

Blue Shield TotalDual Plan (HMO D-SNP) 2024 《承保藥物清單》（保險內處方集）

請閱讀：本文件包含有關我們在本計劃中所承保藥物的資訊

保險內處方集 ID 24332，版本 23

此保險內處方集於 11/19/2024 更新。**關於疫苗費用的重要資訊**—有些疫苗被認為具有醫療益處。其他疫苗則被視為 D 部份藥物。我們的計劃承保大多數 D 部分疫苗，您無需支付任何費用。

如需更多最新的資訊或有其他疑問，請透過以下方式與我們聯絡：每週七天，上午 8 點至晚上 8 點皆可撥打**(800)452-4413**（聽障和語障專線：711）或瀏覽 blueshieldca.com/medformulary2024。

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如果您有任何疑問，請致電 Blue Shield TotalDual Plan：**(800)452-4413**（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。

簡介

本文件的名稱是《承保藥物清單》（也稱為藥物清單）。內容中會說明 Blue Shield TotalDual Plan 承保哪些處方藥。藥品清單上也會說明 Blue Shield TotalDual Plan 承保的任何藥物是否有任何特殊規定或限制。

我們的聯絡資訊以及我們上次更新藥品清單的日期會顯示在封面和封底上。關鍵詞彙及其定義會出現在《承保內容證明》的最後一章。

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如果您有任何疑問，請致電 Blue Shield TotalDual Plan：(800)452-4413（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。



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如果您有任何疑問，請致電 Blue Shield TotalDual Plan：(800)452-4413（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。

A. 免責聲明

這是會員可以在 Blue Shield TotalDual Plan 中獲得的藥物清單。

- ❖ 您可以隨時在線上查看 Blue Shield TotalDual Plan 的最新《承保藥物清單》：blueshieldca.com/medformulary2024 或透過致電**(800)452-4413**（聽障和語障專線：711）取得，我們的服務時間為每週七天，上午 8 點至晚上 8 點。
- ❖ 您可免費索取該文件的其他格式，例如大字版、盲人點字版或語音版。請致電**(800)452-4413**（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。
- ❖ 本文件免費提供阿拉伯語、亞美尼亞語、簡體中文、繁體中文、英語、波斯語、高棉語、韓語、俄語、西班牙語、他加祿語和越南語版本。
- ❖ 您可以提出持續性的請求，以英語以外的語言或其他格式（大字版、盲人點字版、語音版等）獲取本文件和未來的通訊。請聯絡 Blue Shield TotalDual Plan 客戶服務部：**(800) 452-4413**（聽障和語障專線：711）以提出此請求，我們的服務時間為每週七天，上午 8 點至晚上 8 點。客戶服務部會將您的慣用語言和格式存檔，直到您希望進行更新為止。

B. 常見問題(FAQ)

在此查找有關《承保藥物清單》的問題的解答。您可以閱讀所有常見問答以瞭解更多資訊或查找問題和答案。

B1. 《承保藥物清單》上有哪些處方藥？（我們將《承保藥物清單》簡稱為「藥物清單」。）

從第 1 頁開始的《承保藥物清單》中的藥物是否為 Blue Shield TotalDual Plan 的承保的藥物。我們網絡中的藥房可提供這些藥物。如果我們與某間藥房協議與我們合作並向您提供服務，該藥房便在我們的網絡中。我們稱這些藥房為「合約藥房」。本《承保藥物清單》中包含的處方藥由 Blue Shield TotalDual Plan 承保。Medi-Cal Rx 可能承保其他藥物，例如：一些非處方(OTC)藥物和某些維他命。請瀏覽 Medi-Cal Rx 網站 (www.medi-calrx.dhcs.ca.gov) 以獲得更多資訊。您也可以致電 Medi-Cal Rx 客戶服務中心：**800-977-2273**。透過 Medi-Cal Rx 獲取處方藥時，請攜帶您的 Medi-Cal 受益人識別卡 (BIC)。

此部分將在下一頁繼續討論



如果您有任何疑問，請致電 Blue Shield TotalDual Plan：**(800)452-4413**（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。

- Blue Shield TotalDual Plan 會在下列情況下承保藥物清單上所有具有醫療必要性的藥物：
 - 您的醫生或其他處方開立者表示您需要這些藥物來改善或維持健康，
 - Blue Shield TotalDual Plan 同意該藥物對您來說具有醫療必要性，以及
 - 您在 Blue Shield TotalDual Plan 的一家合約藥房配取處方藥。
- 在某些情況下，您必須先做一些事情才能取得藥物。請參閱問題 B4 以獲得更多資訊。

您也可以在我们的網站上找到我們承保的最新藥物清單：

blueshieldca.com/medformulary2024 或以本文件頁尾所列的電話號碼聯絡客戶服務部。

B2. 藥物清單是否會變更？

是的，Blue Shield TotalDual Plan 在進行變更時必須遵循 Medicare 和 Medi-Cal 規則。我們可能會在一年當中在藥物清單新增或移除藥物。

我們可能也會改變我們的藥物規則。例如，我們可能會：

- 決定是否需要某種藥物的預先授權。（預先授權是指在您獲得藥物之前獲得 Blue Shield TotalDual Plan 的許可。）
- 增加或改變您可以取得的藥物量（稱為藥量限制）。
- 新增或變更某種藥物的漸進式治療限制。（漸進式治療意即您必須先試一種藥物，之後我們才會承保另一種藥物。）

如需有關這些藥物規則的更多資訊，請參閱問題 B4。

如果您正在服用/使用的藥物是年初時屬於承保範圍，我們一直到年底通常都不會移除或改變該藥物的承保，除非：

- 某種新的、更便宜的藥物上市，其作用與現在藥物清單上的藥物一樣，**或者**
- 我們瞭解到某種藥物不安全，**或者**
- 市場上停售了某種藥物。

以下第 B3 和第 B6 題有更多關於藥物清單變更時會發生什麼情形的資訊。

- 您可以隨時在線上查看 Blue Shield TotalDual Plan 的最新藥物清單：
blueshieldca.com/medformulary2024。
- 您也可以撥打本文件頁尾所列的電話號碼聯絡客戶服務，以查看目前的藥品清單。

如果您有任何疑問，請致電 Blue Shield TotalDual Plan：(800)452-4413（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。



B3. 藥物清單變更時會發生什麼情形？

藥品清單將會立即發生一些變動。例如：

- **新的學名藥問世。**有時剛上市的新學名藥效力與目前藥物清單上某種品牌藥一樣好。發生這種情況時，我們可能會移除品牌藥，並增加該新的學名藥，但您的新藥費用將保持為 0 美元。當我們增加新的學名藥時，我們也可能決定將品牌藥保留在清單中，但變更其承保規則或限額。
 - 我們可能不會在變更前先通知您，但我們會在變更時立即寄給您特定的變更資訊。
 - 您或您的醫療服務提供者可以對這類變更申請例外處理。我們會寄通知給您，告訴您要採取哪些步驟申請例外處理。請參閱問題B10-B12以獲得有關例外處理的更多資訊。
- **市場上停售了某種藥物。**如果美國食品與藥物管理局(FDA)表示您目前服用的藥物並不安全，或藥物製造商將藥物下市，我們會將該藥物自藥物清單移除。如果您正在服用/改用該藥物，我們會通知您該藥物已自藥物清單移除，並告訴您接下來該採取什麼行動。

我們可能會做出其他影響您服用的藥物的變更。我們會提前告訴您這些藥物清單的其他變更。如果出現以下情況，這些變更可能會發生：

- FDA對某種藥物提出新的指引或有新的臨床準則。
- 我們新增了一種不是市場上新藥的學名藥並且
 - 更換藥清單中目前的品牌藥或者
 - 針對該品牌藥變更承保規則或限制。

發生這類變更時，我們會：

- 在我們變更藥物清單時，至少30天前告訴您，或者
- 讓您知道並在您要求續配時提供您藥物的30天供應量。

這讓您有時間能和醫生或其他處方醫生討論。他們可以幫助您決定：

- 藥物清單上是否有您可以改服/改用的類似藥物，或
- 是否要對這類變更申請例外處理。要瞭解有關例外處理的更多資訊，請參閱問題B10-B12。

如果您有任何疑問，請致電 Blue Shield TotalDual Plan：(800)452-4413（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。



B4. 藥物承保是否有任何限制或限額，或是否須採取任何規定行動才能取得特定藥物？

是，有些藥物有承保規則，或有取得藥量的限制。某些情況下，您或您的醫生或其他處方醫生必須在您取得藥物前先做某件事。例如：

- **預先授權**：對於某些藥物，您或您的醫生或其他處方開立者在您配取藥物之前，必須先獲得 Blue Shield TotalDual Plan 的授權。預先授權與轉介不同。如果您未獲得預先授權，則 Blue Shield TotalDual Plan 可能無法承保該藥物。
- **藥量限制**：有時 Blue Shield TotalDual Plan 會限制您可以獲得的藥物數量。
- **漸進式治療**：有時 Blue Shield TotalDual Plan 會要求您接受漸進式治療。意即您必須按特定順序試用藥物治療您的病症。您可能必須先試一種藥物，之後我們才會承保另一種藥物。如果您的醫生認為第一種藥物對您無效，那麼我們將承保第二種藥物。

您可以透過查看本頁一開始的表格來瞭解您的藥物是否有任何其他要求或限制¹。您也可以瀏覽我們的網站以獲得更多資訊：blueshieldca.com/medformulary2024。我們已經發佈了線上文件，解釋我們的預先授權和漸進式治療限制。您也可以要求我們向您寄送一份副本。

您可以申請這些限制的例外處理。這將使您有時間與您的醫生或其他處方開立者交談。他們可協助您決定藥物清單上是否有您可服用/使用的類似替代藥物，或是否要申請例外處理。請參閱第 B10-B12 題，以獲得有關例外處理的更多資訊。

B5. 我要如何知道我想要的藥物是否有限制，或者是否必須採取什麼行動才能取得藥物？

「按醫療病症分類的藥物清單」中的表格第 1 頁上有一個欄標為「必要行動、限制或使用限額」的欄。

B6. 如果 Blue Shield TotalDual Plan 會變更關於如何承保某些藥物的規則（例如，預先授權、藥量限制和/或漸進式治療限制），會發生什麼情況？

在某些情況下，如果我們新增或變更藥物的預先授權、藥量限制和/或漸進式治療限制，我們會提前告知您。請參閱第 B3 題，以獲得關於此事前通知以及哪些情況下我們可能無法事先通知您有關藥物清單中藥物規則改變的更多資訊。

B7. 我如何在藥物清單中找到藥物？

有兩種找到藥物的方式：

- 您可以按字母順序搜尋，**或者**
- 您可以按病症搜尋。

此部分將在下一頁繼續討論

如果您有任何疑問，請致電 Blue Shield TotalDual Plan：**(800)452-4413**（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。



要**按字母**順序搜尋，請在「承保藥物索引」部分查找您的藥物。您可以再在第 131 頁一開始的索引中找到您的藥物。該索引提供本文件中包含的所有藥物的字母順序清單。品牌藥和學名藥都會在索引中列出。翻閱索引，查找您的藥物。找到藥物時，會在藥物旁邊看到對應的頁碼，可以在那裡找到藥物的承保資訊。轉到索引中列出的頁面，並在清單的第一欄中找到您的藥物名稱。

要按醫療病症搜尋，找到第 1 頁上標有「按醫療病症分類的藥物清單」的部分。本部分中的藥物根據其用於治療的醫療病症類型進行分類。例如，如果您患有心臟病，您應該查看心血管藥物類別。您可以在這裡找到治療心臟病的藥物。

B8. 如果我想服用/使用的藥物不在藥物清單，怎麼辦？

如果您在藥品清單上找不到您的藥品，請撥打本文件頁尾所列的電話號碼聯絡客戶服務部，以尋求協助。如果您得知 Blue Shield TotalDual Plan 不承保該藥物，您可以採取以下其中一個行動：

- 請客戶服務部提供一份與您想服用的藥物類似的藥物的清單。然後把清單拿給醫生或其他處方醫生看。他們可以開立一個在藥物清單上且與您想要服用/使用的要藥物相似的藥物。**或者**
- 您可以要求 Blue Shield TotalDual Plan 進行例外處理，以承保您的藥物。請參閱第 B10-B12 題，以獲得有關例外處理的更多資訊。

B9. 如果我是新的 Blue Shield TotalDual Plan 會員，並且在藥物清單上找不到我的藥物或服用/使用我的藥物發生問題，該怎麼辦？

我們很樂意協助您。我們可能會在您成為 Blue Shield Promise Cal MediConnect Plan 會員後前 90 天期間承保您藥物的臨時 30 天供應量。這讓您有時間能和醫生或其他處方醫生討論。他們可協助您決定藥物清單上是否有您可服用/使用的類似替代藥物，或是否要申請例外處理。

如果您的處方箋寫的天數比較少，我們會允許多次續配，以提供最多 30 天的藥物。

我們將在下列情況下承保一個 30 天供應量：

- 您正在服用/使用的藥物不在我們的藥物清單上，**或者**
- 我們的計劃規則不允許您獲得處方開立者開立醫囑的藥量，**或者**
- 該藥物需要 Blue Shield TotalDual Plan 預先授權，**或者**
- 您正在服用/使用的藥物是漸進式治療限制的一部分

如果您正在服用/使用不被 Blue Shield TotalDual Plan 視為是 D 部分藥物的藥物，您有權獲得一次的 72 小時藥物供應量。

此部分將在下一頁繼續討論

如果您有任何疑問，請致電 Blue Shield TotalDual Plan：(800)452-4413（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。



如果您住在看護中心或其他長期護理機構，並且需要藥物清單上未列出的藥物，或者您無法輕鬆獲得所需的藥物，我們可以提供幫助。如果您已加入本計劃超過 90 天，住在長期護理機構，並立即需要供應：

- 無論您是否是 Blue Shield TotalDual Plan 的新會員，我們都會承保一個您所需藥物的 31 天供應量（除非您的處方天數較少）。
- 這是您成為 Blue Shield TotalDual Plan 會員後前 90 天期間的臨時供應量以外的額外供應量。

過渡政策

在受益人從一種治療環境轉換為另一種治療環境的情況下，Blue Shield TotalDual Plan 將確保快速批准非保險內處方集 D 部分藥物。此流程也應適用於需有預先授權或漸進式治療的保險內處方集一覽表 D 部份藥物。護理級別改變的例子有：受益人出院返家；受益人結束在專業護理機構 Medicare A 部份住院並需要返回其 D 部份計劃處方藥一覽表；受益人結束長期護理機構住院並返回社區；以及受益人自提供高度個人化藥物治療方案的精神病院出院。

B10. 我是否能申請例外處理以承保我的藥物？

是的。您可以要求 Blue Shield TotalDual Plan 進行例外處理，以承保藥品清單上未列出的藥品。

您也可以要求我們改變您藥物適用的規則。

- 例如，Blue Shield TotalDual Plan 可能會限制我們承保的藥物數量。如果您的藥物有限額，您可要求我們改變限額並承保更多數量。
- 其他例子：您可以要求我們取消漸進式治療限制或預先授權要求。

B11. 我該如何申請例外處理？

如需要求例外處理，請聯絡客戶服務部。客戶服務部會與您和您的醫療服務提供者合作，幫助您申請例外處理。您還可以閱讀《承保內容證明》第 9 章，瞭解有關例外處理的更多資訊。

B12. 要多久時間才能取得例外處理？

在我們收到您的處方開立者支持您的例外處理請求的聲明後，我們將在 72 小時內給予您決定。您的處方開立者可以透過電子方式（線上或傳真）或郵寄方式傳送此聲明。他們還可以致電 Blue Shield 藥房並口頭向我們提供聲明，然後根據需要向我們傳送書面聲明。

如果您或您的處方醫生認為如果您等候 72 小時才作出決定可能會有損您的健康，您則可以申請特急例外處理。這樣會更快作出決定。如果您的處方開立者支持您的要求，我們將於收到您處方醫生的佐證聲明後 24 小時內告訴您決定。

如果您有任何疑問，請致電 Blue Shield TotalDual Plan：(800)452-4413（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。



B13. 什麼是學名藥？

學名藥由與品牌藥相同的活性成分組成。它們的價格通常低於品牌藥，而且通常沒有耳熟能詳的名字。學名藥已獲得美國食品與藥物管理局(FDA)的核准。

Blue Shield TotalDual Plan 同時涵承保品牌藥和學名藥。

B14. Blue Shield TotalDual Plan 是否承保長期處方藥供應？

對於某些種類的藥物，您可以使用該計劃的網絡郵寄服務藥房。一般來說，透過郵寄服務藥房提供的藥物都是您因為慢性或長期疾病而定期服用的藥物。無法透過計劃的郵寄服務藥房購買的藥物在我們的藥物清單中標示了 **NDS** 符號。

- **郵件服務計劃**。我們提供郵件服務計劃，讓您能夠獲得最多為 **100 天的層級 1 供應量：首選學名藥和層級 2 的 90 天供應量：學名藥，層級 3：首選品牌藥物和層級 4 藥物：非首選藥物**。對於層級 1，100 天供應量與 1 個月供應量的共付額相同。首選學名藥和層級 2 的 90 天供應量：學名藥，層級 3：首選品牌藥物和層級 4 藥物：非首選藥物與一個月供應量的共付額相同。
- **零售藥房計劃**。一些零售藥房也可能提供最多 **100 天的層級 1 供應量：首選學名藥和層級 2 的 90 天供應量：學名藥，層級 3：首選品牌藥物和層級 4 藥物：非首選藥物**。對於層級 1，100 天供應量與 1 個月的共付額相同；首選學名藥和層級 2 的 90 天供應量：學名藥，層級 3：首選品牌藥物和層級 4 藥物：非首選藥物與一個月供應量的共付額相同。

B15. 我可以從我本地的藥房將處方藥送到我家嗎？

您當地的藥房也許能夠將您的處方藥送到您府上。您可以致電您的藥房，瞭解他們是否提供送貨到府的服務。

B16. 我的共付額是多少？

Blue Shield TotalDual Plan 會員若遵守計劃的規則，需支付處方藥的共付額。

層級是我們藥物清單上的藥物分類。

- 層級1藥物是首選學名藥
- 層級2藥物是學名藥
- 層級3藥物是首選品牌藥物
- 層級4藥物是非首選藥物
- 層級5藥物是專科級藥物

此部分將在下一頁繼續討論

如果您有任何疑問，請致電 Blue Shield TotalDual Plan：**(800)452-4413**（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。



| 層級 | 說明 | 共付額 | | |
|------|--------|-------------------------------|-------------------------------|----------|
| | | 30 天供應量 | 90 天供應量 | 100 天供應量 |
| 層級 1 | 首選學名藥 | \$0 | \$0 | \$0 |
| 層級 2 | 學名藥 | 0 美元、 1.55 美元、 4.50 美元 | 0 美元、 1.55 美元、 4.50 美元 | 不提供 |
| 層級 3 | 首選品牌藥 | 0 美元、 4.60 美元、 11.20 美元 | 0 美元、 4.60 美元、 11.20 美元 | 不提供 |
| 層級 4 | 非首選藥 | 0 美元、 4.60 美元、 11.20 美元 | 0 美元、 4.60 美元、 11.20 美元 | 不提供 |
| 層級 5 | 專科層級藥物 | 0 美元、 4.60 美元、 11.20 美元 | 不提供 | 不提供 |

如有任何疑問，請撥打本文件頁尾所列的電話號碼聯絡客戶服務部。

C. 《承保藥物清單》概覽

《承保藥物清單》為您提供有關 Blue Shield TotalDual Plan 所承保藥物的資訊。如果您在清單中找不到您的藥物，請參閱從第 131 頁開始的承保藥物索引。該索引按字母順序列出 Blue Shield TotalDual Plan 承保的所有藥物。

此部分將在下一頁繼續討論



如果您有任何疑問，請致電 Blue Shield TotalDual Plan：(800)452-4413（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。

圖例

| 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 | |
| 5 | 專科層級藥物 | |

| 符號 | 名稱 | 說明 |
|-----|-----------------------------------|---|
| LA | 有限取得 (Limited Access) | 該處方藥可能只能在特定藥房才能提供。如需更多資訊，請查閱您的《藥房名錄》或致電我們的客戶服務部。 |
| PA | 預先授權(Prior Authorization) | 此處方的承保需要獲得 Blue Shield 的預先授權。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 部分承保裁決。 |
| QL | 藥量限制 (Quantity Limit) | 這種藥物有劑量或處方藥量限制。每日最大劑量限制由 FDA 定義並列在藥品包裝說明書中。其他藥量限制鼓勵在可能的情況下盡可能合併用藥。 |
| ST | 漸進式治療 (Step Therapy) | 當嘗試過其他一線或首選藥物治療（漸進式治療）時，將提供此處方的承保。 |
| NDS | 非延長天數供應量(Non-Extended Day Supply) | 藥物「無法」提供長期供應。 |
| VAC | IRA 疫苗 \$0 | 您也無需支付此 D 部分疫苗的費用。請致電客戶服務部以獲得更多資訊。 |

此部分將在下一頁繼續討論



如果您有任何疑問，請致電 Blue Shield TotalDual Plan：(800)452-4413（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。

