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

## 2025 年 承保藥物清單(處方集)

**請閱讀：本文件包含有關我們計劃承保藥物的信息**

此處方集於 10/17/2025 更新。

如需了解更多最新資訊或其他問題，請致電 **1-877-412-2734** TTY (**711**) 與我們聯絡, 服務時間爲每週 7 天、每天 24 小時 或瀏覽網站 **www.caloptima.org/OneCare**。

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## 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 承保哪些處方藥。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。CalOptima Health OneCare 的投保決於合約的續簽。CalOptima Health OneCare 遵守適用的聯邦民權法，不會基於種族、膚色、原國籍、年齡、殘疾或性別而歧視任何人。請致電聯絡 CalOptima Health OneCare 客戶服務部，免付費電話 **1-877-412-2734** (TTY **711**)，服務時間為每週 7 天，每天 24 小時。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，或致電 **1-877-412-2734** (TTY **711**)。服務時間為每週 7 天、每天 24 小時。該電話是免費的。
- 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。請致電 **1-877-412-2734** (TTY **711**)， 服務時間爲 每週 7 天、每天 24 小時。 該通話是免費的。

# 關於提供語言協助服務以及 輔助工具和服務的通知

## 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:

## ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា 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។

## 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。

## 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.

## ગુજરાતી (Gujarati)

ધ્યાન આપો: જો તમને તમારી ભાષામાં મદદની જરૂર હોય તો આ નંબર પર કૉલ કરો: **1-877-412-2734**
(TTY **711**). વિકલાંગ લોકો માટે સહાય અને સેવાઓ, જેમ કે બ્રેઇલ અને મોટી પ્રિન્ટમાં પણ દસ્તાવેજો ઉપલબ્ધ છે. કૉલ કરો: **1-877-412-2734** (TTY **711**). આ સેવા વિનામૂલ્યે ઉપલબ્ધ છે.

## 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).
ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ 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.

## Português (Portuguese)

ATENÇÃO: Se você precisar de ajuda no seu idioma, ligue para **1-877-412-2734** (TTY **711**). Serviços e auxílio para pessoas com incapacidades, como documentos em braile ou impressos com letras grandes, também estão disponíveis. Ligue para **1-877-412-2734** (TTY **711**). Esses serviços são gratuitos.

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-877-412-2734 (**TTY **711**). ਅਪਾਹਜ ਲੋਕਾਂ 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|

## Română (Romanian)

ATENȚIE: În cazul în care aveți nevoie de ajutor în limba dvs., sunați la 1-877-412-2734 (TTY 711). Sunt disponibile, de asemenea, ajutoare și servicii pentru persoanele cu dizabilități, precum documente în limbaj Braille și cu caractere mărite. Sunați la 1-877-412-2734
(TTY 711). Aceste servicii sunt gratuite.

## 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

## Türkçe (Turkish)

DIKKAT: Kendi dilinizde yardıma ihtiyacınız varsa 1-877-412-2734 (TTY 711) numaralı telefonu arayın. Braille alfabesi ve büyük harflerle yazılmış belgeler gibi engellilere yönelik yardım ve hizmetler de mevcuttur. Call: 1-877-412-2734 (TTY 711). Bu hizmetler ücretsizdir.

## 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.

## اردو (Urdu)

توجہ: اگر آپکو اپنی زبان میں مدد کی ضرورت ہے توکال کریں **1-877-412-2734** ( TTY **711**). معذور افراد کے لئے امداد اور خدمات ، جیسے بریل اور بڑے پرنٹ میں دستاویزات، بھی دستیاب ہیں۔ کال **1-877-412-2734** (TTY **711**). یہ خدمات مفت ہیں۔

## 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

❖ 免費提供阿拉伯語、中文、波斯語、韓語、西班牙語和越南語版的本文檔。

❖ 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：

- 其他文件有阿拉伯語、中文、波斯語、韓語、西班牙語和越南語版本。
- 可提供的其他格式有大字體、盲人點字、資料 CD 或語音檔案。
- 您提出的長期要求會保存在我們的系統中，將來的所有郵件和通訊均會據此提供。如欲取消或變更您的長期要求，請致電聯絡 OneCare 客戶服務部，電話 **1-877-412-2734** (TTY **711**)，服務時間為每週 7 天，每天 24 小時。該通話是免費的。

