CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan

2027 年 *承保藥物清單(藥物清單或處方集)*

請閱讀: 本文件包含有關我們計劃承保藥物的資訊

此藥物清單於 10/05/2026 更新

如需瞭解最新資訊或有其他問題, 請於每週 7 天, 上午 8 點至晚上 8 點 (10 月 1 日至 3 月 31 日), 以及週一至週五, 上午 8 點至晚上 8 點 (4 月 1 日至 9 月 30 日), 撥打 **1-877-412-2734** (TTY **711**) 聯絡我們, 或瀏覽 **www.caloptima.org/OneCare**。

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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan | 2027 年承保藥物清單(藥物清單或處方集)

簡介

該文件稱為《承保藥物清單》(也稱為《藥物清單》)。它告訴您 CalOptima Health OneCare Complete 承保哪些藥物。《藥物清單》還告訴您 CalOptima Health OneCare Complete 涵蓋的任何藥物是否有任何特殊規則或限制。關鍵術語及其定義出現在《會員手冊》的最後一章。

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A. 免責聲明

本清單列出會員在 CalOptima Health OneCare Complete 中可取得的藥物。

CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, 是與 Medicare 和 Medi-Cal 簽有合約的 Medicare Advantage 組織。參保 CalOptima Health OneCare 取決於合約續簽的情況。請於每週 7 天, 上午 8 點至晚上 8 點 (10 月 1 日至 3 月 31 日), 以及週一至週五, 上午 8 點至晚上 8 點 (4 月 1 日至 9 月 30 日), 撥打免付費電話 **1-877-412-2734** (TTY **711**) 聯絡 CalOptima Health OneCare 客戶服務部。請瀏覽我們的網站 **www.caloptima.org/OneCare**。

- 您可以隨時瀏覽網站 **www.caloptima.org/OneCare** 線上查看 CalOptima Health OneCare Complete 的最新承保藥物清單, 或請於每週 7 天, 上午 8 點至晚上 8 點 (10 月 1 日至 3 月 31 日), 以及週一至週五, 上午 8 點至晚上 8 點 (4 月 1 日至 9 月 30 日), 撥打 **1-877-412-2734** (TTY **711**)。此爲免費通話。
- 您可以免費取得本文檔的其他格式,例如大字體、盲文或音頻。或請於每週 7 天, 上午 8 點至晚上 8 點 (10 月 1 日至 3 月 31 日), 以及週一至週五, 上午 8 點至晚上 8 點 (4 月 1 日至 9 月 30 日), 撥打 **1-877-412-2734** (TTY **711**) 。此爲免費通話。免費提供本文檔的西班牙文、越南文、波斯文、韓文、中文、阿拉伯文和俄文的版本。

語言協助服務及輔助輔助工具及服務可用性通知

English

ATTENTION: If you need help in your language, call **1-877-412-2734** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-877-412-2734** (TTY: **711**). These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-877-412-2734** (TTY: **711**). توفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1-877-412-2734** (TTY: **711**). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-877-412-2734** (TTY: **711**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-877-412-2734** (TTY: **711**): Այդ ծառայություններն անվճար են

简体中文 (Simplified Chinese)

请注意：如果您需要以您的母语提供帮助,请致电 **1-877-412-2734** (TTY: **711**)。 我们另外还提供针对残疾人士的帮助和服务,例如盲文和大字体阅读,提供您方便取用。 请致电 **1-877-412-2734** (TTY: **711**)。 这些服务都是免费的。

繁體中文 (Traditional Chinese)

注意: 如果您需要以您的語言獲得幫助, 請致電 **1-877-412-2734** (TTY **711**)。 為殘障人士也提供幫助和服務, 例如盲文和大字體的文件。 致電 **1-877-412-2734** (TTY **711**)。 這些服務是免費的。

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-877-412-2734** (TTY: **711**). ਅਪਾਹਜ ਲੋਕ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ **1-877-412-2734** (TTY: **711**) ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-877-412-2734** (TTY: **711**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-877-412-2734** (TTY: **711**) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-877-412-2734** (TTY: **711**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-877-412-2734** (TTY: **711**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は **1-877-412-2734** (TTY: **711**) へお電話ください。点字の資料や文字 の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。**1-877-412-2734** (TTY: **711**) へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-877-412-2734** (TTY: **711**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-877-412-2734** (TTY: **711**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ:
ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-877-412-2734** (TTY: **711**).
ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-877-412-2734** (TTY: **711**).
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-877-412-2734** (TTY: **711**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-877-412-2734** (TTY: **711**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-877-412-2734** (TTY: **711**) ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-877-412-2734** (TTY: **711**) ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با
1-877-412-2734 (TTY: **711**)تماس بگیرید. کمک‌ها و خدمات
مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف
بزرگ، نیز موجود است. با **1-877-412-2734** (TTY: **711**) تماس بگیرید.
این خدمات رایگان ارائه می‌شوند.

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-877-412-2734** (линия TTY **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-877-412-2734** (линия TTY **711**). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-877-412-2734** (TTY: **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-877-412-2734** (TTY: **711**). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-877-412-2734** (TTY: **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-877-412-2734** (TTY: **711**). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-877-412-2734** (TTY: **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำาหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-877-412-2734** (TTY: **711**) ไม่มีค่าใช้จ่ายสำาหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-877-412-2734** (TTY: **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-877-412-2734** (TTY: **711**). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-877-412-2734** (TTY: **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-877-412-2734** (TTY: **711**). Các dịch vụ này đều miễn phí.

- 您也可以提出長期請求,以取得其他語言和/或替代格式的資料:
  - 如需長期申請主要語言或其他格式的資料, 請撥打頁面底部的客服電話, 或訪問我們安全的線上會員入口網站**https: //member.caloptima.org/#/user/login**。
  - 您的長期申請將保存在我們的系統中,用於以後的所有郵件和通訊。
  - 如需取消或更改您的長期申請,請請於每週7天, 上午8點至晚上8點 (10月1日至3月31日), 以及週一至週五, 上午8 點至晚上8點 (4月1日至9月30日), 撥打**1-877-412-2734** (TTY **711**) 聯絡客戶服務部。此爲免費通話。

B. 常見問題 (Frequently Asked Questions, FAQ)

您對此《承保藥物清單》(*藥物清單*) 的疑問可以在這裡找到解答。您可以閱讀所有 FAQ, 以瞭解更多資訊或尋找問題和解答。

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」。)

藥物清單中從 **C1 部分**開始的藥物是 CalOptima Health OneCare Complete 承保的藥物。這些藥物可在我們網絡內的藥房購買。如果我們與藥房達成協議並與我們合作並為您提供服務, 則該藥房屬於我們的網路。我們將這些藥房稱為「網絡藥房」。

Medi-Cal Rx 可能承保其他藥物, 例如一些非處方 (over-the-counter, OTC) 藥物和某些維生素。請瀏覽 Medi-Cal Rx 網站 (www.medi-calrx.dhcs.ca.gov) 以瞭解更多資訊。您也可以致電 Medi-Cal Rx 客戶服務中心, 電話是 800-977-2273。透過 Medi-Cal Rx 取得處方藥時, 請攜帶您的 Medi-Cal 受益人身份識別卡 (Beneficiary Identification Card, BIC)。

- 如有下列情況, CalOptima Health OneCare Complete 將承保*藥物清單*上所有醫療上所必需的藥物:

- 您的醫生或其他處方開立者表示您需要這些藥物來改善健康或保持健康,
- CalOptima Health OneCare Complete 同意該藥物對您具有醫療必要性, 且
- 您在 CalOptima Health OneCare Complete 網絡藥房配藥。

- 在某些情況下, 您必須採取某些行動才能取得藥物。如需更多資訊, 請參閱問題 B4。

您也可以在我們的網站 **www.caloptima.org/OneCare** 找到本計劃承保藥物的最新清單,或是於每週 7 天, 上午 8 點至晚上 8 點 (10 月 1 日至 3 月 31 日), 以及週一至週五, 上午 8 點至晚上 8 點 (4 月 1 日至 9 月 30 日), 撥打 **1-877-412-2734** (TTY **711**) 聯絡客戶服務部。

B2. *藥物清單*是否會變更?

是的, 而且 CalOptima Health OneCare Complete 在進行變更時必須遵循 Medicare 和 Medi-Cal 規則。我們可能會在這一年中添加或刪除*藥物清單*上的藥物。

我們也可能會更變我們的藥物相關規則。例如, 我們可能會:

- 決定某種藥物的是否需要事先核准。 (事先核准是指在您獲得藥物之前獲得 CalOptima Health OneCare Complete 的允許。)
- 增加或變更您可取得的藥物數額 (稱為數量限制)。
- 添加或變更藥物的循序療法限制規定。(循序療法是指您必須先嘗試某種藥物, 然後我們才會承保另一種藥物。)

如需更多有關這些藥物規則的資訊, 請參閱問題 B4。

如果您所服用的藥物在年度**開始**時即屬於承保範圍, 我們通常不會**在年度剩餘期間**刪除或變更該藥物的承保, 除非:

- 市面上出現更便宜的新藥, 而且目前效果和*藥物清單*上的藥物一樣好, 或者
- 我們得知某藥物並不安全, 或者
- 藥物退出市場。

下面的問題 B3 和 B6 提供更多有關*藥物清單*變更時會發生什麼情況的資訊。

- 您可以隨時瀏覽**www.caloptima.org/OneCare** 線上查看 CalOptima Health OneCare Complete的最新*藥物清單*。*藥物清單*的更新每月發佈在網站上。
- 您也可以請於每週7天, 上午8點至晚上8點 (10月1日至3月31日), 以及週一至週五, 上午8點至晚上8點 (4月1日至9月30日), 撥打1-877-412-2734 (TTY 711) 聯絡客戶服務部。在查詢目前*藥物清單*。

B3. 藥物清單變更時會發生什麼情況?

*藥物清單*的某些變更會**立即**發生。例如:

- **某些新版本藥物的替代藥**。如果我們用該藥物的某些新版本替換這些藥物, 我們可能會立即從*藥物清單*中刪除這些藥物, 但您購買新藥物的費用將維持是 $0 。當我們添加新版本的藥物時, 我們也可能決定將品牌藥物或原始生物製品保留在清單中, 但更改其承保規則或限制。
    - 在進行此更改之前,我們可能不會告訴您,但一旦發生,我們會向您發送有關我們所做的具體更改的資訊。
    - 只有當我們添加的藥物滿足以下條件時,我們才能進行這些更改:

- 是原廠藥的新副廠藥,或
- 是*藥物清單*中原始生物製品的某種新的生物相似藥版本(例如,增加無需新處方即可替代原始生物製品的可互換生物相似藥)。
- 其中一些藥物類型對您來說可能是新的。欲瞭解更多資訊, 請參閱第 **B14 節**。
    - 您或您的醫療服務者可以要求這些變更的例外處理。我們將向您發送通知, 其中包含您可以採取的請求例外處理的步驟。有關例外情況的更多資訊, 請參閱問題 B10-B12。

- **移除不安全藥物和其他已下架的藥物。**有時, 某種藥物可能因其他原因被發現不安全或下架。如果發生這種情況, 我們可能會立即將其從*藥物清單*中移除。如果您正在服用該藥物, 我們會在更改後向您發送通知。
- 您可以與您的醫生或其他開處方的醫生合作尋找另一種適合您病情的藥物。如果您需要協助尋找其他藥物, 請聯絡您的醫生或其他開具處方者。
- 您也可以於每週 7 天, 上午 8 點至晚上 8 點 (10 月 1 日至 3 月 31 日), 以及週一至週五, 上午 8 點至晚上 8 點 (4 月 1 日至 9 月 30 日), 撥打 **1-877-412-2734** (TTY **711**) 聯絡 CalOptima Health OneCare Complete 客戶服務部, 以尋求協助。

我們可能會進行其他變更而影響到您所服用的藥物。*藥物清單*如有這類其他變更, 我們會提前通知您。如有下列情況, 則可能會發生這類變更:

- 美國食品與藥物管理局 (FDA) 提供新的指引, 或某藥物有新的臨床準則。
- 我們在*藥品清單*中新增非新上市的副廠藥時, 將原廠藥從藥物清單中刪除,或
- 我們在在添加生物相似藥時會刪除原始生物製品, 或者
- 我們更改了原廠藥的承保規則或限制。

發生這類變更時, 我們將會:

- 在我們對*藥物清單*做出變更前至少提早30天通知您, **或者**
- 通知您, 並在您要求續配藥物時提供您30天藥量。

如此一來, 您將會有充足的時間與您的醫生或其他開立處方者討論。他們可以幫助您做決定:

- *藥物清單*上是否有您可以改用的類似藥物, 或者
- 是否要針對這類變更要求例外處理。如欲進一步瞭解例外處理, 請參閱問題 B10 至 B12。

B4. 藥物承保是否有任何限制或限制規定, 或是否必須採取任何必要行動才能取得特定藥物?

是的,某些藥物有承保規則或限制您可以取得的數額。在某些情況下, 您、您的醫生或其他處方開立者必須採取某些行動, 然後您才能取得藥物。例如:

- **事先核准:** 對於某些藥物, 您、您的醫生或其他處方開立者必須在您配藥前, 根據特定標準取得 CalOptima Health OneCare Complete 的事先核准。事先核准與轉診不同。如果您沒有取得事先核准, CalOptima Health OneCare Complete 可能不會承保該藥物。
- **數量限制:** 有時, CalOptima Health OneCare Complete 會限制您可以取得的藥物數量。
- **循序療法:** 有時, CalOptima Health OneCare Complete 規定您必須採用循序療法。這是指您必須以特定順序嘗試藥物來治療您的醫療病況。您可能必須先嘗試某種藥物, 然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, 我們便會承保第二種藥物。

您可以查閱從第 **C1 部分**的表格, 確認您的藥物是否有任何其他規定或限制。您也可以瀏覽我們的網站 **www.caloptima.org/OneCare**, 以取得更多資訊。我們已在網上發佈文件說明我們的事先核准和循序療法限制規定。您也可以要求我們寄一份副本給您。

您可以針對這類限制要求例外處理。如此一來, 您將會有充足的時間與您的醫生或其他處方開立者討論。他們可以幫助您決定*藥物清單*上是否有您可以改用的類似藥物, 或者是否要提出例外處理要求。如需更多有關例外處理的資訊, 請參閱問題 B10 至 B12。

B5. 我如何知道我需要的藥物是否設有限制,或是否必須採取必要行動才能取得藥物?

「按照醫療病況排列的藥物清單」部分中的表格有一欄標記爲「必要行動、限制規定或使用限制」。

B6. 如果 CalOptima Health OneCare Complete 針對其承保某些藥物的方式變更規則 (例如: 事先核准、數量限制和/或循序療法限制規定) 會怎麼樣?

在某些情況下,如果我們針對某藥物新增或改變事先核准、數量限制和 / 或循序療法限制規定,我們會提前通知您。請參閱問題 B3, 瞭解更多有關該事先通知的資訊, 並進一步瞭解我們在哪些情況下可能無法在*藥物清單*所列藥物的相關規則變更時提前通知您。

B7. 我如何在*藥物清單*中尋找藥物?

您可以透過以下兩種方式尋找藥物:

- 您可按照字母順序搜尋, **或**
- 您可按醫療狀況 進行搜尋。

要按**字母順序**搜索, 請在承保藥物索引部分查找您的藥物。您可以從第 I-1 頁開始找到它。此索引提供了本文件中包含的所有藥物的按字母順序排列的清單。原廠藥和副廠藥均列入在索引中。查看索引並找到您的藥物。在您的藥物旁邊, 您將看到頁碼, 您可以在其中找到承保資訊。前往索引中列出的頁面, 並在清單的第一列中找到您的藥物名稱。

如欲**按照醫療狀況**搜尋, 請看「按照醫療病況排列的藥物清單」的 **C1 部分** 。本節中的藥物根據所治療的醫療病況類型分類。例如, 如果您有心臟病況, 您應該查閱心血管藥劑類別。您可以在該處找到治療心臟病況的藥物。

B8. 如果我需要服用的藥物不在*藥物清單*上該怎麼辦?

如果您在*藥物清單*上找不到您的藥物, 請於每週 7 天, 上午 8 點至晚上 8 點 (10 月 1 日至 3 月 31 日), 以及週一至週五, 上午 8 點至晚上 8 點 (4 月 1 日至 9 月 30 日), 撥打 **1-877-412-2734** (TTY **711**) 聯絡客戶服務部。如果您得知 CalOptima Health OneCare Complete 將不會承保該藥物, 您可以採取以下其中一項行動:

- 向客戶服務部索取一份藥物清單, 請他們在上面列出與您需要服用之藥物類似的藥物。然後, 將清單拿給您的醫生或其他處方開立者看。他們可以開立*藥物清單*上與您需要服用之藥物類似的藥物。**或者**
- 要求 CalOptima Health OneCare Complete 做例外處理以承保您的藥物。如需更多有關例外處理的資訊, 請參閱問題 B10 至 B12。

B9. 如果我是 CalOptima Health OneCare Complete 的新會員, 而我在*藥物清單*上找不到我的藥物或獲取藥物時遇到問題該怎麼辦?

我們可以幫助您。在您成為 CalOptima Health OneCare Complete 會員的頭 90 天期間, 我們可能會承保您藥物的 30 天臨時藥量。如此一來, 您將會有充足的時間與您的醫生或其他處方開立者討論。他們可以幫助您決定*藥物清單*上是否有您可以改用的類似藥物, 或者是否要提出例外處理要求。

如果您處方開立的天數只有數天, 我們將允許多次續配藥物, 提供最多 30 天藥量。

如有下列情況,我們將承保您藥物的 30 天藥量:

- 您所服用的藥物不在我們的*藥物清單*上, **或者**
- 我們的計畫規則不允許您取得您的處方開立者囑咐的藥物數額, **或者**
- 藥物需要 CalOptima Health OneCare Complete 事先核准, **或者**
- 您所服用的藥物須遵循循序療法限制規定

如果您正在服用 CalOptima Health OneCare Complete 不認為屬於 D 部分藥物的藥物, 且該藥物不在藥物清單中, 並且您在獲取該藥物方面遇到困難, 則可以透過 Medi-Cal Rx 獲得承保。如果 D 部分除外的藥物需要例外, 並且您遇到緊急情況, Medi-Cal Rx 將允許至少 72 小時的藥物供應。請瀏覽 Medi-Cal Rx 網站 (www.medi-calrx.dhcs.ca.gov) 以瞭解更多資訊。您也可以致電 Medi-Cal Rx 客戶服務中心 800-977-2273。透過 Medi-Cal Rx 取得處方時,請攜帶您的 Medi-Cal 受益人身份識別 (BIC)卡。如果您住在療養院或其他長期護理設施, 且需要不在*藥物清單*上的藥物, 或如果您不易取得您需要的藥物, 我們可以幫助您。如果您已經加入計畫超過 90 天且目前住在長期護理設施, 並立即需要藥物的供應:

- 無論您是不是剛加入 CalOptima Health OneCare Complete 的會員, 我們都會承保您需要的藥物一次 31 天藥量 (除非您的處方開的天數較少)。
- 這是您成為 CalOptima Health OneCare Complete 會員的頭 90 天期間取得的臨時藥量之外的藥量。

如果您是現在的會員,從一種治療環境轉到另一種治療環境, 這稱為護理級別變更。例子包括:

- 從急症護理醫院入住長期護理設施
- 從醫院出院返家
- 結束 A 部份專業護理設施住院,並恢復 D 部份承保
- 放棄善終護理狀態, 以恢復標準 A 部份和 B 部份福利
- 結束長期護理設施住院並返回社區生活
- 從精神科醫院出院

如果您的護理級別變更, 或如果您取得藥物的能力受到限制, 對於您每一種不在我們藥物清單上的藥物, 我們會承保一次 30 天臨時藥量, 但您必須使用網絡藥房。在您取得初次 30 天藥量後, 我們將不會為這些藥物支付費用。在這類情況下, 您有兩個選項:

- 向客戶服務部索取一份藥物清單, 請他們在上面列出與您需要服用之藥物類似的藥物。然後, 將清單拿給您的醫生或其他處方開立者看。他們可以開立藥物清單上與您需要服用之藥物類似的藥物, **或者**
- 您可以要求 CalOptima Health OneCare Complete 做例外處理以承保您的藥物。如需更多有關例外處理的資訊, 請參閱問題 B10

B10. 我是否可以要求例外處理讓我的藥物獲得承保?

是的。您可以要求 CalOptima Health OneCare Complete 做例外處理, 以承保不在*藥物清單*上的藥物。

您也可以要求我們變更您藥物適用的規則。

- 例如, CalOptima Health OneCare Complete 可能會限制我們承保的藥量。如果您的藥物設有限制, 您可以要求我們變更該限制並提高承保數額。
- 其他例子: 您可以要求我們取消循序療法限制規定或事先核准規定。

B11. 我要如何要求例外處理?

如欲要求例外處理,請致電聯絡客戶服務部。客戶服務代表會與您和給您的處方開立者合作, 以幫助您要求例外處理。您也可以閱讀《會員手冊》 **第 9 章**第 **G2 部分**以進一步瞭解例外處理。

B12. 取得例外處理需要多久的時間?

我們收到支持您要求例外處理的處方開立者聲明後,會在 72 小時內回覆您相關決定。如需更多有關提供支持聲明的資訊, 請於每週 7 天, 上午 8 點至晚上 8 點 (10 月 1 日至 3 月 31 日), 以及週一至週五, 上午 8 點至晚上 8 點 (4 月 1 日至 9 月 30 日), 撥打 **1-877-412-2734** (TTY **711**) 聯絡 CalOptima Health OneCare Complete 客戶服務部。。

如果您或您的處方開立者認為您若必須等待決定長達 72 小時, 您的健康可能會受到危害, 則您可以要求加急例外處理。這樣會加快做成決定的速度。如果您的處方開立者支持您的要求, 我們會在收到您處方開立者的支持聲明起 24 小時內回覆您相關決定。

B13. 什麼是副廠藥?

副廠藥由與原廠藥相同的活性成分組成。它們的價格通常低於原廠藥, 而且通常效果也同樣好。他們通常沒有眾所周知的名字。副廠藥由美國食品藥物管理局 (Food and Drug Administration, FDA) 批准。許多原廠藥都有副廠藥。副廠藥通常可以在藥房替代原廠藥, 無需新處方 – 具體取決於州法律。

CalOptima Health OneCare Complete 承保原廠藥和副廠藥。

B14. 什麼是原廠生物製品, 它們與生物相似藥有何關係?

當我們提到藥物時, 這可能是指藥物或生物製品。生物製品是比典型藥物更複雜的藥物。由於生物製品比典型藥物更複雜, 因此它們沒有通用形式,而是被稱為生物相似藥。一般來說, 生物相似藥的作用與原始生物製品一樣好, 而且成本可能更低。一些原始生物製品有生物相似藥替代品。一些生物相似藥是可互換的生物仿製藥, 根據州法律, 可以在藥房替代原始生物製品, 而無需新處方, 就像副廠藥可以代替原廠藥一樣。

有關藥物類型的更多資訊,請參閱《會員手冊》 **第 5 章**。

B15. 什麼是非處方 (OTC) 藥物?

OTC 的意思是「非處方」(over-the-counter)。如果您的醫療服務者開立了處方, CalOptima Health OneCare Complete 會承保部分非處方藥 (OTC)。

您可以閱讀 CalOptima Health OneCare Complete《會員手冊》**第 4 章** , 以查找哪些非處方 (OTC) 藥物屬於承保範圍內。

B16. CalOptima Health OneCare Complete 是否承保藥物以外的非處方 (OTC) 產品?

有些藥物以外的非處方 (OTC) 產品經您的醫療服務提供者開立為處方後, 即屬於 CalOptima Health OneCare Complete 的承保範圍。

藥物以外的非處方 (OTC) 產品例子包括胰島素注射相關用品。

您可以閱讀 CalOptima Health OneCare Complete *藥物清單*, 以查找哪些藥物以外的非處方 (OTC) 產品屬於承保範圍。

B17. CalOptima Health OneCare Complete 是否承保長期處方用品?

- **郵購計劃。**我們提供郵購計劃, 讓您獲得最多 100 天的藥品供應, 直接送貨上門。 100 天的藥品供應與一個月天的藥品供應的共付額相同。
- **100 天零售藥房計劃。**有些零售藥房可能也會針對屬於承保範圍的處方藥提供最多 100 天藥量。100 天藥量的共付額與一個月藥量相同。

B18. 我是否可以讓我的當地藥房將處方藥遞送到我家中?

您的當地藥房也許能將您的處方藥遞送到您府上。您可以致電聯絡您的藥局, 以查明他們是否有提供遞送到府服務。

B19. 我的共付額是多少?