- 上訴是指正式要求我們審查之前對於您承保範圍所做的決定，並要求我們改變您認為我們做錯的決定。
- 例如，我們可能會決定您想要的藥物不屬於承保範圍或不再受到 Medicare 或 Medi-Cal 承保。
- 如果您或您的醫生不同意我們的決定，您可以提出上訴。如果您有任何疑問，請撥打本文件頁尾所列的電話號碼聯絡致電客戶服務部。
- 您還可以閱讀《承保內容證明》第 9 章，瞭解如何對決定提出上訴。

C1. 按醫療病症分類的藥物清單

本節中的藥物根據其用於治療的醫療病症類型進行分類。例如，如果要查詢的是心臟病，請翻到這個類別：心血管用藥。在那裡您可以找到治療心臟病的藥物。

表的第一欄列出了藥物名稱。學名藥以小寫斜體列出（例如 *simvastatin*），品牌藥品則以大寫列出（例如，ELIQUIS）。「必要行動、限制或使用限額」欄中的資訊告訴您 Blue Shield TotalDual 是否有任何承保您的藥物的規則。

D. 承保藥物索引

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



如果您有任何疑問，請致電 Blue Shield TotalDual Plan：(800)452-4413（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。

ANALGESICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-------------------|
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS | | |
| <i>cataflam 50 mg tab</i> | Tier 2 | |
| <i>celecoxib (100 mg cap, 200 mg cap, 50 mg cap)</i> | Tier 2 | QL (2 PER 1 DAYS) |
| <i>celecoxib 400 mg cap</i> | Tier 2 | QL (1 PER 1 DAYS) |
| <i>diclofenac potassium 50 mg tab</i> | Tier 2 | |
| <i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i> | Tier 2 | |
| <i>diclofenac sodium 1 % gel</i> | Tier 3 | |
| <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 (400 mg tab, 500 mg tab)</i> | Tier 2 | |
| <i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i> | Tier 4 | |
| <i>flurbiprofen 100 mg tab</i> | Tier 2 | |
| <i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i> | Tier 2 | |
| <i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i> | Tier 2 | |
| <i>indomethacin (25 mg cap, 50 mg cap)</i> | Tier 2 | |
| <i>meloxicam (15 mg tab, 7.5 mg tab)</i> | Tier 2 | |
| <i>nabumetone (500 mg tab, 750 mg tab)</i> | Tier 2 | |
| <i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i> | Tier 2 | |
| <i>naproxen dr 500 mg tab dr</i> | Tier 2 | |
| <i>piroxicam (10 mg cap, 20 mg cap)</i> | Tier 3 | |
| <i>relafen (500 mg tab, 750 mg tab)</i> | Tier 2 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANALGESICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|------------------------------------|
| <i>sulindac (150 mg tab, 200 mg tab)</i> | Tier 2 | |
| OPIOID ANALGESICS, LONG-ACTING | | |
| <i>fentanyl (100 mcg/hr patch 72hr, 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr)</i> | Tier 3 | PA, QL (10 PER 30 OVER TIME), NDS |
| <i>methadone hcl 10 mg tab</i> | Tier 4 | PA, QL (90 PER 30 OVER TIME), NDS |
| <i>methadone hcl 10 mg/5ml solution</i> | Tier 4 | PA, QL (450 PER 30 OVER TIME), NDS |
| <i>methadone hcl 10 mg/ml solution</i> | Tier 4 | PA, NDS |
| <i>methadone hcl 5 mg tab</i> | Tier 4 | PA, QL (180 PER 30 OVER TIME), NDS |
| <i>methadone hcl 5 mg/5ml solution</i> | Tier 4 | PA, QL (900 PER 30 OVER TIME), NDS |
| <i>morphine sulfate er (100 mg tab er, 200 mg tab er, 60 mg tab er)</i> | Tier 3 | QL (60 PER 30 OVER TIME), NDS |
| <i>morphine sulfate er 15 mg tab er</i> | Tier 3 | QL (180 PER 30 OVER TIME), NDS |
| <i>morphine sulfate er 30 mg tab er</i> | Tier 3 | QL (90 PER 30 OVER TIME), 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>butalbital-apap-caff-cod 50-325-40-30 mg cap</i> | Tier 4 | PA, QL (48 PER 30 OVER TIME), NDS |
| CODEINE SULFATE 15 MG TAB | Tier 3 | QL (336 PER 30 OVER TIME), NDS |
| <i>codeine sulfate 30 mg tab</i> | Tier 3 | QL (168 PER 30 OVER TIME), NDS |
| CODEINE SULFATE 60 MG TAB | Tier 3 | QL (84 PER 30 OVER TIME), NDS |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANALGESICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|------------------------------------|
| <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>fentanyl citrate (1200 mcg loz handle, 1600 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle)</i> | Tier 5 | PA, QL (120 PER 30 OVER TIME), NDS |
| <i>fentanyl citrate 200 mcg loz handle</i> | Tier 4 | PA, QL (120 PER 30 OVER TIME), NDS |
| <i>hydrocodone-acetaminophen (10-325 mg tab, 7.5-325 mg tab)</i> | Tier 2 | QL (6 PER 1 DAYS), NDS |
| <i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i> | Tier 3 | QL (2520 PER 30 OVER TIME), NDS |
| <i>hydrocodone-acetaminophen 5-325 mg tab</i> | Tier 2 | QL (8 PER 1 DAYS), NDS |
| <i>hydromorphone hcl 1 mg/ml liquid</i> | Tier 4 | QL (675 PER 30 OVER TIME), 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) (100 mg/5ml solution, 20 mg/ml solution)</i> | Tier 3 | QL (70 PER 30 OVER TIME), NDS |
| <i>morphine sulfate 10 mg/5ml solution</i> | Tier 3 | QL (630 PER 30 OVER TIME), NDS |
| <i>morphine sulfate 20 mg/5ml solution</i> | Tier 3 | QL (315 PER 30 OVER TIME), NDS |
| <i>oxycodone hcl (15 mg tab, 30 mg tab)</i> | Tier 3 | QL (56 PER 30 OVER TIME), NDS |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANALGESICS

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

ANESTHETICS

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

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-------------------------|
| 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 (2-0.5 mg film, 4-1 mg film)</i> | Tier 2 | QL (5 PER 1 DAYS) |
| <i>buprenorphine hcl-naloxone hcl (8-2 mg film, 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) |
| ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB) | Tier 4 | QL (3 PER 1 DAYS) |
| ZUBSOLV (11.4-2.9 MG SL TAB, 2.9-0.71 MG SL TAB) | Tier 4 | QL (1 PER 1 DAYS) |
| ZUBSOLV 8.6-2.1 MG SL TAB | Tier 4 | QL (2 PER 1 DAYS) |
| OPIOID REVERSAL AGENTS | | |
| <i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i> | Tier 2 | |
| <i>naloxone hcl 4 mg/0.1ml liquid</i> | Tier 2 | QL (2 PER 30 OVER TIME) |
| <i>naltrexone hcl 50 mg tab</i> | Tier 2 | |
| SMOKING CESSATION AGENTS | | |
| <i>bupropion hcl er (smoking det) 150 mg tab er 12h</i> | Tier 2 | QL (2 PER 1 DAYS) |
| NICOTROL 10 MG INHALER | Tier 3 | |
| NICOTROL NS 10 MG/ML SOLUTION | Tier 4 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------------------|
| <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 & 1 mg x 42 tab thpk</i> | Tier 4 | QL (53 PER 30 OVER TIME) |
| <i>varenicline tartrate(continue) 1 mg tab</i> | Tier 4 | QL (2 PER 1 DAYS) |

ANTIBACTERIALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| AMINOGLYCOSIDES | | |
| <i>amikacin sulfat e 500 mg/2ml solution</i> | Tier 4 | |
| <i>gentamicin sulfat e (0.1 % cream, 0.1 % ointment)</i> | Tier 2 | |
| <i>gentamicin sulfat e 40 mg/ml solution</i> | Tier 4 | |
| <i>neomycin sulfat e 500 mg tab</i> | Tier 2 | |
| <i>paromomycin sulfat e 250 mg cap</i> | Tier 4 | |
| STREPTOMYCIN SULFATE 1 GM RECON SOLN | | |
| <i>tobramycin sulfat e (1.2 gm recon soln, 1.2 gm/30ml solution, 10 mg/ml solution, 2 gm/50ml solution, 80 mg/2ml solution)</i> | Tier 4 | |
| ANTIBACTERIALS, OTHER | | |
| <i>acetic acid 2 % solution</i> | Tier 2 | |
| <i>aztreonam (1 gm recon soln, 2 gm recon soln)</i> | Tier 4 | |
| <i>clindacin etz 1 % swab</i> | Tier 2 | |
| <i>clindacin-p 1 % swab</i> | Tier 2 | |
| <i>clindamycin hcl (150 mg cap, 300 mg cap, 75 mg cap)</i> | Tier 2 | |
| <i>clindamycin palmitate hcl 75 mg/5ml recon soln</i> | Tier 4 | |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIBACTERIALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| <i>clindamycin phosphate (1 % swab, 2 % cream)</i> | Tier 2 | |
| <i>clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 9 gm/60ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i> | Tier 4 | |
| <i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i> | Tier 4 | |
| CLINDAMYCIN PHOSPHATE IN NAACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION) | Tier 4 | |
| <i>colistimethate sodium (cba) 150 mg recon soln</i> | Tier 4 | |
| <i>daptomycin (350 mg recon soln, 500 mg recon soln)</i> | Tier 5 | |
| <i>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 2 | |
| <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 (100 mg cap, 50 mg cap)</i> | Tier 3 | |
| <i>nitrofurantoin monohyd macro 100 mg cap</i> | Tier 2 | |
| <i>rosadan 0.75 % cream</i> | Tier 3 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIBACTERIALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|-----------------------------|
| <i>rosadan 0.75 % gel</i> | Tier 2 | |
| SYNERCID 150-350 MG RECON SOLN | Tier 5 | |
| <i>tigecycline 50 mg recon soln</i> | Tier 5 | |
| <i>trimethoprim 100 mg tab</i> | Tier 2 | |
| <i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 1.75 gm recon soln, 10 gm recon soln, 100 gm recon soln, 125 mg cap, 2 gm recon soln, 250 mg cap, 250 mg recon soln, 500 mg recon soln, 750 mg recon soln)</i> | Tier 4 | |
| 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) |
| BETA-LACTAM, CEPHALOSPORINS | | |
| CEFACLOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 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, 10 gm recon soln, 100 gm recon soln, 2 gm recon soln, 3 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i> | Tier 4 | |
| <i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i> | Tier 3 | |
| <i>cefdinir 300 mg cap</i> | Tier 2 | |
| <i>cefepime hcl (1 gm recon soln, 2 gm recon soln)</i> | Tier 4 | |
| <i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i> | Tier 4 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIBACTERIALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| CEFOTAXIME SODIUM 1 GM RECON SOLN | Tier 4 | |
| <i>cefotetan disodium (1 gm recon soln, 2 gm recon soln)</i> | Tier 4 | |
| <i>cefoxitin sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln)</i> | Tier 4 | |
| <i>cefepodoxime proxetil (100 mg tab, 100 mg/5ml recon susp, 200 mg tab, 50 mg/5ml recon susp)</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, 10 gm recon soln, 2 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i> | Tier 4 | |
| <i>cefuroxime axetil (250 mg tab, 500 mg tab)</i> | Tier 2 | |
| <i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i> | Tier 4 | |
| <i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i> | Tier 2 | |
| TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN) | Tier 4 | |
| TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN) | Tier 5 | |
| BETA-LACTAM, PENICILLINS | | |
| <i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i> | Tier 2 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIBACTERIALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| <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 | |
| <i>ampicillin 500 mg cap</i> | Tier 2 | |
| <i>ampicillin sodium (1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 2 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i> | Tier 4 | |
| <i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 15 (10-5) gm recon soln, 3 (2-1) gm recon soln)</i> | Tier 4 | |
| BICILLIN L-A (1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR, 600000 UNIT/ML SUSP PRSYR) | Tier 4 | |
| <i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i> | Tier 2 | |
| <i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i> | Tier 4 | |
| <i>nafcillin sodium 10 gm recon soln</i> | Tier 5 | |
| <i>penicillin g potassium (20000000 unit recon soln, 5000000 unit recon soln)</i> | Tier 4 | |
| PENICILLIN G SODIUM 5000000 UNIT RECON SOLN | Tier 4 | |
| <i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i> | Tier 2 | |
| PFIZERPEN (20000000 UNIT RECON SOLN, 5000000 UNIT RECON SOLN) | Tier 4 | |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIBACTERIALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|-------------------------------|
| <i>piperacillin sod-tazobactam so (13.5 (12-1.5) gm recon ln, 2.25 (2-0.25) gm recon ln, 3-0.375 gm recon ln, 3.375 (3-0.375) gm recon ln, 4-0.5 gm recon ln, 4.5 (4-0.5) gm recon ln, 40.5 (36-4.5) gm recon ln)</i> | Tier 4 | |
| CARBAPENEMS | | |
| <i>ertapenem sodium 1 gm recon soln</i> | Tier 4 | |
| <i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i> | Tier 4 | |
| <i>meropenem (1 gm recon soln, 500 mg recon soln)</i> | Tier 4 | |
| MACROLIDES | | |
| <i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i> | Tier 2 | |
| AZITHROMYCIN 1 GM PACKET | Tier 3 | |
| <i>azithromycin 500 mg recon soln</i> | Tier 4 | |
| CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP) | Tier 4 | |
| <i>clarithromycin (250 mg tab, 500 mg tab)</i> | Tier 2 | |
| <i>clarithromycin er 500 mg tab er 24h</i> | Tier 3 | |
| 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 | |
| <i>erythrocin lactobionate 500 mg recon soln</i> | Tier 4 | |
| <i>erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)</i> | Tier 4 | |
| ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB | Tier 4 | |

您可以前往第

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ANTIBACTERIALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------------------------|
| <i>erythromycin lactobionate 500 mg recon soln</i> | Tier 4 | |
| QUINOLONES | | |
| BESIVANCE 0.6 % SUSPENSION | Tier 3 | |
| CILOXAN 0.3 % OINTMENT | Tier 4 | |
| <i>ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)</i> | Tier 4 | |
| <i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i> | Tier 2 | |
| CIPROFLOXACIN HCL 100 MG TAB | Tier 4 | |
| <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 4 | |
| 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 |
| <i>ofloxacin (300 mg tab, 400 mg tab)</i> | Tier 3 | |
| SULFONAMIDES | | |
| <i>sulfacetamide sodium (acne) 10 % lotion</i> | Tier 3 | |
| <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 | |

您可以前往第

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ANTIBACTERIALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------|
| TETRACYCLINES | | |
| <i>avidoxy 100 mg tab</i> | Tier 2 | |
| <i>doxy 100 100 mg recon soln</i> | Tier 4 | |
| <i>doxycycline hyclate (100 mg cap, 100 mg tab, 20 mg tab, 50 mg cap)</i> | Tier 2 | |
| <i>doxycycline hyclate 100 mg recon soln</i> | Tier 4 | |
| <i>doxycycline monohydrate (100 mg cap, 100 mg tab, 50 mg cap, 50 mg tab, 75 mg tab)</i> | Tier 2 | |
| <i>minocycline hcl (100 mg cap, 50 mg cap, 75 mg cap)</i> | Tier 2 | |
| <i>mondoxylene nl 100 mg cap</i> | Tier 2 | |
| <i>morgidox 100 mg cap</i> | Tier 2 | |
| <i>tetracycline hcl (250 mg cap, 500 mg cap)</i> | Tier 4 | |

ANTICONVULSANTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|---|
| ANTICONVULSANTS, OTHER | | |
| BRIVIACT (10 MG TAB, 100 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB) | Tier 5 | ST, QL (2 PER 1 DAYS) |
| BRIVIACT 10 MG/ML SOLUTION | Tier 5 | ST, QL (20 PER 1 DAYS) |
| DIACOMIT (250 MG CAP, 250 MG PACKET) | Tier 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| DIACOMIT (500 MG CAP, 500 MG PACKET) | Tier 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i> | Tier 2 | |
| <i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i> | Tier 2 | |

您可以前往第
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ANTICONVULSANTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--|
| 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 (10 MG TAB, 12 MG TAB, 4 MG TAB, 6 MG TAB, 8 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 (100 mg tab, 150 mg tab, 200 mg tab, 25 mg chew tab, 25 mg tab, 5 mg chew tab)</i> | Tier 2 | |
| <i>levetiracetam (100 mg/ml solution, 1000 mg tab, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab)</i> | Tier 2 | |
| <i>levetiracetam er 500 mg tab er 24h</i> | Tier 2 | QL (6 PER 1 DAYS) |
| <i>levetiracetam er 750 mg tab er 24h</i> | Tier 2 | QL (4 PER 1 DAYS) |
| <i>roweepra (1000 mg tab, 500 mg tab, 750 mg tab)</i> | Tier 2 | |
| <i>roweepra xr 500 mg tab er 24h</i> | Tier 2 | QL (6 PER 1 DAYS) |
| <i>roweepra xr 750 mg tab er 24h</i> | Tier 2 | QL (4 PER 1 DAYS) |
| 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 |
| <i>subvenite (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab)</i> | Tier 2 | |
| <i>topiramate (100 mg tab, 15 mg cap sprink, 200 mg tab, 25 mg cap sprink, 25 mg tab, 50 mg tab)</i> | Tier 2 | |

您可以前往第
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ANTICONVULSANTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--|
| <i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i> | Tier 4 | |
| <i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i> | Tier 2 | |
| XCOPRI (100 MG TAB, 25 MG TAB, 50 MG TAB) | Tier 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK) | Tier 5 | QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XCOPRI (150 MG TAB, 200 MG TAB) | Tier 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (250 MG DAILY DOSE) (100 & 150 MG TAB THPK, 50 & 200 MG TAB THPK) | Tier 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK | Tier 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK | Tier 4 | QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| ZTALMY 50 MG/ML SUSPENSION | Tier 5 | LA, QL (36 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-AMINOBUTYRIC ACID (GABA) AUGMENTING 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 OVER TIME) |
| DIAZEPAM 2.5 MG GEL | Tier 4 | QL (5 PER 30 OVER TIME) |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTICONVULSANTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|---|
| <i>diazepam 20 mg gel</i> | Tier 4 | QL (40 PER 30 OVER TIME) |
| <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 (10 MG FILM, 12.5 MG FILM, 15 MG FILM, 5 MG FILM, 7.5 MG FILM) | Tier 5 | QL (10 PER 30 DAYS) |
| <i>phenobarbital (100 mg tab, 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)</i> | Tier 2 | PA - FOR NEW STARTS ONLY |
| <i>primidone (125 mg tab, 250 mg tab, 50 mg tab)</i> | Tier 2 | |
| SYMPAZAN (10 MG FILM, 20 MG FILM, 5 MG FILM) | Tier 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>tiagabine hcl (12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab)</i> | Tier 4 | |
| VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID | Tier 5 | QL (10 PER 30 OVER TIME) |
| VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK | Tier 5 | QL (10 PER 30 OVER TIME) |
| VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK | Tier 5 | QL (10 PER 30 OVER TIME) |
| VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID | Tier 5 | QL (10 PER 30 OVER TIME) |
| <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 |

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ANTICONVULSANTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--|
| VIGAFYDE 100 MG/ML SOLUTION | Tier 5 | LA, QL (750 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 |
| 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 (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i> | Tier 3 | |
| DILANTIN (100 MG CAP, 30 MG CAP) | Tier 3 | |
| DILANTIN INFATABS 50 MG CHEW TAB | Tier 3 | |
| <i>epitol 200 mg tab</i> | Tier 2 | |
| <i>lacosamide (10 mg/ml solution, 100 mg/10ml solution, 50 mg/5ml solution)</i> | Tier 4 | QL (40 PER 1 DAYS) |
| <i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab)</i> | Tier 4 | QL (2 PER 1 DAYS) |
| <i>lacosamide 200 mg/20ml solution</i> | Tier 4 | PA - PART B VS D DETERMINATION |
| <i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i> | Tier 2 | |
| <i>oxcarbazepine 300 mg/5ml suspension</i> | Tier 4 | |
| <i>phenytek (200 mg cap, 300 mg cap)</i> | Tier 2 | |
| <i>phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension, 50 mg chew tab)</i> | Tier 2 | |

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTICONVULSANTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|------------------------|
| <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) |
| ZONISADE 100 MG/5ML SUSPENSION | Tier 4 | |
| <i>zonisamide (100 mg cap, 25 mg cap, 50 mg cap)</i> | Tier 2 | |

ANTIDEMENTIA AGENTS

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

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIDEPRESSANTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|---|
| ANTIDEPRESSANTS, OTHER | | |
| AUVELITY 45-105 MG TAB ER | Tier 5 | 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 (smoking det) 150 mg tab er 12h</i> | Tier 2 | QL (2 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 (10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB, 5-10 MG TAB) | Tier 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| MAPROTILINE HCL (25 MG TAB, 50 MG TAB, 75 MG TAB) | Tier 4 | |
| <i>mirtazapine (15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp, 7.5 mg tab)</i> | Tier 2 | |
| ZURZUVAE (20 MG CAP, 25 MG CAP) | Tier 5 | QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |
| ZURZUVAE 30 MG CAP | Tier 5 | QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |
| MONOAMINE OXIDASE INHIBITORS | | |
| EMSAM (12 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR) | Tier 5 | PA - FOR NEW STARTS ONLY |
| MARPLAN 10 MG TAB | Tier 4 | |