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

您對此*承保藥物清單*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*」。)

承保藥物清單中從 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路內的藥房購買。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。我們將這些藥局稱為「網路藥房」。

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) 以了解更多資訊。您也可以致電 Medi-Cal Rx 客戶服務中心，電話是 1-800-977-2273。透過 Medi-Cal Rx 取得處方藥時，請攜帶您的 Medi-Cal 受益人識別卡 (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，或是致電聯絡客戶服務，電話：**1-877-412-2734 (**TTY **711)，** 服務時間為每週 7 天，每天 24 小時。

### 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。
- 您也可以在每週 7 天、每天 24 小時 致電客戶服務部**1-877-412-2734 (**TTY **711)**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。欲了解更多信息，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信息，請參閱問題 B10-B12。

- **一種藥物被撤出市場**。如果美國食品藥物管理局 (Food and Drug Administration, FDA) 認為您正在服用的藥物不安全或不有效，或者該藥物的製造商將某種藥物從市場上撤下，我們可能會立即將其從*藥物清單*中刪除。如果您正在服用該藥物，我們將在做出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處方的醫生。

- 您也可以致電 CalOptima Health OneCare Complete 客戶服務部尋求協助，電話是 **1-877-412-2734** (TTY **711**)， 服務時間爲每週 7 天、每天 24 小時。

**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。
- 我們增加了副廠藥，取代目前在*藥物清單*上的原廠藥，或者
- 我們增加了一種新的生物相似藥來取代目前藥品清單上的原始生物製品，或者
- 我們變更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處方開立的醫生討論。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：**某些藥物需要您、您的醫生或其他處方開立者先向 CalOptima Health OneCare Complete 取得核准，然後您才能進行配藥。事先授權與轉介不同。如果您不取得事先核准，CalOptima Health OneCare Complete 可能不會承保相關藥物。

- **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中的表格有「必要行動、限制規定或使用限制」一欄。

### 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.我要如何在*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。品牌藥和仿製藥均列入該指數。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，請在第 20 頁找到「按照醫療病況排列的藥物清單」一節。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，請致電客戶服務部詢問，電話 **1-877-412-2734** (TTY **711**)，服務時間為每週 7 天，每天 24 小時。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**
- 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 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

如果您所服用的藥物未被 CalOptima Health OneCare Complete 視為 D 部份藥物，並且該藥物不在藥物清單中，並且您在獲取該藥物時遇到問題，則該藥物可能會由 Medi-Rx 承保。 如果 D 部分排除的藥物需要例外處理，並且您有緊急情況，Medi-Cal Rx 將允許不會少於 72 小時的藥量的供應。請瀏覽 Medi-Cal Rx 網站 (www.medi-calrx.dhcs.ca.gov) 以了解更多資訊。您也可以致電 800-977-2273 聯絡 Medi-Cal Rx 客戶服務中心。透過 Medi-Cal Rx 取得處方時，請攜帶您的 Medi-Cal BIC。

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某藥物的數額。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。客戶服務部會與您和您的開處方的醫生合作，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 節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，請致電聯絡 CalOptima Health OneCare Complete 客戶服務部，電話 **1-877-412-2734** (TTY **711**)。

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信息，請參閱*會員手冊* **第 5 章**。

### B15. 什麼是非處方 (OTC) 藥物？

OTC 代表 “非處方藥 (over-the-counter)”。CalOptima Health OneCare Complete 承保某些由您的醫療服務者開立處方的 OTC。
您可以閱讀 CalOptima Health OneCare Complete *會員手冊* **第 4 章** 了解承保哪些 OTC。

## 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？

- **100 天零售藥房方案。**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是$0。有關非處方藥和藥物以外產品的更多信息，請參閱問題 B15 和 B16。