如果會員遵守計劃的規則,CalOptima Health OneCare Complete 會員為處方藥、非處方藥和藥物以外的產品的支付共付額為$0。有關非處方藥和藥物以外產品的更多資訊, 請參閱問題 B15 和 B16。

等級是我們*藥物清單*中的藥物分組。

CalOptima Health OneCare Complete 使用單一等級 (第 1 等級) 的藥品清單, 其中包含副廠藥和原廠藥。只要您遵守計劃的規則, 第 1 等級 藥物的自付額就是 $0。如果您有疑問, 請於每週 7 天, 上午 8 點至晚上 8 點 (10 月 1 日至 3 月 31 日), 以及週一至週五, 上午 8 點至晚上 8 點 (4 月 1 日至 9 月 30 日) 撥打 **1-877-412-2734** (TTY **711**)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 CalOptima Health OneCare Complete 承保藥物的相關資訊。如果您在清單中找不到您的藥物, 請翻到從 **I-1 部分** 開始的承保藥物索引。索引按照字母順序列出屬於 CalOptima Health OneCare Complete 承保的所有藥物。

其他藥物,例如一些非處方藥 (OTC) 和某些維生素, 也可能在 Medi-Cal Rx 的承保範圍內。請瀏覽 Medi-Cal Rx 網站 (www.medi-calrx.dhcs.ca.gov) 以瞭解更多資訊。您也可以致電 Medi-Cal Rx 客戶服務中心 800-977-2273。透過 Medi-Cal Rx 取得處方時, 請攜帶您的 Medi-Cal 受益人身份識別卡 (BIC)。

D 部分的上訴

- 上訴是如果您認為我們做錯決定而正式要求我們審查我們所做有關您承保的決定並改變該決定 。
- 例如, 我們可能會決定您需要的某藥物不屬於承保範圍, 或不再屬於 Medicare 或 Medi-Cal 的承保範圍。
- 如果您或您的開立處方者不同意我們的決定, 您可以提出上訴。如果您有疑問, 請於每週 7 天, 上午 8 點至晚上 8 點 (10 月 1 日至 3 月 31 日), 以及週一至週五, 上午 8 點至晚上 8 點 (4 月 1 日至 9 月 30 日) 撥打 **1-877-412-2734** (TTY) **711**)聯絡客戶服務部。
- 您也可以閱讀《會員手冊》 **第 9 章** 以瞭解如何針對決定提出上訴。
- 非 D 部分藥物有不同的上訴規則。

C1. 按照醫療病況排列的藥物清單

本節中的藥物根據所治療的醫療病況類型分類。例如, 如果您有心臟病況, 您應該查閱心血管藥劑類別。您可以在該處找到治療心臟病況的藥物。

代碼	定義
PA	您 (或您的醫生) 必須先向 CalOptima Health OneCare Complete 取得事先核准,然後您才能針對此藥物進行配藥。未經事先核准, CalOptima Health OneCare Complete 可能不會承保此藥物。
PA BvD	此藥物也許符合資格可按 Medicare B 部份或 D 部份規定獲得給付。您 (或您的醫生) 必須先向 CalOptima Health OneCare Complete 取得事先核准, 以判定此藥物按 Medicare D 部份規定屬於承保範圍, 然後您才能針對此藥物進行配藥。未經事先核准, CalOptima Health OneCare Complete 可能不會承保此藥物。
PA NSO	如果您是新的會員,或如果您之前尚未服用過此藥物,您 (或您的醫生) 必須先向 CalOptima Health OneCare Complete 取得事先核准,然後您才能針對此藥物進行配藥。未經事先核准, CalOptima Health OneCare Complete 可能不會承保此藥物。
QL	CalOptima Health OneCare Complete 對此藥物之每份處方或特定時間範圍內的承保數量設有限制。
ST	您必須先嘗試其他藥物來治療您的醫療病況,然後 CalOptima Health OneCare Complete 才會為此藥物提供承保。只有在其他藥物對您無效時, 此藥物才可獲得承保。
LA	此處方藥僅在特定藥房才可取得。如需更多資訊, 請參閱您的藥房目錄或致電客戶服務部, 電話 **1-877-412-2734** 和 (TTY) **711**)。
NDS	非延長供應量藥物。這類藥物最多僅能領取 31 天的供應量。

表格的第一欄列出了藥物名稱。副廠藥以小寫斜體列出 (例如, ***amoxicillin***), 原廠藥物以大寫字母列出 (例如, ELIQUIS), OTC 藥物和非藥物產品以小寫字母列出 (例如, insulin pen needle (胰島素筆針)。 必要行動、限制或使用限制」欄位中的資訊會告訴您,CalOptima Health OneCare Complete 是否對您的處方藥承保制定了任何規則。