您可以前往第

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ANTIDEPRESSANTS

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

您可以前往第

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ANTIDEPRESSANTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|------------------------------|
| <i>sertraline hcl 20 mg/ml conc</i> | Tier 3 | |
| <i>trazodone hcl (100 mg tab, 150 mg tab, 50 mg tab)</i> | Tier 2 | |
| <i>trazodone hcl 300 mg tab</i> | Tier 3 | |
| TRINTELLIX (10 MG TAB, 20 MG TAB, 5 MG TAB) | Tier 4 | ST, QL (1 PER 1 DAYS) |
| <i>venlafaxine hcl (100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab)</i> | Tier 2 | |
| <i>venlafaxine hcl er (150 mg cap er 24h, 37.5 mg cap er 24h)</i> | Tier 2 | QL (2 PER 1 DAYS) |
| <i>venlafaxine hcl er 75 mg cap er 24h</i> | Tier 2 | QL (3 PER 1 DAYS) |
| VIIIBRYD STARTER PACK 10 & 20 MG KIT | Tier 4 | ST, QL (30 PER 30 OVER TIME) |
| <i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i> | Tier 4 | ST, QL (1 PER 1 DAYS) |
| TRICYCLICS | | |
| <i>amitriptyline hcl (10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i> | Tier 2 | PA - FOR NEW STARTS ONLY |
| <i>amoxapine (100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 2 | |
| <i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i> | Tier 4 | PA - FOR NEW STARTS ONLY |
| <i>desipramine hcl (10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i> | Tier 4 | |
| <i>doxepin hcl (10 mg cap, 10 mg/ml conc, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i> | Tier 2 | PA - FOR NEW STARTS ONLY |
| <i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 2 | PA - FOR NEW STARTS ONLY |
| <i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i> | Tier 2 | |
| <i>nortriptyline hcl 10 mg/5ml solution</i> | Tier 4 | |
| <i>protriptyline hcl (10 mg tab, 5 mg tab)</i> | Tier 4 | |

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ANTIDEPRESSANTS

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

ANTIEMETICS

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

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ANTIEMETICS

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

ANTIFUNGALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------------------------|
| ANTIFUNGALS | | |
| ABELCET 5 MG/ML SUSPENSION | Tier 4 | PA - PART B VS D DETERMINATION |
| AMPHOTERICIN B 50 MG RECON SOLN | Tier 4 | PA - PART B VS D DETERMINATION |
| <i>amphotericin b liposome 50 mg recon susp</i> | Tier 5 | PA - PART B VS D DETERMINATION |
| <i>caspofungin acetate 50 mg recon soln</i> | Tier 5 | PA |
| <i>caspofungin acetate 70 mg recon soln</i> | Tier 4 | PA |
| <i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i> | Tier 2 | |
| <i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i> | Tier 2 | |

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ANTIFUNGALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-----------------------|
| CRESEMBA (186 MG CAP, 372 MG RECON SOLN, 74.5 MG CAP) | Tier 5 | PA |
| <i>econazole nitrate 1 % cream</i> | Tier 4 | |
| <i>fluconazole (10 mg/ml recon susp, 100 mg tab, 150 mg tab, 200 mg tab, 40 mg/ml recon susp, 50 mg tab)</i> | Tier 2 | |
| <i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i> | Tier 4 | |
| <i>flucytosine (250 mg cap, 500 mg cap)</i> | Tier 5 | |
| <i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i> | Tier 4 | |
| <i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i> | Tier 4 | |
| <i>itraconazole 100 mg cap</i> | Tier 4 | |
| <i>ketconazole (2 % cream, 2 % shampoo, 200 mg tab)</i> | Tier 2 | |
| <i>klayesta 100000 unit/gm powder</i> | Tier 2 | |
| <i>micafungin sodium (100 mg recon soln, 50 mg recon soln)</i> | Tier 5 | |
| MICONAZOLE 3 200 MG SUPPOS | Tier 3 | |
| <i>nyamyc 100000 unit/gm powder</i> | Tier 2 | |
| <i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)</i> | Tier 2 | |
| <i>nystop 100000 unit/gm powder</i> | Tier 2 | |
| <i>posaconazole 100 mg tab dr</i> | Tier 5 | PA, QL (3 PER 1 DAYS) |
| <i>posaconazole 40 mg/ml suspension</i> | Tier 5 | PA |
| <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 | |

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ANTIFUNGALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------------------------|
| <i>voriconazole (200 mg tab, 40 mg/ml recon susp, 50 mg tab)</i> | Tier 4 | PA |
| <i>voriconazole 200 mg recon soln</i> | Tier 4 | PA - PART B VS D DETERMINATION |

ANTIGOUT AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|-------------------|
| ANTIGOUT AGENTS | | |
| <i>allopurinol (100 mg tab, 300 mg tab)</i> | Tier 2 | |
| <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>probenecid 500 mg tab</i> | Tier 2 | |

ANTIMIGRAINE AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|------------------------------|
| ANTIMIGRAINE AGENTS, OTHER | | |
| NURTEC 75 MG TAB DISP | Tier 5 | PA, QL (16 PER 30 OVER TIME) |
| UBRELVY (100 MG TAB, 50 MG TAB) | Tier 5 | PA, QL (16 PER 30 OVER TIME) |
| ERGOT ALKALOIDS | | |
| <i>dihydroergotamine mesylate 1 mg/ml solution</i> | Tier 4 | PA |
| <i>dihydroergotamine mesylate 4 mg/ml solution</i> | Tier 5 | PA, QL (8 PER 30 OVER TIME) |
| MIGERGOT 2-100 MG SUPPOS | Tier 4 | QL (20 PER 30 OVER TIME) |

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

ANTIMIGRAINE AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-----------------------------|
| PROPHYLACTIC | | |
| AIMOVIQ (140 MG/ML SOLN A-INJ, 70 MG/ML SOLN A-INJ) | Tier 3 | PA, QL (1 PER 28 OVER TIME) |
| <i>timolol maleate (10 mg tab, 20 mg tab, 5 mg tab)</i> | Tier 2 | |
| SEROTONIN (5-HT) RECEPTOR AGONIST | | |
| <i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i> | Tier 3 | QL (18 PER 30 OVER TIME) |
| <i>rizatriptan benzoate (10 mg tab, 10 mg tab disp, 5 mg tab, 5 mg tab disp)</i> | Tier 2 | QL (24 PER 30 OVER TIME) |
| <i>sumatriptan (20 mg/act solution, 5 mg/act solution)</i> | Tier 4 | QL (18 PER 30 OVER TIME) |
| <i>sumatriptan succinate (100 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 2 | QL (18 PER 30 OVER TIME) |
| <i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml soln prsy, 6 mg/0.5ml solution)</i> | Tier 4 | QL (8 PER 30 OVER TIME) |
| <i>sumatriptan succinate refill (4 mg/0.5ml soln cart, 6 mg/0.5ml soln cart)</i> | Tier 4 | QL (8 PER 30 OVER TIME) |
| <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 OVER TIME) |

ANTIMYASTHENIC AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| PARASYMPATHOMIMETICS | | |
| GUANIDINE HCL 125 MG TAB | Tier 2 | |
| <i>pyridostigmine bromide 60 mg tab</i> | Tier 2 | |

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

ANTIMYCOBACTERIALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------|
| ANTIMYCOBACTERIALS, OTHER | | |
| <i>dapsone (100 mg tab, 25 mg tab)</i> | Tier 3 | |
| <i>rifabutin 150 mg cap</i> | Tier 4 | |
| ANTITUBERCULARS | | |
| <i>ethambutol hcl (100 mg tab, 400 mg tab)</i> | Tier 2 | |
| <i>isoniazid (100 mg tab, 300 mg tab, 50 mg/5ml syrup)</i> | Tier 2 | |
| ISONIAZID 100 MG/ML SOLUTION | Tier 4 | |
| PASER 4 GM PACKET | Tier 4 | |
| 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 | |
| RIFATER 50-120-300 MG TAB | Tier 4 | |
| SIRTURO (100 MG TAB, 20 MG TAB) | Tier 5 | PA |
| TRECTOR 250 MG TAB | Tier 4 | |

ANTINEOPLASTICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------------------------|
| ALKYLATING AGENTS | | |
| CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB) | Tier 3 | PA - PART B VS D DETERMINATION |
| GLEOSTINE (100 MG CAP, 40 MG CAP) | Tier 5 | |
| GLEOSTINE 10 MG CAP | Tier 4 | |
| LEUKERAN 2 MG TAB | Tier 4 | |
| MATULANE 50 MG CAP | Tier 5 | LA |
| <i>thiotepa (100 mg recon soln, 15 mg recon soln)</i> | Tier 5 | PA - PART B VS D DETERMINATION |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--|
| VALCHLOR 0.016 % GEL | Tier 5 | LA, QL (60 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| 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 |
| <i>flutamide 125 mg cap</i> | 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, 40 MG TAB) | Tier 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XTANDI 80 MG TAB | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ANTIANGIOGENIC AGENTS | | |
| <i>lenalidomide (10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap)</i> | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| 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 |

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ANTINEOPLASTICS

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|---|-----------------------|---|
| REVLIMID (10 MG CAP, 15 MG CAP, 2.5 MG CAP, 20 MG CAP, 25 MG CAP, 5 MG CAP) | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| THALOMID (100 MG CAP, 50 MG CAP) | Tier 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| THALOMID (150 MG CAP, 200 MG CAP) | Tier 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ANTIESTROGENS/MODIFIERS | | |
| EMCYT 140 MG CAP | Tier 4 | |
| <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 | | |
| DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP) | Tier 3 | |
| <i>hydroxyurea 500 mg cap</i> | Tier 2 | |
| INQOVI 35-100 MG TAB | Tier 5 | LA, QL (5 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>mercaptopurine 50 mg tab</i> | Tier 2 | |
| PURIXAN 2000 MG/100ML SUSPENSION | Tier 5 | LA, PA - FOR NEW STARTS ONLY |
| TABLOID 40 MG TAB | Tier 3 | |
| ANTINEOPLASTICS, OTHER | | |
| AKEEGA (100-500 MG TAB, 50-500 MG TAB) | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| AUGTYRO 160 MG CAP | Tier 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| AUGTYRO 40 MG CAP | Tier 5 | QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| AYVAKIT (100 MG TAB, 200 MG TAB, 25 MG TAB, 300 MG TAB, 50 MG TAB) | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

您可以前往第
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ANTINEOPLASTICS

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|---|-----------------------|--|
| BESREMI 500 MCG/ML SOLN PRSYR | Tier 5 | LA, QL (2 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| BRUKINSA 80 MG CAP | Tier 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| EXKIVITY 40 MG CAP | Tier 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FOTIVDA (0.89 MG CAP, 1.34 MG CAP) | Tier 5 | LA, QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| IDHIFA (100 MG TAB, 50 MG TAB) | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| INREBIC 100 MG CAP | Tier 5 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK | Tier 5 | QL (49 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK | Tier 5 | QL (70 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK | Tier 5 | QL (91 PER 28 OVER TIME), 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>leucovorin calcium (10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab)</i> | Tier 2 | |
| <i>leucovorin calcium (100 mg recon soln, 350 mg recon soln)</i> | Tier 4 | |

您可以前往第
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ANTINEOPLASTICS

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|---|-----------------------|---|
| LONSURF 15-6.14 MG TAB | Tier 5 | LA, QL (100 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| LONSURF 20-8.19 MG TAB | Tier 5 | LA, QL (80 PER 28 OVER TIME), 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 |
| LYSODREN 500 MG TAB | Tier 5 | |
| NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP) | Tier 5 | QL (3 PER 21 OVER TIME), 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 |
| ONUREG (200 MG TAB, 300 MG TAB) | Tier 5 | QL (14 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| QINLOCK 50 MG TAB | Tier 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO (120 MG TAB, 160 MG TAB, 80 MG TAB) | Tier 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO 40 MG CAP | Tier 5 | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO 40 MG TAB | Tier 5 | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO 80 MG CAP | Tier 5 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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ANTINEOPLASTICS

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|--|-----------------------|--|
| 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 |
| 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 |
| TAZVERIK 200 MG TAB | Tier 5 | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VANFLYTA 17.7 MG TAB | Tier 5 | QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| VANFLYTA 26.5 MG TAB | Tier 5 | QL (2 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 |
| XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK | Tier 5 | LA, QL (20 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK | Tier 5 | LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK | Tier 5 | LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK | Tier 5 | LA, QL (4 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK | Tier 5 | LA, QL (16 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK | Tier 5 | LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |

您可以前往第

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ANTINEOPLASTICS

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|---|-----------------------|--|
| XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK | Tier 5 | LA, QL (12 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK | Tier 5 | LA, QL (4 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK | Tier 5 | LA, QL (24 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK | Tier 5 | LA, QL (16 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK | Tier 5 | LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK | Tier 5 | LA, QL (32 PER 28 OVER TIME), 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 2 | |
| <i>letrozole 2.5 mg tab</i> | Tier 2 | |
| ENZYME INHIBITORS | | |
| 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 |
| 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 |
| OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB) | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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ANTINEOPLASTICS

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|---|-----------------------|--|
| TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK) | Tier 5 | LA, QL (64 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| MOLECULAR TARGET INHIBITORS | | |
| ALECENSA 150 MG CAP | Tier 5 | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ALUNBRIG (180 MG TAB, 90 MG TAB) | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ALUNBRIG 30 MG TAB | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ALUNBRIG 90 & 180 MG TAB THPK | Tier 5 | LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| 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 |
| CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB) | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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ANTINEOPLASTICS

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|--|-----------------------|--|
| CALQUENCE (100 MG CAP, 100 MG TAB) | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| CAPRELSA 100 MG TAB | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| CAPRELSA 300 MG TAB | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT | Tier 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| COMETRIQ (60 MG DAILY DOSE) 20 MG KIT | Tier 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| COPIKTRA (15 MG CAP, 25 MG CAP) | Tier 5 | LA, QL (56 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| COTELLIC 20 MG TAB | Tier 5 | LA, QL (63 PER 28 OVER TIME), 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 |

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| <i>erlotinib hcl (100 mg tab, 150 mg tab)</i> | Tier 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>erlotinib hcl 25 mg tab</i> | Tier 5 | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>everolimus (10 mg tab, 7.5 mg tab)</i> | Tier 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i> | Tier 5 | PA - FOR NEW STARTS ONLY |
| <i>everolimus (2.5 mg tab, 5 mg tab)</i> | Tier 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FRUZAQLA 1 MG CAP | Tier 5 | LA, QL (84 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| FRUZAQLA 5 MG CAP | Tier 5 | LA, QL (21 PER 28 OVER TIME), 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 |
| IBRANCE (100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB, 75 MG CAP, 75 MG TAB) | Tier 5 | LA, QL (21 PER 28 OVER TIME), 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 |
| <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 (280 MG TAB, 420 MG TAB, 560 MG TAB, 70 MG CAP) | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| IMBRUVICA 140 MG CAP | Tier 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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ANTINEOPLASTICS

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|--|-----------------------|--|
| IMBRUVICA 70 MG/ML SUSPENSION | Tier 5 | LA, QL (8 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 |
| JAKAFI (10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB, 5 MG TAB) | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| JAYPIRCA 100 MG TAB | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| JAYPIRCA 50 MG TAB | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI (200 MG DOSE) 200 MG TAB THPK | Tier 5 | QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| KISQALI (400 MG DOSE) 200 MG TAB THPK | Tier 5 | QL (42 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| KISQALI (600 MG DOSE) 200 MG TAB THPK | Tier 5 | QL (63 PER 28 OVER TIME), 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 |

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ANTINEOPLASTICS

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|--|-----------------------|---|
| 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 |
| LYNPARZA (100 MG TAB, 150 MG TAB) | Tier 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK | Tier 5 | LA, QL (84 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK | Tier 5 | LA, QL (112 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK | Tier 5 | LA, QL (140 PER 28 OVER TIME), 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 |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTINEOPLASTICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--|
| NERLYNX 40 MG TAB | Tier 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ODOMZO 200 MG CAP | Tier 5 | LA, QL (1 PER 1 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 (13.5 MG TAB, 4.5 MG TAB, 9 MG TAB) | Tier 5 | LA, QL (30 PER 30 OVER TIME), 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 |
| REZLIDHIA 150 MG CAP | Tier 5 | LA, QL (2 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 |
| SPRYCEL (100 MG TAB, 140 MG TAB) | Tier 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SPRYCEL (70 MG TAB, 80 MG TAB) | Tier 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

您可以前往第

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ANTINEOPLASTICS

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|---|-----------------------|--|
| SPRYCEL 20 MG TAB | Tier 5 | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SPRYCEL 50 MG TAB | Tier 5 | QL (3 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 |
| TAFINLAR (50 MG CAP, 75 MG CAP) | Tier 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TAFINLAR 10 MG TAB SOL | Tier 5 | LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TAGRISSE (40 MG TAB, 80 MG TAB) | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP) | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TALZENNA 0.25 MG CAP | Tier 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TASIGNA (150 MG CAP, 200 MG CAP, 50 MG CAP) | Tier 5 | QL (4 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 |
| TUKYSA (150 MG TAB, 50 MG TAB) | Tier 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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ANTINEOPLASTICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|---|
| TURALIO (125 MG CAP, 200 MG CAP) | Tier 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| UKONIQ 200 MG TAB | Tier 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA 10 MG TAB | Tier 3 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA 100 MG TAB | Tier 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA 50 MG TAB | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK | Tier 5 | LA, QL (84 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |
| VERZENIO (100 MG TAB, 150 MG TAB, 200 MG TAB, 50 MG TAB) | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VITRAKVI 100 MG CAP | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VITRAKVI 20 MG/ML SOLUTION | Tier 5 | LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VITRAKVI 25 MG CAP | Tier 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB) | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VORANIGO 10 MG TAB | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VORANIGO 40 MG TAB | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XALKORI (20 MG CAP SPRINK, 200 MG CAP, 250 MG CAP, 50 MG CAP SPRINK) | Tier 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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ANTINEOPLASTICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--|
| XALKORI 150 MG CAP SPRINK | Tier 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XOSPATA 40 MG TAB | Tier 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB) | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ZEJULA 100 MG CAP | Tier 5 | LA, QL (3 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 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>bexarotene 75 mg cap</i> | Tier 5 | QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| PANRETIN 0.1 % GEL | Tier 5 | PA - FOR NEW STARTS ONLY |
| <i>tretinoin 10 mg cap</i> | Tier 5 | |
| TREATMENT ADJUNCTS | | |
| <i>mesna 100 mg/ml solution</i> | Tier 4 | |
| MESNEX 400 MG TAB | Tier 5 | |
| VONJO 100 MG CAP | Tier 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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ANTIPARASITICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------------------------|
| ANTHELMINTHICS | | |
| <i>albendazole 200 mg tab</i> | Tier 4 | |
| <i>ivermectin 3 mg tab</i> | Tier 3 | QL (16 PER 365 OVER TIME) |
| <i>praziquantel 600 mg tab</i> | Tier 3 | |
| ANTIPROTOZOALS | | |
| <i>atovaquone 750 mg/5ml suspension</i> | Tier 4 | PA |
| <i>atovaquone-proguanil hcl (250-100 mg tab, 62.5-25 mg tab)</i> | Tier 3 | |
| 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 OVER TIME) |
| <i>chloroquine phosphate 500 mg tab</i> | Tier 2 | QL (25 PER 30 OVER TIME) |
| COARTEM 20-120 MG TAB | Tier 4 | QL (24 PER 2 OVER TIME) |
| <i>hydroxychloroquine sulfite 100 mg tab</i> | Tier 2 | QL (4 PER 1 DAYS) |
| <i>hydroxychloroquine sulfite 200 mg tab</i> | Tier 2 | QL (3 PER 1 DAYS) |
| <i>hydroxychloroquine sulfite 300 mg tab</i> | Tier 2 | QL (2 PER 1 DAYS) |
| <i>hydroxychloroquine sulfite 400 mg tab</i> | Tier 2 | QL (1 PER 1 DAYS) |
| <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 4 | PA - PART B VS D DETERMINATION |
| <i>primaquine phosphate 26.3 (15 base) mg tab</i> | Tier 3 | |

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ANTIPARASITICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|-----------------------------------|-----------------------|-----------------------|
| <i>pyrimethamine 25 mg tab</i> | Tier 5 | PA |
| <i>quinine sulfate 324 mg cap</i> | Tier 3 | PA, QL (6 PER 1 DAYS) |

ANTIPARKINSON AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|-------------------|
| ANTICHOLINERGICS | | |
| <i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | Tier 2 | |
| <i>benztropine mesylate 1 mg/ml solution</i> | Tier 4 | |
| <i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i> | Tier 2 | |
| ANTIPARKINSON AGENTS, OTHER | | |
| <i>amantadine hcl (100 mg cap, 100 mg tab, 50 mg/5ml solution)</i> | Tier 2 | |
| <i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i> | Tier 4 | |
| <i>entacapone 200 mg tab</i> | Tier 3 | QL (8 PER 1 DAYS) |
| DOPAMINE AGONISTS | | |
| <i>apomorphine hcl 30 mg/3ml soln cart</i> | Tier 5 | PA |
| <i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i> | Tier 2 | |
| <i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i> | Tier 2 | |
| <i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i> | Tier 2 | |