等級是我們*藥物清單*中的藥物分組。

- 等級 1 藥物是副廠藥。共付額最高為 $0。
- 等級 2 藥物是原廠藥。共付額最高為 $0。

如果您有疑問，請致電客戶服務 **1-877-412-2734** (TTY **711**)服務時間爲每週 7 天、每天 24 小時。

## 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 承保範圍的所有藥物。

Medi-Cal Rx 可能承保其他的藥物，例如一些非處方 (OTC) 藥物和某些維生素。請瀏覽 Medi-Cal Rx 網站 (www.medi-calrx.dhcs.ca.gov) 以了解更多資訊。您也可以致電 800-977-2273 聯絡 Medi-Cal Rx 客戶服務中心。透過 Medi-Cal Rx 取得處方藥時，請攜帶您的 Medi-Cal 受益人識別卡 (BIC)。

**D 部分的上訴**

- 上訴是一種正式的方式，要求我們審查我們對您的承保所做的決定，并且如果您認為我們有錯誤，要求更改該決定。
- 例如，我們可能會決定您想要的某種藥物不在 Medicare 或 Medi-Cal 承保範圍內或不再承保。
- I 如果您或您開立的處方醫生不同意我們的決定，您可以提出上訴。如有任何疑問，請致電客戶服務部的電話 **1-877-412-2734** (TTY **711**)。服務時間爲每週 7 天、每天 24 小時。
- 您也可以閱讀*會員手冊* **第 9 章**，以了解如何對決定提出上訴。
- 不屬於 D 部分藥物的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。

以下說明「必要行動、限制規定或使用限制」欄中使用的代碼所代表的意義

| 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，請參閱您的藥房名冊或致電聯絡 CalOptima Health OneCare Complete 客戶服務部，電話 **1-877-412-2734** (TTY **711**)，服務時間為每週 7 天，每天 24 小時。 |

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））。「必要的行動、限製或使用限制」欄位中的資訊告訴您 CalOptima Health OneCare Complete 是否有任何承保您的藥物的規則。

| 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 2) | PA, QL (30 per 14 days) |
| ANALGESICS COMBINATIONS | | |
| *acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)* | $0 (Tier 1) | QL (120 per 30 days), PA NSO |
| *acetaminophen-codeine 120-12 mg/5* | $0 (Tier 1) | QL (5000 per 30 days), PA NSO |
| *butalbital-acetaminophen-caffeine 50-325-40 mg tablet* | $0 (Tier 1) | PA, QL (60 per 30 days) |
| ENDOCET (5-325 MG TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET) | $0 (Tier 1) | QL (120 per 30 days) |
| *hydrocodone-acetamin 10-325/15* | $0 (Tier 1) | QL (5000 per 30 days) |
| *hydrocodone-acetaminophen 10-325mg* | $0 (Tier 1) | QL (120 per 30 days) |
| *hydrocodone-acetaminophen 5-325mg* | $0 (Tier 1) | QL (120 per 30 days) |
| *hydrocodone-acetaminophen 7.5-325mg* | $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 |
|---|---|---|
| ANALGESICS | | |
| *hydrocodone-ibuprofen 7.5-200* | $0 (Tier 1) | QL (120 per 30 days) |
| *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) |
| 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 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) | |

| 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 | | |
| *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) | |
| 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) | |