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Analgesics		
Analgesics		
JOURNAVX 50 MG TABLET	$0 (Tier 1)	PA, QL (30 per 14 days), NDS
Analgesics Combinations		
acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)	$0 (Tier 1)	QL (120 per 30 days), NDS
acetaminophen-codeine 120-12 mg/5	$0 (Tier 1)	QL (5000 per 30 days), NDS
butalbital-acetaminophen-caffeine 50-325-40 mg tablet	$0 (Tier 1)	PA, QL (60 per 30 days)
hydrocodone-acetaminophen 10-325mg	$0 (Tier 1)	QL (120 per 30 days), NDS
hydrocodone-acetaminophen 5-325mg	$0 (Tier 1)	QL (120 per 30 days), NDS
hydrocodone-acetaminophen 7.5-325mg	$0 (Tier 1)	QL (120 per 30 days), NDS
hydrocodone-ibuprofen 7.5-200	$0 (Tier 1)	QL (120 per 30 days), NDS
oxycodone-acetaminophen (oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophn 7.5-325)	$0 (Tier 1)	QL (120 per 30 days), NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib (100 mg capsule, 400 mg capsule)	$0 (Tier 1)	QL (60 per 30 days)
celecoxib (50 mg capsule, 200 mg capsule)	$0 (Tier 1)	QL (30 per 30 days)
diclofenac 1.5% topical soln	$0 (Tier 1)	PA, QL (300 per 30 days)
diclofenac 2% solution pump	$0 (Tier 1)	PA, QL (224 per 28 days)
diclofenac epolamine 1.3% ptch	$0 (Tier 1)	PA, QL (60 per 30 days)
diclofenac pot 50 mg tablet	$0 (Tier 1)	
diclofenac sod er 100 mg tab	$0 (Tier 1)	
diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)	$0 (Tier 1)	
ec-naproxen (dr 375 mg tablet, dr 500 mg tablet)	$0 (Tier 1)	
etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Analgesics		
IBU (600 MG TABLET, 800 MG TABLET)	$0 (Tier 1)	
ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)	$0 (Tier 1)	
indomethacin (25 mg capsule, 50 mg capsule)	$0 (Tier 1)	
meloxicam (7.5 mg tablet, 15 mg tablet)	$0 (Tier 1)	
nabumetone (500 mg tablet, 750 mg tablet)	$0 (Tier 1)	
naproxen (125 mg/5 ml suspen, 250 mg tablet, 375 mg tablet, dr 375 mg tablet, 500 mg kit, 500 mg tablet, dr 500 mg tablet)	$0 (Tier 1)	
piroxicam (10 mg capsule, 20 mg capsule)	$0 (Tier 1)	
sulindac (150 mg tablet, 200 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
Opioid Analgesics, Long-acting		
fentanyl (12 patch, 25 patch, 50 patch, 75 patch, 100 patch)	$0 (Tier 1)	QL (10 per 30 days), NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Analgesics		
levorphanol 2 mg tablet	$0 (Tier 1)	PA NSO, NDS
levorphanol 3 mg tablet	$0 (Tier 1)	PA NSO
methadone hcl (5 mg/5 ml soln cup, 5 mg/5 ml solution, hcl 5 mg tablet, 10 mg/5 ml solution, hcl 10 mg tablet)	$0 (Tier 1)	PA NSO, NDS
morphine sulfate er (er 10 mg cap, er 20 mg cap, er 30 mg cap, er 45 mg cap, er 50 mg cap, er 60 mg cap, er 75 mg cap, er 80 mg cap, er 90 mg cap)	$0 (Tier 1)	QL (60 per 30 days)
morphine sulfate er (er 100 mg cap, er 120 mg cap)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
morphine sulfate er (er 100 mg tablet, er 200 mg tablet)	$0 (Tier 1)	QL (60 per 30 days), PA NSO, NDS
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet)	$0 (Tier 1)	QL (60 per 30 days), NDS
oxymorphone hcl er (er 5 mg tablet, er 10 mg tab, er 15 mg tab, er 20 mg tab, er 30 mg tab, er 40 mg tab)	$0 (Tier 1)	QL (60 per 30 days), NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Analgesics		
oxymorphone hcl er 7.5 mg tab	$0 (Tier 1)	NDS
Opioid Analgesics, Short-acting		
codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)	$0 (Tier 1)	QL (120 per 30 days), NDS
hydromorphone hcl (1 mg/ml solution, 2 mg tablet, 4 mg tablet, 5 mg/5 ml soln, 8 mg tablet)	$0 (Tier 1)	NDS
meperidine hcl (25 mg/ml vial, 50 mg/5 ml solution, 50 mg/ml vial, 100 mg/ml vial)	$0 (Tier 1)	PA
morphine sulfate (sulf 10 mg/5 ml cup, sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml conc, sulfate ir 15 mg tab, sulfate ir 30 mg tab)	$0 (Tier 1)	NDS
oxycodone hcl ((ir) 5 mg cap, (ir) 5 mg tablet, 5 mg tablet, 5 mg/5 ml cup, 5 mg/5 ml soln, (ir) 10 mg tab, (ir) 15 mg tab, 15 mg tablet, (ir) 20 mg tab, 20 mg tablet, (ir) 30 mg tab, 30 mg tablet, 100 mg/5 ml conc)	$0 (Tier 1)	NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Analgesics		
oxymorphone hcl (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	NDS
tramadol hcl 100 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
tramadol hcl 50 mg tablet	$0 (Tier 1)	QL (240 per 30 days), NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anesthetics		
Local Anesthetics		
lidocaine 5% patch	$0 (Tier 1)	PA, QL (90 per 30 days)
lidocaine hcl 4% solution	$0 (Tier 1)	
lidocaine hcl viscous (2% 15 ml cup, 2% soln)	$0 (Tier 1)	
lidocaine-prilocaine cream	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calc dr 333 mg tab	$0 (Tier 1)	
disulfiram (250 mg tablet, 500 mg tablet)	$0 (Tier 1)	
naltrexone 50 mg tablet	$0 (Tier 1)	
Opioid Dependence		
buprenorphine 2 mg tablet sl	$0 (Tier 1)	QL (360 per 30 days)
buprenorphine 8 mg tablet sl	$0 (Tier 1)	QL (120 per 30 days)
buprenorphine-nalox 12-3mg flm	$0 (Tier 1)	QL (90 per 30 days)
buprenorphine-naloxone (buprenorphin-naloxon 8-2 mg sl, buprenorphine-nalox 2-0.5mg fm, buprenorphine-nalox 2-0.5mg tb, buprenorphine-nalox 4-1mg film, buprenorphine-nalox 8-2 mg tab, buprenorphine-nalox 8-2mg film, buprenorphn-naloxn 2-0.5 mg sl)	$0 (Tier 1)	
lofexidine 0.18 mg tablet	$0 (Tier 1)	PA, NDS
VIVITROL (380 MG VIAL, 380 MG VIAL-DILUENT)	$0 (Tier 1)	QL (1 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anti-Addiction/Substance Abuse Treatment Agents		
Opioid Reversal Agents		
KLOXXADO 8 MG NASAL SPRAY	$0 (Tier 1)	QL (2 per 30 days)
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)	$0 (Tier 1)	
OPVEE 2.7 MG NASAL SPRAY	$0 (Tier 1)	QL (2 per 30 days)
ZURNAI 1.5 MG/0.5 ML AUTOINJCT	$0 (Tier 1)	QL (1 per 30 days)
Smoking Cessation Agents		
bupropion hcl sr 150 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
NICOTROL NS 10 MG/ML SPRAY	$0 (Tier 1)	QL (120 per 30 days)
varenicline starting month box	$0 (Tier 1)	QL (53 per 28 days)
varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
Aminoglycosides		
amikacin sulf 500 mg/2 ml vial	$0 (Tier 1)	
ARIKAYCE 590 MG/8.4 ML VIAL	$0 (Tier 1)	PA, QL (252 per 30 days), NDS
gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)	$0 (Tier 1)	
gentamicin sulfate in ns (60 mg/ns 50 ml pb, iso 100 mg/100 ml, isoton 60 mg/50 ml, 80 mg/ns 100 ml pb, 80 mg/ns 50 ml pb, isoton 80 mg/100 ml, isoton 80 mg/50 ml, 100 mg/ns 100 ml)	$0 (Tier 1)	
neomycin 500 mg tablet	$0 (Tier 1)	
streptomycin sulf 1 gm vial	$0 (Tier 1)	
tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)	$0 (Tier 1)	
Antibacterials, Other		
aztreonam 1 gm vial	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
aztreonam 2 gm vial	$0 (Tier 1)	NDS
BLUJEPA 750 MG TABLET	$0 (Tier 1)	PA
clindamycin (pedi) 75 mg/5 ml	$0 (Tier 1)	
clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)	$0 (Tier 1)	
clindamycin pediatr 75 mg/5 ml	$0 (Tier 1)	
clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl)	$0 (Tier 1)	
clindamycin phosphate-d5w (300 mg/50 ml-d5w, 600 mg/50 ml-d5w, 900 mg/50 ml-d5w)	$0 (Tier 1)	
colistimethate 150 mg vial	$0 (Tier 1)	
dalbavancin hcl 500 mg vial	$0 (Tier 1)	PA, NDS
daptomycin (350 mg vial, 500 mg vial)	$0 (Tier 1)	NDS
fosfomycin 3 gm sachet	$0 (Tier 1)	
linezolid (100 mg/5 ml susp, 600 mg tablet)	$0 (Tier 1)	PA, NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
linezolid 600 mg/300 ml-d5w	$0 (Tier 1)	PA, NDS
methenamine hipp 1 gm tablet	$0 (Tier 1)	QL (60 per 30 days)
metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel, vaginal 0.75% gl, 250 mg tablet, 500 mg tablet, 500 mg/100 ml)	$0 (Tier 1)	
nitrofurantoin (25 mg cap, 50 mg cap, 100 mg cap)	$0 (Tier 1)	
nitrofurantoin 25 mg/5 ml susp	$0 (Tier 1)	NDS
nitrofurantoin mono-mcr 100 mg	$0 (Tier 1)	
polymyxin b sulfate vial	$0 (Tier 1)	
SIVEXTRO (200 MG TABLET, 200 MG VIAL)	$0 (Tier 1)	PA, QL (6 per 30 days), NDS
SOLOSEC 2 GM GRANULE PACKET	$0 (Tier 1)	PA
tigecycline 50 mg vial	$0 (Tier 1)	PA, NDS
tinidazole (250 mg tablet, 500 mg tablet)	$0 (Tier 1)	
trimethoprim 100 mg tablet	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg a-v vial, 500 mg add-van vial, 500 mg vial)	$0 (Tier 1)	
vancomycin hcl 125 mg capsule	$0 (Tier 1)	PA, QL (160 per 30 days)
XIFAXAN 200 MG TABLET	$0 (Tier 1)	PA, NDS
XIFAXAN 550 MG TABLET	$0 (Tier 1)	PA
Beta-lactam, Cephalosporins		
AVYCAZ 2.5 GRAM VIAL	$0 (Tier 1)	PA, NDS
cefaclor (250 mg capsule, 500 mg capsule)	$0 (Tier 1)	
cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)	$0 (Tier 1)	
cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	$0 (Tier 1)	
cefepime hcl (1 gm vial, 2 gram vial)	$0 (Tier 1)	
cefixime (100 mg/5 ml susp, 400 mg capsule)	$0 (Tier 1)	
cefixime 200 mg/5 ml susp	$0 (Tier 1)	NDS
cefotetan (1 gm vial, 2 gm vial)	$0 (Tier 1)	
cefoxitin (1 gm vial, 2 gm vial, 10 gm vial)	$0 (Tier 1)	
cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)	$0 (Tier 1)	
cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	$0 (Tier 1)	
ceftaroline fosamil (400 mg vl, 600 mg vl)	$0 (Tier 1)	NDS
ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
ceftriaxone (1 gm add-vant vial, 1 gm vial, 2 gm add vial, 2 gm vial, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)	$0 (Tier 1)	
cefuroxime (250 mg tab, 500 mg tab)	$0 (Tier 1)	
cefuroxime sodium (1.5 gm vial, 750 mg vial)	$0 (Tier 1)	
cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet)	$0 (Tier 1)	
TAZICEF (1 GM ADD-VANTAGE VIAL, 1 GRAM VIAL, 6 GRAM VIAL)	$0 (Tier 1)	
ZERBAXA 1.5 GRAM VIAL	$0 (Tier 1)	PA, NDS
ZEVTERA 667 MG VIAL	$0 (Tier 1)	PA
Beta-lactam, Penicillins		
amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	$0 (Tier 1)	
ampicillin 500 mg capsule	$0 (Tier 1)	
ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial)	$0 (Tier 1)	
ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm btl, ampicillin-sulbactam 15 gm vl)	$0 (Tier 1)	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	$0 (Tier 1)	
BICILLIN L-A (600,000 UNIT/ML, 1,200,000 UNITS)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
BICILLIN L-A 2,400,000 UNITS	$0 (Tier 1)	NDS
dicloxacillin sodium (250 mg capsule, 500 mg capsule)	$0 (Tier 1)	
nafcillin sodium (1 gm add-van vial, 1 gm vial)	$0 (Tier 1)	
nafcillin sodium (2 gm add-vant vial, 2 gm vial, 10 gm bottle, 10 gm bulk vial)	$0 (Tier 1)	NDS
oxacillin 10 gm vial	$0 (Tier 1)	NDS
oxacillin 2 gm/ 50 ml inj	$0 (Tier 1)	
oxacillin sodium (1 gm add-vantage vl, 1 gm vial)	$0 (Tier 1)	
penicillin g na 5 million unit	$0 (Tier 1)	
penicillin g potassium (5 million, 20 million)	$0 (Tier 1)	
penicillin gk-iso-osm dextrose (pen g 2 million unit/50 ml, pen g 3 million unit/50 ml)	$0 (Tier 1)	
penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram, piperacillin-tazo 2.25 g dplx, piperacillin-tazo 3.375 g dplx, piperacillin-tazo 4.5 g duplex)	$0 (Tier 1)	
Carbapenems		
ertapenem 1 gram vial	$0 (Tier 1)	NDS
imipenem-cilastatin 250 mg vl	$0 (Tier 1)	
imipenem-cilastatin 500 mg vl	$0 (Tier 1)	NDS
meropenem (iv 1 gm vial, iv 500 mg vial)	$0 (Tier 1)	
ORLYNVAH 500-500 MG TABLET	$0 (Tier 1)	PA, QL (10 per 5 days)
VABOMERE 2 GRAM VIAL	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
Macrolides		
azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, i.v. 500 mg vial)	$0 (Tier 1)	
azithromycin 250 mg tablet (dose pack)	$0 (Tier 1)	
azithromycin 500 mg tablet (dose pack)	$0 (Tier 1)	
azithromycin 600 mg tablet	$0 (Tier 1)	PA
clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)	$0 (Tier 1)	
DIFICID 40 MG/ML SUSPENSION	$0 (Tier 1)	QL (136 per 10 days)
ERYTHROCIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL)	$0 (Tier 1)	
erythromycin (250 mg tablet, 500 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)	$0 (Tier 1)	PA
fidaxomicin 200 mg tablet	$0 (Tier 1)	QL (20 per 10 days), NDS
Quinolones		
BAXDELA 300 MG VIAL	$0 (Tier 1)	PA, QL (28 per 14 days)
BAXDELA 450 MG TABLET	$0 (Tier 1)	PA, QL (28 per 14 days), NDS
ciprofloxacin 200 mg/100ml-d5w	$0 (Tier 1)	
ciprofloxacin hcl (500 mg tab, 750 mg tab)	$0 (Tier 1)	
ciprofloxacin hcl 250 mg tab	$0 (Tier 1)	QL (60 per 30 days)
levofloxacin (25 mg/ml solution, 250 mg tablet, 250 mg/10 ml soln, 500 mg tablet, 500 mg/20 ml soln, 750 mg tablet)	$0 (Tier 1)	
levofloxacin-d5w (500 mg/100 ml-d5w, 750 mg/150 ml-d5w)	$0 (Tier 1)	
moxifloxacin 400 mg/250 ml bag	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
moxifloxacin hcl 400 mg tablet	$0 (Tier 1)	
ofloxacin 400 mg tablet	$0 (Tier 1)	
Sulfonamides		
sodium sulfacetamide 10% lot	$0 (Tier 1)	
sulfacetamide sodium (sod 10% top susp, sodium 10% lotn)	$0 (Tier 1)	
sulfadiazine 500 mg tablet	$0 (Tier 1)	
sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)	$0 (Tier 1)	
Tetracyclines		
demeclocycline hcl (150 mg tablet, 300 mg tablet)	$0 (Tier 1)	PA
DOXY 100 MG VIAL	$0 (Tier 1)	
doxycycline hyclate (hyc 100 mg vial, hyclate 100 mg cap, hyclate 100 mg tab, hyclate 100 mg vl)	$0 (Tier 1)	
doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg tablet, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antibacterials		
minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)	$0 (Tier 1)	
tetracycline hcl (250 mg capsule, 500 mg capsule)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
brivaracetam 10 mg/ml oral sol	$0 (Tier 1)	QL (600 per 30 days), PA NSO
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	$0 (Tier 1)	PA NSO
divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anticonvulsants		
divalproex sodium er (er 250 mg tab, er 500 mg tab)	$0 (Tier 1)	
EPIDIOLEX 100 MG/ML SOLUTION	$0 (Tier 1)	PA NSO
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)	$0 (Tier 1)	
FINTEPLA 2.2 MG/ML SOLUTION	$0 (Tier 1)	QL (360 per 30 days), PA NSO
lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 25 mg tb start kit, 100 mg tablet, 150 mg tablet, 200 mg tablet)	$0 (Tier 1)	
lamotrigine tab start kit-blue	$0 (Tier 1)	
lamotrigine tab start kt-green	$0 (Tier 1)	
lamotrigine tab start kt-orang	$0 (Tier 1)	
levetiracetam (100 mg/ml soln, 250 mg tab susp, 250 mg tablet, 500 mg tab susp, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anticonvulsants		
levetiracetam er 500 mg tablet	$0 (Tier 1)	QL (180 per 30 days)
levetiracetam er 750 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
perampanel (8 mg tablet, 10 mg tablet, 12 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
perampanel 0.5 mg/ml oral susp	$0 (Tier 1)	QL (680 per 28 days)
perampanel 2 mg tablet	$0 (Tier 1)	QL (180 per 30 days)
perampanel 4 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
perampanel 6 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	$0 (Tier 1)	
SUBVENITE 10 MG/ML SUSPENSION	$0 (Tier 1)	PA NSO
SUBVENITE TAB START KIT (BLUE)	$0 (Tier 1)	
SUBVENITE TAB START KIT(GREEN)	$0 (Tier 1)	
SUBVENITE TAB START KT(ORANGE)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anticonvulsants		
topiramate (15 mg cap, 25 mg cap, 50 mg cap)	$0 (Tier 1)	
topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
topiramate 25 mg/ml solution	$0 (Tier 1)	PA NSO
valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)	$0 (Tier 1)	
Calcium Channel Modifying Agents		
ethosuximide (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln)	$0 (Tier 1)	
methsuximide 300 mg capsule	$0 (Tier 1)	
Gamma-Aminobutyric Acid (GABA) Modulating Agents		
clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	PA NSO
clonazepam (0.25 mg odt, 2 mg odt)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anticonvulsants		
clonazepam (0.5 mg tablet, 1 mg tablet)	$0 (Tier 1)	QL (120 per 30 days)
clonazepam 0.125 mg odt	$0 (Tier 1)	
clonazepam 0.5 mg odt	$0 (Tier 1)	
clonazepam 1 mg odt	$0 (Tier 1)	
clonazepam 2 mg tablet	$0 (Tier 1)	QL (300 per 30 days)
clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)	$0 (Tier 1)	QL (180 per 30 days)
diazepam (2.5 mg rectal gel, 2.5 mg rectal gel sys, 2.5mg rectal gel(2pk), 10 mg rectal gel, 10 mg rectal gel syrg, 10 mg rectal gel syst, 10mg rectal gel (2pk), 20 mg rectal gel, 20 mg rectal gel syrg, 20 mg rectal gel syst, 20mg rectal gel (2pk))	$0 (Tier 1)	
gabapentin (100 mg capsule, 300 mg capsule, 600 mg tablet)	$0 (Tier 1)	QL (180 per 30 days)
gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)	$0 (Tier 1)	QL (2400 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anticonvulsants		
gabapentin 400 mg capsule	$0 (Tier 1)	QL (300 per 30 days)
gabapentin 800 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
NAYZILAM 5 MG NASAL SPRAY	$0 (Tier 1)	QL (10 per 28 days), PA NSO
phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)	$0 (Tier 1)	
pregabalin (150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)	$0 (Tier 1)	QL (60 per 30 days)
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule)	$0 (Tier 1)	QL (90 per 30 days)
pregabalin 20 mg/ml solution	$0 (Tier 1)	QL (960 per 30 days)
primidone (50 mg tablet, 125 mg tablet, 250 mg tablet)	$0 (Tier 1)	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	$0 (Tier 1)	QL (60 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anticonvulsants		
tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)	$0 (Tier 1)	
VALTOCO (5 MG NASAL SPRAY, 10 MG NASAL SPRAY, 15 MG NASAL SPRAY, 20 MG NASAL SPRAY)	$0 (Tier 1)	QL (10 per 28 days), PA NSO
vigabatrin 500 mg powder packt	$0 (Tier 1)	PA NSO
vigabatrin 500 mg tablet	$0 (Tier 1)	
VIGADRONE 500 MG TABLET	$0 (Tier 1)	
VIGAFYDE 100 MG/ML ORAL SOLN	$0 (Tier 1)	PA NSO
ZTALMY 50 MG/ML SUSPENSION	$0 (Tier 1)	QL (1100 per 30 days), PA NSO
Sodium Channel Agents		
carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tab chew, 200 mg tablet, 200 mg/10 ml cup)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anticonvulsants		
carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)	$0 (Tier 1)	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	$0 (Tier 1)	
DILANTIN 125 MG/5 ML SUSP	$0 (Tier 1)	
eslicarbazepine acetate (200 mg tablet, 400 mg tablet, 600 mg tablet, 800 mg tablet)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
lacosamide (10 mg/ml solution, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup)	$0 (Tier 1)	
lacosamide (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anticonvulsants		
PHENYTEK (200 MG CAPSULE, 300 MG CAPSULE)	$0 (Tier 1)	
phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)	$0 (Tier 1)	
phenytoin sod ext 100 mg cap	$0 (Tier 1)	
rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)	$0 (Tier 1)	PA NSO
XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)	$0 (Tier 1)	QL (28 per 28 days), PA NSO
XCOPRI (150 MG TABLET, 200 MG TABLET)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
XCOPRI (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
XCOPRI (250 MG DAILY PACK, 350 MG DAILY PACK)	$0 (Tier 1)	QL (56 per 28 days), PA NSO
ZONISADE 100 MG/5 ML ORAL SUSP	$0 (Tier 1)	QL (900 per 30 days), PA NSO
zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antidementia Agents		
Antidementia Agents, Other		
LEQEMBI IQLIK (360 MG/1.8 ML, 500 MG DOSE-2 AI)	$0 (Tier 1)	PA
memantine hcl-donepezil hcl er (er 14-10mg, er 21-10mg, er 28-10mg)	$0 (Tier 1)	ST, QL (30 per 30 days)
Cholinesterase Inhibitors		
donepezil hcl (5 mg tablet, 10 mg tablet, 23 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
galantamine 4 mg/ml oral soln	$0 (Tier 1)	QL (200 per 30 days)
galantamine er (er 8 mg capsule, er 16 mg capsule)	$0 (Tier 1)	QL (30 per 30 days)
galantamine er 24 mg capsule	$0 (Tier 1)	QL (60 per 30 days)
galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antidementia Agents		
rivastigmine (4.6 mg/24hr patch, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)	$0 (Tier 1)	QL (30 per 30 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl (2 mg/ml solution, 10 mg/5 ml cup)	$0 (Tier 1)	QL (480 per 30 days)
memantine hcl (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
memantine hcl er (er 14 mg capsule, er 21 mg capsule, er 28 mg capsule)	$0 (Tier 1)	QL (30 per 30 days)
memantine hcl er 7 mg capsule	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antidepressants		
Antidepressants, Other		
AUVELITY ER 45-105 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
bupropion hcl 100 mg tablet	$0 (Tier 1)	QL (120 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antidepressants		
bupropion hcl 75 mg tablet	$0 (Tier 1)	QL (90 per 30 days)
bupropion hcl sr (sr 100 mg tablet, sr 150 mg tablet, sr 200 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
bupropion xl (150 mg tablet, 300 mg tablet, 450 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
EXXUA (ER 18.2 MG TABLET, ER 36.3 MG TABLET, ER 54.5 MG TABLET, ER 72.6 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
EXXUA ER 18.2 MG TAB (TITRATN)	$0 (Tier 1)	QL (32 per 14 days), PA NSO
mirtazapine (7.5 mg tablet, 15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
olanzapine-fluoxetine hcl (3-25 mg, 6-25 mg, 6-50 mg, 12-25 mg, 12-50 mg)	$0 (Tier 1)	
perphenazine-amitriptyline (2 mg-10 mg tab, 2 mg-25 mg tab, 4 mg-10 mg tab, 4 mg-25 mg tab, 4 mg-50 mg tab)	$0 (Tier 1)	PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antidepressants		
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	$0 (Tier 1)	QL (28 per 180 days), PA NSO
ZURZUVAE 30 MG CAPSULE	$0 (Tier 1)	QL (14 per 180 days), PA NSO
Monoamine Oxidase Inhibitors		
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)	$0 (Tier 1)	PA NSO
MARPLAN 10 MG TABLET	$0 (Tier 1)	
phenelzine sulfate 15 mg tab	$0 (Tier 1)	
tranylcypromine sulf 10 mg tab	$0 (Tier 1)	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)		
citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)	$0 (Tier 1)	QL (600 per 30 days)
desvenlafaxine er (er 50 mg tab, er 50 mg tablet)	$0 (Tier 1)	QL (30 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antidepressants		
desvenlafaxine er 100 mg tab	$0 (Tier 1)	QL (120 per 30 days), PA NSO
desvenlafaxine succinate er (er 25 mg, er 50 mg)	$0 (Tier 1)	QL (30 per 30 days)
desvenlafaxine succnt er 100mg	$0 (Tier 1)	QL (120 per 30 days)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 30 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
duloxetine hcl (dr 20 mg cap, dr 30 mg cap, dr 60 mg cap)	$0 (Tier 1)	QL (60 per 30 days)
escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
escitalopram oxalate (oxalate 5 mg/5 ml, 10 mg/10 ml cup)	$0 (Tier 1)	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
FETZIMA 20-40 MG TITRATION PAK	$0 (Tier 1)	QL (28 per 28 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antidepressants		
fluoxetine hcl (10 mg capsule, 10 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
fluoxetine hcl (20 mg capsule, 20 mg tablet)	$0 (Tier 1)	QL (120 per 30 days)
fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)	$0 (Tier 1)	QL (600 per 30 days)
fluoxetine hcl 40 mg capsule	$0 (Tier 1)	QL (60 per 30 days)
fluvoxamine maleate (25 mg tab, 50 mg tab)	$0 (Tier 1)	QL (60 per 30 days)
fluvoxamine maleate 100 mg tab	$0 (Tier 1)	QL (90 per 30 days)
nefazodone hcl (150 mg tablet, 250 mg tablet)	$0 (Tier 1)	
nefazodone hcl (50 mg tablet, 100 mg tablet, 200 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
paroxetine hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
paroxetine hcl 10 mg/5 ml susp	$0 (Tier 1)	PA NSO
paroxetine hcl 30 mg tablet	$0 (Tier 1)	QL (60 per 30 days), PA NSO
pmdd fluoxetine 10mg tablet	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antidepressants		
pmdd fluoxetine 20mg tablet	$0 (Tier 1)	
RALDESY 10 MG/ML SOLUTION	$0 (Tier 1)	PA NSO
sertraline 20 mg/ml oral conc	$0 (Tier 1)	QL (300 per 30 days)
sertraline hcl (25 mg tablet, 50 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
sertraline hcl 100 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)	$0 (Tier 1)	
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
venlafaxine bes er 112.5 mg tb	$0 (Tier 1)	QL (30 per 30 days), PA NSO
venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)
venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antidepressants		
venlafaxine hcl er (er 37.5 mg tab, er 75 mg tab, er 225 mg tab)	$0 (Tier 1)	ST, QL (30 per 30 days)
venlafaxine hcl er 150 mg tab	$0 (Tier 1)	ST, QL (60 per 30 days)
vilazodone hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
Tricyclics		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	$0 (Tier 1)	PA NSO
amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)	$0 (Tier 1)	
clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)	$0 (Tier 1)	PA NSO
desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)	$0 (Tier 1)	PA NSO
doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)	$0 (Tier 1)	PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antidepressants		
imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)	$0 (Tier 1)	PA NSO
nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, 20 mg/10 ml soln, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)	$0 (Tier 1)	
protriptyline hcl (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
trimipramine maleate (25 mg cap, 50 mg cap)	$0 (Tier 1)	QL (90 per 30 days)
trimipramine maleate 100 mg cp	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antiemetics		
Antiemetics, Other		
GIMOTI 15 MG NASAL SPRAY	$0 (Tier 1)	PA, QL (9.8 per 28 days)
meclizine hcl (12.5 mg tablet, 25 mg tablet, 25 mg tablet chew, 50 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antiemetics		
metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)	$0 (Tier 1)	
NEREUS 85 MG CAPSULE	$0 (Tier 1)	PA, QL (8 per 30 days)
prochlorperazine 25 mg supp	$0 (Tier 1)	
prochlorperazine maleate (5 mg tablet, 10 mg tab)	$0 (Tier 1)	
promethazine hcl (12.5 mg suppos, 25 mg suppository)	$0 (Tier 1)	
promethazine hcl (6.25 mg/5 ml cup, 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg tablet, 12.5 mg/10 ml cup, 25 mg tablet, 50 mg tablet)	$0 (Tier 1)	PA
PROMETHEGAN (25 MG, 50 MG)	$0 (Tier 1)	
scopolamine 1 mg/3 day patch	$0 (Tier 1)	PA, QL (10 per 30 days)
trimethobenzamide 300 mg cap	$0 (Tier 1)	
Emetogenic Therapy Adjuncts		
aprepitant (80 mg capsule, 125 mg capsule)	$0 (Tier 1)	PA, QL (12 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antiemetics		
aprepitant 125-80-80 mg pack	$0 (Tier 1)	PA, NDS
aprepitant 40 mg capsule	$0 (Tier 1)	PA, QL (10 per 30 days)
dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg capsule)	$0 (Tier 1)	PA
granisetron hcl 1 mg tablet	$0 (Tier 1)	PA
ondansetron hcl (4 mg tablet, 8 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)	$0 (Tier 1)	
ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antifungals		
Antifungals		
amphotericin b 50 mg vial	$0 (Tier 1)	PA
amphotericin b liposome 50 mg	$0 (Tier 1)	PA, NDS
caspofungin acetate (50 mg vial, 70 mg vial)	$0 (Tier 1)	PA, NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antifungals		
clotrimazole (1% solution, 1% solution spray, 1% topical cream, 10 mg lozenge, 10 mg troche)	$0 (Tier 1)	
CRESEMBA 186 MG CAPSULE	$0 (Tier 1)	PA, NDS
CRESEMBA 74.5 MG CAPSULE	$0 (Tier 1)	PA
ERAXIS (50 MG VIAL, 100 MG VIAL)	$0 (Tier 1)	PA, NDS
fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	$0 (Tier 1)	
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	$0 (Tier 1)	
fluconazole-ns 200 mg/100 ml	$0 (Tier 1)	
flucytosine 250 mg capsule	$0 (Tier 1)	PA
flucytosine 500 mg capsule	$0 (Tier 1)	PA, NDS
griseofulvin (125 mg/5 ml susp, micro 500 mg tab)	$0 (Tier 1)	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antifungals		
itraconazole (10 mg/ml solution, 100 mg capsule, 100 mg/10 ml cup)	$0 (Tier 1)	
ketoconazole (2% cream, 2% shampoo, 200 mg tablet)	$0 (Tier 1)	
micafungin (50 mg vial, 100 mg vial)	$0 (Tier 1)	NDS
miconazole 3 200 mg vag supp	$0 (Tier 1)	
NYAMYC 100,000 UNIT/GM POWDER	$0 (Tier 1)	
nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)	$0 (Tier 1)	
NYSTOP 100,000 UNIT/GM POWDER	$0 (Tier 1)	
posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)	$0 (Tier 1)	PA, NDS
terbinafine hcl 250 mg tablet	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antifungals		
terconazole (0.4% cream, 0.8% cream, 80 mg suppository)	$0 (Tier 1)	
voriconazole (50 mg tablet, 200 mg tablet)	$0 (Tier 1)	PA
voriconazole 200 mg vial	$0 (Tier 1)	PA