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ANTIPARKINSON AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-------------------|
| DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS | | |
| <i>carbidopa 25 mg tab</i> | Tier 4 | |
| <i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i> | Tier 4 | |
| <i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i> | Tier 2 | |
| <i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i> | Tier 2 | |
| MONOAMINE OXIDASE B (MAO-B) INHIBITORS | | |
| <i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i> | Tier 4 | QL (1 PER 1 DAYS) |
| <i>selegiline hcl (5 mg cap, 5 mg tab)</i> | Tier 2 | |

ANTIPSYCHOTICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| 1ST GENERATION/TYPICAL | | |
| <i>chlorpromazine hcl (10 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution)</i> | Tier 4 | |
| <i>fluphenazine decanoate 25 mg/ml solution</i> | Tier 4 | |
| FLUPHENAZINE HCL (1 MG TAB, 10 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 2.5 MG/ML SOLUTION, 5 MG TAB, 5 MG/ML CONC) | Tier 4 | |
| <i>haloperidol (0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab)</i> | Tier 2 | |
| <i>haloperidol decanoate (100 mg/ml solution, 50 mg/ml solution)</i> | Tier 3 | |

您可以前往第

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ANTIPSYCHOTICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|---|
| <i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i> | Tier 3 | |
| <i>loxapine succinate (10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap)</i> | Tier 2 | |
| MOLINDONE HCL 10 MG TAB | Tier 4 | QL (8 PER 1 DAYS) |
| MOLINDONE HCL 25 MG TAB | Tier 4 | QL (9 PER 1 DAYS) |
| MOLINDONE HCL 5 MG TAB | Tier 4 | QL (12 PER 1 DAYS) |
| PIMOZIDE (1 MG TAB, 2 MG TAB) | Tier 3 | |
| <i>thioridazine hcl (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 3 | PA - FOR NEW STARTS ONLY |
| <i>thiothixene (1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap)</i> | Tier 3 | |
| <i>trifluoperazine hcl (1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab)</i> | Tier 2 | |
| 2ND GENERATION/ATYPICAL | | |
| ABILIFY ASIMTUFII (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 |
| <i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i> | Tier 4 | QL (2 PER 1 DAYS) |
| <i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i> | Tier 2 | QL (1 PER 1 DAYS) |
| <i>aripiprazole 1 mg/ml solution</i> | Tier 4 | QL (25 PER 1 DAYS) |
| <i>aripiprazole 2 mg tab</i> | Tier 2 | QL (4 PER 1 DAYS) |
| <i>aripiprazole 5 mg tab</i> | Tier 2 | QL (2 PER 1 DAYS) |
| ARISTADA (1064 MG/3.9ML PRSYR, 441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML 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 (10 mg sl tab, 2.5 mg sl tab, 5 mg sl tab)</i> | Tier 4 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

您可以前往第

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ANTIPSYCHOTICS

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|---|-----------------------|--|
| 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 (10 MG TAB, 12 MG TAB, 6 MG TAB, 8 MG TAB) | Tier 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FANAPT TITRATION PACK 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 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR | Tier 5 | QL (1 PER 28 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR | Tier 5 | QL (1.5 PER 28 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR | Tier 4 | QL (0.25 PER 28 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR | Tier 5 | QL (0.5 PER 28 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR | Tier 5 | QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR | Tier 5 | QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR | Tier 5 | QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |

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ANTIPSYCHOTICS

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

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ANTIPSYCHOTICS

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|---|-----------------------|---|
| <i>risperidone 1 mg/ml solution</i> | Tier 3 | |
| <i>risperidone microspheres er (25 mg srer, 37.5 mg srer, 50 mg srer)</i> | Tier 5 | PA - PART B VS D DETERMINATION |
| <i>risperidone microspheres er 12.5 mg srer</i> | Tier 4 | 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 |
| <i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i> | Tier 2 | |
| <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 |
| TREATMENT-RESISTANT | | |
| <i>clozapine (100 mg tab disp, 12.5 mg tab disp, 150 mg tab disp, 25 mg tab disp)</i> | Tier 4 | |
| <i>clozapine (100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 2 | |
| <i>clozapine 200 mg tab disp</i> | Tier 5 | |
| VERSACLOZ 50 MG/ML SUSPENSION | Tier 5 | QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

ANTISPASTICITY AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---------------------------|-----------------------|-------------------|
| ANTISPASTICITY AGENTS | | |
| <i>baclofen 10 mg tab</i> | Tier 2 | QL (8 PER 1 DAYS) |

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

ANTISPASTICITY AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|---|-----------------------|--------------------|
| <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 (100 mg cap, 25 mg cap, 50 mg cap)</i> | Tier 3 | |
| <i>tizanidine hcl (2 mg tab, 4 mg tab)</i> | Tier 2 | |

ANTIVIRALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|---|-----------------------|----------------------------|
| ANTI-CYTOMEGALOVIRUS (CMV) AGENTS | | |
| 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) |
| <i>valganciclovir hcl 50 mg/ml recon soln</i> | Tier 5 | QL (18 PER 1 DAYS) |
| ZIRGAN 0.15 % GEL | Tier 4 | QL (5 PER 30 OVER TIME) |
| ANTI-HEPATITIS B (HBV) AGENTS | | |
| <i>adefovir dipivoxil 10 mg tab</i> | Tier 4 | QL (1 PER 1 DAYS) |
| BARACLUDGE 0.05 MG/ML SOLUTION | Tier 5 | QL (21 PER 1 DAYS) |
| <i>entecavir (0.5 mg tab, 1 mg tab)</i> | Tier 4 | QL (1 PER 1 DAYS) |
| EPIVIR HBV 5 MG/ML SOLUTION | Tier 3 | |
| <i>lamivudine 100 mg tab</i> | Tier 3 | |
| VEMLIDY 25 MG TAB | Tier 5 | QL (1 PER 1 DAYS) |
| ANTI-HEPATITIS C (HCV) AGENTS | | |
| EPCLUSA (150-37.5 MG PACKET, 200-50 MG TAB, 400-100 MG TAB) | Tier 5 | PA, QL (1 PER 1 DAYS) |
| EPCLUSA 200-50 MG PACKET | Tier 5 | PA, QL (2 PER 1 DAYS) |

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

ANTIVIRALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-----------------------|
| HARVONI (33.75-150 MG PACKET, 45-200 MG TAB, 90-400 MG TAB) | Tier 5 | PA, QL (1 PER 1 DAYS) |
| HARVONI 45-200 MG PACKET | Tier 5 | PA, QL (2 PER 1 DAYS) |
| LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB | Tier 5 | PA, QL (1 PER 1 DAYS) |
| 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 | |
| SOFOSBUVIR-VELPATASVIR 400-100 MG TAB | Tier 5 | PA, QL (1 PER 1 DAYS) |
| VOSEVI 400-100-100 MG TAB | Tier 5 | PA, QL (1 PER 1 DAYS) |
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI) | | |
| BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB) | Tier 5 | QL (1 PER 1 DAYS) |
| DOVATO 50-300 MG TAB | Tier 5 | QL (1 PER 1 DAYS) |
| GENVOYA 150-150-200-10 MG TAB | Tier 5 | QL (1 PER 1 DAYS) |
| ISENTRESS 100 MG CHEW TAB | Tier 5 | QL (6 PER 1 DAYS) |
| ISENTRESS 100 MG PACKET | Tier 5 | QL (2 PER 1 DAYS) |
| ISENTRESS 25 MG CHEW TAB | Tier 3 | QL (6 PER 1 DAYS) |
| ISENTRESS 400 MG TAB | Tier 5 | QL (4 PER 1 DAYS) |
| ISENTRESS HD 600 MG TAB | Tier 5 | QL (2 PER 1 DAYS) |
| JULUCA 50-25 MG TAB | Tier 5 | QL (1 PER 1 DAYS) |
| STRIBILD 150-150-200-300 MG TAB | Tier 5 | QL (1 PER 1 DAYS) |
| TIVICAY (25 MG TAB, 50 MG TAB) | Tier 5 | QL (2 PER 1 DAYS) |
| TIVICAY 10 MG TAB | Tier 4 | QL (2 PER 1 DAYS) |
| TIVICAY PD 5 MG TAB SOL | Tier 4 | QL (6 PER 1 DAYS) |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI) | | |
| 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) |

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

ANTIVIRALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------------|
| 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 2 | 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) |
| DIDANOSINE (200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR) | Tier 2 | QL (1 PER 1 DAYS) |
| <i>emtricitabine 200 mg cap</i> | Tier 4 | QL (1 PER 1 DAYS) |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIVIRALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|---|
| <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) |
| <i>stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i> | Tier 2 | QL (2 PER 1 DAYS) |
| 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 5 | 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 OVER TIME) |
| <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 OVER TIME), PA - PART B VS D DETERMINATION |
| CABENUVA 600 & 900 MG/3ML SUSP | Tier 5 | QL (6 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIVIRALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--|
| FUZEON 90 MG RECON SOLN | Tier 5 | QL (60 PER 30 OVER TIME) |
| <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 100 MG/ML SOLUTION | Tier 5 | QL (10 PER 1 DAYS) |
| 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) |
| CRIXIVAN 200 MG CAP | Tier 3 | QL (9 PER 1 DAYS) |
| CRIXIVAN 400 MG CAP | Tier 3 | QL (6 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) |
| 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) |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIVIRALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|-----------------------------|
| <i>lopinavir-ritonavir 400-100 mg/5ml solution</i> | Tier 4 | QL (13 PER 1 DAYS) |
| NORVIR (100 MG CAP, 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 2 | QL (120 PER 180 OVER TIME) |
| <i>oseltamivir phosphate 45 mg cap</i> | Tier 2 | QL (42 PER 180 OVER TIME) |
| <i>oseltamivir phosphate 6 mg/ml recon susp</i> | Tier 4 | QL (1080 PER 365 OVER TIME) |
| <i>oseltamivir phosphate 75 mg cap</i> | Tier 2 | 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 2 | |
| XOFLUZA (40 MG DOSE) (1 X 40 MG TAB THPK, 2 X 20 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) |
| XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK | Tier 4 | QL (2 PER 30 OVER TIME) |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANTIVIRALS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|---|-----------------------|--------------------------------|
| ANTIHERPETIC AGENTS | | |
| <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 |
| <i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i> | Tier 3 | |
| TRIFLURIDINE 1% SOLUTION | Tier 2 | |
| <i>valacyclovir hcl (1 gm tab, 500 mg tab)</i> | Tier 2 | |

ANXIOLYTICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|--|-----------------------|--------------------|
| ANXIOLYTICS, OTHER | | |
| <i>bupirone hcl (10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab)</i> | Tier 2 | |
| <i>meprobamate (200 mg tab, 400 mg tab)</i> | Tier 4 | |
| BENZODIAZEPINES | | |
| <i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i> | Tier 2 | QL (4 PER 1 DAYS) |
| <i>alprazolam 2 mg tab</i> | Tier 2 | QL (5 PER 1 DAYS) |
| <i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp)</i> | Tier 2 | QL (40 PER 1 DAYS) |
| <i>clonazepam (1 mg tab, 1 mg tab disp)</i> | Tier 2 | QL (20 PER 1 DAYS) |
| <i>clonazepam (2 mg tab, 2 mg tab disp)</i> | Tier 2 | QL (10 PER 1 DAYS) |
| <i>clorazepate dipotassium 15 mg tab</i> | Tier 2 | QL (6 PER 1 DAYS) |
| <i>clorazepate dipotassium 3.75 mg tab</i> | Tier 2 | QL (24 PER 1 DAYS) |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ANXIOLYTICS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|---|-----------------------|--------------------|
| <i>clorazepate dipotassium 7.5 mg tab</i> | Tier 2 | QL (12 PER 1 DAYS) |
| <i>diazepam (5 mg tab, 5 mg/ml conc)</i> | Tier 2 | QL (12 PER 1 DAYS) |
| <i>diazepam 10 mg tab</i> | Tier 2 | QL (6 PER 1 DAYS) |
| <i>diazepam 2 mg tab</i> | Tier 2 | QL (30 PER 1 DAYS) |
| <i>diazepam 5 mg/5ml solution</i> | Tier 2 | QL (60 PER 1 DAYS) |
| <i>diazepam intensol 5 mg/ml conc</i> | Tier 2 | QL (12 PER 1 DAYS) |
| <i>lorazepam (2 mg tab, 2 mg/ml conc)</i> | Tier 2 | QL (5 PER 1 DAYS) |
| <i>lorazepam 0.5 mg tab</i> | Tier 2 | QL (20 PER 1 DAYS) |
| <i>lorazepam 1 mg tab</i> | Tier 2 | QL (10 PER 1 DAYS) |
| <i>lorazepam intensol 2 mg/ml conc</i> | Tier 2 | QL (5 PER 1 DAYS) |

BIPOLAR AGENTS

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

BLOOD GLUCOSE REGULATORS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|--|-----------------------|-------------------|
| ANTIDIABETIC AGENTS | | |
| <i>acarbose (100 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 2 | |
| FARXIGA (10 MG TAB, 5 MG TAB) | Tier 3 | QL (1 PER 1 DAYS) |

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

BLOOD GLUCOSE REGULATORS

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

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

BLOOD GLUCOSE REGULATORS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-------------------------------|
| <i>metformin hcl (1000 mg tab, 500 mg tab, 850 mg tab)</i> | Tier 1 | |
| <i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i> | Tier 1 | |
| <i>miglitol (100 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 4 | QL (3 PER 1 DAYS) |
| MOUNJARO (10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ, 2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ) | Tier 3 | PA, QL (2 PER 28 OVER TIME) |
| <i>nateglinide (120 mg tab, 60 mg tab)</i> | Tier 2 | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN | Tier 3 | PA, QL (1.5 PER 28 OVER TIME) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN | Tier 3 | PA, QL (3 PER 28 OVER TIME) |
| OZEMPIC (1 MG/DOSE) (2 MG/1.5ML SOLN PEN, 4 MG/3ML SOLN PEN) | Tier 3 | PA, QL (3 PER 28 OVER TIME) |
| OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN | Tier 3 | PA, QL (3 PER 28 OVER TIME) |
| <i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i> | Tier 2 | |
| <i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | Tier 2 | |
| RYBELSUS (14 MG TAB, 3 MG TAB, 7 MG TAB) | Tier 3 | PA, QL (1 PER 1 DAYS) |
| SYNJARDY (12.5-1000 MG TAB, 12.5-500 MG TAB, 5-1000 MG TAB, 5-500 MG TAB) | Tier 3 | QL (2 PER 1 DAYS) |
| SYNJARDY XR (10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H) | Tier 3 | QL (2 PER 1 DAYS) |
| SYNJARDY XR 25-1000 MG TAB ER 24H | Tier 3 | QL (1 PER 1 DAYS) |
| TRADJENTA 5 MG TAB | Tier 3 | QL (1 PER 1 DAYS) |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

BLOOD GLUCOSE REGULATORS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|-----------------------------|
| 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 OVER TIME) |
| VICTOZA 18 MG/3ML SOLN PEN | Tier 3 | PA, QL (9 PER 30 OVER TIME) |
| XIGDUO XR (10-1000 MG TAB ER 24H, 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H) | Tier 3 | QL (2 PER 1 DAYS) |
| XIGDUO XR (10-500 MG TAB ER 24H, 5-500 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) |
| GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN) | Tier 3 | QL (2 PER 2 OVER TIME) |
| INSULINS | | |
| HUMALOG 100 UNIT/ML SOLN CART | Tier 3 | |
| HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN | Tier 3 | |
| HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN) | Tier 3 | |
| HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION | Tier 3 | |
| HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN | Tier 3 | |
| HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION | Tier 3 | |
| HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN | Tier 3 | |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

BLOOD GLUCOSE REGULATORS

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

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

BLOOD GLUCOSE REGULATORS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|--|-----------------------|--------------------------|
| NOVOLIN R RELION 100 UNIT/ML SOLUTION | Tier 3 | |
| TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN | Tier 3 | QL (18 PER 28 OVER TIME) |
| TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN | Tier 3 | QL (18 PER 28 OVER TIME) |

BLOOD PRODUCTS AND MODIFIERS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|--|-----------------------|---------------------------|
| ANTICOAGULANTS | | |
| <i>dabigatran etexilate mesylate (110 mg cap, 150 mg cap, 75 mg cap)</i> | Tier 4 | QL (2 PER 1 DAYS) |
| ELIQUIS (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 3 | QL (60 PER 30 OVER TIME) |
| <i>enoxaparin sodium (120 mg/0.8ml soln prsyr, 80 mg/0.8ml soln prsyr)</i> | Tier 3 | QL (48 PER 30 OVER TIME) |
| <i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i> | Tier 3 | QL (18 PER 30 OVER TIME) |
| <i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i> | Tier 3 | QL (24 PER 30 OVER TIME) |
| <i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i> | Tier 3 | QL (36 PER 30 OVER TIME) |
| <i>fondaparinux sodium 10 mg/0.8ml solution</i> | Tier 5 | QL (24 PER 30 OVER TIME) |
| <i>fondaparinux sodium 2.5 mg/0.5ml solution</i> | Tier 4 | QL (15 PER 30 OVER TIME) |
| <i>fondaparinux sodium 5 mg/0.4ml solution</i> | Tier 5 | QL (12 PER 30 OVER TIME) |
| <i>fondaparinux sodium 7.5 mg/0.6ml solution</i> | Tier 5 | QL (18 PER 30 OVER TIME) |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

BLOOD PRODUCTS AND MODIFIERS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------------------------|
| <i>heparin sodium (porcine) (1000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution, 5000 unit/ml solution)</i> | Tier 2 | PA - PART B VS D DETERMINATION |
| <i>heparin sodium (porcine) pf 1000 unit/ml solution</i> | Tier 2 | PA - PART B VS D DETERMINATION |
| <i>jantoven (1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab)</i> | Tier 2 | |
| <i>warfarin sodium (1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab)</i> | Tier 2 | |
| 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) (10 MCG/0.4ML SOLN PRSYR, 100 MCG/ML SOLUTION, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION) | Tier 4 | PA |
| ARANESP (ALBUMIN FREE) (100 MCG/0.5ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION) | Tier 5 | PA |
| PROMACTA (12.5 MG PACKET, 12.5 MG TAB) | Tier 5 | PA, LA, QL (1 PER 1 DAYS) |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

BLOOD PRODUCTS AND MODIFIERS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|---------------------------|
| 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) |
| RETACRIT (10000 UNIT/ML SOLUTION, 2000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION) | Tier 4 | PA |
| ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) | Tier 5 | PA |
| HEMOSTASIS AGENTS | | |
| <i>tranexamic acid 650 mg tab</i> | Tier 3 | QL (1 PER 1 DAYS) |
| PLATELET MODIFYING AGENTS | | |
| <i>aspirin-dipyridamole er 25-200 mg cap er 12h</i> | Tier 4 | |
| BRILINTA (60 MG TAB, 90 MG TAB) | Tier 3 | QL (2 PER 1 DAYS) |
| <i>cilostazol (100 mg tab, 50 mg tab)</i> | Tier 2 | |
| <i>clopidogrel bisulfate 75 mg tab</i> | Tier 2 | QL (1 PER 1 DAYS) |
| <i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i> | Tier 2 | |
| <i>prasugrel hcl (10 mg tab, 5 mg tab)</i> | Tier 3 | QL (1 PER 1 DAYS) |

CARDIOVASCULAR AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| ALPHA-ADRENERGIC AGONISTS | | |
| <i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i> | Tier 4 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

CARDIOVASCULAR AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|-------------------------------|
| <i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i> | Tier 2 | |
| <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 OVER TIME) |
| <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 (10 mg tab, 2.5 mg tab, 5 mg tab)</i> | Tier 2 | |
| ALPHA-ADRENERGIC BLOCKING AGENTS | | |
| <i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i> | Tier 2 | |
| <i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i> | Tier 2 | |
| <i>terazosin hcl (1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap)</i> | Tier 2 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil (16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab)</i> | Tier 2 | |
| EPROSARTAN MESYLATE 600 MG TAB | Tier 1 | QL (1 PER 1 DAYS) |
| <i>irbesartan (150 mg tab, 300 mg tab, 75 mg tab)</i> | Tier 1 | |
| <i>losartan potassium (100 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 1 | |
| <i>olmesartan medoxomil (20 mg tab, 40 mg tab, 5 mg tab)</i> | Tier 2 | |
| <i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i> | Tier 1 | |
| <i>valsartan (160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab)</i> | Tier 1 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

CARDIOVASCULAR AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-------------------|
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS | | |
| <i>benazepril hcl (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)</i> | Tier 1 | |
| <i>captopril (100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 1 | |
| <i>enalapril maleate (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab)</i> | Tier 1 | |
| <i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i> | Tier 1 | |
| <i>lisinopril (10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab)</i> | Tier 1 | |
| <i>moexipril hcl (15 mg tab, 7.5 mg tab)</i> | Tier 1 | |
| <i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i> | Tier 1 | |
| <i>quinapril hcl (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)</i> | Tier 1 | |
| <i>ramipril (1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap)</i> | Tier 1 | |
| <i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i> | Tier 1 | |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl (100 mg tab, 400 mg tab)</i> | Tier 4 | |
| <i>amiodarone hcl 200 mg tab</i> | Tier 2 | |
| <i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i> | Tier 4 | |
| <i>flecainide acetate (100 mg tab, 150 mg tab, 50 mg tab)</i> | Tier 2 | |
| <i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i> | Tier 2 | |
| MULTAQ 400 MG TAB | Tier 4 | QL (2 PER 1 DAYS) |
| <i>pacerone (100 mg tab, 400 mg tab)</i> | Tier 4 | |
| <i>pacerone 200 mg tab</i> | Tier 2 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