| 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 | | |
| *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) |
| *levorphanol tartrate (2 mg tablet, 3 mg tablet)* | $0 (Tier 1) | PA NSO |
| *methadone hcl (5 mg/5 ml solution, hcl 5 mg tablet, 10 mg/5 ml solution, hcl 10 mg tablet)* | $0 (Tier 1) | PA NSO |
| *morphine sulfate er (sulf er 100 mg tablet, sulf er 200 mg tablet, sulfate er 100 mg cap, sulfate er 120 mg cap)* | $0 (Tier 1) | QL (60 per 30 days), PA NSO |
| *morphine sulfate er (sulf er 15 mg tablet, sulf er 30 mg tablet, sulf er 60 mg tablet, sulfate er 10 mg cap, sulfate er 20 mg cap, sulfate er 30 mg cap, sulfate er 45 mg cap, sulfate er 50 mg cap, sulfate er 60 mg cap, sulfate er 75 mg cap, sulfate er 80 mg cap, sulfate er 90 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 |
|---|---|---|
| ANALGESICS | | |
| *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) |
| *oxymorphone hcl er 7.5 mg tab* | $0 (Tier 1) | |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| *codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)* | $0 (Tier 1) | QL (120 per 30 days) |
| *hydromorphone hcl (1 mg/ml solution, 2 mg tablet, 4 mg tablet, 5 mg/5 ml soln, 8 mg tablet)* | $0 (Tier 1) | |
| *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) | |
| *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) | |

| 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) | |
| *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) |

| 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) | |
| TRIDACAINE 5% PATCH | $0 (Tier 1) | PA, QL (90 per 30 days) |
| TRIDACAINE II 5% PATCH | $0 (Tier 1) | PA, QL (90 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 | | |
| 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 hcl (2 mg tablet, 8 mg tablet)* | $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, buprenorphine-nalox 12-3mg flm, buprenorphn-naloxn 2-0.5 mg sl)* | $0 (Tier 1) | QL (90 per 30 days) |
| *lofexidine 0.18 mg tablet* | $0 (Tier 1) | PA |
| VIVITROL (380 MG VIAL, 380 MG VIAL-DILUENT) | $0 (Tier 2) | 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 2) | 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 2) | QL (2 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 2) | 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 2) | PA, QL (252 per 30 days) |
| *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, 2 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 | | |
| *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) | |
| DALVANCE 500 MG VIAL | $0 (Tier 2) | PA |
| *daptomycin (350 mg vial, 500 mg vial)* | $0 (Tier 1) | |
| *fosfomycin 3 gm sachet* | $0 (Tier 1) | |
| *linezolid (100 mg/5 ml susp, 600 mg tablet)* | $0 (Tier 1) | PA |
| *linezolid 600 mg/300 ml-d5w* | $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 | | |
| *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/5 ml susp, mcr 25 mg cap, mcr 50 mg cap, mcr 100 mg cap)* | $0 (Tier 1) | |
| *nitrofurantoin mono-mcr 100 mg* | $0 (Tier 1) | |
| *polymyxin b sulfate vial* | $0 (Tier 1) | |
| SIVEXTRO (200 MG TABLET, 200 MG VIAL) | $0 (Tier 2) | PA, QL (6 per 30 days) |
| SOLOSEC 2 GM GRANULE PACKET | $0 (Tier 2) | PA |
| *tigecycline 50 mg vial* | $0 (Tier 1) | PA |
| *tinidazole (250 mg tablet, 500 mg tablet)* | $0 (Tier 1) | |
| *trimethoprim 100 mg tablet* | $0 (Tier 1) | |
| *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) | |

| 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 125 mg capsule* | $0 (Tier 1) | PA, QL (160 per 30 days) |
| XIFAXAN (200 MG TABLET, 550 MG TABLET) | $0 (Tier 2) | PA |
| BETA-LACTAM, CEPHALOSPORINS | | |
| AVYCAZ 2.5 GRAM VIAL | $0 (Tier 2) | PA |
| *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) | |
| *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, 200 mg/5 ml susp, 400 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 |
|---|---|---|
| ANTIBACTERIALS | | |
| *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) | |
| *ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)* | $0 (Tier 1) | |
| *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) | |

