurate . . . . .	6	mirtazapine . . . . .	15
methergine . . . . .	86	misoprostol . . . . .	66
methimazole . . . . .	78	modafinil . . . . .	95,96
methocarbamol . . . . .	95	moexipril hcl . . . . .	49
METHOTREXATE SODIUM . . . . .	80	MOLINDONE HCL . . . . .	34
methotrexate sodium . . . . .	80	mometasone furoate . . . . .	61
methotrexate sodium (pf) . . . . .	80	mondoxyne nl . . . . .	10
methoxsalen rapid . . . . .	61	mono-lynyah . . . . .	73
methscopolamine bromide . . . . .	65	montelukast sodium . . . . .	92
methsuximide . . . . .	12	morgidox . . . . .	10



morphine sulfate . . . . .	3	neomycin-bacitracin zn-polymyx . . . . .	88
morphine sulfate (concentrate) . . . . .	3	neomycin-polymyxin-dexameth . . . . .	88
morphine sulfate er . . . . .	2	NEOMYCIN-POLYMYXIN-GRAMICIDIN . . . . .	89
MOUNJARO . . . . .	44	NEOMYCIN-POLYMYXIN-HC . . . . .	89
MOVANTIK . . . . .	64	neomycin-polymyxin-hc . . . . .	91
moxifloxacin hcl . . . . .	10,89	NERLYNX . . . . .	28
MOXIFLOXACIN HCL . . . . .	10	nevirapine . . . . .	39
MOXIFLOXACIN HCL (2X DAY) . . . . .	89	NEVIRAPINE . . . . .	39
MOXIFLOXACIN HCL IN NAACL . . . . .	10	NEVIRAPINE ER . . . . .	39
MRESVIA . . . . .	82	nevirapine er . . . . .	39
MULTAQ . . . . .	50	NEXPLANON . . . . .	76
mupirocin . . . . .	62	NIACIN (ANTHYPERLIPIDEMIC) . . . . .	56
mycophenolate mofetil . . . . .	80,81	niacin er (antihyperlipidemic) . . . . .	56
mycophenolate mofetil hcl . . . . .	81	NIACOR . . . . .	56
mycophenolate sodium . . . . .	81	nicardipine hcl . . . . .	51
mycophenolic acid . . . . .	81	NICOTROL . . . . .	5
myorisan . . . . .	60	NICOTROL NS . . . . .	5
MYRBETRIQ . . . . .	67	nifedipine . . . . .	51
<b>N</b>		nifedipine er . . . . .	51
na sulfate-k sulfate-mg sulf . . . . .	64	nifedipine er osmotic release . . . . .	51
nabumetone . . . . .	1	nikki . . . . .	73
nadolol . . . . .	50	nilutamide . . . . .	22
nafcillin sodium . . . . .	8	nimodipine . . . . .	51
nafrinse . . . . .	63	NINLARO . . . . .	28
NAGLAZYME . . . . .	66	nitazoxanide . . . . .	32
naloxone hcl . . . . .	4	nitisinone . . . . .	67
naltrexone hcl . . . . .	4	NITRO-BID . . . . .	56
naproxen . . . . .	1,2	nitrofurantoin macrocrystal . . . . .	6
naproxen dr . . . . .	2	nitrofurantoin monohyd macro . . . . .	6
naproxen sodium . . . . .	2	nitroglycerin . . . . .	56,57
naratriptan hcl . . . . .	20	NITROSTAT . . . . .	57
NATACYN . . . . .	89	NIZATIDINE . . . . .	65
nateglinide . . . . .	44	nora-be . . . . .	76
NAYZILAM . . . . .	4	norelgestromin-eth estradiol . . . . .	73
nebivolol hcl . . . . .	50	norethin ace-eth estrad-fe . . . . .	73
necon 0.5/35 (28) . . . . .	73	norethin-eth estradiol-fe . . . . .	73
NEFAZODONE HCL . . . . .	16	norethindrone . . . . .	76
neo-polycin . . . . .	88	norethindrone acet-ethinyl est . . . . .	73
neo-polycin hc . . . . .	88	norethindrone acetate . . . . .	76
neomycin sulfate . . . . .	5	norethindrone-eth estradiol . . . . .	73
		norgestim-eth estrad triphasic . . . . .	74

norgestimate-eth estradiol	74	omeprazole	66
norlyda	76	OMNITROPE	65,69
norlyroc	76	ondansetron	18
NORMOSOL-M IN D5W	63	ONDANSETRON HCL	18
nortrel 0.5/35 (28)	74	ondansetron hcl	18
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Blue Shield of California Civil Rights Coordinator  
P.O. Box 5588, El Dorado Hills, CA 95762-0011  
電話：(844) 831-4133 (TTY: 711), 傳真：(844) 696-6070  
電子郵件：BlueShieldCivilRightsCoordinator@blueshieldca.com