CARDIOVASCULAR AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| <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 (120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab)</i> | Tier 2 | |
| <i>sotalol hcl (120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab)</i> | Tier 2 | |
| <i>sotalol hcl (af) (120 mg tab, 160 mg tab, 80 mg tab)</i> | Tier 2 | |
| BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>acebutolol hcl (200 mg cap, 400 mg cap)</i> | Tier 2 | |
| <i>atenolol (100 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 1 | |
| <i>betaxolol hcl (10 mg tab, 20 mg tab)</i> | Tier 2 | |
| <i>bisoprolol fumarate (10 mg tab, 5 mg tab)</i> | Tier 2 | |
| <i>carvedilol (12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab)</i> | Tier 1 | |
| <i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i> | Tier 2 | |
| <i>metoprolol succinate er (100 mg tab er 24h, 200 mg tab er 24h, 25 mg tab er 24h, 50 mg tab er 24h)</i> | Tier 2 | |
| <i>metoprolol tartrate (100 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 1 | |
| <i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i> | Tier 2 | |
| <i>nebivolol hcl (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab)</i> | Tier 3 | |
| <i>pindolol (10 mg tab, 5 mg tab)</i> | Tier 2 | |
| <i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i> | Tier 2 | |
| PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION) | Tier 3 | |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

CARDIOVASCULAR AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|----------------------------|
| <i>propranolol hcl er (120 mg cap er 24h, 160 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h)</i> | Tier 2 | |
| CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES | | |
| <i>amlodipine besylate (10 mg tab, 2.5 mg tab, 5 mg tab)</i> | Tier 1 | |
| <i>felodipine er (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)</i> | Tier 2 | |
| <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 (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i> | Tier 2 | |
| <i>nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i> | Tier 2 | |
| <i>nimodipine 30 mg cap</i> | Tier 4 | |
| NYMALIZE 6 MG/ML SOLUTION | Tier 5 | QL (1260 PER 21 OVER TIME) |
| CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES | | |
| <i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i> | Tier 2 | |
| <i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i> | Tier 2 | |
| <i>diltiazem hcl (120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab)</i> | Tier 2 | |
| <i>diltiazem hcl 120 mg extended release 24hr capsule</i> | Tier 2 | |
| <i>diltiazem hcl 180 mg extended release 24hr capsule</i> | Tier 2 | |
| <i>diltiazem hcl 240 mg extended release 24hr capsule</i> | Tier 2 | |
| <i>diltiazem hcl 300 mg extended release 24hr capsule</i> | Tier 2 | |
| <i>diltiazem hcl 360 mg extended release 24hr capsule</i> | Tier 2 | |

您可以前往第
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CARDIOVASCULAR AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| <i>diltiazem hcl er (120 mg cap er 12h, 120 mg tab er 24h, 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, 60 mg cap er 12h, 90 mg cap er 12h)</i> | Tier 2 | |
| <i>diltiazem hcl er beads 420 mg cap er 24h</i> | Tier 2 | |
| <i>matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i> | Tier 2 | |
| <i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i> | Tier 2 | |
| <i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i> | Tier 2 | |
| <i>verapamil hcl (120 mg tab, 40 mg tab, 80 mg tab)</i> | Tier 2 | |
| VERAPAMIL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H) | Tier 4 | |
| <i>verapamil hcl er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i> | Tier 3 | |
| <i>verapamil hcl er (120 mg tab er, 180 mg tab er, 240 mg tab er)</i> | Tier 2 | |
| CARDIOVASCULAR AGENTS, OTHER | | |
| <i>acetazolamide (125 mg tab, 250 mg tab)</i> | Tier 2 | |
| <i>aliskiren fumarate (150 mg tab, 300 mg tab)</i> | Tier 3 | PA |
| <i>amiloride-hydrochlorothiazide 5-50 mg tab</i> | Tier 2 | |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

CARDIOVASCULAR AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|------------------------|
| <i>amlodipine besy-benazepril hcl</i> (10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap) | Tier 1 | |
| <i>amlodipine besylate-valsartan</i> (10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab) | Tier 1 | |
| <i>amlodipine-olmesartan</i> (10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab) | Tier 2 | |
| <i>amlodipine-valsartan-hctz</i> (10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab) | Tier 2 | |
| <i>atenolol-chlorthalidone</i> (100-25 mg tab, 50-25 mg tab) | Tier 1 | |
| <i>benazepril-hydrochlorothiazide</i> (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab) | Tier 1 | |
| <i>bisoprolol-hydrochlorothiazide</i> (10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab) | Tier 2 | |
| <i>candesartan cilexetil-hctz</i> (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab) | Tier 2 | |
| 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>digitek</i> (125 mcg tab, 250 mcg tab) | Tier 2 | QL (1 PER 1 DAYS) |
| <i>digox</i> (125 mcg tab, 250 mcg tab) | Tier 2 | QL (1 PER 1 DAYS) |
| <i>digoxin</i> (125 mcg tab, 250 mcg tab) | Tier 2 | QL (1 PER 1 DAYS) |
| <i>enalapril-hydrochlorothiazide</i> (10-25 mg tab, 5-12.5 mg tab) | Tier 1 | |
| ENTRESTO (15-16 MG CAP SPRINK, 6-6 MG CAP SPRINK) | Tier 3 | QL (8 PER 1 DAYS) |
| ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB) | Tier 3 | QL (2 PER 1 DAYS) |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

CARDIOVASCULAR AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-----------------------|
| <i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i> | Tier 1 | |
| <i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i> | Tier 1 | |
| <i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i> | Tier 4 | PA, QL (2 PER 1 DAYS) |
| <i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i> | Tier 1 | |
| <i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab)</i> | Tier 1 | |
| <i>metoprolol-hydrochlorothiazide (100-25 mg tab, 100-50 mg tab, 50-25 mg tab)</i> | Tier 2 | |
| <i>metyrosine 250 mg cap</i> | Tier 5 | |
| <i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i> | Tier 2 | |
| <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 2 | |
| <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 (1000 mg tab er 12h, 500 mg tab er 12h)</i> | Tier 3 | QL (2 PER 1 DAYS) |
| <i>spironolactone-hctz 25-25 mg tab</i> | Tier 2 | |
| <i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i> | Tier 1 | |
| <i>triamterene-hctz (37.5-25 mg tab, 75-50 mg tab)</i> | Tier 2 | |
| <i>triamterene-hctz 37.5-25 mg cap</i> | Tier 1 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

CARDIOVASCULAR AGENTS

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

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

CARDIOVASCULAR AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-------------------|
| <i>fenofibrate micronized (130 mg cap, 134 mg cap, 200 mg cap, 43 mg cap, 67 mg cap)</i> | Tier 2 | |
| <i>fenofibric acid (135 mg cap dr, 45 mg cap dr)</i> | Tier 3 | |
| <i>gemfibrozil 600 mg tab</i> | Tier 2 | |
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i> | Tier 1 | |
| <i>fluvastatin sodium (20 mg cap, 40 mg cap)</i> | Tier 1 | |
| <i>fluvastatin sodium er 80 mg tab er 24h</i> | Tier 2 | |
| <i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i> | Tier 1 | |
| <i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i> | Tier 1 | |
| <i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)</i> | Tier 1 | |
| <i>simvastatin (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab)</i> | Tier 1 | |
| DYSLIPIDEMICS, OTHER | | |
| <i>cholestyramine (4 gm packet, 4 gm/dose powder)</i> | Tier 3 | |
| <i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i> | Tier 3 | |
| <i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i> | Tier 4 | |
| <i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i> | Tier 2 | |
| <i>ezetimibe 10 mg tab</i> | Tier 2 | |
| <i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i> | Tier 2 | |
| <i>icosapent ethyl 0.5 gm cap</i> | Tier 4 | QL (8 PER 1 DAYS) |
| <i>icosapent ethyl 1 gm cap</i> | Tier 4 | QL (4 PER 1 DAYS) |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

CARDIOVASCULAR AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|----------------------------------|
| NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB | Tier 4 | |
| <i>niacin er (antihyperlipidemic)</i> (1000 mg tab er, 750 mg tab er) | Tier 3 | QL (2 PER 1 DAYS) |
| <i>niacin er (antihyperlipidemic) 500</i> <i>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</i> <i>cap</i> | Tier 3 | QL (4 PER 1 DAYS) |
| <i>prevalite (4 gm packet, 4 gm/dose</i> <i>powder)</i> | Tier 3 | |
| REPATHA 140 MG/ML SOLN PRSYR | Tier 3 | PA, QL (2 PER 28 OVER TIME) |
| REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART | Tier 3 | PA, QL (3.5 PER 28 OVER TIME) |
| REPATHA SURECLICK 140 MG/ML SOLN A-INJ | Tier 3 | PA, QL (2 PER 28 OVER TIME) |
| VASODILATORS, DIRECT-ACTING ARTERIAL | | |
| <i>hydralazine hcl (10 mg tab, 100 mg</i> <i>tab, 25 mg tab, 50 mg tab)</i> | Tier 2 | |
| <i>minoxidil (10 mg tab, 2.5 mg tab)</i> | Tier 2 | |
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS | | |
| <i>isosorbide dinitrate (10 mg tab, 20</i> <i>mg tab, 30 mg tab, 5 mg tab)</i> | Tier 2 | |
| <i>isosorbide mononitrate (10 mg tab,</i> <i>20 mg tab)</i> | Tier 2 | |
| <i>isosorbide mononitrate er (120 mg</i> <i>tab er 24h, 30 mg tab er 24h, 60</i> <i>mg tab er 24h)</i> | Tier 2 | |
| <i>minitran (0.1 mg/hr patch 24hr, 0.2</i> <i>mg/hr patch 24hr, 0.4 mg/hr</i> <i>patch 24hr, 0.6 mg/hr patch 24hr)</i> | Tier 2 | |
| NITRO-BID 2 % OINTMENT | Tier 3 | |
| <i>nitroglycerin (0.1 mg/hr patch</i> <i>24hr, 0.2 mg/hr patch 24hr, 0.4</i> <i>mg/hr patch 24hr, 0.6 mg/hr</i> <i>patch 24hr)</i> | Tier 2 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

CARDIOVASCULAR AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|--|-----------------------|--------------------------|
| <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 OVER TIME) |
| NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB) | Tier 3 | |

CENTRAL NERVOUS SYSTEM AGENTS

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

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

CENTRAL NERVOUS SYSTEM AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|-----------------------|
| <i>dextroamphetamine sulfate er 5 mg cap er 24h</i> | Tier 2 | QL (12 PER 1 DAYS) |
| <i>zenzedi (10 mg tab, 5 mg tab)</i> | Tier 2 | QL (6 PER 1 DAYS) |
| <i>zenzedi 15 mg tab</i> | Tier 2 | QL (4 PER 1 DAYS) |
| <i>zenzedi 20 mg tab</i> | Tier 2 | QL (3 PER 1 DAYS) |
| <i>zenzedi 30 mg tab</i> | Tier 2 | QL (2 PER 1 DAYS) |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES | | |
| <i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i> | Tier 3 | QL (4 PER 1 DAYS) |
| <i>atomoxetine hcl (100 mg cap, 60 mg cap, 80 mg cap)</i> | Tier 3 | QL (1 PER 1 DAYS) |
| <i>atomoxetine hcl 40 mg cap</i> | Tier 3 | QL (2 PER 1 DAYS) |
| <i>clonidine hcl er 0.1 mg tab er 12h</i> | Tier 3 | |
| <i>dexmethylphenidate hcl (10 mg tab, 2.5 mg tab, 5 mg tab)</i> | Tier 2 | QL (2 PER 1 DAYS) |
| <i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i> | Tier 3 | QL (1 PER 1 DAYS) |
| <i>methylphenidate hcl 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 | | |
| AUSTEDO (12 MG TAB, 9 MG TAB) | Tier 5 | PA, QL (4 PER 1 DAYS) |
| AUSTEDO 6 MG TAB | Tier 5 | PA, QL (8 PER 1 DAYS) |
| AUSTEDO XR (12 MG TAB ER 24H, 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H, 60 MG TAB ER 24H) | Tier 5 | PA, QL (1 PER 1 DAYS) |
| AUSTEDO XR 24 MG TAB ER 24H | Tier 5 | PA, QL (2 PER 1 DAYS) |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

CENTRAL NERVOUS SYSTEM AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--|
| AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK | Tier 5 | PA, QL (28 PER 28 DAYS) |
| AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK | Tier 5 | PA, QL (42 PER 30 OVER TIME) |
| <i>bac 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 |
| INGREZZA (60 MG CAP, 80 MG CAP) | Tier 5 | PA, LA, QL (1 PER 1 DAYS) |
| INGREZZA 40 & 80 MG CAP THPK | Tier 5 | PA, LA, QL (28 PER 28 OVER TIME) |
| INGREZZA 40 MG CAP | Tier 5 | PA, LA, QL (2 PER 1 DAYS) |
| <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) |
| FIBROMYALGIA AGENTS | | |
| DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR) | Tier 4 | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| DRIZALMA SPRINKLE (40 MG CAP DR, 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>pregabalin (100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i> | Tier 3 | QL (3 PER 1 DAYS) |
| <i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i> | Tier 3 | QL (2 PER 1 DAYS) |
| <i>pregabalin 20 mg/ml solution</i> | Tier 3 | QL (30 PER 1 DAYS) |
| MULTIPLE SCLEROSIS AGENTS | | |
| AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT | Tier 5 | PA, QL (4 PER 28 OVER TIME) |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

CENTRAL NERVOUS SYSTEM AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|---------------------------------|
| AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT | Tier 5 | PA, QL (4 PER 28 OVER TIME) |
| BETASERON 0.3 MG KIT | Tier 5 | PA, QL (15 PER 30 OVER TIME) |
| <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 & 240 mg cpdr thpk</i> | Tier 5 | PA, QL (2 PER 1 DAYS) |
| EXTAVIA 0.3 MG KIT | Tier 5 | PA, QL (15 PER 30 OVER TIME) |
| <i>fingolimod hcl 0.5 mg cap</i> | Tier 5 | PA, QL (1 PER 1 DAYS) |
| <i>glatiramer acetate 20 mg/ml soln prsy</i> | Tier 5 | PA, QL (30 PER 30 OVER TIME) |
| PLEGRIDY (125 MCG/0.5ML SOLN A-INJ, 125 MCG/0.5ML SOLN PRSYR) | Tier 5 | PA, LA |
| PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ | Tier 5 | PA, LA |
| PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR | Tier 5 | PA, LA, QL (1 PER 28 OVER TIME) |
| REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR) | Tier 5 | PA, QL (6 PER 28 OVER TIME) |
| REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ) | Tier 5 | PA, QL (6 PER 28 OVER TIME) |
| REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ | Tier 5 | PA, QL (4.2 PER 28 OVER TIME) |
| REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR | Tier 5 | PA, QL (4.2 PER 28 OVER TIME) |
| <i>teriflunomide (14 mg tab, 7 mg tab)</i> | Tier 4 | PA, QL (1 PER 1 DAYS) |
| TYSABRI 300 MG/15ML CONC | Tier 5 | PA, LA |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

DENTAL AND ORAL AGENTS

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

DERMATOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------|
| ACNE AND ROSACEA AGENTS | | |
| <i>accutane (10 mg cap, 20 mg cap, 30 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 % gel</i> | Tier 4 | PA |
| <i>amnestem (10 mg cap, 20 mg cap, 40 mg cap)</i> | Tier 4 | |
| <i>avita (0.025 % cream, 0.025 % gel)</i> | Tier 3 | PA |
| <i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i> | Tier 4 | |
| <i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i> | Tier 4 | |
| <i>myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i> | Tier 4 | |
| <i>tazarotene (0.05 % cream, 0.1 % cream)</i> | Tier 4 | |

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

DERMATOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| TAZORAC 0.05 % CREAM | Tier 4 | |
| <i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i> | Tier 3 | 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 % ointment</i> | Tier 2 | |
| <i>ammonium lactate (12 % cream, 12 % lotion)</i> | Tier 2 | |
| <i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion)</i> | Tier 2 | |
| <i>betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)</i> | Tier 3 | |
| <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>desonide (0.05 % cream, 0.05 % ointment)</i> | Tier 4 | |
| <i>desoximetasone (0.25 % cream, 0.25 % ointment)</i> | Tier 4 | |
| <i>fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)</i> | Tier 2 | |
| <i>fluocinolone acetonide 0.01 % solution</i> | Tier 4 | |
| <i>fluocinolone acetonide body 0.01 % oil</i> | Tier 4 | |
| <i>fluocinolone acetonide scalp 0.01 % oil</i> | Tier 4 | |
| <i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i> | Tier 3 | |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

DERMATOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|---------------------------|
| <i>fluocinonide emulsified base 0.05 % cream</i> | Tier 2 | |
| <i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i> | Tier 2 | |
| <i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i> | Tier 2 | QL (200 PER 28 OVER TIME) |
| <i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i> | Tier 2 | |
| <i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i> | Tier 2 | |
| HYDROCORTISONE BUTYRATE 0.1 % SOLUTION | Tier 4 | ST |
| <i>hydrocortisone valerate 0.2 % cream</i> | Tier 2 | ST |
| <i>mometasone furoate 0.1 % solution</i> | Tier 2 | |
| <i>procto-med hc 2.5 % cream</i> | Tier 2 | |
| <i>procto-pak 1 % cream</i> | Tier 2 | |
| <i>proctosol hc 2.5 % cream</i> | Tier 2 | |
| <i>proctozone-hc 2.5 % cream</i> | Tier 2 | |
| <i>selenium sulfide 2.5 % lotion</i> | Tier 2 | |
| <i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i> | Tier 3 | QL (100 PER 30 OVER TIME) |
| <i>triamcinolone acetonide (0.025 % cream, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i> | Tier 2 | |
| <i>triamcinolone acetonide 0.025 % lotion</i> | Tier 3 | |
| <i>triderm (0.1 % cream, 0.5 % cream)</i> | Tier 2 | |
| DERMATOLOGICAL AGENTS, OTHER | | |
| <i>calcipotriene (0.005 % cream, 0.005 % ointment)</i> | Tier 4 | |
| <i>calcipotriene 0.005 % solution</i> | Tier 3 | |
| <i>calcitrene 0.005 % ointment</i> | Tier 4 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

DERMATOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------------------------|
| <i>clotrimazole-betamethasone 1-0.05 % cream</i> | Tier 2 | |
| <i>clotrimazole-betamethasone 1-0.05 % lotion</i> | Tier 4 | |
| <i>diclofenac sodium 3 % gel</i> | Tier 4 | PA, QL (100 PER 30 OVER TIME) |
| <i>fluorouracil (2 % solution, 5 % cream, 5 % solution)</i> | Tier 2 | |
| <i>imiquimod 5 % cream</i> | Tier 2 | QL (24 PER 30 OVER TIME) |
| <i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i> | Tier 4 | |
| OTEZLA (20 MG TAB, 30 MG TAB) | Tier 5 | PA, QL (2 PER 1 DAYS) |
| <i>podofilox 0.5 % solution</i> | Tier 2 | |
| REGRANEX 0.01 % GEL | Tier 5 | PA, QL (15 PER 2 OVER TIME) |
| SANTYL 250 UNIT/GM OINTMENT | Tier 4 | QL (180 PER 30 OVER TIME) |
| <i>silver sulfadiazine 1 % cream</i> | Tier 2 | |
| SKYRIZI 600 MG/10ML SOLUTION | Tier 5 | PA, QL (30 PER 365 OVER TIME) |
| <i>ssd 1 % cream</i> | Tier 2 | |
| STELARA 130 MG/26ML SOLUTION | Tier 5 | PA, QL (104 PER 365 OVER TIME) |
| TOLAK 4 % CREAM | Tier 3 | |
| PEDICULICIDES/SCABICIDES | | |
| LINDANE 1 % SHAMPOO | Tier 4 | |
| <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 OVER TIME) |
| <i>ciclodan 8 % solution</i> | Tier 2 | |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

DERMATOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------|
| <i>ciclopirox 8 % solution</i> | Tier 2 | |
| <i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution)</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 | |
| SULFAMYLON 85 MG/GM CREAM | Tier 4 | |