| 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 | | |
| TAZICEF (1 GM ADD-VANTAGE VIAL, 1 GRAM VIAL, 6 GRAM VIAL) | $0 (Tier 1) | |
| TEFLARO (400 MG VIAL, 600 MG VIAL) | $0 (Tier 2) | PA |
| ZERBAXA 1.5 GRAM VIAL | $0 (Tier 2) | 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) | |
| *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, 10 gm bottle, 10 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 | | |
| *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 2) | |
| BICILLIN L-A (600,000 UNIT/ML, 1,200,000 UNITS, 2,400,000 UNITS) | $0 (Tier 2) | |
| *dicloxacillin sodium (250 mg capsule, 500 mg capsule)* | $0 (Tier 1) | |
| *nafcillin sodium (1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bottle, 10 gm bulk vial)* | $0 (Tier 1) | |
| *oxacillin 2 gm/ 50 ml inj* | $0 (Tier 1) | |
| *oxacillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm vial)* | $0 (Tier 1) | |
| *penicillin g na 5 million unit* | $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 | | |
| *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) | |
| *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)* | $0 (Tier 1) | |
| CARBAPENEMS | | |
| *ertapenem 1 gram vial* | $0 (Tier 1) | |
| *imipenem-cilastatin sodium (250 mg vl, 500 mg vl)* | $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 | | |
| *meropenem (iv 1 gm vial, iv 500 mg vial)* | $0 (Tier 1) | |
| VABOMERE 2 GRAM VIAL | $0 (Tier 2) | PA |
| 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 200 MG TABLET | $0 (Tier 2) | QL (20 per 10 days) |
| DIFICID 40 MG/ML SUSPENSION | $0 (Tier 2) | QL (136 per 10 days) |
| ERYTHROCIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL) | $0 (Tier 2) | |

| 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 (250 mg tablet, 500 mg tablet)* | $0 (Tier 1) | |
| QUINOLONES | | |
| BAXDELA (300 MG VIAL, 450 MG TABLET) | $0 (Tier 2) | PA, QL (28 per 14 days) |
| *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) | |
| *moxifloxacin hcl 400 mg tablet* | $0 (Tier 1) | QL (30 per 30 days) |
| *ofloxacin (300 mg tablet, 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 |
|---|---|---|
| ANTIBACTERIALS | | |
| 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 | | |
| BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET) | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| BRIVIACT 10 MG/ML ORAL SOLN | $0 (Tier 2) | QL (600 per 30 days), PA NSO |
| DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET) | $0 (Tier 2) | 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 2) | 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 2) | QL (360 per 30 days), PA NSO |
| FYCOMPA 0.5 MG/ML ORAL SUSP | $0 (Tier 2) | QL (680 per 28 days) |
| *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 tablet, 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 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) |
| SPRITAM (250 MG TABLET, 500 MG TABLET) | $0 (Tier 2) | |
| SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | $0 (Tier 1) | |
| SUBVENITE TAB START KIT (BLUE) | $0 (Tier 1) | |
| SUBVENITE TAB START KIT(GREEN) | $0 (Tier 1) | |
| SUBVENITE TAB START KT(ORANGE) | $0 (Tier 1) | |
| *topiramate (15 mg cap, 25 mg cap, 50 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 |
|---|---|---|
| ANTICONVULSANTS | | |
| *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 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) | |
| *clonazepam (0.5 mg tablet, 1 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 |
|---|---|---|
| ANTICONVULSANTS | | |
| *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 sys, 2.5mg rectal gel(2pk), 10 mg rectal gel syrg, 10 mg rectal gel syst, 10mg rectal gel (2pk), 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) |
| *gabapentin 400 mg capsule* | $0 (Tier 1) | QL (300 per 30 days) |
| *gabapentin 800 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 |
|---|---|---|
| ANTICONVULSANTS | | |
| NAYZILAM 5 MG NASAL SPRAY | $0 (Tier 2) | 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 2) | QL (60 per 30 days), PA NSO |
| *tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 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 | | |
| VALTOCO (5 MG NASAL SPRAY, 10 MG NASAL SPRAY, 15 MG NASAL SPRAY, 20 MG NASAL SPRAY) | $0 (Tier 2) | 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 2) | PA NSO |
| VIGPODER 500 MG POWDER PACKET | $0 (Tier 1) | PA NSO |
| ZTALMY 50 MG/ML SUSPENSION | $0 (Tier 2) | QL (1100 per 30 days), PA NSO |
| SODIUM CHANNEL AGENTS | | |
| *carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tab chew, 200 mg tablet, 200 mg/10 ml cup)* | $0 (Tier 1) | |
| *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) | |