voriconazole 40 mg/ml susp	$0 (Tier 1)	PA, NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antigout Agents		
Antigout Agents		
allopurinol (100 mg tablet, 300 mg tablet)	$0 (Tier 1)	
colchicine (0.6 mg capsule, 0.6 mg tablet)	$0 (Tier 1)	
febuxostat (40 mg tablet, 80 mg tablet)	$0 (Tier 1)	ST, QL (30 per 30 days)
GLOPERBA 0.6 MG/5 ML SOLUTION	$0 (Tier 1)	PA, QL (300 per 30 days)
probenecid 500 mg tablet	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antigout Agents		
probenecid-colchicine tablet	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antimigraine Agents		
Antimigraine Agents		
ELYXYB 120 MG/4.8 ML SOLUTION	$0 (Tier 1)	PA, QL (28.8 per 6 days)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG AUTOINJECTOR (70 MG/ML, 140 MG/ML)	$0 (Tier 1)	PA, QL (1 per 28 days)
AJOVY 225 MG/1.5 ML AUTOINJECT	$0 (Tier 1)	PA, QL (1.5 per 28 days)
AJOVY 225 MG/1.5 ML SYRINGE	$0 (Tier 1)	PA, QL (1.5 per 28 days)
AJOVY 225MG/1.5ML AUTOINJ (X3)	$0 (Tier 1)	PA, QL (1.5 per 28 days)
EMGALITY 120 MG/ML PEN	$0 (Tier 1)	PA, QL (2 per 28 days)
EMGALITY 120 MG/ML SYRINGE	$0 (Tier 1)	PA, QL (2 per 28 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antimigraine Agents		
EMGALITY 300 MG (100 MG X 3 SYRINGE)	$0 (Tier 1)	PA, QL (3 per 28 days), NDS
NURTEC ODT 75 MG TABLET	$0 (Tier 1)	PA, QL (18 per 30 days), NDS
UBRELVY (50 MG TABLET, 100 MG TABLET)	$0 (Tier 1)	PA, QL (16 per 30 days), NDS
ZAVZPRET 10 MG NASAL SPRAY	$0 (Tier 1)	PA, QL (8 per 30 days), NDS
Ergot Alkaloids		
dihydroergotamine 4 mg/ml spry	$0 (Tier 1)	PA
MIGERGOT (, 2-100 MG)	$0 (Tier 1)	QL (24 per 30 days), NDS
Serotonin (5-HT) Receptor Agonists		
naratriptan 1 mg tablet	$0 (Tier 1)	QL (12 per 30 days)
naratriptan 2.5 mg tablet	$0 (Tier 1)	QL (12 per 30 days)
rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)	$0 (Tier 1)	QL (18 per 28 days)
sumatriptan (5 mg nasal spray, 20 mg nasal spray)	$0 (Tier 1)	QL (12 per 30 days)
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	QL (9 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antimigraine Agents		
sumatriptan succinate (6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)	$0 (Tier 1)	QL (4 per 28 days)
zolmitriptan (2.5 mg tablet, 5 mg tablet)	$0 (Tier 1)	QL (6 per 30 days)
zolmitriptan odt (2.5 mg odt, 5 mg odt)	$0 (Tier 1)	QL (6 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide (br 30 mg tablet, 60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)	$0 (Tier 1)	
pyridostigmine er 180 mg tab	$0 (Tier 1)	
VYVGART HYTRULO 1,000MG-10,000	$0 (Tier 1)	PA, QL (20 per 28 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antimycobacterials		
Antimycobacterials, Other		
dapsone (25 mg tablet, 100 mg tablet)	$0 (Tier 1)	
rifabutin 150 mg capsule	$0 (Tier 1)	NDS
Antituberculars		
ethambutol hcl (100 mg tablet, 400 mg tablet)	$0 (Tier 1)	
isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)	$0 (Tier 1)	
pretomanid 200 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
PRIFTIN 150 MG TABLET	$0 (Tier 1)	
pyrazinamide 500 mg tablet	$0 (Tier 1)	
rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)	$0 (Tier 1)	
SIRTURO 100 MG TABLET	$0 (Tier 1)	PA, NDS
SIRTURO 20 MG TABLET	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
Alkylating Agents		
cyclophosphamide (25 mg capsule, 50 mg capsule, 50 mg tablet)	$0 (Tier 1)	PA BVD
LEUKERAN 2 MG TABLET	$0 (Tier 1)	
lomustine (10 mg capsule, 40 mg capsule, 100 mg capsule)	$0 (Tier 1)	PA NSO
MATULANE 50 MG CAPSULE	$0 (Tier 1)	
Antiandrogens		
abiraterone acetate 250 mg tab	$0 (Tier 1)	QL (120 per 30 days), PA NSO
abiraterone acetate 500 mg tab	$0 (Tier 1)	QL (60 per 30 days), PA NSO
ABIRTEGA 250 MG TABLET	$0 (Tier 1)	QL (120 per 30 days), PA NSO
bicalutamide 50 mg tablet	$0 (Tier 1)	
ERLEADA 240 MG TABLET	$0 (Tier 1)	QL (30 per 30 days), PA NSO
ERLEADA 60 MG TABLET	$0 (Tier 1)	QL (120 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
EULEXIN 125 MG CAPSULE	$0 (Tier 1)	QL (180 per 30 days), PA NSO
nilutamide 150 mg tablet	$0 (Tier 1)	
NUBEQA 300 MG TABLET	$0 (Tier 1)	QL (120 per 30 days), PA NSO
XTANDI (40 MG CAPSULE, 40 MG TABLET)	$0 (Tier 1)	QL (120 per 30 days), PA NSO
XTANDI 80 MG TABLET	$0 (Tier 1)	QL (90 per 30 days), PA NSO
YONSA 125 MG TABLET	$0 (Tier 1)	QL (120 per 30 days), PA NSO
Antiangiogenic Agents		
lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule, 15 mg capsule, 20 mg capsule, 25 mg capsule)	$0 (Tier 1)	LA, PA NSO
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	$0 (Tier 1)	PA NSO
THALOMID 100 MG CAPSULE	$0 (Tier 1)	PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
THALOMID 50 MG CAPSULE	$0 (Tier 1)	PA NSO, NDS
Antiestrogens/Modifiers		
INLURIYO 200 MG TABLET	$0 (Tier 1)	QL (56 per 28 days), PA NSO
ORSERDU 345 MG TABLET	$0 (Tier 1)	QL (30 per 30 days), PA NSO
ORSERDU 86 MG TABLET	$0 (Tier 1)	QL (90 per 30 days), PA NSO
SOLTAMOX (10 MG/5 ML SOLN, 20 MG/10 ML SOLN)	$0 (Tier 1)	
tamoxifen citrate (10 mg tablet, 20 mg tablet)	$0 (Tier 1)	
toremifene citrate 60 mg tab	$0 (Tier 1)	PA NSO
Antimetabolites		
mercaptopurine (20 mg/ml suspen, 50 mg tablet)	$0 (Tier 1)	
ONUREG (200 MG TABLET, 300 MG TABLET)	$0 (Tier 1)	PA NSO
TABLOID 40 MG TABLET	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
Antineoplastics		
AVMAPKI-FAKZYNJA CO-PACK	$0 (Tier 1)	QL (66 per 28 days), PA NSO
LIFYORLI (125 MG PACK, 150 MG PACK)	$0 (Tier 1)	PA NSO
ZENBEXUS (0.75 MG CAPSULE, 1 MG CAPSULE)	$0 (Tier 1)	QL (21 per 28 days), PA NSO
Antineoplastics, Other		
AUGTYRO 160 MG CAPSULE	$0 (Tier 1)	QL (60 per 30 days), PA NSO
AUGTYRO 40 MG CAPSULE	$0 (Tier 1)	QL (240 per 30 days), PA NSO
hydroxyurea 500 mg capsule	$0 (Tier 1)	
INQOVI 35 MG-100 MG TABLET	$0 (Tier 1)	QL (5 per 28 days), PA NSO
IWILFIN 192 MG TABLET	$0 (Tier 1)	QL (240 per 30 days), PA NSO
KOMZIFTI 200 MG CAPSULE	$0 (Tier 1)	QL (90 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET)	$0 (Tier 1)	PA NSO
LYSODREN 500 MG TABLET	$0 (Tier 1)	
OGSIVEO (100 MG TABLET, 150 MG TABLET)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
ORGOVYX 120 MG TABLET	$0 (Tier 1)	QL (30 per 28 days), PA NSO
REVUFORJ 110 MG TABLET	$0 (Tier 1)	QL (120 per 30 days), PA NSO
REVUFORJ 160 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
REVUFORJ 25 MG TABLET	$0 (Tier 1)	QL (240 per 30 days), PA NSO
TABRECTA (150 MG TABLET, 200 MG TABLET)	$0 (Tier 1)	QL (120 per 30 days), PA NSO
TEPMETKO 225 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
ZOLINZA 100 MG CAPSULE	$0 (Tier 1)	
Aromatase Inhibitors, 3rd Generation		
anastrozole 1 mg tablet	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
exemestane 25 mg tablet	$0 (Tier 1)	
letrozole 2.5 mg tablet	$0 (Tier 1)	
Molecular Target Inhibitors		
AKEEGA (50-500 MG TABLET, 100-500 MG TABLET)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
ALECENSA 150 MG CAPSULE	$0 (Tier 1)	QL (240 per 30 days), PA NSO
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
ALUNBRIG 30 MG TABLET	$0 (Tier 1)	QL (180 per 30 days), PA NSO
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
BALVERSA 3 MG TABLET	$0 (Tier 1)	QL (90 per 30 days), PA NSO
BALVERSA 4 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
BALVERSA 5 MG TABLET	$0 (Tier 1)	QL (30 per 30 days), PA NSO
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	$0 (Tier 1)	QL (180 per 30 days), PA NSO
BOSULIF (50 MG CAPSULE, 500 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
bosutinib 400 mg tablet	$0 (Tier 1)	QL (30 per 30 days), PA NSO
BRAFTOVI 75 MG CAPSULE	$0 (Tier 1)	QL (180 per 30 days), PA NSO
BRUKINSA 160 MG TABLET	$0 (Tier 1)	PA NSO
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
CALQUENCE 100 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
CAPRELSA 100 MG TABLET	$0 (Tier 1)	QL (60 per 30 days)
CAPRELSA 300 MG TABLET	$0 (Tier 1)	QL (30 per 30 days)
COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)	$0 (Tier 1)	PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
COTELLIC 20 MG TABLET	$0 (Tier 1)	QL (63 per 21 days), PA NSO
DANZITEN (71 MG TABLET, 95 MG TABLET)	$0 (Tier 1)	QL (120 per 30 days), PA NSO
dasatinib (50 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
dasatinib 20 mg tablet	$0 (Tier 1)	QL (90 per 30 days), PA NSO
dasatinib 70 mg tablet	$0 (Tier 1)	QL (60 per 30 days), PA NSO
DAURISMO 100 MG TABLET	$0 (Tier 1)	QL (30 per 30 days), PA NSO
DAURISMO 25 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
ENSACOVE (25 MG CAPSULE, 100 MG CAPSULE)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
ERIVEDGE 150 MG CAPSULE	$0 (Tier 1)	PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
everolimus (2 mg tab for susp, 2.5 mg tablet, 3 mg tab for susp, 5 mg tab for susp, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)	$0 (Tier 1)	PA NSO
FOTIVDA (0.89 MG CAPSULE, 1.34 MG CAPSULE)	$0 (Tier 1)	QL (21 per 21 days), PA NSO
FRUZAQLA 1 MG CAPSULE	$0 (Tier 1)	QL (84 per 28 days), PA NSO
FRUZAQLA 5 MG CAPSULE	$0 (Tier 1)	QL (21 per 28 days), PA NSO
GAVRETO 100 MG CAPSULE	$0 (Tier 1)	QL (120 per 30 days), PA NSO
gefitinib 250 mg tablet	$0 (Tier 1)	QL (60 per 30 days), PA NSO
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
GOMEKLI 1 MG CAPSULE	$0 (Tier 1)	QL (126 per 28 days), PA NSO
GOMEKLI 1 MG TABLET FOR SUSP	$0 (Tier 1)	QL (168 per 28 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
GOMEKLI 2 MG CAPSULE	$0 (Tier 1)	QL (84 per 28 days), PA NSO
HERNEXEOS 60 MG TABLET	$0 (Tier 1)	QL (90 per 30 days), PA NSO
HYRNUO 10 MG TABLET	$0 (Tier 1)	QL (120 per 30 days), PA NSO
IBRANCE (75 MG TABLET, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	$0 (Tier 1)	QL (21 per 28 days), PA NSO
IBTROZI 200 MG CAPSULE	$0 (Tier 1)	QL (90 per 30 days), PA NSO
ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
IDHIFA (50 MG TABLET, 100 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
imatinib mesylate (100 mg tab, 400 mg tab)	$0 (Tier 1)	PA NSO
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
IMBRUVICA 140 MG CAPSULE	$0 (Tier 1)	QL (120 per 30 days), PA NSO
IMBRUVICA 70 MG/ML SUSPENSION	$0 (Tier 1)	QL (216 per 30 days), PA NSO
IMKELDI 80 MG/ML SOLUTION	$0 (Tier 1)	QL (300 per 30 days), PA NSO
INLYTA 1 MG TABLET	$0 (Tier 1)	PA NSO
INLYTA 5 MG TABLET	$0 (Tier 1)	QL (120 per 30 days), PA NSO
INREBIC 100 MG CAPSULE	$0 (Tier 1)	QL (120 per 30 days), PA NSO
ITOVEBI 3 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
ITOVEBI 9 MG TABLET	$0 (Tier 1)	QL (30 per 30 days), PA NSO
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
JAKAFI XR (11 MG TABLET, 22 MG TABLET, 33 MG TABLET, 44 MG TABLET, 55 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
JAYPIRCA 100 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
JAYPIRCA 50 MG TABLET	$0 (Tier 1)	QL (30 per 30 days), PA NSO
JIDEYTRO 100 MG TABLET	$0 (Tier 1)	QL (30 per 30 days), PA NSO
JIDEYTRO 25 MG TABLET	$0 (Tier 1)	QL (90 per 30 days), PA NSO
KISQALI 200 MG DAILY DOSE	$0 (Tier 1)	QL (21 per 28 days), PA NSO
KISQALI 400 MG DAILY DOSE	$0 (Tier 1)	QL (42 per 28 days), PA NSO
KISQALI 600 MG DAILY DOSE	$0 (Tier 1)	QL (63 per 28 days), PA NSO
KOSELUGO 10 MG CAPSULE	$0 (Tier 1)	QL (240 per 30 days), PA NSO
KOSELUGO 25 MG CAPSULE	$0 (Tier 1)	QL (120 per 30 days), PA NSO
KOSELUGO 5 MG SPRINKLE CAPSULE	$0 (Tier 1)	QL (420 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
KOSELUGO 7.5 MG SPRINKLE CAP	$0 (Tier 1)	QL (360 per 30 days), PA NSO
KRAZATI 200 MG TABLET	$0 (Tier 1)	QL (180 per 30 days), PA NSO
lapatinib 250 mg tablet	$0 (Tier 1)	PA NSO
LAZCLUZE 240 MG TABLET	$0 (Tier 1)	QL (30 per 30 days), PA NSO
LAZCLUZE 80 MG TABLET	$0 (Tier 1)	QL (90 per 30 days), PA NSO
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	$0 (Tier 1)	QL (90 per 30 days), PA NSO
LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 20 MG DAILY DOSE)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
LENVIMA 14 MG DAILY DOSE	$0 (Tier 1)	PA NSO
LORBRENA 100 MG TABLET	$0 (Tier 1)	QL (30 per 30 days), PA NSO
LORBRENA 25 MG TABLET	$0 (Tier 1)	QL (90 per 30 days), PA NSO
LUMAKRAS 120 MG TABLET	$0 (Tier 1)	QL (240 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
LUMAKRAS 240 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
LUMAKRAS 320 MG TABLET	$0 (Tier 1)	QL (90 per 30 days), PA NSO
LYNPARZA (100 MG TABLET, 150 MG TABLET)	$0 (Tier 1)	QL (120 per 30 days), PA NSO
LYTGOBI 12 MG DOSE (3X 4MG TB)	$0 (Tier 1)	QL (84 per 28 days), PA NSO
LYTGOBI 16 MG DOSE (4X 4MG TB)	$0 (Tier 1)	QL (112 per 28 days), PA NSO
LYTGOBI 20 MG DOSE (5X 4MG TB)	$0 (Tier 1)	QL (140 per 28 days), PA NSO
MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)	$0 (Tier 1)	PA NSO
MEKTOVI 15 MG TABLET	$0 (Tier 1)	QL (180 per 30 days), PA NSO
MODEYSO 125 MG CAPSULE	$0 (Tier 1)	QL (20 per 28 days), PA NSO
NERLYNX 40 MG TABLET	$0 (Tier 1)	QL (180 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
nilotinib d-tartrate (50 mg cap, 150 mg cp, 200 mg cp)	$0 (Tier 1)	QL (120 per 30 days), PA NSO
nilotinib hcl (50 mg capsule, 150 mg capsule, 200 mg capsule)	$0 (Tier 1)	QL (120 per 30 days), PA NSO
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	$0 (Tier 1)	QL (3 per 28 days), PA NSO
ODOMZO 200 MG CAPSULE	$0 (Tier 1)	QL (30 per 30 days), PA NSO
OJEMDA (100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	$0 (Tier 1)	QL (24 per 28 days), PA NSO
OJEMDA 100 MG TAB (400MG DOSE)	$0 (Tier 1)	QL (16 per 28 days), PA NSO
OJEMDA 25 MG/ML ORAL SUSP	$0 (Tier 1)	QL (96 per 28 days), PA NSO
OJJAARA (100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
pazopanib hcl 200 mg tablet	$0 (Tier 1)	QL (120 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	$0 (Tier 1)	QL (14 per 21 days), PA NSO
PHYRAGO (50 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
PHYRAGO 20 MG TABLET	$0 (Tier 1)	QL (90 per 30 days), PA NSO
PHYRAGO 70 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	$0 (Tier 1)	QL (56 per 28 days), PA NSO
PIQRAY 200 MG DAILY DOSE PACK	$0 (Tier 1)	QL (28 per 28 days), PA NSO
QINLOCK 50 MG TABLET	$0 (Tier 1)	QL (90 per 30 days), PA NSO
RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
RETEVMO 40 MG TABLET	$0 (Tier 1)	QL (90 per 30 days), PA NSO
REZLIDHIA 150 MG CAPSULE	$0 (Tier 1)	QL (60 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
ROMVIMZA (14 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	$0 (Tier 1)	QL (8 per 28 days), PA NSO
ROZLYTREK 100 MG CAPSULE	$0 (Tier 1)	QL (180 per 30 days), PA NSO
ROZLYTREK 200 MG CAPSULE	$0 (Tier 1)	QL (90 per 30 days), PA NSO
ROZLYTREK 50 MG PELLET PACKET	$0 (Tier 1)	QL (360 per 30 days), PA NSO
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	$0 (Tier 1)	QL (120 per 30 days), PA NSO
RYDAPT 25 MG CAPSULE	$0 (Tier 1)	QL (240 per 30 days), PA NSO
SCEMBLIX 100 MG TABLET	$0 (Tier 1)	QL (120 per 30 days), PA NSO
SCEMBLIX 20 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
SCEMBLIX 40 MG TABLET	$0 (Tier 1)	QL (300 per 30 days), PA NSO
sorafenib 200 mg tablet	$0 (Tier 1)	QL (120 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
STIVARGA 40 MG TABLET	$0 (Tier 1)	QL (84 per 28 days), PA NSO
sunitinib malate (12.5 mg cap, 25 mg capsule, 37.5 mg cap, 50 mg capsule)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)	$0 (Tier 1)	PA NSO
TAGRISSO (40 MG TABLET, 80 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
TALZENNA (0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
TALZENNA (0.25 MG CAPSULE, 0.25 MG SOFTGEL)	$0 (Tier 1)	QL (90 per 30 days), PA NSO
TIBSOVO 250 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
TORPENZ (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	$0 (Tier 1)	PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
TRUQAP (160 MG TABLET, 200 MG TABLET)	$0 (Tier 1)	QL (64 per 28 days), PA NSO
TUKYSA 150 MG TABLET	$0 (Tier 1)	QL (120 per 30 days), PA NSO
TUKYSA 50 MG TABLET	$0 (Tier 1)	QL (300 per 30 days), PA NSO
TURALIO 125 MG CAPSULE	$0 (Tier 1)	QL (120 per 30 days), PA NSO
VANFLYTA (17.7 MG TABLET, 26.5 MG TABLET)	$0 (Tier 1)	QL (28 per 14 days), PA NSO
VENCLEXTA 10 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
VENCLEXTA 100 MG TABLET	$0 (Tier 1)	QL (120 per 30 days), PA NSO
VENCLEXTA 50 MG TABLET	$0 (Tier 1)	QL (30 per 30 days), PA NSO
VENCLEXTA STARTING PACK	$0 (Tier 1)	QL (42 per 28 days), PA NSO
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	$0 (Tier 1)	QL (60 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
VITRAKVI 100 MG CAPSULE	$0 (Tier 1)	QL (60 per 30 days), PA NSO
VITRAKVI 20 MG/ML SOLUTION	$0 (Tier 1)	QL (300 per 30 days), PA NSO
VITRAKVI 25 MG CAPSULE	$0 (Tier 1)	QL (180 per 30 days), PA NSO
VONJO 100 MG CAPSULE	$0 (Tier 1)	QL (120 per 30 days), PA NSO
VORANIGO 10 MG TABLET	$0 (Tier 1)	QL (60 per 30 days), PA NSO
VORANIGO 40 MG TABLET	$0 (Tier 1)	QL (30 per 30 days), PA NSO
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
XALKORI 150 MG PELLET	$0 (Tier 1)	QL (180 per 30 days), PA NSO
XALKORI 20 MG PELLET	$0 (Tier 1)	QL (240 per 30 days), PA NSO
XALKORI 50 MG PELLET	$0 (Tier 1)	QL (120 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
XOSPATA 40 MG TABLET	$0 (Tier 1)	QL (90 per 30 days), PA NSO
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	$0 (Tier 1)	QL (8 per 28 days), PA NSO
XPOVIO 40 MG ONCE WEEKLY DOSE	$0 (Tier 1)	QL (16 per 28 days), PA NSO
XPOVIO 60 MG ONCE WEEKLY DOSE	$0 (Tier 1)	QL (4 per 28 days), PA NSO
XPOVIO 60 MG TWICE WEEKLY DOSE	$0 (Tier 1)	QL (24 per 28 days), PA NSO
XPOVIO 80 MG TWICE WEEKLY DOSE	$0 (Tier 1)	QL (32 per 28 days), PA NSO
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
ZELBORAF 240 MG TABLET	$0 (Tier 1)	QL (240 per 30 days), PA NSO
ZYKADIA 150 MG TABLET	$0 (Tier 1)	PA NSO
Retinoids		
bexarotene 1% gel	$0 (Tier 1)	PA NSO, NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antineoplastics		
bexarotene 75 mg capsule	$0 (Tier 1)	PA NSO
PANRETIN 0.1% GEL	$0 (Tier 1)	
tretinoin 10 mg capsule	$0 (Tier 1)	
Treatment Adjuncts		
HEMADY 20 MG TABLET	$0 (Tier 1)	PA NSO
leucovorin calcium (calcium 5 mg tab, calcium 10 mg tab, calcium 15 mg tab, calcium 25 mg tab, lederle 5 mg tablet)	$0 (Tier 1)	
mesna 400 mg tablet	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antiparasitics		
Anthelminthics		
albendazole 200 mg tablet	$0 (Tier 1)	NDS
ivermectin 3 mg tablet	$0 (Tier 1)	NDS
praziquantel 600 mg tablet	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antiparasitics		
Antiprotozoals		
atovaquone (750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup)	$0 (Tier 1)	PA
atovaquone-proguanil hcl (62.5-25, 250-100)	$0 (Tier 1)	
benznidazole (12.5 mg tablet, 100 mg tablet)	$0 (Tier 1)	
chloroquine phosphate (250 mg tablet, 500 mg tablet)	$0 (Tier 1)	
COARTEM TABLETS	$0 (Tier 1)	QL (24 per 3 days)
hydroxychloroquine 200 mg tab	$0 (Tier 1)	
KRINTAFEL 150 MG TABLET	$0 (Tier 1)	QL (4 per 30 days)
mefloquine hcl 250 mg tablet	$0 (Tier 1)	
nitazoxanide 500 mg tablet	$0 (Tier 1)	PA, NDS
pentamidine isethionate (300 mg inhal powdr, 300 mg inject vial)	$0 (Tier 1)	
primaquine 26.3 mg tablet	$0 (Tier 1)	
pyrimethamine 25 mg tablet	$0 (Tier 1)	PA, NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antiparasitics		
quinine sulfate 324 mg capsule	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	$0 (Tier 1)	
trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)	$0 (Tier 1)	
Antiparkinson Agents, Other		
amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)	$0 (Tier 1)	
carbidopa-levodopa-entacapone (50, 75, 100, 125, 150, 200)	$0 (Tier 1)	
entacapone 200 mg tablet	$0 (Tier 1)	QL (240 per 30 days)
NOURIANZ (20 MG TABLET, 40 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antiparkinson Agents		
tolcapone 100 mg tablet	$0 (Tier 1)	
Dopamine Agonists		
bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)	$0 (Tier 1)	
NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH)	$0 (Tier 1)	QL (30 per 30 days)
ONAPGO 98 MG/20 ML CARTRIDGE	$0 (Tier 1)	PA, QL (600 per 30 days)
pramipexole 0.75 mg tablet	$0 (Tier 1)	QL (180 per 30 days)
pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 1.5 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)
ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)	$0 (Tier 1)	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa 25 mg tablet	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antiparkinson Agents		
carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)	$0 (Tier 1)	
carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)	$0 (Tier 1)	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	$0 (Tier 1)	
selegiline hcl (5 mg capsule, 5 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antipsychotics		
fluphenazine dec 125 mg/5 ml	$0 (Tier 1)	
fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)	$0 (Tier 1)	
haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	
haloperidol dec 100 mg/ml amp	$0 (Tier 1)	
haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl)	$0 (Tier 1)	
haloperidol lactate (2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl)	$0 (Tier 1)	
loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)	$0 (Tier 1)	
molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antipsychotics		
perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)	$0 (Tier 1)	
pimozide (1 mg tablet, 2 mg tablet)	$0 (Tier 1)	
thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	
thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)	$0 (Tier 1)	
trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
2nd Generation/Atypical		
ABILIFY ASIMTUFII 720 MG/2.4ML	$0 (Tier 1)	QL (2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2ML	$0 (Tier 1)	QL (3.2 per 56 days)
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	$0 (Tier 1)	QL (1 per 28 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antipsychotics		
aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
aripiprazole 1 mg/ml solution	$0 (Tier 1)	QL (900 per 30 days)
aripiprazole odt (odt 10 mg tablet, odt 15 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
ARISTADA ER 1064 MG/3.9 ML SYR	$0 (Tier 1)	QL (3.9 per 14 days)
ARISTADA ER 441 MG/1.6 ML SYRN	$0 (Tier 1)	QL (1.6 per 14 days)
ARISTADA ER 662 MG/2.4 ML SYRN	$0 (Tier 1)	QL (2.4 per 14 days)
ARISTADA ER 882 MG/3.2 ML SYRN	$0 (Tier 1)	QL (3.2 per 14 days)
ARISTADA INITIO ER 675 MG/2.4	$0 (Tier 1)	QL (4.8 per 365 days)
asenapine maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE)	$0 (Tier 1)	QL (30 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antipsychotics		
ERZOFRI 117 MG/0.75 ML SYRINGE	$0 (Tier 1)	QL (0.75 per 28 days)
ERZOFRI 156 MG/ML SYRINGE	$0 (Tier 1)	QL (1 per 28 days)
ERZOFRI 234 MG/1.5 ML SYRINGE	$0 (Tier 1)	QL (1.5 per 28 days)
ERZOFRI 351 MG/2.25 ML SYRINGE	$0 (Tier 1)	QL (2.25 per 28 days)
ERZOFRI 39 MG/0.25 ML SYRINGE	$0 (Tier 1)	QL (0.25 per 28 days)
ERZOFRI 78 MG/0.5 ML SYRINGE	$0 (Tier 1)	QL (0.5 per 28 days)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
FANAPT (PACK, PACK A, PACK B, PACK C)	$0 (Tier 1)	PA NSO
INVEGA HAFYERA 1,092 MG/3.5 ML	$0 (Tier 1)	QL (3.5 per 166 days)
INVEGA HAFYERA 1,560 MG/5 ML	$0 (Tier 1)	QL (5 per 166 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antipsychotics		
INVEGA SUSTENNA 117 MG/0.75 ML	$0 (Tier 1)	QL (0.75 per 21 days)
INVEGA SUSTENNA 156 MG/ML SYRG	$0 (Tier 1)	QL (1 per 21 days)
INVEGA SUSTENNA 234 MG/1.5 ML	$0 (Tier 1)	QL (1.5 per 21 days)
INVEGA SUSTENNA 39 MG/0.25 ML	$0 (Tier 1)	QL (0.25 per 21 days)
INVEGA SUSTENNA 78 MG/0.5 ML	$0 (Tier 1)	QL (0.5 per 21 days)
INVEGA TRINZA 273 MG/0.88 ML	$0 (Tier 1)	QL (0.88 per 70 days)
INVEGA TRINZA 410 MG/1.32 ML	$0 (Tier 1)	QL (1.32 per 70 days)
INVEGA TRINZA 546 MG/1.75 ML	$0 (Tier 1)	QL (1.75 per 70 days)
INVEGA TRINZA 819 MG/2.63 ML	$0 (Tier 1)	QL (2.63 per 70 days)
lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antipsychotics		
lurasidone hcl 80 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 10 mg vial, 15 mg tablet, 20 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
olanzapine odt (odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
OPIPZA (2 MG FILM, 5 MG FILM)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
OPIPZA 10 MG FILM	$0 (Tier 1)	QL (90 per 30 days), PA NSO
paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
paliperidone er 6 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
quetiapine fumarate (fumarate 25 mg tab, fumarate 50 mg tab, fumarate 100 mg tab, 150 mg tablet, fumarate 200 mg tab, fumarate 300 mg tab, fumarate 400 mg tab)	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antipsychotics		
quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
risperidone 1 mg/ml solution	$0 (Tier 1)	QL (240 per 30 days)
risperidone er (er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial, er 50 mg vial)	$0 (Tier 1)	QL (2 per 28 days)
risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)	$0 (Tier 1)	QL (60 per 30 days)
SECUADO (3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)	$0 (Tier 1)	QL (30 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antipsychotics		
VRAYLAR (0.5 MG CAPSULE, 0.75 MG CAPSULE, 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	$0 (Tier 1)	QL (30 per 30 days)
ziprasidone 20 mg/ml vial	$0 (Tier 1)	
ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)	$0 (Tier 1)	QL (60 per 30 days)
Antipsychotics		
COBENFY (100 MG-20 MG CAPSULE, 125 MG-30 MG CAPSULE)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
COBENFY 50 MG-20 MG CAPSULE	$0 (Tier 1)	QL (60 per 30 days), PA NSO, NDS
COBENFY STARTER PACK	$0 (Tier 1)	QL (56 per 28 days), PA NSO, NDS
Treatment-Resistant		
clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antipsychotics		
clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 100 mg tablet, odt 150 mg tablet, odt 200 mg tablet)	$0 (Tier 1)	
VERSACLOZ 50 MG/ML SUSPENSION	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antispasticity Agents		
Antispasticity Agents		
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	$0 (Tier 1)	
tizanidine hcl (2 mg tablet, 4 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY (30-120-15 MG TABLET, 50-200-25 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days)
DOVATO 50-300 MG TABLET	$0 (Tier 1)	QL (30 per 30 days)
GENVOYA TABLET	$0 (Tier 1)	QL (30 per 30 days)
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW)	$0 (Tier 1)	
ISENTRESS 400 MG TABLET	$0 (Tier 1)	QL (60 per 30 days)
ISENTRESS HD 600 MG TABLET	$0 (Tier 1)	QL (60 per 30 days)
JULUCA 50-25 MG TABLET	$0 (Tier 1)	QL (30 per 30 days)
STRIBILD TABLET	$0 (Tier 1)	QL (30 per 30 days)
TIVICAY 50 MG TABLET	$0 (Tier 1)	QL (60 per 30 days)
TIVICAY PD 5 MG TAB FOR SUSP	$0 (Tier 1)	QL (180 per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antivirals		
EDURANT PED 2.5MG TAB FOR SUSP	$0 (Tier 1)	
efavir-emtri-tenof 600-200-300	$0 (Tier 1)	QL (30 per 30 days)
efavirenz 600 mg tablet	$0 (Tier 1)	
efavirenz-lamivu-tenofov disop (400-300-300, 600-300-300)	$0 (Tier 1)	QL (30 per 30 days)
emtricit-rilp-tenof 200-25-300	$0 (Tier 1)	QL (30 per 30 days)
etravirine (100 mg tablet, 200 mg tablet)	$0 (Tier 1)	QL (120 per 30 days)
IDVYNSO 100 MG-0.25 MG TABLET	$0 (Tier 1)	QL (30 per 30 days)
INTELENCE 25 MG TABLET	$0 (Tier 1)	QL (120 per 30 days)
nevirapine (50 mg/5 ml susp, 200 mg tablet)	$0 (Tier 1)	
nevirapine er 400 mg tablet	$0 (Tier 1)	
PIFELTRO 100 MG TABLET	$0 (Tier 1)	QL (30 per 30 days)
rilpivirine 25 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
rilpivirine 25 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir 20 mg/ml solution	$0 (Tier 1)	QL (900 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antivirals		
abacavir 300 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg	$0 (Tier 1)	QL (30 per 30 days)
CIMDUO 300-300 MG TABLET	$0 (Tier 1)	QL (30 per 30 days)
DESCOVY (120-15 MG TABLET, 200-25 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days)
emtricitabine 200 mg capsule	$0 (Tier 1)	
emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)	$0 (Tier 1)	QL (30 per 30 days)
emtricitabine-tenofv 200-300mg	$0 (Tier 1)	
EMTRIVA 10 MG/ML SOLUTION	$0 (Tier 1)	
lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet, 300 mg/30ml sol cup)	$0 (Tier 1)	