ELECTROLYTES/MINERALS/METALS/VITAMINS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|---------------------------------|
| ELECTROLYTE/MINERAL REPLACEMENT | | |
| <i>carglumic acid 200 mg tab sol</i> | Tier 5 | PA, LA |
| CRYSVITA 10 MG/ML SOLUTION | Tier 5 | PA, LA, QL (2 PER 28 OVER TIME) |
| CRYSVITA 20 MG/ML SOLUTION | Tier 5 | PA, LA, QL (8 PER 28 OVER TIME) |
| CRYSVITA 30 MG/ML SOLUTION | Tier 5 | PA, LA, QL (6 PER 28 OVER TIME) |
| FREAMINE III 10 % SOLUTION | Tier 4 | PA - PART B VS D DETERMINATION |
| HEPATAMINE 8 % SOLUTION | Tier 4 | PA - PART B VS D DETERMINATION |
| INTRALIPID (20 % EMULSION, 30 % EMULSION) | Tier 4 | PA - PART B VS D DETERMINATION |
| <i>kcl in dextrose-nacl (20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i> | Tier 4 | |
| <i>klor-con 10 10 meq tab er</i> | Tier 2 | |
| <i>klor-con 8 meq tab er</i> | Tier 2 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ELECTROLYTES/MINERALS/METALS/VITAMINS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-------------------------------|--------------------------------|
| <i>klor-con m10 10 meq tab er</i> | Tier 2 | |
| <i>klor-con m15 15 meq tab er</i> | Tier 2 | |
| <i>klor-con m20 20 meq tab er</i> | Tier 2 | |
| <i>klor-con sprinkle (10 meq cap er, 8 meq cap er)</i> | Tier 2 | |
| <i>magnesium sulfate 50 % solution</i> | Tier 4 | |
| NORMOSOL-M IN D5W SOLUTION | Tier 4 | |
| NUTRILIPID 20 % EMULSION | Tier 4 | PA - PART B VS D DETERMINATION |
| <i>potassium chloride (10 % solution, 10 meq/100ml solution, 2 meq/ml solution, 20 meq/100ml solution, 20 meq/15ml (10%) solution, 40 meq/100ml solution, 40 meq/15ml (20%) solution)</i> | Tier 4 | |
| <i>potassium chloride crys er (10 meq tab er, 15 meq tab er, 20 meq tab er)</i> | Tier 2 | |
| <i>potassium chloride er (10 meq cap er, 10 meq tab er, 15 meq tab er, 20 meq tab er, 8 meq cap er, 8 meq tab er)</i> | Tier 2 | |
| <i>potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i> | Tier 4 | |
| <i>potassium citrate er (10 meq (1080 mg) tab er, 15 meq (1620 mg) tab er, 5 meq (540 mg) tab er)</i> | Tier 3 | |
| PREMASOL 10 % SOLUTION | Tier 4 | PA - PART B VS D DETERMINATION |
| <i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i> | Tier 4 | |
| <i>sodium chloride (pf) 0.9 % solution</i> | Tier 4 | |
| TRAVASOL 10 % SOLUTION | Tier 4 | PA - PART B VS D DETERMINATION |
| TROPHAMINE 10 % SOLUTION | Tier 4 | PA - PART B VS D DETERMINATION |

您可以前往第 ^{<xii>} 頁

並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

ELECTROLYTES/MINERALS/METALS/VITAMINS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|------------------------|
| ELECTROLYTE/MINERAL/METAL MODIFIERS | | |
| <i>clovique 250 mg cap</i> | Tier 5 | PA, QL (8 PER 1 DAYS) |
| <i>deferasirox (180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)</i> | Tier 5 | |
| <i>deferasirox 125 mg tab sol</i> | Tier 3 | |
| <i>deferasirox 90 mg tab</i> | Tier 4 | |
| <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) |
| PHOSPHATE BINDERS | | |
| AURYXIA 1 GM 210 MG(Fe) TAB | Tier 4 | PA, QL (12 PER 1 DAYS) |
| <i>calcium acetate (phos binder) (667 mg cap, 667 mg tab)</i> | Tier 2 | |
| <i>calcium acetate 667 mg tab</i> | Tier 2 | |
| <i>sevelamer carbonate 800 mg tab</i> | Tier 3 | |
| POTASSIUM BINDERS | | |
| <i>kionex 15 gm/60ml suspension</i> | Tier 2 | |
| <i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i> | Tier 2 | |
| SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION) | Tier 2 | |
| VELTASSA (1 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET, 8.4 GM PACKET) | Tier 3 | |
| VITAMINS | | |
| <i>dextrose (10 % solution, 5 % solution)</i> | Tier 4 | |
| <i>dextrose in lactated ringers 5 % solution</i> | Tier 4 | |

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------------------------|
| <i>dextrose-sodium chloride (10-0.2 % solution, 10-0.45 % solution, 2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution)</i> | Tier 4 | |
| KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION | Tier 4 | |
| <i>lactated ringers solution</i> | Tier 4 | |
| <i>levocarnitine 330 mg tab</i> | Tier 2 | |
| <i>nafrinse 2.2 (1 f) mg chew tab</i> | Tier 2 | |
| <i>potassium chloride in dextrose 20-5 meq/l-% solution</i> | Tier 4 | |
| <i>prenatal vitamins</i> | Tier 3 | |
| <i>ringers solution</i> | Tier 4 | |
| <i>ringers irrigation solution</i> | Tier 2 | |
| SMOFLIPID 20 % EMULSION | Tier 4 | PA - PART B VS D DETERMINATION |
| <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 | |
| <i>tis-u-sol solution</i> | Tier 2 | |
| TPN ELECTROLYTES CONC | Tier 4 | PA - PART B VS D DETERMINATION |

GASTROINTESTINAL AGENTS

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

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

GASTROINTESTINAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|---------------------------|
| <i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i> | Tier 2 | |
| <i>lactulose encephalopathy 10 gm/15ml solution</i> | Tier 2 | |
| LINZESS (145 MCG CAP, 290 MCG CAP, 72 MCG CAP) | Tier 3 | QL (1 PER 1 DAYS) |
| <i>lubiprostone (24 mcg cap, 8 mcg cap)</i> | Tier 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 | |
| NULYTELY LEMON-LIME 420 GM RECON SOLN | Tier 3 | |
| NULYTELY WITH FLAVOR PACKS 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 | |
| RELISTOR (12 MG/0.6ML SOLUTION, 8 MG/0.4ML SOLUTION) | Tier 5 | PA |
| <i>trilyte 420 gm recon soln</i> | Tier 2 | |
| ANTI-DIARRHEAL AGENTS | | |
| <i>alosetron hcl (0.5 mg tab, 1 mg tab)</i> | Tier 4 | PA |
| <i>diphenoxylate-atropine 2.5-0.025 mg tab</i> | Tier 2 | |
| DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID | Tier 4 | |
| <i>loperamide hcl 2 mg cap</i> | Tier 2 | |
| XERMELO 250 MG TAB | Tier 5 | PA, LA, QL (3 PER 1 DAYS) |
| ANTISPASMODICS, GASTROINTESTINAL | | |
| <i>dicyclomine hcl (10 mg cap, 20 mg tab)</i> | Tier 2 | PA |

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

GASTROINTESTINAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|----------------------------------|
| <i>glycopyrrolate (1 mg tab, 2 mg tab)</i> | Tier 2 | |
| GASTROINTESTINAL AGENTS, OTHER | | |
| GATTEX 5 MG KIT | Tier 5 | PA, LA |
| 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 | |
| MYALEPT 11.3 MG RECON SOLN | Tier 5 | PA, LA, QL (60 PER 30 OVER TIME) |
| <i>peg-3350/electrolytes 236 gm recon soln</i> | Tier 2 | |
| 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) |
| <i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i> | Tier 2 | |
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS | | |
| <i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i> | Tier 2 | |
| <i>cimetidine hcl (300 mg/5ml solution, 400 mg/6.67ml solution)</i> | Tier 2 | |
| <i>famotidine (20 mg tab, 40 mg tab)</i> | Tier 2 | |
| NIZATIDINE (150 MG CAP, 300 MG CAP) | Tier 2 | |
| PROTECTANTS | | |
| <i>misoprostol (100 mcg tab, 200 mcg tab)</i> | Tier 2 | |
| <i>sucralfate 1 gm tab</i> | Tier 2 | |
| PROTON PUMP INHIBITORS | | |
| <i>lansoprazole 15 mg cap dr</i> | Tier 2 | |
| <i>lansoprazole 30 mg cap dr</i> | Tier 2 | QL (2 PER 1 DAYS) |

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

GASTROINTESTINAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|--|-----------------------|-------------------|
| <i>omeprazole (10 mg cap dr, 20 mg cap dr)</i> | Tier 2 | |
| <i>omeprazole 40 mg cap dr</i> | Tier 2 | QL (2 PER 1 DAYS) |
| <i>pantoprazole sodium 20 mg tab dr</i> | Tier 2 | |
| <i>pantoprazole sodium 40 mg tab dr</i> | Tier 2 | QL (2 PER 1 DAYS) |
| <i>rabeprazole sodium 20 mg tab dr</i> | Tier 3 | |

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|---|-----------------------|------------------------------------|
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT | | |
| ALDURAZYME 2.9 MG/5ML SOLUTION | Tier 5 | LA, PA - PART B VS D DETERMINATION |
| ARALAST NP (1000 MG RECON SOLN, 500 MG RECON SOLN) | Tier 5 | LA, PA - PART B VS D DETERMINATION |
| <i>betaine powder</i> | Tier 5 | |
| BYLVAY (PELLETS) 200 MCG CAP SPRINK | Tier 5 | PA, LA, QL (30 PER 1 DAYS) |
| BYLVAY (PELLETS) 600 MCG CAP SPRINK | Tier 5 | PA, LA, QL (10 PER 1 DAYS) |
| BYLVAY 1200 MCG CAP | Tier 5 | PA, LA, QL (6 PER 1 DAYS) |
| BYLVAY 400 MCG CAP | Tier 5 | PA, LA, QL (18 PER 1 DAYS) |
| CERDELGA 84 MG CAP | Tier 5 | PA, LA, QL (2 PER 1 DAYS) |
| CEREZYME 400 UNIT RECON SOLN | Tier 5 | PA, LA |
| CHOLBAM 250 MG CAP | Tier 5 | PA, QL (5 PER 1 DAYS) |
| CHOLBAM 50 MG CAP | Tier 5 | PA, QL (4 PER 1 DAYS) |
| CREON (12000-38000 UNIT CP DR PART, 24000-76000 UNIT CP DR PART, 3000-9500 UNIT CP DR PART, 36000-114000 UNIT CP DR PART, 6000-19000 UNIT CP DR PART) | Tier 3 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-------------------------------|------------------------------------|
| <i>cromolyn sodium 100 mg/5ml conc</i> | Tier 4 | |
| CYSTAGON (150 MG CAP, 50 MG CAP) | Tier 4 | PA, LA |
| CYSTARAN 0.44 % SOLUTION | Tier 5 | PA, LA, QL (60 PER 28 OVER TIME) |
| <i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i> | Tier 5 | PA |
| <i>l-glutamine 5 gm packet</i> | Tier 5 | PA, QL (6 PER 1 DAYS) |
| <i>miglustat 100 mg cap</i> | Tier 5 | PA, LA, QL (3 PER 1 DAYS) |
| NAGLAZYME 1 MG/ML SOLUTION | Tier 5 | LA, PA - PART B VS D DETERMINATION |
| <i>nitisinone (10 mg cap, 2 mg cap, 5 mg cap)</i> | Tier 5 | PA |
| PROCYSBI (25 MG CAP DR, 75 MG CAP DR) | Tier 5 | PA, LA |
| PROLASTIN-C (1000 MG RECON SOLN, 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 |
| STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION) | Tier 5 | PA, LA |
| STRENSIQ 80 MG/0.8ML SOLUTION | Tier 5 | PA, LA, QL (38.4 PER 28 OVER TIME) |
| <i>yargesa 100 mg cap</i> | Tier 5 | PA, QL (3 PER 1 DAYS) |
| ZENPEP (10000-32000 UNIT CP DR PART, 15000-47000 UNIT CP DR PART, 20000-63000 UNIT CP DR PART, 25000-79000 UNIT CP DR PART, 3000-10000 UNIT CP DR PART, 40000-126000 UNIT CP DR PART, 5000-24000 UNIT CP DR PART, 60000-189600 UNIT CP DR PART) | Tier 4 | |

您可以前往第 ^{<xii>} 頁

並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

GENITOURINARY AGENTS

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|--|-----------------------|--------------|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) | | |
| <i>alclometasone dipropionate 0.05 % cream</i> | Tier 2 | |

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|---------------------------------|---|
| <i>betamethasone dipropionate 0.05 % ointment</i> | Tier 2 | |
| <i>betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion)</i> | Tier 2 | |
| <i>clobetasol prop emollient base 0.05 % cream</i> | Tier 4 | |
| <i>clobetasol propionate e 0.05 % cream</i> | Tier 4 | |
| 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 |
| <i>dexamethasone sodium phosphate (10 mg/ml solution, 100 mg/10ml solution)</i> | Tier 4 | PA - PART B VS D DETERMINATION |
| <i>dexamethasone sodium phosphate (120 mg/30ml solution, 20 mg/5ml solution, 4 mg/ml soln prsy, 4 mg/ml solution)</i> | Tier 4 | |
| <i>fludrocortisone acetate 0.1 mg tab</i> | Tier 2 | |
| HEMADY 20 MG TAB | Tier 4 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>hydrocortisone butyrate 0.1 % ointment</i> | Tier 4 | ST |
| <i>hydrocortisone valerate 0.2 % ointment</i> | Tier 2 | |
| <i>methylprednisolone (16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab thpk, 8 mg tab)</i> | Tier 2 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|---|-----------------------|--------------------------------|
| <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>mifepristone 300 mg tab</i> | Tier 5 | PA, QL (4 PER 1 DAYS) |
| <i>mometasone furoate (0.1 % cream, 0.1 % ointment)</i> | Tier 2 | |
| <i>prednisolone 15 mg/5ml solution</i> | Tier 2 | |
| <i>prednisolone sodium phosphate (15 mg/5ml solution, 25 mg/5ml solution, 6.7 (5 base) mg/5ml solution)</i> | Tier 2 | |
| <i>prednisone (1 mg tab, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 5 mg/5ml solution, 50 mg tab)</i> | Tier 2 | |
| PREDNISONE INTENSOL 5 MG/ML CONC | Tier 3 | |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|--|-----------------------|----------------------------------|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) | | |
| <i>desmopressin ace spray refrig 0.01 % solution</i> | Tier 4 | |
| <i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i> | Tier 2 | |
| <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 | |
| EGRIFTA SV 2 MG RECON SOLN | Tier 5 | PA, LA, QL (30 PER 30 OVER TIME) |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| GENOTROPIN (12 MG CARTRIDGE, 5 MG CARTRIDGE) | Tier 5 | PA |
| GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR) | Tier 5 | PA |
| INCRELEX 40 MG/4ML SOLUTION | Tier 5 | PA, LA |
| OMNITROPE (10 MG/1.5ML SOLN CART, 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN) | Tier 5 | PA |

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-------------------------------|
| ANABOLIC STEROIDS | | |
| ANADROL-50 50 MG TAB | Tier 5 | |
| <i>oxandrolone (10 mg tab, 2.5 mg tab)</i> | Tier 3 | |
| ANDROGENS | | |
| <i>danazol (100 mg cap, 200 mg cap, 50 mg cap)</i> | Tier 4 | |
| <i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i> | Tier 2 | |
| <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 OVER TIME) |
| <i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i> | Tier 2 | |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION | Tier 4 | QL (5 PER 30 OVER TIME) |
| ESTROGENS | | |
| <i>afirmelle 0.1-20 mg-mcg tab</i> | Tier 2 | |
| <i>altavera 0.15-30 mg-mcg tab</i> | Tier 2 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-------------------------------|---------------------|
| <i>alyacen 1/35 1-35 mg-mcg tab</i> | Tier 2 | |
| <i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | Tier 2 | |
| <i>apri 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>aranelle 0.5/1/0.5-35 mg-mcg tab</i> | Tier 3 | |
| <i>abra 0.1-20 mg-mcg tab</i> | Tier 2 | |
| <i>abra eq 0.1-20 mg-mcg tab</i> | Tier 2 | |
| <i>aurovela 1.5/30 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>aurovela 1/20 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>aurovela fe 1/20 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>aviane 0.1-20 mg-mcg tab</i> | Tier 2 | |
| <i>ayuna 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>azurette 0.15-0.02/0.01 mg (21/5) tab</i> | Tier 2 | |
| <i>balziva 0.4-35 mg-mcg tab</i> | Tier 2 | |
| <i>bekyree 0.15-0.02/0.01 mg (21/5) tab</i> | Tier 2 | |
| <i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>blisovi fe 1/20 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>brielllyn 0.4-35 mg-mcg tab</i> | Tier 2 | |
| <i>caziant 0.1/0.125/0.15 -0.025 mg tab</i> | Tier 2 | |
| <i>chateal 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>chateal eq 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>cryselle-28 0.3-30 mg-mcg tab</i> | Tier 2 | |
| <i>cyclafem 1/35 1-35 mg-mcg tab</i> | Tier 2 | |
| <i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | Tier 2 | |
| <i>cyred 0.15-30 mg-mcg tab</i> | Tier 2 | |

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

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-------------------------------|--------------------------|
| <i>cyred eq 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>dasetta 1/35 1-35 mg-mcg tab</i> | Tier 2 | |
| <i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | Tier 2 | |
| <i>delyla 0.1-20 mg-mcg tab</i> | Tier 2 | |
| 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 2 | |
| <i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i> | Tier 3 | QL (16 PER 28 OVER TIME) |
| <i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i> | Tier 3 | |
| <i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i> | Tier 2 | |
| <i>elinest 0.3-30 mg-mcg tab</i> | Tier 2 | |
| <i>eluryng 0.12-0.015 mg/24hr ring</i> | Tier 4 | QL (1 PER 28 OVER TIME) |
| <i>emoquette 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>enilloring 0.12-0.015 mg/24hr ring</i> | Tier 4 | QL (1 PER 28 OVER TIME) |
| <i>enpresse-28 50-30/75-40/125-30 mcg tab</i> | Tier 2 | |
| <i>enskyce 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>estarylla 0.25-35 mg-mcg tab</i> | Tier 2 | |
| <i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i> | Tier 3 | QL (16 PER 28 OVER TIME) |
| <i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i> | Tier 2 | QL (8 PER 28 OVER TIME) |
| <i>estradiol (0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab)</i> | Tier 2 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-------------------------------|-------------------------|
| <i>estradiol 10 mcg tab</i> | Tier 3 | |
| ESTRING (2 MG RING, 7.5 MCG/24HR RING) | Tier 3 | QL (1 PER 84 OVER TIME) |
| <i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i> | Tier 2 | |
| <i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i> | Tier 3 | |
| <i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i> | Tier 4 | QL (1 PER 28 OVER TIME) |
| <i>falmina 0.1-20 mg-mcg tab</i> | Tier 2 | |
| <i>femynor 0.25-35 mg-mcg tab</i> | Tier 2 | |
| <i>fyavolv (0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab)</i> | Tier 4 | |
| <i>gianvi 3-0.02 mg tab</i> | Tier 3 | |
| <i>hailey 1.5/30 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>hailey fe 1/20 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>haloette 0.12-0.015 mg/24hr ring</i> | Tier 4 | QL (1 PER 28 OVER TIME) |
| <i>iclevia 0.15-0.03 mg tab</i> | Tier 2 | |
| <i>introvale 0.15-0.03 mg tab</i> | Tier 2 | |
| <i>isibloom 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <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 2 | |
| <i>juleber 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>junel 1.5/30 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>junel 1/20 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>junel fe 1.5/30 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>junel fe 1/20 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>kalliga 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>kariva 0.15-0.02/0.01 mg (21/5) tab</i> | Tier 2 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-------------------------------|---------------------|
| <i>kelnor 1/35 1-35 mg-mcg tab</i> | Tier 2 | |
| <i>kelnor 1/50 1-50 mg-mcg tab</i> | Tier 3 | |
| <i>kurvelo 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>larin 1.5/30 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>larin 1/20 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>larin fe 1.5/30 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>larin fe 1/20 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>larissia 0.1-20 mg-mcg tab</i> | Tier 2 | |
| <i>leena 0.5/1/0.5-35 mg-mcg tab</i> | Tier 3 | |
| <i>lessina 0.1-20 mg-mcg tab</i> | Tier 2 | |
| <i>levonest 50-30/75-40/125-30 mcg tab</i> | Tier 2 | |
| <i>levonorg-eth estrad triphasic 50-30/75-40/125-30 mcg tab</i> | Tier 2 | |
| <i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i> | Tier 2 | |
| <i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab)</i> | Tier 2 | |
| <i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>lillow 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>lo-zumandimine 3-0.02 mg tab</i> | Tier 3 | |
| <i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>loestrin 1/20 (21) 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>loestrin fe 1/20 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>loryna 3-0.02 mg tab</i> | Tier 3 | |
| <i>low-ogestrel 0.3-30 mg-mcg tab</i> | Tier 2 | |
| <i>lutera 0.1-20 mg-mcg tab</i> | Tier 2 | |

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

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-------------------------------|--------------------------|
| <i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i> | Tier 3 | QL (16 PER 28 OVER TIME) |
| <i>marlissa 0.15-30 mg-mcg tab</i> | Tier 2 | |
| MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB) | Tier 4 | |
| <i>microgestin 1.5/30 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>microgestin 1/20 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i> | Tier 2 | |
| <i>microgestin fe 1/20 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>mili 0.25-35 mg-mcg tab</i> | Tier 2 | |
| <i>mono-linyah 0.25-35 mg-mcg tab</i> | Tier 2 | |
| <i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i> | Tier 3 | |
| <i>nikki 3-0.02 mg tab</i> | Tier 3 | |
| <i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1.5-30 mg-mcg tab)</i> | Tier 2 | |
| <i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i> | Tier 2 | |
| <i>norethindrone acet-ethinyl est (1-20 mg-mcg tab, 1.5-30 mg-mcg tab)</i> | Tier 2 | |
| <i>norethindrone-eth estradiol (0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab)</i> | Tier 4 | |
| <i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i> | Tier 2 | |
| <i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i> | Tier 2 | |
| <i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i> | Tier 3 | |
| <i>nortrel 1/35 (21) 1-35 mg-mcg tab</i> | Tier 2 | |