| 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 | | |
| DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE) | $0 (Tier 1) | |
| DILANTIN 125 MG/5 ML SUSP | $0 (Tier 1) | |
| *eslicarbazepine 800 mg tablet* | $0 (Tier 1) | QL (30 per 30 days), PA NSO |
| *eslicarbazepine acetate (200 mg tablet, 400 mg tablet, 600 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) | |
| PHENYTEK (200 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 |
|---|---|---|
| ANTICONVULSANTS | | |
| *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 2) | QL (28 per 28 days), PA NSO |
| XCOPRI (150 MG TABLET, 200 MG TABLET) | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| XCOPRI (25 MG TABLET, 50 MG TABLET, 100 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| XCOPRI (250 MG DAILY PACK, 350 MG DAILY PACK) | $0 (Tier 2) | QL (56 per 28 days), PA NSO |
| ZONISADE 100 MG/5 ML ORAL SUSP | $0 (Tier 2) | 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 | | |
| CHOLINESTERASE INHIBITORS | | |
| ADLARITY (5 MG/DAY PATCH, 10MG/DAY PATCH) | $0 (Tier 2) | PA, QL (4 per 28 days) |
| *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) |
| *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) |

| 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 | | |
| *memantine hcl (5-10 mg titration pk, hcl 5 mg tablet, hcl 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 2) | QL (60 per 30 days), PA NSO |
| *bupropion hcl 100 mg tablet* | $0 (Tier 1) | QL (120 per 30 days) |
| *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)* | $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 |
|---|---|---|
| ANTIDEPRESSANTS | | |
| *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 |
| ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE) | $0 (Tier 2) | QL (28 per 180 days), PA NSO |
| ZURZUVAE 30 MG CAPSULE | $0 (Tier 2) | 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 2) | PA NSO |
| MARPLAN 10 MG TABLET | $0 (Tier 2) | |
| *phenelzine sulfate 15 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 |
|---|---|---|
| ANTIDEPRESSANTS | | |
| *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 2) | QL (30 per 30 days), PA NSO |
| *desvenlafaxine er 100 mg tab* | $0 (Tier 2) | 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 2) | 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) |

| 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 | | |
| *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 2) | QL (30 per 30 days), PA NSO |
| FETZIMA 20-40 MG TITRATION PAK | $0 (Tier 2) | QL (28 per 28 days), PA NSO |
| *fluoxetine hcl (10 mg capsule, 10 mg tablet, 40 mg capsule)* | $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) |
| *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 (50 mg tablet, 100 mg tablet, 200 mg tablet, 250 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 |
|---|---|---|
| ANTIDEPRESSANTS | | |
| *nefazodone hcl 150 mg tablet* | $0 (Tier 1) | QL (120 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) | |
| *pmdd fluoxetine 20mg tablet* | $0 (Tier 1) | |
| RALDESY 10 MG/ML SOLUTION | $0 (Tier 2) | 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 2) | 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 | | |
| *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) |
| *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) | |

| 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 | | |
| *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 |
| *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) |

| 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 | | |
| *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 2) | PA, QL (9.8 per 28 days) |
| *meclizine hcl (12.5 mg tablet, 25 mg tablet)* | $0 (Tier 1) | |
| *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) | |
| *prochlorperazine 25 mg supp* | $0 (Tier 1) | |
| *prochlorperazine maleate (5 mg tablet, 10 mg tab)* | $0 (Tier 1) | PA NSO |
| *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 |