lamivudine-zidovudine tablet	$0 (Tier 1)	
ODEFSEY TABLET	$0 (Tier 1)	QL (30 per 30 days)
TRIUMEQ 600-50-300 MG TABLET	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antivirals		
TRIUMEQ PD 60-5-30 MG TAB SUSP	$0 (Tier 1)	QL (180 per 30 days)
zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)	$0 (Tier 1)	
Anti-HIV Agents, Other		
maraviroc 150 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
maraviroc 300 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
RUKOBIA ER 600 MG TABLET	$0 (Tier 1)	QL (60 per 30 days)
SUNLENCA 300 MG TABLET	$0 (Tier 1)	
SUNLENCA 4- 300 MG TABLET	$0 (Tier 1)	QL (4 per 2 days)
SUNLENCA 5- 300 MG TABLET	$0 (Tier 1)	QL (5 per 8 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS 250 MG CAPSULE	$0 (Tier 1)	
atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)	$0 (Tier 1)	
darunavir (600 mg tablet, 800 mg tablet)	$0 (Tier 1)	
EVOTAZ 300 MG-150 MG TABLET	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antivirals		
fosamprenavir 700 mg tablet	$0 (Tier 1)	
lopinavir-ritonavir (100-25mg tb, 200-50mg tb)	$0 (Tier 1)	
PREZCOBIX (675 MG-150 MG TABLET, 800 MG-150 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days)
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET)	$0 (Tier 1)	
REYATAZ 50 MG POWDER PACKET	$0 (Tier 1)	
ritonavir 100 mg tablet	$0 (Tier 1)	
SYMTUZA 800-150-200-10 MG TAB	$0 (Tier 1)	QL (30 per 30 days)
VIRACEPT (250 MG TABLET, 625 MG TABLET)	$0 (Tier 1)	
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY 200 MG TABLET	$0 (Tier 1)	PA, QL (336 per 28 days), NDS
PREVYMIS 240 MG TABLET	$0 (Tier 1)	PA, QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antivirals		
PREVYMIS 480 MG TABLET	$0 (Tier 1)	PA, QL (30 per 30 days), NDS
valganciclovir 450 mg tablet	$0 (Tier 1)	QL (102 per 30 days)
valganciclovir hcl 50 mg/ml	$0 (Tier 1)	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil 10 mg tab	$0 (Tier 1)	PA
BARACLUDE 0.05 MG/ML SOLUTION	$0 (Tier 1)	
entecavir (0.5 mg tablet, 1 mg tablet)	$0 (Tier 1)	
lamivudine 100 mg tablet	$0 (Tier 1)	PA NSO
tenofovir disop fum 300 mg tb	$0 (Tier 1)	QL (30 per 30 days)
VEMLIDY 25 MG TABLET	$0 (Tier 1)	PA, QL (30 per 30 days)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days)
VIREAD POWDER	$0 (Tier 1)	QL (240 per 30 days)
Anti-hepatitis C (HCV) Agents		
MAVYRET 100-40 MG TABLET	$0 (Tier 1)	PA, QL (84 per 28 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antivirals		
MAVYRET 50-20 MG PELLET PACKET	$0 (Tier 1)	PA, QL (140 per 28 days)
ribavirin (200 mg capsule, 200 mg tablet)	$0 (Tier 1)	PA, NDS
sofosbuvir-velpatasvir 400-100	$0 (Tier 1)	PA, QL (28 per 28 days)
VOSEVI 400-100-100 MG TABLET	$0 (Tier 1)	PA, QL (28 per 28 days)
Anti-influenza Agents		
oseltamivir 6 mg/ml suspension	$0 (Tier 1)	QL (1050 per 180 days)
oseltamivir phos 30 mg capsule	$0 (Tier 1)	QL (84 per 180 days)
oseltamivir phosphate (45 mg capsule, 75 mg capsule)	$0 (Tier 1)	QL (42 per 180 days)
RELENZA 5 MG DISKHALER	$0 (Tier 1)	QL (60 per 180 days)
rimantadine hcl 100 mg tablet	$0 (Tier 1)	
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	$0 (Tier 1)	QL (2 per 30 days)
XOFLUZA 80 MG TABLET	$0 (Tier 1)	QL (1 per 30 days)
Antiherpetic Agents		
acyclovir (200 mg capsule, 200 mg/5 ml susp, 200 mg/5 ml susp cup, 400 mg tablet, 800 mg tablet, 800 mg/20ml susp cup)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Antivirals		
acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)	$0 (Tier 1)	PA
famciclovir (250 mg tablet, 500 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)
famciclovir 125 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
penciclovir 1% cream	$0 (Tier 1)	PA, QL (5 per 30 days), NDS
valacyclovir (1 gram tablet, 500 mg tablet)	$0 (Tier 1)	
Antiviral, Coronavirus Agents		
PAXLOVID 150-100 MG (MODERATE)	$0 (Tier 1)	QL (20 per 5 days), NDS
PAXLOVID 300-100 MG DOSE PACK	$0 (Tier 1)	QL (30 per 5 days), NDS
PAXLOVID 300/150-100MG(SEVERE)	$0 (Tier 1)	QL (11 per 5 days)
XOCOVA 125 MG TABLET	$0 (Tier 1)	QL (30 per 5 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anxiolytics		
Anxiolytics, Other		
buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)	$0 (Tier 1)	
hydroxyzine 2 mg/ml oral solution	$0 (Tier 1)	PA
hydroxyzine hcl (10 mg/5 ml soln, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml cup, hcl 50 mg tablet)	$0 (Tier 1)	PA
hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)	$0 (Tier 1)	PA
meprobamate (200 mg tablet, 400 mg tablet)	$0 (Tier 1)	
Benzodiazepines		
alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)	$0 (Tier 1)	QL (120 per 30 days), NDS
alprazolam 2 mg tablet	$0 (Tier 1)	QL (150 per 30 days), NDS
chlordiazepoxide hcl (5 mg capsule, 10 mg capsule, 25 mg capsule)	$0 (Tier 1)	QL (120 per 30 days), NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Anxiolytics		
diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)	$0 (Tier 1)	QL (120 per 30 days)
diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution, 5 mg/ml oral conc, 25 mg/5 ml oral conc)	$0 (Tier 1)	
lorazepam (0.5 mg tablet, 1 mg tablet)	$0 (Tier 1)	QL (120 per 30 days), NDS
lorazepam 2 mg tablet	$0 (Tier 1)	QL (150 per 30 days), NDS
LORAZEPAM INTENSOL 2 MG/ML	$0 (Tier 1)	NDS
oxazepam (10 mg capsule, 15 mg capsule, 30 mg capsule)	$0 (Tier 1)	PA, QL (120 per 30 days), NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Bipolar Agents		
Mood Stabilizers		
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Bipolar Agents		
lithium carbonate er (er 300 mg tb, er 450 mg tb)	$0 (Tier 1)	
lithium citrate (8 meq/5 ml soln cup, 8 meq/5 ml solution)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)
alogliptin (6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
alogliptin-metformin (12.5-1000, 12.5-500)	$0 (Tier 1)	QL (60 per 30 days)
colesevelam hcl 3.75 g packet	$0 (Tier 1)	
dapagliflozin (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
dapagliflozin-metformin er (er 5-500, er 10-500)	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Glucose Regulators		
FARXIGA (5 MG TABLET, 10 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days)
glimepiride (1 mg tablet, 2 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
glimepiride 4 mg tablet	$0 (Tier 1)	PA, QL (60 per 30 days)
glipizide 10 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
glipizide 5 mg tablet	$0 (Tier 1)	QL (90 per 30 days)
glipizide er (er 2.5 mg tablet, er 5 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
glipizide er 10 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
glipizide xl (2.5 mg tablet, 5 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
glipizide xl 10 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
glipizide-metformin (2.5-500 mg, 5-500 mg)	$0 (Tier 1)	QL (120 per 30 days)
glipizide-metformin 2.5-250 mg	$0 (Tier 1)	QL (90 per 30 days)
glyburid-metformin 1.25-250 mg	$0 (Tier 1)	PA, QL (90 per 30 days)
glyburide (1.25 mg tablet, 2.5 mg tablet)	$0 (Tier 1)	PA, QL (120 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Glucose Regulators		
glyburide 5 mg tablet	$0 (Tier 1)	PA, QL (240 per 30 days)
glyburide-metformin hcl (2.5-500 mg, 5-500 mg)	$0 (Tier 1)	PA, QL (120 per 30 days)
INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	$0 (Tier 1)	QL (60 per 30 days)
INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-1,000 MG TAB, 150-500 MG TABLET)	$0 (Tier 1)	QL (60 per 30 days)
INVOKANA (100 MG TABLET, 300 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days)
JARDIANCE (10 MG TABLET, 25 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days)
metformin hcl (750 mg tablet, 850 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)
metformin hcl 1,000 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
metformin hcl 500 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
metformin hcl er 500 mg tablet	$0 (Tier 1)	QL (120 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Glucose Regulators		
metformin hcl er 750 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
MOUNJARO (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)	$0 (Tier 1)	PA, QL (2 per 28 days)
nateglinide (60 mg tablet, 120 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)
OZEMPIC (0.25-0.5 PEN, 1 (4 MG/3 ML), 2 (8 MG/3 ML))	$0 (Tier 1)	PA, QL (3 per 28 days)
OZEMPIC (1.5 MG TABLET, 4 MG TABLET, 9 MG TABLET)	$0 (Tier 1)	PA, QL (30 per 30 days)
pioglitazone hcl (15 mg tablet, 30 mg tablet, 45 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
repaglinide (1 mg tablet, 2 mg tablet)	$0 (Tier 1)	QL (240 per 30 days)
repaglinide 0.5 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
sitaglip phos-metf er 50-1,000	$0 (Tier 1)	QL (60 per 30 days)
sitagliptin (25 mg tablet, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Glucose Regulators		
sitagliptin phos-metformin (phos-metf 50-1,000, phos-metfor 50-500)	$0 (Tier 1)	QL (60 per 30 days)
sitagliptin phos-metformin er (er 50-500, er 100-1000)	$0 (Tier 1)	QL (30 per 30 days)
sitagliptin phosphate (phos 100 mg tablet, phosphate 25 mg tb, phosphate 50 mg tb)	$0 (Tier 1)	QL (30 per 30 days)
sitagliptin-metfor er 50-1,000	$0 (Tier 1)	QL (60 per 30 days)
sitagliptin-metformin (50-1000, 50-500)	$0 (Tier 1)	QL (60 per 30 days)
sitagliptin-metformin er (sitagliptin-metfo er 100-1,000, sitagliptin-metform er 50-500)	$0 (Tier 1)	QL (30 per 30 days)
SYNJARDY (5-1,000 MG TABLET, 5-500 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	$0 (Tier 1)	QL (60 per 30 days)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Glucose Regulators		
SYNJARDY XR 25-1,000 MG TABLET	$0 (Tier 1)	QL (30 per 30 days)
TRADJENTA 5 MG TABLET	$0 (Tier 1)	QL (30 per 30 days)
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)	$0 (Tier 1)	PA, QL (2 per 28 days)
WEGOVY (1.5 MG TABLET, 4 MG TABLET, 9 MG TABLET, 25 MG TABLET)	$0 (Tier 1)	PA, QL (30 per 30 days)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET)	$0 (Tier 1)	QL (60 per 30 days)
XIGDUO XR 10 MG-1,000 MG TAB	$0 (Tier 1)	QL (30 per 30 days)
Glycemic Agents		
BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK)	$0 (Tier 1)	QL (4 per 28 days), NDS
diazoxide 50 mg/ml oral susp	$0 (Tier 1)	PA
GLUCAGON 1 MG EMERGENCY KIT	$0 (Tier 1)	QL (4 per 28 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Glucose Regulators		
GVOKE (1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL)	$0 (Tier 1)	QL (0.8 per 28 days)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	$0 (Tier 1)	QL (0.8 per 28 days), NDS
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	$0 (Tier 1)	QL (0.4 per 28 days), NDS
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	$0 (Tier 1)	QL (0.8 per 28 days), NDS
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	$0 (Tier 1)	QL (0.4 per 28 days), NDS
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	$0 (Tier 1)	QL (0.8 per 28 days), NDS
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	$0 (Tier 1)	QL (0.8 per 28 days), NDS
VYKAT XR 150 MG TABLET	$0 (Tier 1)	PA, QL (90 per 30 days)
VYKAT XR 25 MG TABLET	$0 (Tier 1)	PA, QL (120 per 30 days)
VYKAT XR 75 MG TABLET	$0 (Tier 1)	PA, QL (210 per 30 days)
Insulins		
FIASP 100 UNIT/ML FLEXTOUCH	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Glucose Regulators		
FIASP 100 UNIT/ML VIAL	$0 (Tier 1)	QL (60 per 30 days)
FIASP PENFILL 100 UNIT/ML CART	$0 (Tier 1)	QL (60 per 30 days)
HUMALOG (100 CARTRIDGE, 100 VIAL)	$0 (Tier 1)	QL (60 per 30 days)
HUMALOG 100 UNIT/ML KWIKPEN	$0 (Tier 1)	QL (60 per 30 days)
HUMALOG JR 100 UNIT/ML KWIKPEN	$0 (Tier 1)	QL (60 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	$0 (Tier 1)	QL (60 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	$0 (Tier 1)	QL (60 per 30 days)
HUMALOG MIX 75-25 VIAL	$0 (Tier 1)	QL (60 per 30 days)
HUMULIN 70-30 (70-30 VIAL, RELION 70-30 VIAL)	$0 (Tier 1)	QL (60 per 30 days)
HUMULIN 70/30 KWIKPEN	$0 (Tier 1)	QL (60 per 30 days)
HUMULIN N (N 100 VIAL, RELION N 100)	$0 (Tier 1)	QL (60 per 30 days)
HUMULIN N 100 UNIT/ML KWIKPEN	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Glucose Regulators		
HUMULIN R (R 100 VIAL, RELION R 100)	$0 (Tier 1)	QL (60 per 30 days)
insulin glargine max solo u300	$0 (Tier 1)	QL (60 per 30 days)
insulin glargine solostar u300	$0 (Tier 1)	QL (60 per 30 days)
insulin glargine-yfgn (u100 pen, u100 vl)	$0 (Tier 1)	QL (60 per 30 days)
insulin lispro 100 unit/ml pen	$0 (Tier 1)	QL (60 per 30 days)
insulin lispro 100 unit/ml vl	$0 (Tier 1)	QL (60 per 30 days)
insulin lispro jr 100 unit/ml	$0 (Tier 1)	QL (60 per 30 days)
insulin lispro mix 75-25 kwkpn	$0 (Tier 1)	QL (60 per 30 days)
LANTUS 100 UNIT/ML VIAL	$0 (Tier 1)	ST, QL (60 per 30 days)
LANTUS SOLOSTAR 100 UNIT/ML	$0 (Tier 1)	ST, QL (60 per 30 days)
NOVOLIN 70-30 (70-30 100 UNIT/ML VIAL, RELION 70-30 VIAL)	$0 (Tier 1)	QL (60 per 30 days)
NOVOLIN 70-30 FLEXPEN (70-30, RELION 70-30)	$0 (Tier 1)	QL (60 per 30 days)
NOVOLIN N (N 100 VIAL, RELION N 100)	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Glucose Regulators		
NOVOLIN N FLEXPEN (N 100 UNIT/ML, RELION N U-100)	$0 (Tier 1)	QL (60 per 30 days)
NOVOLIN R (R 100 VIAL, RELION R 100)	$0 (Tier 1)	QL (60 per 30 days)
NOVOLIN R FLEXPEN (R 100 UNIT/ML, RELION R U-100)	$0 (Tier 1)	QL (60 per 30 days)
NOVOLOG (100 VIAL, RELION 100 VL)	$0 (Tier 1)	QL (60 per 30 days)
NOVOLOG FLEXPEN (100 UNIT/ML, RELION U-100)	$0 (Tier 1)	QL (60 per 30 days)
NOVOLOG MIX 70-30 (70-30 VIAL, RELION 70-30 VIAL)	$0 (Tier 1)	QL (60 per 30 days)
NOVOLOG MIX 70-30 FLEXPEN (70-30 FLEXPEN, RELION 70-30 FLXPN)	$0 (Tier 1)	QL (60 per 30 days)
NOVOLOG PENFILL 100 UNIT/ML	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate (75 mg cap, 110 mg cp, 150 mg cp)	$0 (Tier 1)	QL (60 per 30 days)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	$0 (Tier 1)	QL (74 per 30 days)
ELIQUIS 0.5 MG PKT(1X0.5MG TB)	$0 (Tier 1)	QL (28 per 14 days)
ELIQUIS 1.5 MG PKT(3X0.5MG TB)	$0 (Tier 1)	QL (84 per 14 days)
ELIQUIS 2 MG PKT(4X 0.5 MG TB)	$0 (Tier 1)	QL (112 per 14 days)
ELIQUIS 2.5 MG TABLET	$0 (Tier 1)	QL (60 per 30 days)
ELIQUIS SPRINKLE 0.15 MG CAP	$0 (Tier 1)	QL (112 per 28 days)
enoxaparin 30 mg/0.3 ml syr	$0 (Tier 1)	QL (8.4 per 30 days)
enoxaparin 40 mg/0.4 ml syr	$0 (Tier 1)	QL (11.2 per 30 days)
enoxaparin 60 mg/0.6 ml syr	$0 (Tier 1)	QL (16.8 per 30 days)
enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)	$0 (Tier 1)	QL (28 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Products and Modifiers		
enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)	$0 (Tier 1)	QL (22.4 per 30 days)
fondaparinux sodium (2.5 mg/0.5 ml syr, 5 mg/0.4 ml syr, 7.5 mg/0.6 ml syr, 10 mg/0.8 ml syr)	$0 (Tier 1)	
FRAGMIN (10,000 UNIT/ML SYRINGE, 10,000 UNITS/ML SYRING)	$0 (Tier 1)	QL (30 per 30 days)
FRAGMIN (12,500 UNIT/0.5 ML SYR, 12,500 UNITS/0.5 ML)	$0 (Tier 1)	QL (15 per 30 days)
FRAGMIN (15,000 UNIT/0.6 ML SYR, 15,000 UNITS/0.6 ML)	$0 (Tier 1)	QL (18 per 30 days)
FRAGMIN (18,000 UNIT/0.72 ML, 18,000 UNITS/0.72 ML)	$0 (Tier 1)	QL (22 per 30 days)
FRAGMIN (2,500 UNIT/0.2 ML SYR, 2,500 UNITS/0.2 ML SYR)	$0 (Tier 1)	QL (6 per 30 days)
FRAGMIN (25,000 UNITS/ML VIAL, 95,000 UNIT/3.8 ML VL)	$0 (Tier 1)	QL (22.8 per 30 days)
FRAGMIN (5,000 UNIT/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR)	$0 (Tier 1)	QL (12 per 30 days)
FRAGMIN (7,500 UNIT/0.3 ML SYR, 7,500 UNITS/0.3 ML SYR)	$0 (Tier 1)	QL (9 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Products and Modifiers		
heparin sodium (sod 1,000 unit/ml vial, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)	$0 (Tier 1)	
jantoven (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
rivaroxaban 1 mg/ml suspension	$0 (Tier 1)	
rivaroxaban 2.5 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
XARELTO (10 MG TABLET, 20 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Products and Modifiers		
XARELTO 15 MG TABLET	$0 (Tier 1)	QL (42 per 21 days)
XARELTO DVT-PE TREAT START 30D	$0 (Tier 1)	QL (51 per 30 days)
Blood Products and Modifiers, Other		
anagrelide hcl (0.5 mg capsule, 1 mg capsule)	$0 (Tier 1)	
AQVESME 100 MG TABLET	$0 (Tier 1)	PA, QL (60 per 30 days)
eltrombopag 12.5 mg susp pkt	$0 (Tier 1)	PA, QL (360 per 30 days)
eltrombopag 25 mg susp packet	$0 (Tier 1)	PA, QL (180 per 30 days)
eltrombopag 50 mg tablet	$0 (Tier 1)	PA, QL (30 per 30 days)
eltrombopag 75 mg tablet	$0 (Tier 1)	PA, QL (60 per 30 days)
eltrombopag olamine (12.5 mg tablet, 25 mg tablet)	$0 (Tier 1)	PA, QL (90 per 30 days)
FULPHILA 6 MG/0.6 ML SYRINGE	$0 (Tier 1)	PA
FYLNETRA 6 MG/0.6 ML SYRINGE	$0 (Tier 1)	PA
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Products and Modifiers		
NEULASTA 6 MG/0.6 ML SYRINGE	$0 (Tier 1)	PA
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)	$0 (Tier 1)	PA
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	$0 (Tier 1)	PA
NYVEPRIA 6 MG/0.6 ML SYRINGE	$0 (Tier 1)	PA
PROCRIT (2,000 UNITS/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL)	$0 (Tier 1)	PA
PROCRIT (3,000 VIAL, 20,000 VIAL, 40,000 VIAL)	$0 (Tier 1)	PA, NDS
RELEUKO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)	$0 (Tier 1)	PA
RETACRIT (10,000 VIAL, 20,000 VIAL, 40,000 VIAL)	$0 (Tier 1)	PA, NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Products and Modifiers		
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL)	$0 (Tier 1)	PA
ROLVEDON 13.2 MG/0.6 ML SYRING	$0 (Tier 1)	PA
STIMUFEND 6 MG/0.6 ML SYRINGE	$0 (Tier 1)	PA
XOLREMDI 100 MG CAPSULE	$0 (Tier 1)	PA, QL (120 per 30 days)
ZARXIO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)	$0 (Tier 1)	PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE	$0 (Tier 1)	PA
Hemostasis Agents		
tranexamic acid 650 mg tablet	$0 (Tier 1)	
Platelet Modifying Agents		
aspirin-dipyridam er 25-200 mg	$0 (Tier 1)	QL (60 per 30 days)
CABLIVI 11 MG VIAL KIT	$0 (Tier 1)	PA, QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Blood Products and Modifiers		
cilostazol (50 mg tablet, 100 mg tablet)	$0 (Tier 1)	
clopidogrel 300 mg tablet	$0 (Tier 1)	QL (1 per 1 days)
clopidogrel 75 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	$0 (Tier 1)	
DOPTELET ((10 TAB PK) 20 MG TAB, (15 TAB PK) 20 MG TAB)	$0 (Tier 1)	PA, QL (15 per 5 days)
DOPTELET (30 TAB PK) 20 MG TAB	$0 (Tier 1)	PA
prasugrel hcl (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
ticagrelor (60 mg tablet, 90 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine (0.1 patch, 0.2 patch, 0.3 patch)	$0 (Tier 1)	QL (4 per 28 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	$0 (Tier 1)	
droxidopa (100 mg capsule, 200 mg capsule, 300 mg capsule)	$0 (Tier 1)	PA, QL (84 per 14 days)
guanfacine hcl (1 mg tablet, 2 mg tablet)	$0 (Tier 1)	
midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	$0 (Tier 1)	
phenoxybenzamine hcl 10 mg cap	$0 (Tier 1)	PA
prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)	$0 (Tier 1)	
terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)	$0 (Tier 1)	
Angiotensin II Receptor Antagonists		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb, 32 mg tb)	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
benazepril hcl 40 mg tablet	$0 (Tier 1)	
enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)	$0 (Tier 1)	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	$0 (Tier 1)	
lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
lisinopril (30 mg tablet, 40 mg tablet)	$0 (Tier 1)	
moexipril hcl (7.5 mg tablet, 15 mg tablet)	$0 (Tier 1)	
perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)	$0 (Tier 1)	
quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule)	$0 (Tier 1)	
trandolapril (1 mg tablet, 2 mg tablet, 4 mg tablet)	$0 (Tier 1)	
Antiarrhythmics		
amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)	$0 (Tier 1)	
digoxin 0.05 mg/ml solution	$0 (Tier 1)	
digoxin 125 mcg tablet	$0 (Tier 1)	
digoxin 250 mcg tablet	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
disopyramide phosphate (100 mg capsule, 150 mg capsule)	$0 (Tier 1)	
dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)	$0 (Tier 1)	
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	$0 (Tier 1)	
mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)	$0 (Tier 1)	
MULTAQ 400 MG TABLET	$0 (Tier 1)	QL (60 per 30 days)
propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)	$0 (Tier 1)	
propafenone hcl er (er 225 mg cap, er 325 mg cap, er 425 mg cap)	$0 (Tier 1)	
quinidine gluc er 324 mg tab	$0 (Tier 1)	
quinidine sulfate (200 mg tab, 300 mg tab)	$0 (Tier 1)	
sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
SOTALOL AF (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	$0 (Tier 1)	
Beta-adrenergic Blocking Agents		
acebutolol hcl (200 mg capsule, 400 mg capsule)	$0 (Tier 1)	
atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	
betaxolol hcl (10 mg tablet, 20 mg tablet)	$0 (Tier 1)	
bisoprolol fumarate (5 mg tab, 10 mg tab)	$0 (Tier 1)	
carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)	$0 (Tier 1)	
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet, 400 mg tablet)	$0 (Tier 1)	
metoprolol succ er 200 mg tab	$0 (Tier 1)	
metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab)	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)	$0 (Tier 1)	
nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)	$0 (Tier 1)	
nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
pindolol (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)	$0 (Tier 1)	
propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)	$0 (Tier 1)	
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate (2.5 mg tab, 5 mg tab)	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
amlodipine besylate 10 mg tab	$0 (Tier 1)	
felodipine er (er 2.5 mg tablet, er 5 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
felodipine er 10 mg tablet	$0 (Tier 1)	
nifedipine (10 mg capsule, 20 mg capsule)	$0 (Tier 1)	
nifedipine er (er 30 mg tablet, er 60 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
nifedipine er 90 mg tablet	$0 (Tier 1)	
nimodipine 30 mg capsule	$0 (Tier 1)	
nimodipine 60 mg/20 ml soln	$0 (Tier 1)	PA
NYMALIZE 60 MG/ML ORAL SOLUTION	$0 (Tier 1)	PA
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDAMYST 70 MG NASAL SPRAY	$0 (Tier 1)	PA, QL (4 per 28 days)
CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	$0 (Tier 1)	
diltiazem 12hr er (12hr er 120 mg cap, 12hr er 60 mg cap, 12hr er 90 mg cap)	$0 (Tier 1)	
diltiazem 24hr er (24hr er 120 mg cap, 24hr er 180 mg cap, 24hr er 240 mg cap, 24hr er 300 mg cap, 24hr er 360 mg cap, 24hr er 420 mg cap)	$0 (Tier 1)	
diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 300 mg cp, 24h er(cd) 360 mg cp)	$0 (Tier 1)	
diltiazem 24hr er (xr) (24h er(xr) 120 mg cp, 24h er(xr) 180 mg cp, 24h er(xr) 240 mg cp)	$0 (Tier 1)	
diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
TIADYLT ER (ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	$0 (Tier 1)	
verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet)	$0 (Tier 1)	
verapamil er pm (er 100 mg capsule, er 200 mg capsule, er 300 mg capsule)	$0 (Tier 1)	
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)	$0 (Tier 1)	
verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule, sr 360 mg capsule)	$0 (Tier 1)	
Cardiovascular Agents, Other		
acetazolamide (125 mg tablet, 250 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
aliskiren (150 mg tablet, 300 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
amiloride hcl-hctz 5-50 mg tab	$0 (Tier 1)	
amlodipine besylate-benazepril (2.5-10, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)	$0 (Tier 1)	QL (30 per 30 days)
amlodipine-atorvastatin (2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)	$0 (Tier 1)	QL (30 per 30 days)
amlodipine-olmesartan (5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)	$0 (Tier 1)	QL (30 per 30 days)
amlodipine-valsartan (5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg)	$0 (Tier 1)	QL (30 per 30 days)
amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg, 10-160-12.5mg, 10-160-25 mg, 10-320-25 mg)	$0 (Tier 1)	QL (30 per 30 days)
atenolol-chlorthalidone (50-25, 100-25)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)	$0 (Tier 1)	
CAMZYOS (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE)	$0 (Tier 1)	PA, QL (30 per 30 days)
digoxin 62.5 mcg tablet	$0 (Tier 1)	
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)	$0 (Tier 1)	
ENTRESTO SPRINKLE (6-6MG PELLET, 15-16 MG PLT)	$0 (Tier 1)	QL (240 per 30 days)
FILSPARI (200 MG TABLET, 400 MG TABLET)	$0 (Tier 1)	PA, QL (30 per 30 days)
fosinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)	$0 (Tier 1)	
irbesartan-hydrochlorothiazide (150-12.5 mg tb, 300-12.5 mg tb)	$0 (Tier 1)	QL (30 per 30 days)
ivabradine hcl (5 mg tablet, 7.5 mg tablet)	$0 (Tier 1)	PA, QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	$0 (Tier 1)	
losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	$0 (Tier 1)	
metyrosine 250 mg capsule	$0 (Tier 1)	
MYQORZO (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	$0 (Tier 1)	PA, QL (30 per 30 days)
NEXLETOL 180 MG TABLET	$0 (Tier 1)	PA, QL (30 per 30 days)
olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
pentoxifylline er 400 mg tab	$0 (Tier 1)	
ranolazine er (er 500 mg tablet, er 1,000 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
sacubitril-valsartan (49-51 mg, 97-103 mg)	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
sacubitril-valsartan 24-26 mg	$0 (Tier 1)	QL (180 per 30 days)
spironolactone-hctz 25-25 tab	$0 (Tier 1)	
triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)	$0 (Tier 1)	
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
VANRAFIA 0.75 MG TABLET	$0 (Tier 1)	PA, QL (30 per 30 days)
VERQUVO (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	$0 (Tier 1)	PA, QL (30 per 30 days)
VOYXACT 400 MG/2 ML SYRINGE	$0 (Tier 1)	PA, QL (2 per 28 days)
WEGOVY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN)	$0 (Tier 1)	PA, QL (2 per 28 days)
WEGOVY (1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN)	$0 (Tier 1)	PA, QL (3 per 28 days)
Diuretics, Loop		
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)	$0 (Tier 1)	
torsemide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)	$0 (Tier 1)	
Diuretics, Potassium-sparing		
amiloride hcl 5 mg tablet	$0 (Tier 1)	
triamterene 100 mg capsule	$0 (Tier 1)	
Diuretics, Thiazide		
chlorthalidone (25 mg tablet, 50 mg tablet)	$0 (Tier 1)	
hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)	$0 (Tier 1)	
indapamide (1.25 mg tablet, 2.5 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate (48 mg tablet, 54 mg tablet, 145 mg tablet, 160 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
fenofibric acid (dr 45 mg cap, dr 135 mg cap)	$0 (Tier 1)	QL (30 per 30 days)
gemfibrozil 600 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
lovastatin (10 mg tablet, 20 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
lovastatin 40 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
simvastatin (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
simvastatin 20 mg tablet	$0 (Tier 1)	QL (45 per 30 days)
simvastatin 40 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
Dyslipidemics, Other		
cholestyramine (packet, powder)	$0 (Tier 1)	
cholestyramine light (packet, powder)	$0 (Tier 1)	
colesevelam 625 mg tablet	$0 (Tier 1)	
colestipol hcl (1 gm tablet, granules, granules packet)	$0 (Tier 1)	
ezetimibe 10 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
icosapent ethyl (0.5 gm capsule, 1 gram capsule, 500 mg capsule)	$0 (Tier 1)	QL (120 per 30 days)
NEXLIZET 180-10 MG TABLET	$0 (Tier 1)	PA, QL (30 per 30 days)
niacin er (er 500 mg tablet, er 750 mg tablet, er 1,000 mg tablet)	$0 (Tier 1)	QL (60 per 30 days), PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
omega-3 ethyl esters 1 gm cap	$0 (Tier 1)	QL (120 per 30 days)
PREVALITE (PACKET, POWDER)	$0 (Tier 1)	
REDEMPLO 25 MG/0.5 ML SYRINGE	$0 (Tier 1)	PA, QL (0.5 per 90 days)
REPATHA 140 MG/ML SURECLICK	$0 (Tier 1)	PA
REPATHA 140 MG/ML SYRINGE	$0 (Tier 1)	PA
TRYNGOLZA (50 MG/0.8 ML, 80 MG/0.8 ML)	$0 (Tier 1)	PA, QL (0.8 per 28 days)
Mineralocorticoid Receptor Antagonists		