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

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-------------------------------|---------------------|
| <i>nortrel 1/35 (28) 1-35 mg-mcg tab</i> | Tier 2 | |
| <i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | Tier 2 | |
| <i>nylia 1/35 1-35 mg-mcg tab</i> | Tier 2 | |
| <i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | Tier 2 | |
| <i>nymyo 0.25-35 mg-mcg tab</i> | Tier 2 | |
| <i>ocella 3-0.03 mg tab</i> | Tier 2 | |
| <i>orsythia 0.1-20 mg-mcg tab</i> | Tier 2 | |
| <i>philith 0.4-35 mg-mcg tab</i> | Tier 2 | |
| <i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i> | Tier 2 | |
| <i>pirmella 1/35 1-35 mg-mcg tab</i> | Tier 2 | |
| <i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | Tier 2 | |
| <i>portia-28 0.15-30 mg-mcg tab</i> | Tier 2 | |
| PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB) | Tier 3 | |
| PREMPHASE 0.625-5 MG TAB | Tier 4 | |
| PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB) | Tier 4 | |
| <i>previfem 0.25-35 mg-mcg tab</i> | Tier 2 | |
| <i>reclipsen 0.15-30 mg-mcg tab</i> | Tier 2 | |
| <i>setlakin 0.15-0.03 mg tab</i> | Tier 2 | |
| <i>simliya 0.15-0.02/0.01 mg (21/5) tab</i> | Tier 2 | |
| <i>sprintec 28 0.25-35 mg-mcg tab</i> | Tier 2 | |
| <i>sronyx 0.1-20 mg-mcg tab</i> | Tier 2 | |
| <i>syeda 3-0.03 mg tab</i> | Tier 2 | |
| <i>tarina fe 1/20 1-20 mg-mcg tab</i> | Tier 2 | |

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

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-------------------------------|---------------------|
| <i>tarina fe 1/20 eq 1-20 mg-mcg tab</i> | Tier 2 | |
| <i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i> | Tier 2 | |
| <i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i> | Tier 2 | |
| <i>tri-lynyah 0.18/0.215/0.25 mg-35 mcg tab</i> | Tier 2 | |
| <i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i> | Tier 2 | |
| <i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i> | Tier 2 | |
| <i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i> | Tier 2 | |
| <i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i> | Tier 2 | |
| <i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i> | Tier 2 | |
| <i>trivora (28) 50-30/75-40/125-30 mcg tab</i> | Tier 2 | |
| <i>turqoz 0.3-30 mg-mcg tab</i> | Tier 2 | |
| VELIVET 0.1/0.125/0.15 -0.025 MG TAB | Tier 2 | |
| <i>vestura 3-0.02 mg tab</i> | Tier 3 | |
| <i>vienva 0.1-20 mg-mcg tab</i> | Tier 2 | |
| <i>viorele 0.15-0.02/0.01 mg (21/5) tab</i> | Tier 2 | |
| <i>volnea 0.15-0.02/0.01 mg (21/5) tab</i> | Tier 2 | |
| <i>vyfemla 0.4-35 mg-mcg tab</i> | Tier 2 | |
| <i>vylibra 0.25-35 mg-mcg tab</i> | Tier 2 | |
| <i>wera 0.5-35 mg-mcg tab</i> | Tier 3 | |
| <i>wymzya fe 0.4-35 mg-mcg chew tab</i> | Tier 2 | |
| <i>yuvaferm 10 mcg tab</i> | Tier 3 | |
| <i>zarah 3-0.03 mg tab</i> | Tier 2 | |

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

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-------------------------------|-----------------------------|
| <i>zovia 1/35 (28) 1-35 mg-mcg tab</i> | Tier 2 | |
| <i>zovia 1/35e (28) 1-35 mg-mcg tab</i> | Tier 2 | |
| <i>zumandimine 3-0.03 mg tab</i> | Tier 2 | |
| PROGESTINS | | |
| <i>camila 0.35 mg tab</i> | Tier 2 | |
| <i>deblitane 0.35 mg tab</i> | Tier 2 | |
| DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR | Tier 4 | |
| <i>errin 0.35 mg tab</i> | Tier 2 | |
| <i>heather 0.35 mg tab</i> | Tier 2 | |
| HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION | Tier 5 | |
| <i>incassia 0.35 mg tab</i> | Tier 2 | |
| <i>jencycla 0.35 mg tab</i> | Tier 2 | |
| <i>lyleq 0.35 mg tab</i> | Tier 2 | |
| <i>lyza 0.35 mg tab</i> | Tier 2 | |
| <i>medroxyprogesterone acetate (10 mg tab, 2.5 mg tab, 5 mg tab)</i> | Tier 2 | |
| <i>medroxyprogesterone acetate (150 mg/ml susp prsy, 150 mg/ml suspension)</i> | Tier 4 | |
| <i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i> | Tier 2 | PA - FOR NEW STARTS ONLY |
| <i>megestrol acetate 625 mg/5ml suspension</i> | Tier 4 | PA |
| <i>nora-be 0.35 mg tab</i> | Tier 2 | |
| <i>norethindrone 0.35 mg tab</i> | Tier 2 | |
| <i>norethindrone acetate 5 mg tab</i> | Tier 2 | |
| <i>norlyda 0.35 mg tab</i> | Tier 2 | |
| <i>norlyroc 0.35 mg tab</i> | Tier 2 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-----------------------|
| <i>progesterone (100 mg cap, 200 mg cap)</i> | Tier 2 | |
| <i>sharobel 0.35 mg tab</i> | Tier 2 | |
| <i>tulana 0.35 mg tab</i> | Tier 2 | |
| 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 2 | QL (1 PER 1 DAYS) |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

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

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

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

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------------------|
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY) | | |
| <i>cabergoline 0.5 mg tab</i> | Tier 2 | |
| FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN | Tier 5 | |
| FIRMAGON 80 MG RECON SOLN | Tier 4 | |
| LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION | Tier 5 | PA - FOR NEW STARTS ONLY |
| <i>leuprolide acetate 1 mg/0.2ml kit</i> | Tier 5 | |
| LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT) | Tier 5 | |
| LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT) | Tier 5 | |
| LUPRON DEPOT (4-MONTH) 30 MG KIT | Tier 5 | |
| LUPRON DEPOT (6-MONTH) 45 MG KIT | Tier 5 | |
| <i>octreotide acetate (100 mcg/ml soln prsyr, 100 mcg/ml solution, 1000 mcg/ml solution, 200 mcg/ml solution, 50 mcg/ml soln prsyr, 50 mcg/ml solution, 500 mcg/ml solution)</i> | Tier 4 | PA |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|---|
| 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 |
| SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT) | Tier 5 | PA |
| SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION) | Tier 5 | PA, LA, QL (60 PER 30 OVER TIME) |
| SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION) | Tier 5 | PA - FOR NEW STARTS ONLY |
| 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 | |
| TRELSTAR MIXJECT (11.25 MG RECON SUSP, 22.5 MG RECON SUSP, 3.75 MG RECON SUSP) | Tier 4 | PA - PART B VS D DETERMINATION |

HORMONAL AGENTS, SUPPRESSANT (THYROID)

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

IMMUNOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| ANGIOEDEMA AGENTS | | |
| HAEGARDA (2000 UNIT RECON SOLN, 3000 UNIT RECON SOLN) | Tier 5 | PA, LA |

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

IMMUNOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-------------------------------|------------------------------|
| <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 | | |
| BIVIGAM (10 GM/100ML SOLUTION, 5 GM/50ML SOLUTION) | Tier 5 | PA, LA |
| FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 2.5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION) | Tier 5 | PA |
| GAMMAGARD (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION, 5 GM/50ML SOLUTION) | Tier 5 | PA |
| GAMMAGARD S/D LESS IGA (10 GM RECON SOLN, 5 GM RECON SOLN) | Tier 5 | PA |
| GAMMAKED (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 5 GM/50ML SOLUTION) | Tier 5 | PA |
| GAMMAPLEX (10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION) | Tier 5 | PA, LA |
| GAMUNEX-C (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION, 5 GM/50ML SOLUTION) | Tier 5 | PA |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

IMMUNOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|---------------------------------|
| HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION) | Tier 5 | PA, LA |
| PRIVIGEN (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION, 5 GM/50ML SOLUTION) | Tier 5 | PA |
| 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 OVER TIME) |
| BEYFORTUS (100 MG/ML SOLN PRSYR, 50 MG/0.5ML SOLN PRSYR) | Tier 4 | |
| 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 |
| ILARIS 150 MG/ML SOLUTION | Tier 5 | PA, LA |
| OTEZLA (10 & 20 & 30 MG TAB THPK, 4 X 10 & 51 X 20 MG TAB THPK) | Tier 5 | PA, QL (55 PER 28 OVER TIME) |
| 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 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 OVER TIME) |
| STELARA 90 MG/ML SOLN PRSYR | Tier 5 | PA, QL (1 PER 28 OVER TIME) |
| TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR) | Tier 5 | PA, LA, QL (1 PER 28 OVER TIME) |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

IMMUNOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|---------------------------------|
| TALTZ 20 MG/0.25ML SOLN PRSYR | Tier 5 | PA, QL (0.25 PER 28 DAYS) |
| TALTZ 40 MG/0.5ML SOLN PRSYR | Tier 5 | PA, QL (0.5 PER 28 DAYS) |
| XELJANZ (10 MG TAB, 5 MG TAB) | Tier 5 | PA, QL (2 PER 1 DAYS) |
| XELJANZ 1 MG/ML SOLUTION | Tier 5 | PA, QL (10 PER 1 DAYS) |
| XOLAIR (150 MG RECON SOLN, 150 MG/ML SOLN PRSYR) | Tier 5 | PA, LA, QL (8 PER 28 OVER TIME) |
| XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | Tier 5 | PA, QL (8 PER 28 OVER TIME) |
| XOLAIR 75 MG/0.5ML SOLN A-INJ | Tier 5 | PA, QL (2 PER 28 OVER TIME) |
| XOLAIR 75 MG/0.5ML SOLN PRSYR | Tier 5 | PA, LA, QL (2 PER 28 OVER TIME) |
| IMMUNOSTIMULANTS | | |
| ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION | Tier 5 | LA, PA - FOR NEW STARTS ONLY |
| INTRON A (10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN, 6000000 UNIT/ML SOLUTION) | Tier 5 | LA |
| PEGASYS 180 MCG/0.5ML SOLN PRSYR | Tier 5 | PA, QL (2 PER 30 OVER TIME) |
| PEGASYS 180 MCG/ML SOLUTION | Tier 5 | PA, QL (4 PER 30 OVER TIME) |
| IMMUNOSUPPRESSANTS | | |
| <i>azathioprine 50 mg tab</i> | Tier 2 | PA - PART B VS D DETERMINATION |
| AZATHIOPRINE SODIUM 100 MG RECON SOLN | Tier 4 | PA - PART B VS D DETERMINATION |
| <i>cyclosporine (100 mg cap, 25 mg cap)</i> | Tier 4 | PA - PART B VS D DETERMINATION |
| <i>cyclosporine 50 mg/ml solution</i> | Tier 2 | PA - PART B VS D DETERMINATION |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

IMMUNOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------------------------|
| <i>cyclosporine modified (100 mg cap, 100 mg/ml solution, 25 mg cap, 50 mg cap)</i> | Tier 3 | PA - PART B VS D DETERMINATION |
| ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR) | Tier 5 | PA, QL (8 PER 28 OVER TIME) |
| ENBREL 25 MG/0.5ML SOLN PRSYR | Tier 5 | PA, QL (4.08 PER 28 OVER TIME) |
| ENBREL 25 MG/0.5ML SOLUTION | Tier 5 | PA, QL (4 PER 28 OVER TIME) |
| ENBREL MINI 50 MG/ML SOLN CART | Tier 5 | PA, QL (8 PER 28 OVER TIME) |
| ENBREL SURECLICK 50 MG/ML SOLN A-INJ | Tier 5 | PA, QL (8 PER 28 OVER TIME) |
| ENVARBUS 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 (100 mg cap, 100 mg/ml solution, 25 mg cap)</i> | Tier 3 | PA - PART B VS D DETERMINATION |
| HADLIMA 40 MG/0.4ML SOLN PRSYR | Tier 5 | PA, QL (1.6 PER 28 OVER TIME) |
| HADLIMA 40 MG/0.8ML SOLN PRSYR | Tier 5 | PA, QL (3.2 PER 28 OVER TIME) |
| HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ | Tier 5 | PA, QL (1.6 PER 28 OVER TIME) |
| HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ | Tier 5 | PA, QL (3.2 PER 28 OVER TIME) |
| HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT) | Tier 5 | PA, QL (2 PER 28 OVER TIME) |
| HUMIRA (2 PEN) (40 MG/0.4ML AUT-IJ KIT, 40 MG/0.8ML AUT-IJ KIT) | Tier 5 | PA, QL (4 PER 28 OVER TIME) |
| HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT | Tier 5 | PA, QL (2 PER 28 OVER TIME) |
| HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT | Tier 5 | PA, QL (4 PER 28 OVER TIME) |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

IMMUNOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------------------------|
| HUMIRA 40 MG/0.4ML PEF SY KT | Tier 5 | PA, QL (4 PER 28 OVER TIME) |
| HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT | Tier 5 | PA, QL (12 PER 365 OVER TIME) |
| HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT | Tier 5 | PA, QL (6 PER 365 OVER TIME) |
| HUMIRA-PED<40KG CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML PEF SY KT | Tier 5 | PA, QL (4 PER 365 OVER TIME) |
| HUMIRA-PED>/=40KG CROHNS START 80 MG/0.8ML PEF SY KT | Tier 5 | PA, QL (6 PER 365 OVER TIME) |
| HUMIRA-PED>/=40KG UC STARTER 80 MG/0.8ML AUT-IJ KIT | Tier 5 | PA, QL (8 PER 365 OVER TIME) |
| HUMIRA-PS/UV/ADOL HS STARTER 40 MG/0.8ML AUT-IJ KIT | Tier 5 | PA, QL (8 PER 365 OVER TIME) |
| HUMIRA-PSORIASIS/UEIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT | Tier 5 | PA, QL (6 PER 365 OVER TIME) |
| <i>leflunomide (10 mg tab, 20 mg tab)</i> | Tier 2 | |
| METHOTREXATE SODIUM (1 GM RECON SOLN, 250 MG/10ML SOLUTION, 50 MG/2ML SOLUTION) | Tier 2 | PA - PART B VS D DETERMINATION |
| <i>methotrexate sodium (pf) (1 gm/40ml solution, 1000 mg/40ml solution, 250 mg/10ml solution, 50 mg/2ml solution)</i> | Tier 2 | PA - PART B VS D DETERMINATION |
| <i>methotrexate sodium 2.5 mg tab</i> | Tier 2 | |
| <i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i> | Tier 2 | PA - PART B VS D DETERMINATION |
| <i>mycophenolate mofetil 200 mg/ml recon susp</i> | Tier 5 | PA - PART B VS D DETERMINATION |
| <i>mycophenolate mofetil 500 mg recon soln</i> | Tier 4 | PA - PART B VS D DETERMINATION |
| <i>mycophenolate mofetil hcl 500 mg recon soln</i> | Tier 4 | PA - PART B VS D DETERMINATION |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

IMMUNOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|---|
| <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 |
| 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 PER 1 DAYS) |
| SANDIMMUNE 100 MG/ML SOLUTION | Tier 4 | PA - PART B VS D DETERMINATION |
| <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 2 | PA - PART B VS D DETERMINATION |
| XATMEP 2.5 MG/ML SOLUTION | Tier 4 | PA - FOR NEW STARTS ONLY |
| XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H) | Tier 5 | PA, QL (1 PER 1 DAYS) |
| 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 |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

IMMUNOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--|
| DAPTACEL 23-15-5 SUSPENSION | Tier 3 | |
| DENGVAIXIA RECON SUSP | Tier 3 | |
| DIPHtheria-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION | Tier 3 | |
| ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION) | Tier 3 | PA - PART B VS D DETERMINATION, VAC |
| GARDASIL 9 (SUSP PRSYR, SUSPENSION) | Tier 4 | 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 | VAC |
| 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 | |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

IMMUNOLOGICAL AGENTS

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

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IMMUNOLOGICAL AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|-----------------------------------|-----------------------|--------------|
| VARIVAX 1350 PFU/0.5ML RECON SUSP | Tier 3 | VAC |
| VAXCHORA RECON SUSP | Tier 4 | VAC |
| YF-VAX INJECTABLE | Tier 4 | VAC |

INFLAMMATORY BOWEL DISEASE AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|--|-----------------------|-----------------------|
| AMINOSALICYLATES | | |
| <i>balsalazide disodium 750 mg cap</i> | Tier 2 | |
| <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 5 | PA, QL (1 PER 1 DAYS) |
| <i>hydrocortisone (10 mg tab, 20 mg tab, 5 mg tab)</i> | Tier 2 | |
| <i>hydrocortisone 100 mg/60ml enema</i> | Tier 3 | |

METABOLIC BONE DISEASE AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|---|-----------------------|---------------------------|
| METABOLIC BONE DISEASE AGENTS | | |
| <i>alendronate sodium (10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab)</i> | Tier 1 | |
| <i>calcitonin (salmon) 200 unit/act solution</i> | Tier 2 | QL (3.7 PER 30 OVER TIME) |

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

METABOLIC BONE DISEASE AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|---|
| <i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i> | Tier 2 | PA - PART B VS D DETERMINATION |
| CALCITRIOL 1 MCG/ML SOLUTION | Tier 4 | PA - PART B VS D DETERMINATION |
| <i>calcitriol 1 mcg/ml solution</i> | Tier 3 | PA - PART B VS D DETERMINATION |
| <i>cinacalcet hcl (30 mg tab, 60 mg tab)</i> | Tier 4 | PA - PART B VS D DETERMINATION |
| <i>cinacalcet hcl 90 mg tab</i> | Tier 5 | PA - PART B VS D DETERMINATION |
| <i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution)</i> | Tier 4 | PA - PART B VS D DETERMINATION |
| FORTEO 600 MCG/2.4ML SOLN PEN | Tier 5 | PA |
| <i>ibandronate sodium 150 mg tab</i> | Tier 2 | |
| <i>ibandronate sodium 3 mg/3ml solution</i> | Tier 4 | PA - PART B VS D DETERMINATION |
| NATPARA (100 MCG CARTRIDGE, 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE) | Tier 5 | PA, LA, QL (2 PER 28 OVER TIME) |
| <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 (150 mg tab, 35 mg tab, 5 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 OVER TIME) |
| XGEVA 120 MG/1.7ML SOLUTION | Tier 5 | QL (1.7 PER 28 OVER TIME), 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 |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

MISCELLANEOUS THERAPEUTIC AGENTS

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

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MISCELLANEOUS THERAPEUTIC AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------|
| BIOGUARD GAUZE SPONGES 2"X2" PAD | Tier 2 | |
| CARETOUCH ALCOHOL PREP 70 % PAD | Tier 2 | |
| COMFORT EZ PRO PEN NEEDLES (30G X 8 MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC) | Tier 2 | |
| CVS ALCOHOL PREP PADS 70 % PAD | Tier 2 | |
| CVS ANTIBACTERIAL GAUZE 2"X2" PAD | Tier 2 | |
| <i>cvs isopropyl alcohol wipes 70 % misc</i> | Tier 2 | |
| DROPLET MICRON 34G X 3.5 MM MISC | Tier 2 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | Tier 2 | |
| EASY COMFORT INSULIN SYRINGE (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC) | Tier 2 | |
| EASY COMFORT PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC) | Tier 2 | |
| EMBRACE PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC) | Tier 2 | |
| <i>gauze pads 2</i> | Tier 2 | |
| INSULIN PEN NEEDLES | Tier 2 | |
| INSULIN PEN NEEDLES | Tier 2 | |
| INSULIN SYRINGE 0.3 ML | Tier 2 | |
| INSULIN SYRINGE 0.5 ML | Tier 2 | |

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MISCELLANEOUS THERAPEUTIC AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-------------------------------|---|
| INSULIN SYRINGE 1 ML | Tier 2 | |
| INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | Tier 2 | |
| INSUPEN PEN NEEDLES (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC) | Tier 2 | |
| <i>isopropyl alcohol 70 % misc</i> | Tier 2 | |
| <i>isopropyl alcohol wipes 70 % misc</i> | Tier 2 | |
| IWILFIN 192 MG TAB | Tier 5 | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LAGEVRIO 200 MG CAP | Tier 4 | QL (40 PER 30 OVER TIME) |
| <i>medpura alcohol pads 70 % misc</i> | Tier 2 | |
| <i>methergine 0.2 mg tab</i> | Tier 4 | |
| <i>methylergonovine maleate 0.2 mg tab</i> | Tier 4 | |
| <i>novofine 32g x 6 mm misc</i> | Tier 2 | |
| <i>novotwist 32g x 5 mm misc</i> | Tier 2 | |
| OPVEE 2.7 MG/0.1ML SOLUTION | Tier 4 | QL (2 PER 30 OVER TIME) |
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK | Tier 3 | QL (40 PER 30 OVER TIME) |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK | Tier 3 | QL (60 PER 30 OVER TIME) |
| PEN NEEDLES (30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC) | Tier 2 | |
| PRO COMFORT INSULIN SYRINGE (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | Tier 2 | |