您可以親自前來申訴，或將申訴透過郵遞、傳真或發送電子郵件的方式提交。如需提交申訴方面的協助，民權協調員將隨時為您提供協助。

您還可以透過民權辦公室的投訴門戶網站，以電子方式向 U.S. Department of Health and Human Services（美國衛生和公共服務部）的民權辦公室提交民權投訴，網址為 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>，或透過郵遞或電話提交投訴，聯絡方式如下：

U.S. Department of Health and Human Services  
200 Independence Avenue, SW, Room 509F, HHH Building Washington, D.C. 20201  
電話：1-800-368-1019, 1-800-537-7697 (TDD)

投訴表格可前往 <http://www.hhs.gov/ocr/office/file/index.html> 獲取。

## Multi-Language Insert Multi-Language Interpreter Services

**English** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-776-4466. Someone who speaks English can help you. This is a free service.

**Spanish** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-776-4466. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-776-4466。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-776-4466。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-776-4466. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-776-4466. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-776-4466 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-776-4466. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-776-4466 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-776-4466. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول ليس عليك سوى الاتصال بنا على 1-800-776-4466. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية على مترجم فوري،

**Hindi** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-776-4466 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian** E disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-776-4466. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-776-4466. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-776-4466. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-776-4466. Ta usługa jest bezpłatna.

**Japanese** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-776-4466 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Hmong** Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm peb li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau peb ntawm 1-800-776-4466. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

**Ukrainian** Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-776-4466. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

**Navajo** Díí ats'íís baa áháyá éí doodago azee' bee aa áháyá bína'ídílkidgo éí ná ata' hodoolnihíí hóló. Ata' halne'é biniiyégo, kojí' 1-800-776-4466 béésh bee hodíílnih. Diné k'ehjí yálti'i níká adoolwoł. Díí t'áá jíík'eh bee aná'áwo.

**Punjabi** ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਰੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਰੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-776-4466 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

**Khmer** យើងមានសេវាអ្នកបកប្រែផ្តល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានាដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្តល់មាត់ម្នាក់សូមទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-800-776-4466។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

**Mien** Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-776-4466. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

**Lao** ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-776-4466. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ບໍ່ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Armenian** Մեզ քնն հասանելի է և անվճար թարգմանչական ծառայություններ՝ մեր անոթաբանական և քիմիական քննարկումների հետ կապված և նաև ցանկացած հարցի և անհանգստացման համար: Թարգմանչական և անվճար քննարկումներ ցանկացած ժամ 1-800-776-4466  
հեռախոսակապով: Զեղ կոչվի հարցերին իմացող թարգմանչական և անվճար է:

**Farsi** ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیت با ما به شماره 1-800-776-4466 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

**Thai** ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-776-4466 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

本處方集更新於 03/19/2025。如需瞭解更多最新資訊或有其他問題，請聯絡 Blue Shield of California 客戶服務部，電話：(800) 776-4466，或者，TTY 使用者請撥打 711，服務時間：每週七天，每天上午 8 點至晚上 8 點，或造訪 [blueshieldca.com/medformulary2025](https://blueshieldca.com/medformulary2025)。

Blue Shield of California 的藥房網絡包括加州某些郡縣含費用分攤有限的低費用首選藥房。對於計劃材料中針對該等藥房宣傳的低費用，您使用的藥房可能不提供。如欲瞭解有關網絡藥房的最新資訊，包括您所在地區是否有任何低費用首選藥房，請致電客戶服務部，電話：(800) 776-4466 [TTY: 711]，服務時間：每週七天，每天上午 8 點至晚上 8 點，或請查詢線上藥房名錄，網址為：  
[blueshieldca.com/medformulary2025](https://blueshieldca.com/medformulary2025)。

Amazon Pharmacy 獨立於 Blue Shield of California，並與 Blue Shield 簽約，為 Blue Shield 會員提供處方藥送貨上門藥房服務。會員負責支付其福利計劃詳細資料中規定的費用份額。有關特定處方藥福利和藥物福利例外條款的資訊可以在會員的計劃文件中找到。如果對 Blue Shield 處方藥承保範圍有疑問，會員可撥打 Blue Shield 會員 ID 卡上的客戶服務部電話。Amazon 和所有相關標誌都是 Amazon.com, Inc. 或其附屬公司的商標。