eplerenone (25 mg tablet, 50 mg tablet)	$0 (Tier 1)	ST
KERENDIA (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
spironolactone (25 mg tablet, 25 mg/5 ml susp, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	
Vasodilators, Direct-acting Arterial		
hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Cardiovascular Agents		
minoxidil (2.5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	$0 (Tier 1)	
isosorbide mononit er 60 mg tb	$0 (Tier 1)	
isosorbide mononitrate er (er 30 mg tb, er 120 mg)	$0 (Tier 1)	
NITRO-BID 2% OINTMENT	$0 (Tier 1)	
nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, lingual 0.4 mg, 0.6 mg tablet sl, 400 mcg spray)	$0 (Tier 1)	
nitroglycerin 0.4% ointment	$0 (Tier 1)	QL (30 per 21 days), NDS
nitroglycerin patch (0.1 patch, 0.2 patch, 0.4 patch, 0.6 patch)	$0 (Tier 1)	
NITROSTAT 0.6 MG TABLET SL	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Central Nervous System Agents		
Amyotrophic Lateral Sclerosis (ALS) Agents		
RADICAVA ORS (105 MG/5 ML SUSP, STARTER KIT SUSP)	$0 (Tier 1)	PA, QL (70 per 14 days)
riluzole 50 mg tablet	$0 (Tier 1)	
TIGLUTIK 50 MG/10 ML SUSP	$0 (Tier 1)	PA, QL (600 per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
dextroamp-amphetamin 30 mg tab	$0 (Tier 1)	PA, QL (60 per 30 days)
dextroamphetamine 10 mg tab	$0 (Tier 1)	PA, QL (180 per 30 days)
dextroamphetamine 5 mg tab	$0 (Tier 1)	PA, QL (90 per 30 days)
dextroamphetamine er 10 mg cap	$0 (Tier 1)	PA, QL (150 per 30 days)
dextroamphetamine er 15 mg cap	$0 (Tier 1)	PA, QL (120 per 30 days)
dextroamphetamine er 5 mg cap	$0 (Tier 1)	PA, QL (30 per 30 days)
dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)	$0 (Tier 1)	PA, QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Central Nervous System Agents		
dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)	$0 (Tier 1)	PA, QL (90 per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)	$0 (Tier 1)	QL (60 per 30 days)
atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)	$0 (Tier 1)	QL (30 per 30 days)
clonidine hcl er 0.1 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
guanfacine hcl er (er 1 mg tablet, er 2 mg tablet, er 3 mg tablet, er 4 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
methylphenidate (10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr)	$0 (Tier 1)	PA, QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Central Nervous System Agents		
methylphenidate 10 mg/5 ml sol	$0 (Tier 1)	PA, QL (900 per 30 days)
methylphenidate 5 mg/5 ml soln	$0 (Tier 1)	PA, QL (1800 per 30 days)
methylphenidate er (er 10 mg tab, er 20 mg tab)	$0 (Tier 1)	PA, QL (90 per 30 days)
methylphenidate er (er 18 mg tab, er 27 mg tab, er 54 mg tab, er 72 mg tab)	$0 (Tier 1)	PA, QL (30 per 30 days)
methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp, er(la) 30mg cp, er(la) 40mg cp, er(la) 60mg cp)	$0 (Tier 1)	PA, QL (30 per 30 days)
methylphenidate er 36 mg tab	$0 (Tier 1)	PA, QL (60 per 30 days)
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	PA, QL (90 per 30 days)
methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)	$0 (Tier 1)	PA, QL (30 per 30 days)
methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp, er(cd) 30mg cp, er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)	$0 (Tier 1)	PA, QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Central Nervous System Agents		
methylphenidate la (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 60 mg cap)	$0 (Tier 1)	PA, QL (30 per 30 days)
methylphenidate sr 20 mg tab	$0 (Tier 1)	PA, QL (90 per 30 days)
Central Nervous System Agents, Other		
AUSTEDO (6 MG TABLET, 12 MG TABLET)	$0 (Tier 1)	PA, QL (120 per 30 days)
AUSTEDO 9 MG TABLET	$0 (Tier 1)	PA, QL (60 per 30 days)
AUSTEDO XR (18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	$0 (Tier 1)	PA, QL (30 per 30 days)
AUSTEDO XR 12 MG TABLET	$0 (Tier 1)	PA, QL (90 per 30 days)
AUSTEDO XR 24 MG TABLET	$0 (Tier 1)	PA, QL (60 per 30 days)
AUSTEDO XR 6 MG TABLET	$0 (Tier 1)	PA, QL (210 per 30 days)
AUSTEDO XR TITR(12-18-24-30MG)	$0 (Tier 1)	PA, QL (28 per 28 days)
dextromethorphan-quinidn 20-10	$0 (Tier 1)	PA, QL (60 per 30 days)
INGREZZA (40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	$0 (Tier 1)	PA, QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Central Nervous System Agents		
INGREZZA INITIATION PK(TARDIV)	$0 (Tier 1)	PA, QL (28 per 28 days)
INGREZZA SPRINKLE (40 MG CAP, 60 MG CAP, 80 MG CAP)	$0 (Tier 1)	PA, QL (30 per 30 days)
pregabalin er (er 82.5 mg tablet, er 165 mg tablet, er 330 mg tablet)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
SKYCLARYS 50 MG CAPSULE	$0 (Tier 1)	PA, QL (90 per 30 days)
tetrabenazine (12.5 mg tablet, 25 mg tablet)	$0 (Tier 1)	PA NSO
VEOZAH 45 MG TABLET	$0 (Tier 1)	PA, QL (30 per 30 days)
Fibromyalgia Agents		
milnacipran hcl (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
Multiple Sclerosis Agents		
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	$0 (Tier 1)	PA
AVONEX 30 MCG/0.5 ML SYR (4PK)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Central Nervous System Agents		
AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT)	$0 (Tier 1)	PA
AVONEX PEN 30 MCG/0.5 ML (4PK)	$0 (Tier 1)	PA
BETASERON 0.3 MG INJECTION	$0 (Tier 1)	PA
dalfampridine er 10 mg tablet	$0 (Tier 1)	PA
dimethyl fumarate (30d start pk, dr 120 mg cp, dr 240 mg cp)	$0 (Tier 1)	PA, QL (60 per 30 days)
fingolimod 0.5 mg capsule	$0 (Tier 1)	PA, QL (30 per 30 days)
glatiramer acetate (20 mg/ml syringe, 40 mg/ml syringe)	$0 (Tier 1)	PA
GLATOPA (20 MG/ML SYRINGE, 40 MG/ML SYRINGE)	$0 (Tier 1)	PA
PONVORY (14-DAY STARTER PACK, 20 MG TABLET)	$0 (Tier 1)	PA
TASCENSO ODT (ODT 0.25 MG TABLET, ODT 0.5 MG TABLET)	$0 (Tier 1)	PA, QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Central Nervous System Agents		
teriflunomide (7 mg tablet, 14 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
VUMERITY DR 231 MG CAPSULE	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hcl 30 mg capsule	$0 (Tier 1)	
chlorhexidine gluconate (0.12% 15 ml cup, 0.12% rinse)	$0 (Tier 1)	
doxycycline hyclate (20 mg tab, 50 mg cap)	$0 (Tier 1)	
KOURZEQ 0.1% DENTAL PASTE	$0 (Tier 1)	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	$0 (Tier 1)	
triamcinolone 0.1% paste	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Dermatological Agents		
Acne and Rosacea Agents		
ACCUTANE (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	$0 (Tier 1)	PA NSO
acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)	$0 (Tier 1)	PA, NDS
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	$0 (Tier 1)	PA NSO
azelaic acid 15% gel	$0 (Tier 1)	
CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	$0 (Tier 1)	PA NSO
clind ph-benzoyl perox 1.2-5%	$0 (Tier 1)	
erythromycin-benzoyl gel	$0 (Tier 1)	
isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	$0 (Tier 1)	PA NSO
NEUAC GEL	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Dermatological Agents		
tazarotene (0.05% cream, 0.1% cream)	$0 (Tier 1)	PA, QL (60 per 30 days)
tazarotene (0.05% gel, 0.1% gel)	$0 (Tier 1)	PA, QL (100 per 30 days)
tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.05% gel, 0.1% cream)	$0 (Tier 1)	PA
ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	$0 (Tier 1)	PA NSO
Dermatitis and Pruritus Agents		
ALA-CORT 1% CREAM	$0 (Tier 1)	
amcinonide (0.1% cream, 0.1% ointment)	$0 (Tier 1)	
ammonium lactate (12% cream, 12% lotion)	$0 (Tier 1)	PA
betamethasone diprop augmented (dp 0.05% crm, dp 0.05% gel, dp 0.05% lot, dp 0.05% oin)	$0 (Tier 1)	
betamethasone dipropionate (dp 0.05% crm, dp 0.05% lot, dp 0.05% oint, dp aug 0.05% crm)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Dermatological Agents		
betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm)	$0 (Tier 1)	
clobetasol emollient 0.05% crm	$0 (Tier 1)	
clobetasol propionate (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution, 0.05% topical lotn)	$0 (Tier 1)	
desonide (0.05% cream, 0.05% lotion, 0.05% ointment)	$0 (Tier 1)	
desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)	$0 (Tier 1)	
diflorasone diacetate (0.05% cream, 0.05% ointment)	$0 (Tier 1)	
doxepin 5% cream	$0 (Tier 1)	PA
fluocinolone acetonide (0.01% cream, 0.01% scalp oil, 0.01% solution, 0.025% cream, 0.025% ointment)	$0 (Tier 1)	
fluocinonide (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Dermatological Agents		
fluocinonide-e 0.05% cream	$0 (Tier 1)	
fluticasone propionate (0.005% oint, 0.05% cream, 0.05% lotion)	$0 (Tier 1)	
halobetasol propionate (0.05% cream, 0.05% ointmnt)	$0 (Tier 1)	
hydrocortisone (1% cream, 1% ointment, 2.5% cream, 2.5% lotion, 2.5% ointment)	$0 (Tier 1)	
hydrocortisone butyrate (buty 0.1% cream, butyr 0.1% oint, butyr 0.1% soln)	$0 (Tier 1)	
hydrocortisone valerate (0.2% cream, 0.2% ointmt)	$0 (Tier 1)	
mometasone furoate (0.1% cream, 0.1% oint, 0.1% soln)	$0 (Tier 1)	
pimecrolimus 1% cream	$0 (Tier 1)	PA
PROCTO-MED HC 2.5% CREAM	$0 (Tier 1)	QL (30 per 30 days)
PROCTOSOL-HC 2.5% CREAM	$0 (Tier 1)	QL (30 per 30 days)
PROCTOZONE-HC 2.5% CREAM	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Dermatological Agents		
selenium sulfide 2.5% lotion	$0 (Tier 1)	
tacrolimus (0.03% ointment, 0.1% ointment)	$0 (Tier 1)	PA
triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.05% ointment, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)	$0 (Tier 1)	
TRIDERM 0.5% CREAM	$0 (Tier 1)	
Dermatological Agents, Other		
calcipotriene (0.005% cream, 0.005% ointment, 0.005% solution)	$0 (Tier 1)	PA
clotrimazole-betamethasone (crm, lot)	$0 (Tier 1)	
diclofenac sodium 3% gel	$0 (Tier 1)	PA, NDS
EUCRISA 2% OINTMENT	$0 (Tier 1)	PA, QL (60 per 30 days)
FILSUVEZ 10% GEL	$0 (Tier 1)	PA
fluorouracil (2% soln, 5% soln)	$0 (Tier 1)	PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Dermatological Agents		
fluorouracil 0.5% cream	$0 (Tier 1)	NDS
fluorouracil 5% cream	$0 (Tier 1)	
imiquimod 5% cream packet	$0 (Tier 1)	QL (12 per 30 days)
methoxsalen (10 mg capsule, 10 mg softgel)	$0 (Tier 1)	NDS
nystatin-triamcinolone (cream, ointm)	$0 (Tier 1)	
OTEZLA (10-20 MG STARTER 28, 10-20-30MG START 28)	$0 (Tier 1)	PA, QL (55 per 28 days)
OTEZLA (20 MG TABLET, 30 MG TABLET)	$0 (Tier 1)	PA, QL (60 per 30 days)
OTEZLA XR 75 MG TABLET	$0 (Tier 1)	PA, QL (30 per 30 days)
OTEZLA XR INITIATION PK 28 DAY	$0 (Tier 1)	PA, QL (41 per 28 days)
podofilox 0.5% topical soln	$0 (Tier 1)	
QBREXZA 2.4% CLOTH	$0 (Tier 1)	PA
SANTYL OINTMENT	$0 (Tier 1)	QL (60 per 30 days), NDS
SILVADENE 1% CREAM	$0 (Tier 1)	
silver sulfadiazine 1% cream	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Dermatological Agents		
SPEVIGO 300 MG/2 ML SYRINGE	$0 (Tier 1)	PA, QL (2 per 28 days)
SSD 1% CREAM	$0 (Tier 1)	
VALCHLOR 0.016% GEL	$0 (Tier 1)	PA NSO
ZORYVE (0.05% CREAM, 0.15% CREAM, 0.3% CREAM, 0.3% FOAM)	$0 (Tier 1)	PA
Pediculicides/Scabicides		
CROTAN 10% LOTION	$0 (Tier 1)	PA, QL (454 per 30 days)
malathion 0.5% lotion	$0 (Tier 1)	
permethrin 5% cream	$0 (Tier 1)	QL (60 per 30 days)
PRURADIK 10% LOTION	$0 (Tier 1)	PA, QL (454 per 30 days)
Topical Anti-infectives		
acyclovir 5% cream	$0 (Tier 1)	PA, QL (5 per 30 days)
acyclovir 5% ointment	$0 (Tier 1)	PA, QL (30 per 30 days)
ciclopirox (0.77% cream, 0.77% topical susp, 8% solution)	$0 (Tier 1)	
CLEOCIN 100 MG VAGINAL OVULE	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Dermatological Agents		
clindamycin 1% gel	$0 (Tier 1)	
clindamycin phosphate (ph 1% gel, ph 1% solution, phos 1% pledget, phosp 1% lotion, phosphate 1% gel)	$0 (Tier 1)	
econazole nitrate 1% cream	$0 (Tier 1)	
erythromycin (2% gel, 2% solution)	$0 (Tier 1)	
gentamicin sulfate (0.1% cream, 0.1% ointment)	$0 (Tier 1)	
mupirocin 2% cream	$0 (Tier 1)	NDS
mupirocin 2% ointment	$0 (Tier 1)	
naftifine hcl (1% cream, 2% cream)	$0 (Tier 1)	
oxiconazole nitrate 1% cream	$0 (Tier 1)	
SULFAMYLON 8.5% CREAM	$0 (Tier 1)	
ZELSUVMI 10.3% GEL	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacements		
carglumic acid 200 mg tab susp	$0 (Tier 1)	PA
fluoride (0.25 mg tablet chew, 0.5 mg tablet chew, 1 mg tablet chewable)	$0 (Tier 1)	
ISOLYTE S IV SOLN PH7.4	$0 (Tier 1)	
KLOR-CON 10 MEQ TABLET	$0 (Tier 1)	
KLOR-CON 8 MEQ TABLET	$0 (Tier 1)	
magnesium sulfate 50% syringe	$0 (Tier 1)	
multiple electrolytes t1 ph7.4	$0 (Tier 1)	
PLASMA-LYTE A PH 7.4 SOLN.	$0 (Tier 1)	
PLASMA-LYTE A SOLUTION	$0 (Tier 1)	
potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/100 ml sol, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20 meq/100 ml sol, cl 20% (40 meq/15ml), cl 30 meq/15 ml conc, cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Electrolytes/Minerals/Metals/Vitamins		
potassium chloride-0.9% nacl (20 meq/1,000ml-ns, 40 meq/1,000ml-ns)	$0 (Tier 1)	
potassium citrate er (er 5 tab, er 10 tb, er 15 tb)	$0 (Tier 1)	
potassium cl 20 meq-0.45% nacl	$0 (Tier 1)	
potassium cl 20 meq/10 ml conc	$0 (Tier 1)	
potassium cl 20meq/100ml-water	$0 (Tier 1)	
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial, sodium chloride 3% iv soln, sodium chloride 5% iv soln)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Electrolytes/Minerals/Metals/Vitamins		
sodium chloride 0.9%-water	$0 (Tier 1)	
sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet	$0 (Tier 1)	
Electrolyte/Mineral/Metal Modifiers		
CHEMET 100 MG CAPSULE	$0 (Tier 1)	
deferasirox (90 mg tablet, 125 mg tb for susp, 180 mg tablet, 250 mg tb for susp, 360 mg tablet, 500 mg tb for susp)	$0 (Tier 1)	PA
deferiprone 1,000 mg tb(3x/dy)	$0 (Tier 1)	PA
deferiprone 500 mg tablet	$0 (Tier 1)	PA
DOJOLVI LIQUID	$0 (Tier 1)	PA
FERRIPROX 100 MG/ML SOLUTION	$0 (Tier 1)	PA
tolvaptan (15 mg tablet, 15 mg-15 mg tablet, 30 mg tablet, 30 mg-15 mg tablet, 45 mg-15 mg tablet, 60 mg-30 mg tablet, 90 mg-30 mg tablet)	$0 (Tier 1)	PA
trientine hcl 250 mg capsule	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Electrolytes/Minerals/Metals/Vitamins		
Electrolytes/Minerals/Metals/Vitamins		
ALTRIXA OB PRENATAL TABLET	$0 (Tier 1)	
AZENTRA PRENATAL TABLET	$0 (Tier 1)	
CLINIMIX (4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	$0 (Tier 1)	PA
CLINIMIX E (2.75%-5% SOLUTION, 4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	$0 (Tier 1)	PA
CLINISOL 15% SOLUTION	$0 (Tier 1)	PA, NDS
CLINOLIPID (20% (100 GM/500 ML), 20% (20 GM/100 ML), 20% (200 GM/1000ML), 20% (50 GM/250 ML))	$0 (Tier 1)	PA
dextrose 10%-0.2% nacl iv soln	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Electrolytes/Minerals/Metals/Vitamins		
dextrose 10%-0.45% nacl iv sol	$0 (Tier 1)	
dextrose 2.5%-0.45% nacl iv	$0 (Tier 1)	
dextrose 5%-0.2% nacl iv soln	$0 (Tier 1)	
dextrose 5%-0.225% nacl iv sol	$0 (Tier 1)	
dextrose 5%-0.45% nacl iv soln	$0 (Tier 1)	
dextrose 5%-0.9% nacl iv soln	$0 (Tier 1)	
dextrose in water (5%-water 100 ml, 5%-water 1,000 ml, 5%-water 250 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)	$0 (Tier 1)	
EMBRIVA PRENATAL TABLET	$0 (Tier 1)	
FOLATEXCEL PRENATAL TABLET	$0 (Tier 1)	
GESTYRA PRENATAL TABLET	$0 (Tier 1)	
glucose in water (5%-water 100 ml, 5%-water 50 ml)	$0 (Tier 1)	
INTRALIPID (20% IV EMUL, 30% IV EMUL)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Electrolytes/Minerals/Metals/Vitamins		
ISOLYTE P-DEXTROSE 5% SOLN	$0 (Tier 1)	
kcl-d5w-0.45% nacl (10 meq/500ml-d5w-0.45%nacl, 10 meq/l-d5w-0.45% nacl, 20 meq/l-d5w-0.45% nacl, 40 meq/l-d5w-0.45% nacl)	$0 (Tier 1)	
levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)	$0 (Tier 1)	
magnesium sulfate (50% 1 g/2 ml, 50% 10g/20ml, 50% 25g/50ml, 50% 5 g/10ml)	$0 (Tier 1)	
MATERNACEL PRENATAL TABLET	$0 (Tier 1)	
MATERVIA PRENATAL CAPSULE	$0 (Tier 1)	
MATRONEX PRENATAL TABLET	$0 (Tier 1)	
NATAL PNV TABLET	$0 (Tier 1)	
NEO-VITAL RX TABLET	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Electrolytes/Minerals/Metals/Vitamins		
NEOMATERNA PRENATAL TABLET	$0 (Tier 1)	
NUTRILIPID 20% IV FAT EMULSION	$0 (Tier 1)	PA
ONE NATAL RX PRENATAL TABLET	$0 (Tier 1)	
PREMASOL 10% IV SOLUTION	$0 (Tier 1)	PA
prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet	$0 (Tier 1)	
PRENOVA PRENATAL TABLET	$0 (Tier 1)	
PROSOL 20% INJECTION	$0 (Tier 1)	PA
TPN ELECTROLYTES VIAL	$0 (Tier 1)	
TRAVASOL 10% SOLN VIAFLEX	$0 (Tier 1)	PA
TROPHAMINE 10% IV SOLUTION	$0 (Tier 1)	PA
VITALARA PRENATAL TABLET	$0 (Tier 1)	
WESNATAL DHA COMPLETE	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Electrolytes/Minerals/Metals/Vitamins		
Phosphate Binders		
calcium acetate (667 mg capsule, 667 mg gelcap)	$0 (Tier 1)	PA
sevelamer carbonate (0.8 gm powder packet, 2.4 gm powder packet, carbonate 800 mg tab)	$0 (Tier 1)	PA
sevelamer hcl (400 mg tablet, 800 mg tablet)	$0 (Tier 1)	PA
Potassium Binders		
KIONEX 15 GM/60 ML SUSPENSION	$0 (Tier 1)	
LOKELMA 10 GRAM POWDER PACKET	$0 (Tier 1)	PA, QL (34 per 30 days)
LOKELMA 5 GRAM POWDER PACKET	$0 (Tier 1)	PA, QL (90 per 30 days)
sodium polystyrene sulfonate (sodium polystyrene sulf powder, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Electrolytes/Minerals/Metals/Vitamins		
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Gastrointestinal Agents		
Anti-Constipation Agents		
CONSTULOSE 10 GM/15 ML SOLN	$0 (Tier 1)	
ENULOSE 10 GM/15 ML SOLUTION	$0 (Tier 1)	
GENERLAC 10 GM/15 ML SOLUTION	$0 (Tier 1)	
KRISTALOSE (10 GM PACKET, 20 GM PACKET)	$0 (Tier 1)	PA
lactulose (10 gm packet, 20 gm packet)	$0 (Tier 1)	PA
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Gastrointestinal Agents		
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	$0 (Tier 1)	QL (30 per 30 days)
lubiprostone (8 mcg capsule, 24 mcg capsule)	$0 (Tier 1)	QL (60 per 30 days)
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	$0 (Tier 1)	PA, QL (30 per 30 days), NDS
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML KIT, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	$0 (Tier 1)	PA
RELISTOR 150 MG TABLET	$0 (Tier 1)	PA, QL (90 per 30 days), NDS
SUTAB 1.479-0.225-0.188 GM TAB	$0 (Tier 1)	
TRULANCE 3 MG TABLET	$0 (Tier 1)	QL (30 per 30 days)
Anti-Diarrheal Agents		
alosetron hcl (0.5 mg tablet, 1 mg tablet)	$0 (Tier 1)	PA
diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Gastrointestinal Agents		
loperamide 2 mg capsule	$0 (Tier 1)	
MYTESI 125 MG DR TABLET	$0 (Tier 1)	PA, QL (60 per 30 days), NDS
VIBERZI (75 MG TABLET, 100 MG TABLET)	$0 (Tier 1)	PA, QL (60 per 30 days)
XERMELO 250 MG TABLET	$0 (Tier 1)	PA, QL (90 per 30 days)
Antispasmodics, Gastrointestinal		
dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)	$0 (Tier 1)	PA
glycopyrrolate (1 mg tablet, 1.5 mg tablet, 2 mg tablet)	$0 (Tier 1)	
Gastrointestinal Agents, Other		
bismuth-metro-tetr 140-125-125	$0 (Tier 1)	PA, QL (120 per 10 days), NDS
GATTEX 5 MG INJECTION	$0 (Tier 1)	PA
GAVILYTE-C SOLUTION	$0 (Tier 1)	
GAVILYTE-G SOLUTION	$0 (Tier 1)	
GAVILYTE-N SOLUTION	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Gastrointestinal Agents		
GOLYTELY SOLUTION	$0 (Tier 1)	
lansoprazol-amoxicil-clarithro	$0 (Tier 1)	NDS
peg 3350-electrolyte solution	$0 (Tier 1)	
peg-3350 and electrolytes soln	$0 (Tier 1)	
peg3350 100-7.5-2.691-1.01-5.9	$0 (Tier 1)	
sod sul-potass sul-mag sul sol	$0 (Tier 1)	
TALICIA DR 10-250-12.5 MG CAP	$0 (Tier 1)	PA, QL (168 per 14 days), NDS
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	$0 (Tier 1)	
VELSIPITY 2 MG TABLET	$0 (Tier 1)	PA
VOQUEZNA DUAL PAK	$0 (Tier 1)	PA, QL (112 per 14 days)
VOQUEZNA TRIPLE PAK	$0 (Tier 1)	PA, QL (112 per 14 days), NDS
VOWST CAPSULE	$0 (Tier 1)	PA, QL (12 per 3 days), NDS
Histamine-2 (H2) Receptor Antagonists		
cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Gastrointestinal Agents		
famotidine (20 mg tablet, 40 mg tablet, 40 mg/5 ml susp)	$0 (Tier 1)	
nizatidine (150 mg capsule, 300 mg capsule)	$0 (Tier 1)	
Protectants		
misoprostol (100 mcg tablet, 200 mcg tablet)	$0 (Tier 1)	
sucralfate 1 gm tablet	$0 (Tier 1)	
Proton Pump Inhibitors		
esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)	$0 (Tier 1)	QL (30 per 30 days)
lansoprazole (dr 15 mg capsule, dr 30 mg capsule)	$0 (Tier 1)	QL (30 per 30 days)
omeprazole (dr 10 mg capsule, dr 40 mg capsule)	$0 (Tier 1)	QL (30 per 30 days)
omeprazole dr 20 mg capsule	$0 (Tier 1)	QL (60 per 30 days)
pantoprazole sod dr 20 mg tab	$0 (Tier 1)	QL (30 per 30 days)
pantoprazole sod dr 40 mg tab	$0 (Tier 1)	QL (60 per 30 days)
rabeprazole sod dr 20 mg tab	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Genetic, Enzyme, or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic, Enzyme, or Protein Disorder: Replacement, Modifiers, Treatment		
AQNEURSA 1 GRAM GRANULE PACKET	$0 (Tier 1)	PA, QL (120 per 30 days)
betaine 1 gram/scoop powder	$0 (Tier 1)	PA NSO
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	$0 (Tier 1)	PA
CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE, DR 36,000 CAPSULE)	$0 (Tier 1)	PA
CTEXLI 250 MG TABLET	$0 (Tier 1)	PA, QL (90 per 30 days)
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	$0 (Tier 1)	PA
CYSTARAN 0.44% EYE DROPS	$0 (Tier 1)	PA, QL (60 per 30 days)
DAYBUE STIX (5,000 MG PACKET, 6,000 MG PACKET)	$0 (Tier 1)	PA, QL (120 per 30 days)
DAYBUE STIX 8,000 MG PACKET	$0 (Tier 1)	PA, QL (60 per 30 days)
dichlorphenamide 50 mg tablet	$0 (Tier 1)	PA, QL (120 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Genetic, Enzyme, or Protein Disorder: Replacement, Modifiers, Treatment		
DUVYZAT 8.86 MG/ML ORAL SUSP	$0 (Tier 1)	PA, QL (420 per 30 days)
FORZINITY 280 MG/3.5 ML VIAL	$0 (Tier 1)	PA, QL (14 per 28 days)
glycerol phenylbut 1.1 gram/ml	$0 (Tier 1)	PA
HARLIKU 2 MG TABLET	$0 (Tier 1)	PA, QL (30 per 30 days)
JAVYGTOR (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	$0 (Tier 1)	PA
JOENJA 70 MG TABLET	$0 (Tier 1)	PA, QL (60 per 30 days)
KYGEVVI 4 GM (2GM-2GM) POWD PK	$0 (Tier 1)	PA
l-glutamine 5 gram powder pkt	$0 (Tier 1)	PA, QL (180 per 30 days)
LOARGYS 2 MG/0.4 ML VIAL	$0 (Tier 1)	PA
miglustat 100 mg capsule	$0 (Tier 1)	PA, QL (180 per 30 days)
MIPLYFFA (47 MG CAPSULE, 62 MG CAPSULE, 93 MG CAPSULE, 124 MG CAPSULE)	$0 (Tier 1)	PA, QL (90 per 30 days)
ORMALVI 50 MG TABLET	$0 (Tier 1)	PA, QL (120 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Genetic, Enzyme, or Protein Disorder: Replacement, Modifiers, Treatment		
PERTZYE (DR 4,000 CAPSULE, DR 8,000 CAPSULE, DR 16,000 CAPSULE, DR 24,000 CAPSULE)	$0 (Tier 1)	PA
PLENAMINE 15% SOLUTION	$0 (Tier 1)	PA
PROLASTIN C (1,000 MG VIAL, 1,000 MG/20 ML VL)	$0 (Tier 1)	PA
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	$0 (Tier 1)	PA, QL (14 per 14 days)
PYRUKYND 20 MG TABLET	$0 (Tier 1)	PA, QL (56 per 28 days)
PYRUKYND 5 MG TABLET	$0 (Tier 1)	PA, QL (7 per 7 days)
PYRUKYND 5 MG TAPER PACK	$0 (Tier 1)	PA, QL (7 per 7 days)
PYRUKYND 50 MG TABLET	$0 (Tier 1)	PA, QL (56 per 28 days)
REVCOVI 2.4 MG/1.5 ML VIAL	$0 (Tier 1)	PA
RIVFLOZA 128 MG/0.8 ML SYRINGE	$0 (Tier 1)	PA, QL (0.8 per 28 days)
RIVFLOZA 160 MG/ML SYRINGE	$0 (Tier 1)	PA, QL (1 per 28 days)
RIVFLOZA 80 MG/0.5 ML VIAL	$0 (Tier 1)	PA, QL (0.5 per 28 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Genetic, Enzyme, or Protein Disorder: Replacement, Modifiers, Treatment		
sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)	$0 (Tier 1)	PA
SIKLOS (100 MG TABLET, 1,000 MG TABLET)	$0 (Tier 1)	
sodium phenylbutyrate (500mg tb, powder)	$0 (Tier 1)	PA
VIOKACE (10,440-39,150 UNIT TAB, 20,880-78,300 UNITS TB)	$0 (Tier 1)	PA
VYNDAMAX 61 MG CAPSULE	$0 (Tier 1)	PA, QL (30 per 30 days)
WAINUA 45 MG/0.8 ML AUTOINJECT	$0 (Tier 1)	PA
WELIREG 40 MG TABLET	$0 (Tier 1)	PA NSO
XROMI 100 MG/ML SOLUTION	$0 (Tier 1)	PA
YARGESA 100 MG CAPSULE	$0 (Tier 1)	PA
ZENPEP (DR 3,000 CAPSULE, DR 5,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE, DR 40,000 CAPSULE, DR 60,000 CAPSULE)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin er (er 7.5 mg tablet, er 15 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
fesoterodine fumarate er (er 4 mg tablet, er 8 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
flavoxate hcl 100 mg tablet	$0 (Tier 1)	
GEMTESA 75 MG TABLET	$0 (Tier 1)	QL (30 per 30 days)
mirabegron er (er 25 mg tablet, er 50 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
mirabegron er 8 mg/ml susp	$0 (Tier 1)	QL (100 per 10 days)
oxybutynin chloride (5 mg tablet, 5 mg/5 ml soln cup, 5 mg/5 ml solution, 5 mg/5 ml syrup)	$0 (Tier 1)	
oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
solifenacin succinate (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
tolterodine tartrate (1 mg tab, 2 mg tab)	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Genitourinary Agents		
tolterodine tartrate er (er 2 mg cap, er 4 mg cap)	$0 (Tier 1)	QL (30 per 30 days)
trospium chloride 20 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
trospium chloride er 60 mg cap	$0 (Tier 1)	QL (30 per 30 days)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er 10 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
dutasteride 0.5 mg capsule	$0 (Tier 1)	QL (30 per 30 days)
finasteride 5 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
tadalafil (2.5 mg tablet, 5 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
tamsulosin hcl 0.4 mg capsule	$0 (Tier 1)	
Genitourinary Agents, Other		
bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)	$0 (Tier 1)	
ELMIRON 100 MG CAPSULE	$0 (Tier 1)	PA, QL (90 per 30 days)
LITHOSTAT 250 MG TABLET	$0 (Tier 1)	PA
penicillamine 250 mg tablet	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Genitourinary Agents		
tiopronin (100 mg tablet, dr 100 mg tablet, dr 300 mg tablet)	$0 (Tier 1)	PA
VENXXIVA (DR 100 MG TABLET, DR 300 MG TABLET)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
CORTROPHIN (GEL 40 UNIT/0.5 ML, GEL 80 UNIT/ML SYR)	$0 (Tier 1)	PA
CORTROPHIN GEL 400 UNIT/5 ML	$0 (Tier 1)	PA, QL (30 per 28 days), NDS
deflazacort (6 mg tablet, 18 mg tablet, 22.75 mg/ml susp, 30 mg tablet, 36 mg tablet)	$0 (Tier 1)	PA
dexamethasone (0.5 mg tablet, 0.5 mg/5 ml cup, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
fludrocortisone 0.1 mg tablet	$0 (Tier 1)	
JAYTHARI (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	$0 (Tier 1)	PA
KYMBEE (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	$0 (Tier 1)	PA
methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab)	$0 (Tier 1)	
prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup, 15mg/5ml soln cup)	$0 (Tier 1)	
prednisolone sodium phosphate (sod 1% eye drop, 5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, 20 mg/5 ml soln, sod ph 25 mg/5 ml)	$0 (Tier 1)	
prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
PREDNISONE INTENSOL 5 MG/ML	$0 (Tier 1)	
PYQUVI 22.75 MG/ML ORAL SUSP	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CRENESSITY (50 MG CAPSULE, 100 MG CAPSULE)	$0 (Tier 1)	PA, QL (60 per 30 days)
desmopressin 10 mcg/0.1 ml spr	$0 (Tier 1)	
desmopressin acetate (0.01% solution, acetate 0.1 mg tb, acetate 0.2 mg tb)	$0 (Tier 1)	
EGRIFTA WR (11.6 MG VIAL, 11.6MG FOUR-VL KIT)	$0 (Tier 1)	PA, QL (4 per 28 days)
GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	$0 (Tier 1)	PA
INCRELEX 40 MG/4 ML VIAL	$0 (Tier 1)	PA, NDS
ISTURISA (1 MG TABLET, 5 MG TABLET)	$0 (Tier 1)	PA
NORDITROPIN FLEXPRO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5)	$0 (Tier 1)	PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	$0 (Tier 1)	PA
SKYTROFA (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE, 3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
SOGROYA (5 MG/1.5 ML PEN, 10 MG/1.5 ML PEN, 15 MG/1.5 ML PEN)	$0 (Tier 1)	PA
ZOMACTON 5 MG VIAL	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)	$0 (Tier 1)	
methyltestosterone 10 mg cap	$0 (Tier 1)	PA NSO
testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% (2.5 g) pkt, 1.62% gel pump, 1.62%(1.25 g) pkt, 12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 30 mg/1.5 ml pump, 50 mg/5 gram gel, 50 mg/5 gram pkt)	$0 (Tier 1)	PA NSO
testosterone cypionate (testosteron 2,000 mg/10 ml, testosterone 100 mg/ml, testosterone 200 mg/ml, testosterone 500 mg/2.5 ml, testosterone 500 mg/5 ml, testosterone 1,000 mg/10ml, testosterone 1,000 mg/5 ml, testosterone 2,000 mg/10ml, testosterone 6,000 mg/30ml)	$0 (Tier 1)	PA NSO