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MISCELLANEOUS THERAPEUTIC AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-------------------------------|---------------------|
| PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC) | Tier 2 | |
| <i>qc alcohol 70 % misc</i> | Tier 2 | |
| <i>ra isopropyl alcohol wipes 70 % misc</i> | Tier 2 | |
| SECURESAFE INSULIN SYRINGE (X1/2" 0.5 ML MISC, X1/2" 1 ML MISC) | Tier 2 | |
| SILIGENTLE FOAM DRESSING 2"X2" PAD | Tier 2 | |
| <i>sterile water for irrigation solution</i> | Tier 2 | |
| SURE COMFORT PEN NEEDLES (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC) | Tier 2 | |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC | Tier 2 | |
| TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC) | Tier 2 | |
| TRUE COMFORT PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC) | Tier 2 | |
| TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC | Tier 2 | |
| ULTIGUARD SAFEPACK PEN NEEDLE (32G X 4 MM MISC, 32G X 6 MM MISC) | Tier 2 | |
| UNIFINE PROTECT PEN NEEDLE (30G X 5 MM MISC, 30G X 8 MM MISC, 32G X 4 MM MISC) | Tier 2 | |
| UNIFINE SAFECONTROL PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC) | Tier 2 | |

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MISCELLANEOUS THERAPEUTIC AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------|
| VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC) | Tier 2 | |
| VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | Tier 2 | |
| VERIFINE PLUS PEN NEEDLE (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC) | Tier 2 | |

OPHTHALMIC AGENTS

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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|---------------------------|
| NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION | Tier 2 | |
| <i>polycin 500-10000 unit/gm ointment</i> | Tier 2 | |
| RESTASIS 0.05 % EMULSION | Tier 3 | QL (60 PER 30 OVER TIME) |
| RESTASIS MULTIDOSE 0.05 % EMULSION | Tier 3 | QL (5.5 PER 30 OVER TIME) |
| ROCKLATAN 0.02-0.005 % SOLUTION | Tier 4 | QL (2.5 PER 25 OVER TIME) |
| SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION | Tier 2 | |
| <i>tobramycin-dexamethasone 0.3-0.1 % suspension</i> | Tier 2 | |
| XIIDRA 5 % SOLUTION | Tier 3 | |
| OPHTHALMIC ANTI-ALLERGY AGENTS | | |
| <i>azelastine hcl 0.05 % solution</i> | Tier 2 | |
| <i>cromolyn sodium 4 % solution</i> | Tier 2 | |
| <i>olopatadine hcl 0.2 % solution</i> | Tier 3 | |
| 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 | |

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OPHTHALMIC AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|-------------------------|
| <i>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 | |
| OPHTHALMIC ANTI-INFLAMMATORIES | | |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION | Tier 2 | |
| <i>diclofenac sodium 0.1 % solution</i> | Tier 2 | |
| <i>fluorometholone 0.1 % suspension</i> | Tier 3 | |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION | Tier 2 | |
| ILEVRO 0.3 % SUSPENSION | Tier 3 | QL (3 PER 30 OVER TIME) |
| <i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i> | Tier 2 | |
| <i>loteprednol etabonate (0.2 % suspension, 0.5 % suspension)</i> | Tier 3 | |
| <i>prednisolone acetate 1 % suspension</i> | Tier 2 | |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | Tier 2 | |
| PROLENSA 0.07 % SOLUTION | Tier 3 | |
| OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>betaxolol hcl 0.5 % solution</i> | Tier 2 | |
| CARTEOLOL HCL 1 % SOLUTION | Tier 2 | |
| LEVOBUNOLOL HCL 0.5 % SOLUTION | Tier 2 | |
| <i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i> | Tier 2 | |
| OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER | | |
| <i>acetazolamide er 500 mg cap er 12h</i> | Tier 4 | |

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OPHTHALMIC AGENTS

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|---|-----------------------|---------------------------|
| <i>apraclonidine hcl 0.5 % solution</i> | Tier 3 | |
| <i>brimonidine tartrate 0.1 % solution</i> | Tier 3 | |
| <i>brimonidine tartrate 0.15 % solution</i> | Tier 4 | |
| <i>brimonidine tartrate 0.2 % solution</i> | Tier 2 | |
| <i>brinzolamide 1 % suspension</i> | Tier 3 | |
| <i>dorzolamide hcl 2 % solution</i> | Tier 2 | |
| <i>methazolamide (25 mg tab, 50 mg tab)</i> | Tier 4 | |
| PHOSPHOLINE IODIDE 0.125 % RECON SOLN | 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 OVER TIME) |
| 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 2 | |
| 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

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|---|-----------------------|--------------|
| OTIC AGENTS | | |
| <i>ciprofloxacin hcl 0.2 % solution</i> | Tier 4 | |
| <i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i> | Tier 4 | |
| CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION | Tier 3 | |

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

OTIC AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-----------------------|--------------|
| DERMOTIC 0.01 % OIL | Tier 3 | |
| <i>hydrocortisone-acetic acid 1-2 % solution</i> | Tier 3 | |
| <i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i> | Tier 2 | |
| <i>ofloxacin 0.3 % solution</i> | Tier 2 | |

RESPIRATORY TRACT/PULMONARY AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------------------------|
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS | | |
| <i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i> | Tier 3 | PA - PART B VS D DETERMINATION |
| <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) |
| PULMICORT FLEXHALER (180 MCG/ACT AER POW BA, 90 MCG/ACT AER POW BA) | Tier 4 | QL (2 PER 30 DAYS) |
| QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA) | Tier 3 | QL (21.2 PER 30 DAYS) |
| ANTIHISTAMINES | | |
| <i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i> | Tier 2 | QL (30 PER 25 DAYS) |
| <i>azelastine hcl 0.15 % solution</i> | Tier 3 | QL (30 PER 25 DAYS) |
| <i>cyproheptadine hcl 4 mg tab</i> | Tier 2 | PA |
| <i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 2 | PA |
| <i>levocetirizine dihydrochloride 5 mg tab</i> | Tier 2 | |
| <i>promethazine hcl 6.25 mg/5ml solution</i> | Tier 2 | PA |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

RESPIRATORY TRACT/PULMONARY AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|--------------------------------|
| ANTILEUKOTRIENES | | |
| <i>montelukast sodium (10 mg tab, 4 mg chew tab, 4 mg packet, 5 mg chew tab)</i> | Tier 2 | QL (1 PER 1 DAYS) |
| <i>zafirlukast (10 mg tab, 20 mg tab)</i> | Tier 2 | QL (2 PER 1 DAYS) |
| BRONCHODILATORS, ANTICHOLINERGIC | | |
| ATROVENT HFA 17 MCG/ACT AERO SOLN | Tier 3 | QL (25.8 PER 30 DAYS) |
| <i>ipratropium bromide 0.02 % solution</i> | Tier 2 | PA - PART B VS D DETERMINATION |
| <i>ipratropium bromide 0.03 % solution</i> | Tier 2 | QL (30 PER 30 DAYS) |
| <i>ipratropium bromide 0.06 % solution</i> | Tier 2 | QL (45 PER 30 DAYS) |
| SPIRIVA HANDIHALER 18 MCG CAP | Tier 3 | QL (30 PER 30 DAYS) |
| SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN) | Tier 3 | QL (4 PER 30 DAYS) |
| BRONCHODILATORS, SYMPATHOMIMETIC | | |
| <i>albuterol 90mcg hfa inhaler (generic proair)</i> | Tier 2 | QL (17 PER 30 OVER TIME) |
| <i>albuterol 90mg hfa inhaler (generic proair)</i> | Tier 2 | QL (17 PER 30 OVER TIME) |
| <i>albuterol 90mg hfa inhaler (generic proventil)</i> | Tier 2 | QL (13.4 PER 30 OVER TIME) |
| <i>albuterol 90mg hfa inhaler (generic ventolin)</i> | Tier 2 | QL (36 PER 30 OVER TIME) |
| <i>albuterol sulfate ((2.5 mg/3ml) 0.083% nebu soln, (5 mg/ml) 0.5% nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2.5 mg/0.5ml nebu soln)</i> | Tier 2 | PA - PART B VS D DETERMINATION |
| <i>albuterol sulfate (2 mg tab, 4 mg tab)</i> | Tier 4 | |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i> | Tier 2 | QL (17 PER 30 OVER TIME) |

您可以前往第 ^{<xii>} 頁

並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

RESPIRATORY TRACT/PULMONARY AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-------------------------------|---|
| <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 ADRENALIN) | 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 | | |
| CAYSTON 75 MG RECON SOLN | Tier 5 | PA, LA, QL (84 PER 28 OVER TIME) |
| KALYDECO (13.4 MG PACKET, 150 MG TAB, 25 MG PACKET, 5.8 MG PACKET, 50 MG PACKET, 75 MG PACKET) | Tier 5 | PA, LA, QL (2 PER 1 DAYS) |
| PULMOZYME 2.5 MG/2.5ML SOLUTION | Tier 5 | QL (150 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |
| SYMDEKO (100-150 & 150 MG TAB THPK, 50-75 & 75 MG TAB THPK) | Tier 5 | PA, LA, QL (2 PER 1 DAYS) |
| TOBI PODHALER 28 MG CAP | Tier 5 | PA, LA, QL (224 PER 28 OVER TIME) |
| <i>tobramycin 300 mg/4ml nebu soln</i> | Tier 5 | PA, QL (224 PER 28 OVER TIME) |
| <i>tobramycin 300 mg/5ml nebu soln</i> | Tier 5 | PA, QL (280 PER 56 OVER TIME) |
| TRIKAFTA (100-50-75 & 150 MG TAB THPK, 50-25-37.5 & 75 MG TAB THPK) | Tier 5 | PA, LA, QL (3 PER 1 DAYS) |
| MAST CELL STABILIZERS | | |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i> | Tier 3 | PA - PART B VS D DETERMINATION |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

RESPIRATORY TRACT/PULMONARY AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-------------------------------|---|
| 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 (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i> | Tier 3 | |
| 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 (10 mg tab, 5 mg tab)</i> | Tier 5 | PA, LA, QL (1 PER 1 DAYS) |
| <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 (6 PER 1 DAYS) |
| <i>sildenafil citrate 20 mg tab</i> | Tier 3 | PA, QL (3 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) |
| VENTAVIS 10 MCG/ML SOLUTION | Tier 5 | LA, QL (270 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |
| VENTAVIS 20 MCG/ML SOLUTION | Tier 5 | LA, QL (90 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |
| 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) |

您可以前往第

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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

RESPIRATORY TRACT/PULMONARY AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|---|-------------------------------|-----------------------------------|
| <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 (115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL, 45-21 MCG/ACT AEROSOL) | Tier 3 | QL (12 PER 30 DAYS) |
| ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA | Tier 3 | QL (60 PER 30 DAYS) |
| BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL | Tier 3 | QL (10.7 PER 28 DAYS) |
| BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA, 50-25 MCG/INH AER POW BA) | Tier 3 | QL (60 PER 30 DAYS) |
| <i>breyza (160-4.5 mcg/act aerosol, 80-4.5 mcg/act aerosol)</i> | Tier 3 | QL (10.3 PER 30 DAYS) |
| BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL | Tier 3 | QL (10.7 PER 30 DAYS) |
| <i>budesonide-formoterol fumarate (160-4.5 mcg/act aerosol, 80-4.5 mcg/act aerosol)</i> | Tier 3 | QL (10.2 PER 30 DAYS) |
| COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN | Tier 3 | QL (4 PER 30 DAYS) |
| <i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i> | Tier 2 | QL (60 PER 30 DAYS) |
| FLUTICASONE-SALMETEROL (113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA, 55-14 MCG/ACT AER POW BA) | Tier 2 | QL (1 PER 30 DAYS) |
| <i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i> | Tier 2 | PA - PART B VS D DETERMINATION |
| NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) | Tier 5 | PA, LA, QL (3 PER 30 OVER TIME) |
| NUCALA 40 MG/0.4ML SOLN PRSYR | Tier 5 | PA, LA, QL (0.4 PER 28 OVER TIME) |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

RESPIRATORY TRACT/PULMONARY AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|---|-----------------------|--------------------------------|
| <i>ribavirin 6 gm recon soln</i> | Tier 5 | PA - PART B VS D DETERMINATION |
| TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA) | Tier 3 | QL (60 PER 30 DAYS) |
| <i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i> | Tier 2 | QL (60 PER 30 DAYS) |

SKELETAL MUSCLE RELAXANTS

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

SLEEP DISORDER AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限額 |
|---|-----------------------|-----------------------|
| SLEEP PROMOTING AGENTS | | |
| <i>estazolam (1 mg tab, 2 mg tab)</i> | Tier 4 | QL (1 PER 1 DAYS) |
| <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) |

您可以前往第
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頁並閱讀圖例中提供的說明，找到有關此表中的符號和縮寫的資訊。

SLEEP DISORDER AGENTS

| 藥品名稱 | 該藥物將花費您多少費用 (層級級別) | 必要行動、限制或使用限制 |
|--|-----------------------|-----------------------------------|
| <i>zaleplon 10 mg cap</i> | Tier 2 | QL (2 PER 1 DAYS) |
| <i>zaleplon 5 mg cap</i> | Tier 2 | QL (4 PER 1 DAYS) |
| <i>zolpidem tartrate 10 mg tab</i> | Tier 2 | QL (1 PER 1 DAYS) |
| <i>zolpidem tartrate 5 mg tab</i> | Tier 2 | QL (2 PER 1 DAYS) |
| WAKEFULNESS PROMOTING AGENTS | | |
| <i>armodafinil (150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab)</i> | Tier 4 | PA, QL (1 PER 1 DAYS) |
| <i>modafinil 100 mg tab</i> | Tier 3 | PA, QL (3 PER 1 DAYS) |
| <i>modafinil 200 mg tab</i> | Tier 3 | PA, QL (2 PER 1 DAYS) |
| XYREM 500 MG/ML SOLUTION | Tier 5 | PA, LA, QL (540 PER 30 OVER TIME) |

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

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Blue Shield of California 提供：

- 為殘障人士免費提供如下協助與服務，以便殘障人士有效地與我們進行溝通，例如：
 - 合格的手語翻譯
 - 其他格式的書面資訊（大字印刷版、音訊版、可存取的電子格式、其他格式）
- 為母語非英語的人士提供的免費語言服務，例如：
 - 合格的口譯員
 - 其他語言版本的文本資訊

如您需要以上服務，請聯絡 Blue Shield of California 民權協調員。

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Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007
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
1-800-368-1019, 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 1-800-452-4413. 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 1-800-452-4413. 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 1-800-452-4413。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 1-800-452-4413。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 panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-452-4413. 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 1-800-452-4413. 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 1-800-452-4413 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 1-800-452-4413. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-452-4413 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 1-800-452-4413. 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 1-800-452-4413. 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 1-800-452-4413 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 1-800-452-4413. 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 1-800-452-4413. 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 1-800-452-4413. 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 1-800-452-4413. 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、1-800-452-4413 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 1-800-452-4413. 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 1-800-452-4413. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

Navajo D77 ats'77s baa lhly3 47 doodago azeé' bee aa lhly3 b7na'7d7[kidgo 47 n1 ata' hodoonih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-452-4413 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'11 j77k'eh bee an1'1wo.

Punjabi ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਨਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਸੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਸੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-452-4413 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Khmer យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរស័ព្ទទមកយើងខ្ញុំតាមលេខ 1-800-452-4413។ 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 1-800-452-4413. 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 1-800-452-4413. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ մոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպության հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ լինելու համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեզ կօգնի հարցերն իմացող թարգմանիչը: Ծառայությունն 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، کفایت با ما به شماره 1-800-452-4413 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

Thai ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-452-4413 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี



LANGUAGE ASSISTANCE NOTICE

English ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.

中文 Chinese 请注意: 如果您说中文, 可以免费获得语言协助服务。请拨打 1-800-452-4413 (听障和语障专线: 711), 每周七天办公, 早上 8:00 至晚上 8:00。此电话为免付费专线。

한국어 Korean 주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. 1-800-452-4413 (TTY: 711) 번으로 주 7 일, 오전 8 시부터 오후 8 시까지 전화하실 수 있습니다. 이 전화는 무료입니다.

Русский Russian ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам бесплатные услуги языковой поддержки. Звоните по телефону 1-800-452-4413 (TTY: 711) с 8:00 до 20:00 без выходных. Звонок бесплатный.

فارسی Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی بدون اخذ هزینه در اختیار شما می باشد. با شماره 1-800-452-4413- 4413 (TTY: 711)، از ساعت 8:00 صبح تا 8:00 شب در هفت روز هفته تماس بگیرید. این تماس رایگان است.

भाषा Hindi ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। फ़ोन करना 1-800-452-4413 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फ़ोन करना फ़्री है।

Lus Hmoob Hmong LUS CEEV: Yog koj hais Lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-452-4413 (TTY: 711), 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj, xya hnuv hauv ib lub as thiv. Qhov hu xov tooj no yog hu dawb xwb.

Español Spanish ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. Llame al 1-800-452-4413 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los siete días de la semana. La llamada es gratuita.

Tiếng Việt Vietnamese LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số 1-800-452-4413 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày trong tuần. Cuộc gọi này miễn phí.

Tagalog PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na lib्रेng serbisyo ng tulong sa wika para sa inyo. Tumawag sa 1-800-452-4413 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.

العربية Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، يتوفر لك خدمات المساعدة اللغوية المجانية. اتصل على الرقم 1-800-452-4413 (TTY: 711)، من الساعة 8:00 صباحًا إلى 8:00 مساءً طوال أيام الأسبوع. علمًا بأن هذه المكالمات مجانية.

ພາສາລາວ Laotian ສິ່ງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທຫາເບີ 1-800-452-4413 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ, ເຈັດວັນຕໍ່ອາທິດ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.

日本語 Japanese 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-452-4413 (TTY: 711) まで、お電話にてご連絡ください。毎日午前 8 時から午後 8 時まで受け付けています。通話は無料です。

ภาษาไทย Thai

เรียน หากคุณพูดภาษา ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยไม่มีค่าใช้จ่าย โทร 1-800-452-4413 (TTY: 711) 8:00 น. ถึง 20:00 น. ได้ตลอดเจ็ดวันต่อสัปดาห์ โทรฟรี ไม่มีค่าใช้จ่าย

ਪੰਜਾਬੀ Punjabi ਸਾਵਧਾਨ : ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711), ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ. ਕਾਲ ਫ੍ਰੀ ਹੈ |

ខ្មែរ Khmer ចាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសា គឺមានសំរាប់អ្នក ដោយឥតគិតថ្លៃ។ ហៅ 1-800-452-4413 (TTY: 711) ម៉ោង 8:00 ព្រឹក ដល់ 8:00 យប់ ប្រាំពីរថ្ងៃមួយអាទិត្យ។ គឺឥតគិតថ្លៃទេ។

Հայերեն Armenian ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, Ձեզ տրամադրվելի են անվճար լեզվաբան օգնություն ծառայություններ: Չանգահարեք 1-800-452-4413 (TTY՝ 711) համարով, 8:00-ից 20:00, շաբաթը յոթ օր: Հեռախոսազանգն անվճար է:

Українська Ukrainian ЗВЕРНІТЬ УВАГУ! Якщо Ви розмовляєте українською, ми можемо запропонувати Вам безкоштовні послуги мовної підтримки. Телефонуйте 1-800-452-4413 (TTY: 711) з 8:00 до 20:00 без вихідних. Дзвінок безкоштовний.

Mienh Mien TOV JANGX LONGX OC: Beiv taix meih gorngv Mienh waac nor, ninh mbuo gorn zangc duqv mbenc nzoih wang-henh nzie weih faan waac bun meih muangx maiv zuqc feix liuc cuotv zinh nyaanh. Douc waac lorx taux 1-800-452-4413 (TTY: 711), 8:00 diemv ziangh hoc lungnh ndorm mingh taux 8:00 ziangh hoc lungnh muonz, yietc norm liv baaiz se koi nzoih siec hnoi. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc feix liuc cuotv zinh nyaanh.

此保險內處方集於 11/19/2024 更新。**關於疫苗費用的重要資訊**—有些疫苗被認為具有醫療益處。其他疫苗則被視為 D 部份藥物。我們的計劃承保大多數 D 部分疫苗，您無需支付任何費用。

如需更多最新的資訊或有其他疑問，請透過以下方式與我們聯絡：每週七天，上午 8 點至晚上 8 點皆可撥打**(800)452-4413**（聽障和語障專線：711）或瀏覽 blueshieldca.com/medformulary2024。



如果您有任何疑問，請致電 Blue Shield TotalDual Plan：**(800)452-4413**（聽障和語障專線：711），我們的服務時間為每週七天，上午 8 點至晚上 8 點。這是免付費電話。如需更多資訊，請瀏覽 blueshieldca.com/medformulary2024。