| 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 | | |
| 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) |
| *aprepitant 125-80-80 mg pack* | $0 (Tier 1) | PA |
| *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 |
| *caspofungin acetate (50 mg vial, 70 mg vial)* | $0 (Tier 1) | PA |
| *clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)* | $0 (Tier 1) | |
| ERAXIS (50 MG VIAL, 100 MG VIAL) | $0 (Tier 2) | PA |
| *fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)* | $0 (Tier 1) | |
| *fluconazole 150 mg tablet* | $0 (Tier 1) | QL (4 per 30 days) |
| *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, 500 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 |
|---|---|---|
| ANTIFUNGALS | | |
| *griseofulvin (125 mg/5 ml susp, micro 500 mg tab)* | $0 (Tier 1) | |
| *griseofulvin ultramicrosize (125 mg tab, 250 mg tab)* | $0 (Tier 1) | |
| *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) | |
| KLAYESTA 100,000 UNIT/GM POWD | $0 (Tier 1) | |
| *micafungin (50 mg vial, 100 mg vial)* | $0 (Tier 1) | |
| *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) | |

| 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 | | |
| NYSTOP 100,000 UNIT/GM POWDER | $0 (Tier 1) | |
| *posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)* | $0 (Tier 1) | PA |
| *terbinafine hcl 250 mg tablet* | $0 (Tier 1) | |
| *terconazole (0.4% cream, 0.8% cream, 80 mg suppository)* | $0 (Tier 1) | |
| *voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet)* | $0 (Tier 1) | PA |
| *voriconazole 200 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 |
|---|---|---|
| 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) | |
| GLOPERBA 0.6 MG/5 ML SOLUTION | $0 (Tier 2) | 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 |
|---|---|---|
| ANTIGOUT AGENTS | | |
| *probenecid 500 mg tablet* | $0 (Tier 1) | |
| *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 2) | PA, QL (28.8 per 6 days) |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS | | |
| AIMOVIG AUTOINJECTOR (70 MG/ML, 140 MG/ML) | $0 (Tier 2) | PA, QL (1 per 28 days) |
| AJOVY 225 MG/1.5 ML AUTOINJECT | $0 (Tier 2) | PA, QL (1.5 per 28 days) |
| AJOVY 225 MG/1.5 ML SYRINGE | $0 (Tier 2) | PA, QL (1.5 per 28 days) |
| EMGALITY 120 MG/ML PEN | $0 (Tier 2) | PA, QL (2 per 28 days) |
| EMGALITY 120 MG/ML SYRINGE | $0 (Tier 2) | 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 2) | PA, QL (3 per 28 days) |
| NURTEC ODT 75 MG TABLET | $0 (Tier 2) | PA, QL (18 per 30 days) |
| UBRELVY (50 MG TABLET, 100 MG TABLET) | $0 (Tier 2) | PA, QL (16 per 30 days) |
| ZAVZPRET 10 MG NASAL SPRAY | $0 (Tier 2) | PA, QL (8 per 30 days) |
| ERGOT ALKALOIDS | | |
| *dihydroergotamine 4 mg/ml spry* | $0 (Tier 1) | PA |
| MIGERGOT (, 2-100 MG) | $0 (Tier 1) | QL (24 per 30 days) |
| 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 (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 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 2) | 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) | |
| 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) | |
| PRIFTIN 150 MG TABLET | $0 (Tier 2) | |
| *pyrazinamide 500 mg tablet* | $0 (Tier 1) | |
| *rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)* | $0 (Tier 1) | |
| SIRTURO (20 MG TABLET, 100 MG TABLET) | $0 (Tier 2) | 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, 25 mg tablet, 50 mg capsule, 50 mg tablet)* | $0 (Tier 1) | PA NSO |
| GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE) | $0 (Tier 2) | PA NSO |
| LEUKERAN 2 MG TABLET | $0 (Tier 2) | |
| MATULANE 50 MG CAPSULE | $0 (Tier 2) | |
| 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 2) | 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 | | |