您可以在 20 的縮略語清單中找到這個表格中符號和縮略語的含義。

如果您有任何疑問，請於每週7天， 上午8點至晚上8點（10月1日至3月31日），以及週一至週五， 上午8點至晚上8點（4月1日至9月30日）撥打**1-877-412-2734**(TTY **711**)與 CalOptima Health OneCare Complete 聯絡。此為免費通話。如需更多資訊， **www.caloptima.org/OneCare** 。

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)	$0 (Tier 1)	PA NSO
Estrogens		
ANNOVERA VAGINAL RING	$0 (Tier 1)	
conjugated estrogens (estrogen 0.625mg tb, estrogens 0.3 mg tb, estrogens 0.45mg tb, estrogens 0.9 mg tb, estrogens 1.25mg tb)	$0 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML VIAL	$0 (Tier 1)	
DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	$0 (Tier 1)	QL (8 per 28 days)
ESTRACE 0.01% CREAM	$0 (Tier 1)	
estradiol (0.01% cream, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)	$0 (Tier 1)	
estradiol (0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)	$0 (Tier 1)	QL (8 per 28 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
estradiol (once weekly) (0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk))	$0 (Tier 1)	QL (4 per 28 days)
estradiol (twice weekly) (0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk))	$0 (Tier 1)	QL (8 per 28 days)
estradiol 0.05 mg patch (1/wk)	$0 (Tier 1)	QL (8 per 28 days)
estradiol valerate (20 mg/ml vl, 40 mg/ml vl, 50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)	$0 (Tier 1)	
ESTRING (2 MG VAGINAL RING, 7.5 MCG/DAY (2MG) RING)	$0 (Tier 1)	
FEMRING (0.05 VAG RING, 0.10 VAG RING)	$0 (Tier 1)	
IMVEXXY (4 MCG MAINTENANCE PACK, 4 MCG STARTER PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	$0 (Tier 1)	QL (18 per 28 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
LYLLANA (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	$0 (Tier 1)	QL (8 per 28 days)
MENOSTAR 14 MCG/DAY PATCH	$0 (Tier 1)	
PREMARIN VAGINAL CREAM-APPL	$0 (Tier 1)	
YUVAFEM (10 MCG INSERT, 10 MCG TABLET)	$0 (Tier 1)	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers), Other		
ABIGALE 1 MG-0.5 MG TABLET	$0 (Tier 1)	
ABIGALE LO 0.5-0.1 MG TABLET	$0 (Tier 1)	
ACTIVELLA 1 MG-0.5 MG TABLET	$0 (Tier 1)	
ALTAVERA-28 TABLET	$0 (Tier 1)	
ALYACEN 1-35 28 TABLET	$0 (Tier 1)	
ANGELIQ (0.25 MG-0.5 MG TABLET, 0.5 MG-1 MG TABLET)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
APRI 28 DAY TABLET	$0 (Tier 1)	
ARANELLE 28 TABLET	$0 (Tier 1)	
ASHLYNA 0.15-0.03-0.01 MG TAB	$0 (Tier 1)	
AUBRA EQ-28 TABLET	$0 (Tier 1)	
AUBRA-28 TABLET	$0 (Tier 1)	
AVIANE-28 TABLET	$0 (Tier 1)	
AZURETTE 28 DAY TABLET	$0 (Tier 1)	
BALCOLTRA TABLET	$0 (Tier 1)	
BALZIVA 28 TABLET	$0 (Tier 1)	
BEYAZ 28 TABLET	$0 (Tier 1)	
BLISOVI 24 FE TABLET	$0 (Tier 1)	
BLISOVI FE 1.5-30 TABLET	$0 (Tier 1)	
BRIELLYN 0.4 MG-0.035 MG TAB	$0 (Tier 1)	
CAMRESE LO TABLET	$0 (Tier 1)	
CLIMARA PRO PATCH	$0 (Tier 1)	
COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
CRYSELLE-28 TABLET	$0 (Tier 1)	
CYRED 28 DAY TABLET	$0 (Tier 1)	
CYRED EQ 28 DAY TABLET	$0 (Tier 1)	
DOLISHALE 90-20 MCG TABLET	$0 (Tier 1)	
drosp-ee-levomef 3-0.02-0.451	$0 (Tier 1)	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	$0 (Tier 1)	
ELURYNG VAGINAL RING	$0 (Tier 1)	
ENILLORING VAGINAL RING	$0 (Tier 1)	
ENSKYCE 28 TABLET	$0 (Tier 1)	
ESTARYLLA 0.25-0.035 MG TABLET	$0 (Tier 1)	
estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)	$0 (Tier 1)	
etonogestrel-ee vaginal ring	$0 (Tier 1)	
FALMINA-28 TABLET	$0 (Tier 1)	
FEIRZA (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
FEMLYV 1 MG-0.02 MG ODT	$0 (Tier 1)	
FINZALA 1-0.02(24)-75 CHEW TAB	$0 (Tier 1)	
FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)	$0 (Tier 1)	
GALBRIELA 0.8-0.025 MG CHEW TB	$0 (Tier 1)	
GEMMILY 1 MG-20 MCG CAPSULE	$0 (Tier 1)	
HAILEY 24 FE 1 MG-20 MCG TAB	$0 (Tier 1)	
HAILEY FE 1-20 TABLET	$0 (Tier 1)	
ICLEVIA 0.15 MG-0.03 MG TABLET	$0 (Tier 1)	
INTRAROSA 6.5 MG VAG INSERT	$0 (Tier 1)	PA
INTROVALE 0.15-0.03 MG TABLET	$0 (Tier 1)	
ISIBLOOM 28 DAY TABLET	$0 (Tier 1)	
JAIMIESS 0.15-0.03-0.01 MG TAB	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
JASMIEL 3 MG-0.02 MG TABLET	$0 (Tier 1)	
JINTELI 1 MG-5 MCG TABLET	$0 (Tier 1)	
JOYEAUX-28 TABLET	$0 (Tier 1)	
JULEBER 28 DAY TABLET	$0 (Tier 1)	
JUNEL (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	$0 (Tier 1)	
JUNEL FE (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	$0 (Tier 1)	
JUNEL FE 24 TABLET	$0 (Tier 1)	
KAITLIB FE 0.8-0.025MG CHEW TB	$0 (Tier 1)	
KARIVA 28 DAY TABLET	$0 (Tier 1)	
KELNOR 1-35 28 TABLET	$0 (Tier 1)	
KURVELO-28 TABLET	$0 (Tier 1)	
KYLEENA 19.5 MG SYSTEM	$0 (Tier 1)	
LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
LARIN FE (1-20 TABLET, 1.5-30 TABLET)	$0 (Tier 1)	
LESSINA-28 TABLET	$0 (Tier 1)	
LEVONEST-28 TABLET	$0 (Tier 1)	
levonor-e estrad 0.1-0.02-0.01	$0 (Tier 1)	
levonorg-ee-fe bis 0.1-0.02-36	$0 (Tier 1)	
levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03, estrad triphasic)	$0 (Tier 1)	
LILETTA 52 MG SYSTEM	$0 (Tier 1)	
LO LOESTRIN FE 1-10 TABLET	$0 (Tier 1)	
LOESTRIN (21 1-20 TABLET, 21 1.5-30 TABLET)	$0 (Tier 1)	
LOESTRIN FE (1-20 TABLET, 1.5-30 TABLET)	$0 (Tier 1)	
LOJAIMIESS 0.1-0.02-0.01 TAB	$0 (Tier 1)	
LORYNA 3 MG-0.02 MG TABLET	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
LOW-OGESTREL-28 TABLET	$0 (Tier 1)	
LUIZZA (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	$0 (Tier 1)	
MARLISSA-28 TABLET	$0 (Tier 1)	
MIBELAS 24 FE CHEWABLE TABLET	$0 (Tier 1)	
MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB)	$0 (Tier 1)	
MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)	$0 (Tier 1)	
MILI 0.25-0.035 MG TABLET	$0 (Tier 1)	
MIMVEY 1-0.5 MG TABLET	$0 (Tier 1)	
MINZOYA-28 TABLET	$0 (Tier 1)	
MIRENA 52 MG SYSTEM	$0 (Tier 1)	
NATAZIA 28 TABLET	$0 (Tier 1)	
NECON 0.5-35-28 TABLET	$0 (Tier 1)	
NEXTSTELLIS 3-14.2 MG TABLET	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
NIKKI 3 MG-0.02 MG TABLET	$0 (Tier 1)	
norelgestrom-ee 150-35 mcg/day	$0 (Tier 1)	
norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5, norethind-eth 1-0.02 mg)	$0 (Tier 1)	
norethindrone-e.estradiol-iron (1-0.02(24)-75 cap, 1-0.02(24)-75 chw)	$0 (Tier 1)	
norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)	$0 (Tier 1)	
NORTREL (0.5-35-28 TABLET, 1-35 21 TABLET, 1-35 28 TABLET, 7-7-7-28 TABLET)	$0 (Tier 1)	
NUVARING VAGINAL RING	$0 (Tier 1)	
NYLIA (1-35 28 TABLET, 7-7-7-28 TABLET)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
PIMTREA 28 DAY TABLET	$0 (Tier 1)	
PORTIA-28 TABLET	$0 (Tier 1)	
PREMPHASE 0.625-5 MG TABLET	$0 (Tier 1)	
PREMPRO (0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-2.5 MG TABLET, 0.625-5 MG TABLET)	$0 (Tier 1)	
RECLIPSEN 28 DAY TABLET	$0 (Tier 1)	
RIVELSA TABLET	$0 (Tier 1)	
ROSYRAH TABLET	$0 (Tier 1)	
SAFYRAL TABLET	$0 (Tier 1)	
SETLAKIN 0.15 MG-0.03 MG TAB	$0 (Tier 1)	
SKYLA 13.5 MG SYSTEM	$0 (Tier 1)	
SLYND 4 MG TABLET	$0 (Tier 1)	
SPRINTEC 28 DAY TABLET	$0 (Tier 1)	
SYEDA 28 TABLET	$0 (Tier 1)	
TARINA 24 FE 1 MG-20 MCG TAB	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
TARINA FE 1-20 EQ TABLET	$0 (Tier 1)	
TARINA FE 1-20 TABLET	$0 (Tier 1)	
TILIA FE 28 TABLET	$0 (Tier 1)	
TRI-ESTARYLLA TABLET	$0 (Tier 1)	
TRI-LEGEST FE-28 DAY TABLET	$0 (Tier 1)	
TRI-LO-ESTARYLLA TABLET	$0 (Tier 1)	
TRI-LO-SPRINTEC TABLET	$0 (Tier 1)	
TRI-MILI 28 TABLET	$0 (Tier 1)	
TRI-SPRINTEC TABLET	$0 (Tier 1)	
TRI-VYLIBRA 28 TABLET	$0 (Tier 1)	
TRI-VYLIBRA LO TABLET	$0 (Tier 1)	
TURQOZ-28 TABLET	$0 (Tier 1)	
TWIRLA 120-30 MCG/DAY PATCH	$0 (Tier 1)	
TYBLUME 0.1-0.02 MG CHEW TAB	$0 (Tier 1)	
TYDEMY 3-0.03-0.451 MG TABLET	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
VALTYA (1 MG-35 MCG TABLET, 1 MG-50 MCG TABLET)	$0 (Tier 1)	
VELIVET 28 DAY TABLET	$0 (Tier 1)	
VESTURA 3 MG-0.02 MG TABLET	$0 (Tier 1)	
VIENVA-28 TABLET	$0 (Tier 1)	
VIORELE 28 DAY TABLET	$0 (Tier 1)	
VYFEMLA 0.4 MG-0.035 MG TABLET	$0 (Tier 1)	
VYLIBRA 28 TABLET	$0 (Tier 1)	
WYMZYA FE (0.4-0.035 MG CHEW TB, CHEWABLE TABLET)	$0 (Tier 1)	
XARAH FE 1 MG/20-30-35 MCG TAB	$0 (Tier 1)	
XELRIA FE 0.4-0.035 MG CHEW TB	$0 (Tier 1)	
XULANE 150-35 MCG/DAY PATCH	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
YASMIN 28 TABLET	$0 (Tier 1)	
YAZ 28 TABLET	$0 (Tier 1)	
ZAFEMY 150-35 MCG/DAY PATCH	$0 (Tier 1)	
ZOVIA 1-35 TABLET	$0 (Tier 1)	
Progestins		
CAMILA 0.35 MG TABLET	$0 (Tier 1)	
CRINONE (4% GEL, 8% GEL)	$0 (Tier 1)	PA
DEBLITANE 0.35 MG TABLET	$0 (Tier 1)	
DEPO-SUBQ PROVERA 104 SYRINGE	$0 (Tier 1)	
ERRIN 0.35 MG TABLET	$0 (Tier 1)	
GALLIFREY 5 MG TABLET	$0 (Tier 1)	
HEATHER 0.35 MG TABLET	$0 (Tier 1)	
INCASSIA 0.35 MG TABLET	$0 (Tier 1)	
LYLEQ 0.35 MG TABLET	$0 (Tier 1)	
LYZA 0.35 MG TABLET	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)	$0 (Tier 1)	
megestrol 400 mg/10ml susp cup	$0 (Tier 1)	PA
megestrol acetate (20 mg tablet, 40 mg tablet)	$0 (Tier 1)	PA NSO
megestrol acetate 40mg/ml oral suspension	$0 (Tier 1)	PA
MELEYA 0.35 MG TABLET	$0 (Tier 1)	
NEXPLANON 68 MG IMPLANT	$0 (Tier 1)	
NORA-BE TABLET	$0 (Tier 1)	
norethindrn 5 mg tb (lupaneta)	$0 (Tier 1)	
norethindrone 0.35 mg tablet	$0 (Tier 1)	
norethindrone 5 mg tablet	$0 (Tier 1)	
ORQUIDEA 0.35 MG TABLET	$0 (Tier 1)	
progesterone (100 mg capsule, 200 mg capsule)	$0 (Tier 1)	
SHAROBEL 0.35 MG TABLET	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Selective Estrogen Receptor Modifying Agents		
DUAVEE 0.45-20 MG TABLET	$0 (Tier 1)	
raloxifene hcl 60 mg tablet	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium (13 mcg capsule, 25 mcg capsule, 25 mcg tablet, 50 mcg capsule, 50 mcg tablet, 75 mcg capsule, 75 mcg tablet, 88 mcg capsule, 88 mcg tablet, 100 mcg capsule, 100 mcg tablet, 112 mcg capsule, 112 mcg tablet, 125 mcg capsule, 125 mcg tablet, 137 mcg capsule, 137 mcg tablet, 150 mcg capsule, 150 mcg tablet, 175 mcg capsule, 175 mcg tablet, 200 mcg capsule, 200 mcg tablet, 300 mcg tablet)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	$0 (Tier 1)	
LIOMNY (5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET)	$0 (Tier 1)	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	$0 (Tier 1)	
REZDIFFRA (60 MG TABLET, 80 MG TABLET, 100 MG TABLET)	$0 (Tier 1)	PA, QL (30 per 30 days)
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
THYQUIDITY 100 MCG/5 ML SOLN	$0 (Tier 1)	
TIROSINT-SOL (13 MCG/ML SOLN, 25 MCG/ML SOLN, 37.5 MCG/ML SOLN, 44 MCG/ML SOLN, 50 MCG/ML SOLN, 62.5 MCG/ML SOLN, 75 MCG/ML SOLN, 88 MCG/ML SOLN, 100 MCG/ML SOLN, 112 MCG/ML SOLN, 125 MCG/ML SOLN, 137 MCG/ML SOLN, 150 MCG/ML SOLN, 175 MCG/ML SOLN, 200 MCG/ML SOLN)	$0 (Tier 1)	
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline 0.5 mg tablet	$0 (Tier 1)	
ELIGARD 22.5 MG SYRINGE	$0 (Tier 1)	PA NSO
ELIGARD 30 MG SYRINGE	$0 (Tier 1)	PA NSO
ELIGARD 30 MG SYRINGE KIT	$0 (Tier 1)	PA NSO
ELIGARD 45 MG SYRINGE	$0 (Tier 1)	PA NSO
ELIGARD 7.5 MG SYRINGE	$0 (Tier 1)	PA NSO
FIRMAGON (2 X 120 MG KIT, 2 X 120 MG VIALS, 80 MG KIT, 80 MG VIAL, 120 MG VIAL)	$0 (Tier 1)	PA NSO
leuprolide acetate (1 mg/0.2 ml vial, 2wk 1 mg/0.2 ml kit, 2wk 14 mg/2.8 ml kt, 2wk 14 mg/2.8 ml vl)	$0 (Tier 1)	PA NSO
LUPRON DEPOT (3.75 MG KIT, 7.5 MG 1 MONTH KT, 11.25 MG 3MO KIT, 22.5 MG 3MO KIT, 30 MG 4 MONTH KIT, 45 MG 6 MONTH KIT)	$0 (Tier 1)	PA NSO
LUPRON DEPOT (LUPANETA) (DEPO 11.25MG (LUPANETA), DEPOT 3.75MG (LUPANETA))	$0 (Tier 1)	PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
mifepristone 300 mg tablet	$0 (Tier 1)	PA, QL (120 per 30 days)
MYFEMBREE 40 MG-1 MG-0.5 MG TB	$0 (Tier 1)	PA
octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)	$0 (Tier 1)	PA
ORIAHNN 300-1-0.5MG/300MG CAPS	$0 (Tier 1)	PA
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	$0 (Tier 1)	PA, QL (60 per 30 days)
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	$0 (Tier 1)	PA
SYNAREL 2 MG/ML NASAL SPRAY	$0 (Tier 1)	PA, NDS
TRELSTAR (3.75 MG VIAL, 22.5 MG VIAL)	$0 (Tier 1)	PA NSO

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
TRELSTAR 11.25 MG VIAL	$0 (Tier 1)	PA NSO, NDS

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
propylthiouracil 50 mg tablet	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
Angioedema Agents		
CINRYZE (500 VIAL, 500 VIAL-DILUENT)	$0 (Tier 1)	PA
DAWNZERA 80 MG/0.8 ML PEN	$0 (Tier 1)	PA
HAEGARDA (2,000 VIAL, 3,000 VIAL)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
icatibant 30 mg/3 ml syringe	$0 (Tier 1)	PA NSO
SAJAZIR 30 MG/3 ML SYRINGE	$0 (Tier 1)	PA NSO
TAKHZYRO (150 MG/ML SYRINGE, 300 MG/2 ML SYRINGE)	$0 (Tier 1)	PA
Immunoglobulins		
GAMMAGARD LIQUID 10% VIAL	$0 (Tier 1)	PA
GAMMAGARD LIQUID ERC (LIQUID 5 G/50 ML, LIQUID 10G/100ML)	$0 (Tier 1)	PA
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	$0 (Tier 1)	PA, NDS
GAMUNEX-C 1 GRAM/10 ML VIAL	$0 (Tier 1)	PA
Immunological Agents		
ENTYVIO 108 MG/0.68 ML PEN	$0 (Tier 1)	PA, QL (1.36 per 28 days)
GRASTEK 2,800 BAU SL TABLET	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
ODACTRA 12 SQ-HDM SL TABLET	$0 (Tier 1)	PA
REZUROCK 200 MG TABLET	$0 (Tier 1)	PA NSO
TARPEYO DR 4 MG CAPSULE	$0 (Tier 1)	PA, QL (120 per 30 days)
TAVNEOS 10 MG CAPSULE	$0 (Tier 1)	PA, QL (180 per 30 days)
VOYDEYA (100 MG TABLET, 150 MG DOSE TABLET)	$0 (Tier 1)	PA, QL (180 per 30 days)
Immunological Agents, Other		
ACTEMRA 162 MG/0.9 ML SYRINGE	$0 (Tier 1)	PA
ACTEMRA ACTPEN 162 MG/0.9 ML	$0 (Tier 1)	PA
ANDEMBRY 200 MG/1.2 ML AUTOINJ	$0 (Tier 1)	PA
ARCALYST 220 MG VIAL	$0 (Tier 1)	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	$0 (Tier 1)	PA NSO
COSENTYX 300 MG DOSE-2 SYRINGE	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
COSENTYX SENSOREADY 150 MG PEN	$0 (Tier 1)	PA
COSENTYX SNRDY 300MG DOSE-2PEN	$0 (Tier 1)	PA
COSENTYX SYRINGE (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	$0 (Tier 1)	PA
COSENTYX UNOREADY 300 MG PEN	$0 (Tier 1)	PA
DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN)	$0 (Tier 1)	PA
DUPIXENT SYRINGE (200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE)	$0 (Tier 1)	PA
EMPAVELI 1,080 MG/20 ML VIAL	$0 (Tier 1)	PA, QL (160 per 28 days)
ICOTYDE 200 MG TABLET	$0 (Tier 1)	PA, QL (30 per 30 days)
IMULDOSA (45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE)	$0 (Tier 1)	PA
KEVZARA (150 MG/1.14 ML PEN INJ, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
KINERET 100 MG/0.67 ML SYRINGE	$0 (Tier 1)	PA
LEQSELVI 8 MG TABLET	$0 (Tier 1)	PA, QL (60 per 30 days)
LITFULO 50 MG CAPSULE	$0 (Tier 1)	PA, QL (30 per 30 days)
OLUMIANT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET)	$0 (Tier 1)	PA, QL (30 per 30 days)
OMVOH (200 MG/2 ML SYRINGE, 300 MG DOSE - 2 SYRINGES)	$0 (Tier 1)	PA
OMVOH PEN (200 MG/2 ML PEN, 300 MG DOSE - 2 PENS)	$0 (Tier 1)	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	$0 (Tier 1)	PA
ORENCIA CLICKJECT 125 MG/ML	$0 (Tier 1)	PA
OTULFI (45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE)	$0 (Tier 1)	PA
RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET)	$0 (Tier 1)	PA, QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
RINVOQ LQ 1 MG/ML SOLUTION	$0 (Tier 1)	PA, QL (1260 per 28 days)
SAPHNELO 120 MG/0.8 ML PEN	$0 (Tier 1)	PA NSO
SAPHNELO 120 MG/0.8 ML SYRINGE	$0 (Tier 1)	PA NSO
SILIQ 210 MG/1.5 ML SYRINGE	$0 (Tier 1)	PA
SKYRIZI (55 MG/0.37 ML SYRINGE, 150 MG/ML SYRINGE)	$0 (Tier 1)	PA
SKYRIZI 150 MG/ML PEN	$0 (Tier 1)	PA
SKYRIZI 180 MG/1.2 ML ON-BODY	$0 (Tier 1)	PA
SKYRIZI 360 MG/2.4 ML ON-BODY	$0 (Tier 1)	PA
SOTYKTU 6 MG TABLET	$0 (Tier 1)	PA, QL (30 per 30 days)
SPEVIGO 150 MG/ML SYRINGE	$0 (Tier 1)	PA, QL (2 per 28 days)
STEQEYMA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
TALTZ 80 MG/ML AUTOINJECTOR	$0 (Tier 1)	PA
TALTZ 80 MG/ML SYRINGE	$0 (Tier 1)	PA
TALTZ SYRINGE (20 MG/0.25 ML SYRINGE, 40 MG/0.5 ML SYRINGE)	$0 (Tier 1)	PA
tofacitinib 1 mg/ml solution	$0 (Tier 1)	PA, QL (300 per 30 days)
tofacitinib citrate (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	PA, QL (60 per 30 days)
tofacitinib citrate er (er 11 mg tablet, er 22 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
TREMFYA (100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE)	$0 (Tier 1)	PA
TREMFYA 100 MG/ML PEN	$0 (Tier 1)	PA
TREMFYA 200 MG/2 ML PEN	$0 (Tier 1)	PA
TREMFYA INDCT 200MG/2ML X2 PEN	$0 (Tier 1)	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
YESINTEK (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	$0 (Tier 1)	PA
ZILBRYSQ 16.6 MG/0.416 ML SYRN	$0 (Tier 1)	PA, QL (12 per 28 days)
ZILBRYSQ 23 MG/0.574 ML SYRING	$0 (Tier 1)	PA, QL (17 per 28 days)
ZILBRYSQ 32.4 MG/0.81 ML SYRNG	$0 (Tier 1)	PA, QL (23 per 28 days)
Immunostimulants		
ACTIMMUNE 100 MCG/0.5 ML VIAL	$0 (Tier 1)	PA NSO
BESREMI 500 MCG/0.5 ML PEN	$0 (Tier 1)	PA NSO
BESREMI 500 MCG/ML SYRINGE	$0 (Tier 1)	PA NSO
LEUKINE 250 MCG VIAL	$0 (Tier 1)	PA
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	$0 (Tier 1)	PA, NDS
Immunosuppressants		
adalimumab-aaty(cf) (adalimumab-aaty(cf) 20mg/0.2ml, adalimumab-aaty(cf) 40mg/0.4ml)	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
adalimumab-aaty(cf) autoinject (adalimumab-aaty(cf) 40mg/0.4ml, adalimumab-aaty(cf) 80mg/0.8ml)	$0 (Tier 1)	PA
adalimumab-aaty(cf) crohn 80mg	$0 (Tier 1)	PA
adalimumab-fkjp(cf) (adalimumab-fkjp(cf) 20 mg, adalimumab-fkjp(cf) 40 mg)	$0 (Tier 1)	PA
adalimumab-fkjp(cf) pen 40 mg	$0 (Tier 1)	PA
AZASAN (75 MG TABLET, 100 MG TABLET)	$0 (Tier 1)	PA BVD
azathioprine (50 mg tablet, 75 mg tablet, 100 mg tablet)	$0 (Tier 1)	PA BVD
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	$0 (Tier 1)	PA BVD
CIMZIA 2X200 MG VIAL KIT	$0 (Tier 1)	PA
CIMZIA 2X200 MG/ML SYRINGE KIT	$0 (Tier 1)	PA
cyclosporine (25 mg capsule, 100 mg capsule)	$0 (Tier 1)	PA BVD

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)	$0 (Tier 1)	PA BVD
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	$0 (Tier 1)	PA
ENBREL 50 MG/ML MINI CARTRIDGE	$0 (Tier 1)	PA
ENBREL 50 MG/ML SURECLICK	$0 (Tier 1)	PA
ENVARSUS XR (0.75 MG TABLET, 1 MG TABLET, 4 MG TABLET)	$0 (Tier 1)	PA BVD
everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)	$0 (Tier 1)	PA BVD
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE)	$0 (Tier 1)	PA BVD
HADLIMA 40 MG/0.8 ML SYRINGE	$0 (Tier 1)	PA
HADLIMA PUSHTOUCH 40 MG/0.8 ML	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
HADLIMA(CF) 40 MG/0.4 ML SYRNG	$0 (Tier 1)	PA
HADLIMA(CF) PUSHTOUCH 40MG/0.4	$0 (Tier 1)	PA
HYFTOR 0.2% GEL	$0 (Tier 1)	PA, QL (30 per 30 days)
JYLAMVO 2 MG/ML ORAL SOLUTION	$0 (Tier 1)	
leflunomide (10 mg tablet, 20 mg tablet)	$0 (Tier 1)	
methotrexate (2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)	$0 (Tier 1)	
methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 100 mg/4 ml vial, 200 mg/8 ml vial, 250 mg/10 ml vial)	$0 (Tier 1)	
mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)	$0 (Tier 1)	PA BVD
mycophenolic acid (dr 180 mg tb, dr 360 mg tb)	$0 (Tier 1)	PA BVD
MYFORTIC (180 MG TABLET, 360 MG TABLET)	$0 (Tier 1)	PA BVD

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
MYHIBBIN 200 MG/ML SUSPENSION	$0 (Tier 1)	PA BVD
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	$0 (Tier 1)	PA BVD
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE)	$0 (Tier 1)	PA BVD
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE)	$0 (Tier 1)	PA BVD
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	$0 (Tier 1)	PA, QL (3 per 28 days)
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE)	$0 (Tier 1)	PA, QL (1 per 28 days)
sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)	$0 (Tier 1)	PA BVD
tacrolimus (0.5 mg capsule, 0.5 mg capsule (ir), 1 mg capsule, 1 mg capsule (ir), 5 mg capsule, 5 mg capsule (ir))	$0 (Tier 1)	PA BVD

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
tacrolimus xl (0.5 mg capsule, 1 mg capsule, 5 mg capsule)	$0 (Tier 1)	PA BVD
TYENNE 162 MG/0.9 ML AUTOINJCT	$0 (Tier 1)	PA
TYENNE 162 MG/0.9 ML SYRINGE	$0 (Tier 1)	PA
XATMEP 2.5 MG/ML ORAL SOLUTION	$0 (Tier 1)	
YULITHIRA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	$0 (Tier 1)	PA NSO
ZORTRESS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	$0 (Tier 1)	PA BVD
ZYMFENTRA 120 MG/ML PEN KIT	$0 (Tier 1)	PA, QL (2 per 28 days)
ZYMFENTRA 120 MG/ML SYRINGE KT	$0 (Tier 1)	PA, QL (2 per 28 days)
Vaccines		
ABRYSVO VIAL	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
ACTHIB VACCINE	$0 (Tier 1)	
ADACEL TDAP (SYRINGE, VIAL)	$0 (Tier 1)	
AREXVY VACCINE	$0 (Tier 1)	
bcg vaccine (tice strain) vial	$0 (Tier 1)	
BEXSERO PREFILLED SYRINGE	$0 (Tier 1)	
BOOSTRIX TDAP VACCINE SYRINGE	$0 (Tier 1)	
DAPTACEL DTAP VACCINE	$0 (Tier 1)	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	$0 (Tier 1)	PA
ENGERIX-B PEDI 10 MCG/0.5 SYRN	$0 (Tier 1)	PA
GARDASIL 9 (9 SYRINGE, 9 VIAL)	$0 (Tier 1)	PA
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
HEPLISAV-B 20 MCG/0.5 ML SYRNG	$0 (Tier 1)	PA
HIBERIX VACCINE	$0 (Tier 1)	
IMOVAX RABIES VACCINE VIAL	$0 (Tier 1)	
INFANRIX DTAP VACCINE	$0 (Tier 1)	
IPOL VIAL	$0 (Tier 1)	
IXIARO VACCINE	$0 (Tier 1)	
JYNNEOS VACCINE	$0 (Tier 1)	
KINRIX VACCINE	$0 (Tier 1)	
M-M-R II VACCINE VIAL	$0 (Tier 1)	
MENQUADFI VIAL	$0 (Tier 1)	
MENVEO VACCINE	$0 (Tier 1)	
MRESVIA 50 MCG/0.5 ML SYRINGE	$0 (Tier 1)	
PEDIARIX 0.5 ML SYRINGE	$0 (Tier 1)	
PEDVAXHIB VACCINE VIAL	$0 (Tier 1)	
PENBRAYA VACCINE	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
PENMENVY MEN A-B-C-W-Y KIT	$0 (Tier 1)	
PENTACEL VACCINE	$0 (Tier 1)	
PRIORIX VIAL	$0 (Tier 1)	
PROQUAD VIAL	$0 (Tier 1)	
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	$0 (Tier 1)	
RABAVERT VACCINE	$0 (Tier 1)	NDS
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	$0 (Tier 1)	PA
ROTARIX VACCINE ORAL SYRINGE	$0 (Tier 1)	
ROTATEQ VACCINE	$0 (Tier 1)	
SHINGRIX VACCINE	$0 (Tier 1)	QL (2 per 365 days)
TENIVAC (SYRINGE, VIAL)	$0 (Tier 1)	
TICOVAC (1.2 MCG/0.25 ML SYRING, 2.4 MCG/0.5 ML SYRINGE)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Immunological Agents		
TRUMENBA 120 MCG/0.5 ML VACCIN	$0 (Tier 1)	
TWINRIX VACCINE SYRINGE	$0 (Tier 1)	
TYPHIM VI 25 MCG/0.5 ML SYRNG	$0 (Tier 1)	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	$0 (Tier 1)	
VARIVAX VACCINE	$0 (Tier 1)	
VAXCHORA VACCINE	$0 (Tier 1)	
VIMKUNYA 40 MCG/0.8 ML SYRINGE	$0 (Tier 1)	
VIVOTIF EC CAPSULE	$0 (Tier 1)	
YF-VAX (1 VIAL, 5 VIAL)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Inflammatory Bowel Disease Agents		
Aminosalicylates and/or Prodrugs		
balsalazide disodium 750 mg cp	$0 (Tier 1)	
mesalamine (4 gm/60 ml enema, 800 mg dr tablet, 1,000 mg supp)	$0 (Tier 1)	
mesalamine dr 1.2 gm tablet	$0 (Tier 1)	QL (120 per 30 days)
mesalamine dr 400 mg capsule	$0 (Tier 1)	
mesalamine er 500 mg capsule	$0 (Tier 1)	QL (240 per 30 days)
PENTASA 250 MG CAPSULE	$0 (Tier 1)	QL (480 per 30 days)
sulfasalazine 500 mg tablet	$0 (Tier 1)	
sulfasalazine dr 500 mg tab	$0 (Tier 1)	
Glucocorticoids		
ANUSOL-HC 2.5% CREAM	$0 (Tier 1)	QL (30 per 30 days)
budesonide 2 mg rectal foam	$0 (Tier 1)	PA
budesonide dr 3 mg capsule	$0 (Tier 1)	
budesonide ec 3 mg capsule	$0 (Tier 1)	
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg/60 ml)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sod 70 mg/75 ml	$0 (Tier 1)	
alendronate sodium (35 mg tab, 70 mg tab)	$0 (Tier 1)	QL (4 per 28 days)
alendronate sodium 10 mg tab	$0 (Tier 1)	QL (30 per 30 days)
BILDYOS 60 MG/ML SYRINGE	$0 (Tier 1)	PA NSO
BILPREVDA 120 MG/1.7 ML VIAL	$0 (Tier 1)	PA
BOMYNTRA (120 MG/1.7 ML SYRINGE, 120 MG/1.7 ML VIAL)	$0 (Tier 1)	PA
BONSITY 560 MCG/2.24 ML PEN	$0 (Tier 1)	PA
calcitonin-salmon (200 unit spr, 200 units sp)	$0 (Tier 1)	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)	$0 (Tier 1)	
cinacalcet hcl (30 mg tablet, 60 mg tablet, 90 mg tablet)	$0 (Tier 1)	PA BVD

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Metabolic Bone Disease Agents		
CONEXXENCE 60 MG/ML SYRINGE	$0 (Tier 1)	PA NSO
doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)	$0 (Tier 1)	
ibandronate sodium 150 mg tab	$0 (Tier 1)	QL (1 per 28 days)
paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)	$0 (Tier 1)	PA
PROLIA 60 MG/ML SYRINGE	$0 (Tier 1)	PA NSO
RAYALDEE (ER 30 MCG CAP (HARD), ER 30 MCG CAP (SOFT))	$0 (Tier 1)	PA, QL (60 per 30 days)
risedronate sodium 150 mg tab	$0 (Tier 1)	QL (1 per 28 days)
risedronate sodium 35 mg tab	$0 (Tier 1)	QL (4 per 28 days)
risedronate sodium 35 mg tab (dose pack of 12)	$0 (Tier 1)	QL (12 per 84 days)
SOHONOS (1 MG CAPSULE, 1.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)	$0 (Tier 1)	PA
teriparatide 560mcg/2.24ml pen	$0 (Tier 1)	PA
TYMLOS 80 MCG DOSE PEN INJECTR	$0 (Tier 1)	PA, QL (2 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine 1% eye drop	$0 (Tier 1)	PA
cyclosporine 0.05% eye emuls	$0 (Tier 1)	QL (60 per 30 days)
dorzolamide-timolol eye drops	$0 (Tier 1)	
MIEBO 100% EYE DROP	$0 (Tier 1)	QL (60 per 30 days)
neo-bacit-poly-hc eye ointment	$0 (Tier 1)	
neomyc-bacit-polymix eye oint	$0 (Tier 1)	
neomyc-polym-gramicid eye drop	$0 (Tier 1)	
neomycin-poly-hc eye drops	$0 (Tier 1)	
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	$0 (Tier 1)	
pilocarpine hcl 1.25% eye drop	$0 (Tier 1)	PA, QL (5 per 30 days)
sulf-pred 10-0.23% eye drops	$0 (Tier 1)	
TOBRADEX EYE OINTMENT	$0 (Tier 1)	QL (7 per 30 days), NDS
tobramycin-dexameth ophth susp	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Ophthalmic Agents		
TYRVAYA 0.03 MG NASAL SPRAY	$0 (Tier 1)	PA, QL (8.4 per 30 days)
XIIDRA 5% EYE DROPS	$0 (Tier 1)	QL (60 per 30 days)
Ophthalmic Anti-Infectives		
AZASITE 1% EYE DROPS	$0 (Tier 1)	
bacitracin-polymyxin eye oint	$0 (Tier 1)	
besifloxacin 0.6% eye drop	$0 (Tier 1)	PA, QL (5 per 30 days)
CILOXAN 0.3% OINTMENT	$0 (Tier 1)	PA
ciprofloxacin 0.3% eye drop	$0 (Tier 1)	
erythromycin 0.5% eye ointment	$0 (Tier 1)	
gatifloxacin 0.5% eye drops	$0 (Tier 1)	
gentamicin 0.3% eye drop	$0 (Tier 1)	
moxifloxacin (0.5% drops, 0.5% drp-visc)	$0 (Tier 1)	
NATACYN 5% EYE DROPS	$0 (Tier 1)	
ofloxacin 0.3% eye drops	$0 (Tier 1)	
polymyxin b-tmp eye drops	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Ophthalmic Agents		
sulfacetamide 10% eye drops	$0 (Tier 1)	
tobramycin 0.3% eye drop	$0 (Tier 1)	
TOBREX 0.3% EYE OINTMENT	$0 (Tier 1)	
trifluridine 1% eye drops	$0 (Tier 1)	
XDEMVY 0.25% DROP	$0 (Tier 1)	PA, NDS
ZIRGAN 0.15% OPHTHALMIC GEL	$0 (Tier 1)	
Ophthalmic Anti-allergy Agents		
azelastine hcl 0.05% drops	$0 (Tier 1)	
cromolyn 4% eye drops	$0 (Tier 1)	
Ophthalmic Anti-inflammatories		
bromfenac sodium 0.09% eye drp	$0 (Tier 1)	
dexamethasone 0.1% eye drop	$0 (Tier 1)	
diclofenac 0.1% eye drops	$0 (Tier 1)	
difluprednate 0.05% eye drop	$0 (Tier 1)	
FLAREX 0.1% EYE DROPS	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Ophthalmic Agents		
fluorometholone (0.1% drops, 0.1% eye drop)	$0 (Tier 1)	
flurbiprofen 0.03% eye drop	$0 (Tier 1)	
FML FORTE 0.25% EYE DROPS	$0 (Tier 1)	
ketorolac tromethamine (0.4% solution, 0.5% solution)	$0 (Tier 1)	
LOTEMAX 0.5% EYE OINTMENT	$0 (Tier 1)	QL (10 per 180 days)
loteprednol 0.5% ophthalmc gel	$0 (Tier 1)	QL (10 per 180 days)
loteprednol etabonate 0.2% drp	$0 (Tier 1)	NDS
loteprednol etabonate 0.5% drp	$0 (Tier 1)	
NEVANAC (0.1% DROPTAINER, 0.1% EYE DROP)	$0 (Tier 1)	QL (6 per 180 days)
PRED MILD 0.12% EYE DROPS	$0 (Tier 1)	
prednisolone ac 1% eye drop	$0 (Tier 1)	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl 0.5% eye drop	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Ophthalmic Agents		
carteolol hcl 1% eye drops	$0 (Tier 1)	
levobunolol 0.5% eye drops	$0 (Tier 1)	
timolol maleate (0.25% gel-solution, maleate 0.25% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.5% eye drops)	$0 (Tier 1)	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er 500 mg cap	$0 (Tier 1)	
apraclonidine hcl 0.5% drops	$0 (Tier 1)	
bimatoprost 0.03% eye drops	$0 (Tier 1)	ST
brimonidine tartrate (tartrate 0.1% drop, tartrate 0.15% drp, 0.2% eye drop)	$0 (Tier 1)	
brimonidine-timolol 0.2%-0.5%	$0 (Tier 1)	
brinzolamide 1% eye drops	$0 (Tier 1)	
dorzolamide hcl 2% eye drops	$0 (Tier 1)	
IOPIDINE 1% EYE DROP	$0 (Tier 1)	
latanoprost 0.005% eye drops	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Ophthalmic Agents		
methazolamide (25 mg tablet, 50 mg tablet)	$0 (Tier 1)	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	$0 (Tier 1)	
RHOPRESSA 0.02% OPHTH SOLUTION	$0 (Tier 1)	QL (5 per 30 days)
ROCKLATAN 0.02%-0.005% EYE DRP	$0 (Tier 1)	QL (5 per 30 days)
travoprost 0.004% eye drop	$0 (Tier 1)	ST
VYZULTA 0.024% OPHTH SOLUTION	$0 (Tier 1)	ST

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Otic Agents		
Otic Agents		
acetic acid 2% ear solution	$0 (Tier 1)	
ciproflox-dexameth otic susp	$0 (Tier 1)	
ciprofloxacin-hydrocort 0.2-1%	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Otic Agents		
fluocinolone oil 0.01% ear drp	$0 (Tier 1)	
neomycin-polymyxin-hc ear soln	$0 (Tier 1)	
neomycin-polymyxin-hc ear susp	$0 (Tier 1)	
ofloxacin 0.3% ear drops	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)	$0 (Tier 1)	QL (30 per 30 days)
budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)	$0 (Tier 1)	
flunisolide 0.025% spray	$0 (Tier 1)	ST, QL (50 per 30 days)
fluticasone prop 100mcg diskus	$0 (Tier 1)	QL (180 per 30 days)
fluticasone prop 250 mcg disk	$0 (Tier 1)	QL (240 per 30 days)
fluticasone prop 50 mcg diskus	$0 (Tier 1)	QL (120 per 30 days)
fluticasone prop 50 mcg spray	$0 (Tier 1)	QL (16 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Respiratory Tract/Pulmonary Agents		
QVAR REDIHALER (40 MCG, 80 MCG)	$0 (Tier 1)	QL (21.2 per 30 days)
Antihistamines		
azelastine 0.1% (137 mcg) spry	$0 (Tier 1)	QL (60 per 30 days)
cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)	$0 (Tier 1)	PA
desloratadine 5 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
levocetirizine 2.5 mg/5 ml sol	$0 (Tier 1)	
levocetirizine 5 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
Antileukotrienes		
montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
zafirlukast (10 mg tablet, 20 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT 17 MCG HFA INHALER	$0 (Tier 1)	QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Respiratory Tract/Pulmonary Agents		
ipratropium br 0.02% soln	$0 (Tier 1)	
ipratropium bromide (0.03% spray, 0.06% spray)	$0 (Tier 1)	QL (30 per 30 days)
SPIRIVA RESPIMAT (1.25 MCG, 2.5 MCG)	$0 (Tier 1)	QL (4 per 30 days)
tiotropium 18 mcg cap-inhaler	$0 (Tier 1)	QL (30 per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2 mg/5 ml syrup cup, sul 2.5 mg/3 ml soln, sulf 2 mg/5 ml syrup, 2.5 mg/0.5 ml sol, 5 mg/ml solution, 8 mg/20 ml syrup cup, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)	$0 (Tier 1)	
albuterol sulfate hfa 90 mcg inhaler (proair generic)	$0 (Tier 1)	QL (17 per 30 days)
albuterol sulfate hfa 90 mcg inhaler (proventil generic)	$0 (Tier 1)	QL (13.4 per 30 days)
albuterol sulfate hfa 90 mcg inhaler (ventolin generic)	$0 (Tier 1)	QL (36 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Respiratory Tract/Pulmonary Agents		
arformoterol 15 mcg/2 ml soln	$0 (Tier 1)	PA NSO
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	$0 (Tier 1)	QL (2 per 30 days), NDS
levalbuterol conc 1.25 mg/0.5	$0 (Tier 1)	PA NSO
levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol, 1.25 mg/3 ml sol)	$0 (Tier 1)	PA NSO
levalbuterol tar hfa 45mcg inh	$0 (Tier 1)	QL (30 per 30 days)
NEFFY (1 MG/0.1 ML NASAL SPRAY, 2 MG/0.1 ML NASAL SPRAY)	$0 (Tier 1)	QL (2 per 30 days), NDS
SEREVENT DISKUS 50 MCG	$0 (Tier 1)	QL (60 per 30 days)
STRIVERDI RESPIMAT INHAL SPRAY	$0 (Tier 1)	QL (4 per 30 days)
Cystic Fibrosis Agents		
CAYSTON 75 MG INHAL SOLUTION	$0 (Tier 1)	PA, NDS
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	$0 (Tier 1)	PA, QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Respiratory Tract/Pulmonary Agents		
ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)	$0 (Tier 1)	PA, QL (112 per 28 days)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	$0 (Tier 1)	PA, QL (56 per 28 days)
PULMOZYME 1 MG/ML AMPUL	$0 (Tier 1)	PA BVD
SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS)	$0 (Tier 1)	PA
TOBI PODHALER 28 MG INHALE CAP	$0 (Tier 1)	PA
tobramycin (300 mg/4 ml, 300 mg/5 ml)	$0 (Tier 1)	
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	$0 (Tier 1)	PA, QL (84 per 28 days)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	$0 (Tier 1)	PA, QL (56 per 28 days)
Mast Cell Stabilizers		
cromolyn sodium (20 mg/2 ml neb soln, 100 mg/5 ml oral conc)	$0 (Tier 1)	

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Respiratory Tract/Pulmonary Agents		
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast (250 mcg tablet, 500 mcg tablet)	$0 (Tier 1)	QL (30 per 30 days)
theophylline 80 mg/15 ml cup	$0 (Tier 1)	
theophylline 80 mg/15ml oral solution	$0 (Tier 1)	
theophylline anhydrous (er 100 mg tablet, er 200 mg tablet, er 300 mg tab, er 450 mg tab)	$0 (Tier 1)	
theophylline er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet)	$0 (Tier 1)	
Pulmonary Antihypertensives		
ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	$0 (Tier 1)	PA, LA
ALYQ 20 MG TABLET	$0 (Tier 1)	PA, QL (60 per 30 days)
ambrisentan (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Respiratory Tract/Pulmonary Agents		
bosentan (62.5 mg tablet, 125 mg tablet)	$0 (Tier 1)	PA, LA, QL (60 per 30 days)
bosentan 32 mg tablet for susp	$0 (Tier 1)	PA, QL (120 per 30 days)
ORENITRAM ER (ER 0.125 MG TABLET, ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET)	$0 (Tier 1)	PA
ORENITRAM MONTH 1 TITRATION KT	$0 (Tier 1)	PA
ORENITRAM MONTH 2 TITRATION KT	$0 (Tier 1)	PA
ORENITRAM MONTH 3 TITRATION KT	$0 (Tier 1)	PA
sildenafil 20 mg tablet	$0 (Tier 1)	PA
sildenafil citrate (10 mg/ml oral susp, 20 mg tablet)	$0 (Tier 1)	PA
tadalafil 20mg tablet (adcirca generic)	$0 (Tier 1)	PA, QL (60 per 30 days)
TADLIQ 20 MG/5 ML SUSPENSION	$0 (Tier 1)	PA, QL (300 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Respiratory Tract/Pulmonary Agents		
Pulmonary Fibrosis Agents		
JASCAYD (9 MG TABLET, 18 MG TABLET)	$0 (Tier 1)	PA, QL (60 per 30 days)
nintedanib esylate (100 mg cap, 150 mg cap)	$0 (Tier 1)	PA, QL (60 per 30 days)
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	$0 (Tier 1)	PA, QL (60 per 30 days)
pirfenidone (267 mg capsule, 267 mg tablet)	$0 (Tier 1)	PA, QL (270 per 30 days)
pirfenidone (534 mg tablet, 801 mg tablet)	$0 (Tier 1)	PA, QL (90 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine (10% vial, 20% vial)	$0 (Tier 1)	
BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR)	$0 (Tier 1)	QL (60 per 30 days)
BREYNA (80-4.5 MCG INHALER, 160-4.5 MCG INHALER)	$0 (Tier 1)	QL (33 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Respiratory Tract/Pulmonary Agents		
BREZTRI AEROSPHERE (160-18-4.8MCG, 160-9-4.8 MCG)	$0 (Tier 1)	QL (10.7 per 30 days)
BRINSUPRI (10 MG TABLET, 25 MG TABLET)	$0 (Tier 1)	PA, QL (30 per 30 days)
budesonide-formoterol fumarate (80-4.5, 160-4.5)	$0 (Tier 1)	QL (33 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG	$0 (Tier 1)	QL (4 per 30 days)
FASENRA (10 MG/0.5 ML SYRINGE, 30 MG/ML SYRINGE)	$0 (Tier 1)	PA
FASENRA PEN 30 MG/ML	$0 (Tier 1)	PA
fluticasone prop hfa 220 mcg	$0 (Tier 1)	QL (24 per 30 days)
fluticasone propionate hfa (hfa 44 mcg, hfa 110 mcg)	$0 (Tier 1)	QL (12 per 30 days)
fluticasone-salmeterol (100-50, 250-50, 500-50)	$0 (Tier 1)	QL (60 per 30 days)
fluticasone-salmeterol (55-14, 113-14, 232-14)	$0 (Tier 1)	QL (1 per 30 days)
fluticasone-salmeterol hfa (45-21, 115-21, 230-21)	$0 (Tier 1)	QL (12 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Respiratory Tract/Pulmonary Agents		
fluticasone-vilanterol (100-25, 200-25)	$0 (Tier 1)	QL (60 per 30 days)
iprat-albut 0.5-3(2.5) mg/3 ml	$0 (Tier 1)	
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	$0 (Tier 1)	PA, QL (3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE	$0 (Tier 1)	PA, QL (0.4 per 28 days)
STIOLTO RESPIMAT (INHAL SPRAY, INHALER (10), INHALER (28), INHALER (60))	$0 (Tier 1)	QL (4 per 30 days)
TEZSPIRE 210 MG/1.91 ML PEN	$0 (Tier 1)	PA, QL (1.91 per 28 days)
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25)	$0 (Tier 1)	QL (60 per 30 days)
WINREVAIR (2 PACK) (45 MG KIT, 60 MG KIT)	$0 (Tier 1)	PA
WINREVAIR 45 MG VIAL	$0 (Tier 1)	PA
WINREVAIR 60 MG VIAL	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Respiratory Tract/Pulmonary Agents		
WIXELA INHUB (100-50, 250-50, 500-50)	$0 (Tier 1)	QL (60 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
carisoprodol 350 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	PA, QL (90 per 30 days)
methocarbamol (500 mg tablet, 750 mg tablet)	$0 (Tier 1)	
orphenadrine er 100 mg tablet	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Sleep Disorder Agents		
Sleep Promoting Agents		
eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Sleep Disorder Agents		
ramelteon 8 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
tasimelteon 20 mg capsule	$0 (Tier 1)	PA, QL (30 per 30 days)
temazepam (15 mg capsule, 30 mg capsule)	$0 (Tier 1)	PA, QL (30 per 30 days), NDS
triazolam (0.125 mg tablet, 0.25 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days), NDS
zaleplon (5 mg capsule, 10 mg capsule)	$0 (Tier 1)	PA, QL (30 per 30 days)
zolpidem tartrate (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
zolpidem tartrate er (er 6.25 mg tab, er 12.5 mg tab)	$0 (Tier 1)	PA, QL (30 per 30 days)
Wakefulness Promoting Agents		
armodafinil (50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
modafinil (100 mg tablet, 200 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
sodium oxybate 0.5 g/ml soln	$0 (Tier 1)	PA

藥物名稱	您支付的藥物費用（層級）	必要行動，限制， 使用限制
Supplies		
Supplies		
gauze pads & dressings - pads 2 x 2	$0 (Tier 1)	ST
insulin pen needle	$0 (Tier 1)	ST, QL (200 per 30 days)
insulin syringe (disp) u-100 0.3 ml	$0 (Tier 1)	ST, QL (200 per 30 days)
insulin syringe (disp) u-100 1/2 ml	$0 (Tier 1)	ST, QL (200 per 30 days)
insulin syringe (disp) u-100 1ml	$0 (Tier 1)	ST, QL (200 per 30 days)
isopropyl alcohol 0.7ml/ml medicated pad	$0 (Tier 1)	ST
needles, insulin disp., safety	$0 (Tier 1)	ST, QL (200 per 30 days)

藥物索引

在本節中，您可以通過按字母順序搜索藥物名稱來查找藥物。這將提供您可以找到有關您藥物的其他承保信息的頁碼。

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