| ERLEADA 60 MG TABLET | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| EULEXIN 125 MG CAPSULE | $0 (Tier 2) | QL (180 per 30 days), PA NSO |
| *nilutamide 150 mg tablet* | $0 (Tier 1) | |
| NUBEQA 300 MG TABLET | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| XTANDI (40 MG CAPSULE, 40 MG TABLET) | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| XTANDI 80 MG TABLET | $0 (Tier 2) | QL (90 per 30 days), PA NSO |
| YONSA 125 MG TABLET | $0 (Tier 2) | 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 2) | 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, 100 MG CAPSULE) | $0 (Tier 2) | PA NSO |
| ANTIESTROGENS/MODIFIERS | | |
| ORSERDU 345 MG TABLET | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| ORSERDU 86 MG TABLET | $0 (Tier 2) | QL (90 per 30 days), PA NSO |
| SOLTAMOX (10 MG/5 ML SOLN, 20 MG/10 ML SOLN) | $0 (Tier 2) | |
| *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 2) | PA NSO |
| TABLOID 40 MG TABLET | $0 (Tier 2) | |
| ANTINEOPLASTICS | | |
| AVMAPKI-FAKZYNJA CO-PACK | $0 (Tier 2) | QL (66 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 | | |
| ANTINEOPLASTICS, OTHER | | |
| AUGTYRO 160 MG CAPSULE | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| AUGTYRO 40 MG CAPSULE | $0 (Tier 2) | QL (240 per 30 days), PA NSO |
| *hydroxyurea 500 mg capsule* | $0 (Tier 1) | |
| INQOVI 35 MG-100 MG TABLET | $0 (Tier 2) | QL (5 per 28 days), PA NSO |
| IWILFIN 192 MG TABLET | $0 (Tier 2) | QL (240 per 30 days), PA NSO |
| KISQALI FEMARA 400 MG CO-PACK | $0 (Tier 2) | QL (70 per 28 days), PA NSO |
| KISQALI FEMARA 600 MG CO-PACK | $0 (Tier 2) | QL (91 per 28 days), PA NSO |
| LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET) | $0 (Tier 2) | PA NSO |
| LYSODREN 500 MG TABLET | $0 (Tier 2) | |
| OGSIVEO (100 MG TABLET, 150 MG TABLET) | $0 (Tier 2) | 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 | | |
| OGSIVEO 50 MG TABLET | $0 (Tier 2) | QL (180 per 30 days), PA NSO |
| ORGOVYX 120 MG TABLET | $0 (Tier 2) | QL (32 per 30 days), PA NSO |
| REVUFORJ 110 MG TABLET | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| REVUFORJ 160 MG TABLET | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| REVUFORJ 25 MG TABLET | $0 (Tier 2) | QL (240 per 30 days), PA NSO |
| TABRECTA (150 MG TABLET, 200 MG TABLET) | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| TEPMETKO 225 MG TABLET | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| ZOLINZA 100 MG CAPSULE | $0 (Tier 2) | |
| AROMATASE INHIBITORS, 3RD GENERATION | | |
| *anastrozole 1 mg tablet* | $0 (Tier 1) | |
| *exemestane 25 mg tablet* | $0 (Tier 1) | |
| *letrozole 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 |
|---|---|---|
| ANTINEOPLASTICS | | |
| MOLECULAR TARGET INHIBITORS | | |
| AKEEGA (50-500 MG TABLET, 100-500 MG TABLET) | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| ALECENSA 150 MG CAPSULE | $0 (Tier 2) | QL (240 per 30 days), PA NSO |
| ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| ALUNBRIG 30 MG TABLET | $0 (Tier 2) | 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 2) | QL (30 per 30 days), PA NSO |
| BALVERSA 3 MG TABLET | $0 (Tier 2) | QL (90 per 30 days), PA NSO |
| BALVERSA 4 MG TABLET | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| BALVERSA 5 MG TABLET | $0 (Tier 2) | 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 | | |
| BOSULIF (100 MG CAPSULE, 100 MG TABLET) | $0 (Tier 2) | QL (180 per 30 days), PA NSO |
| BOSULIF (50 MG CAPSULE, 400 MG TABLET, 500 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| BRAFTOVI 75 MG CAPSULE | $0 (Tier 2) | QL (180 per 30 days), PA NSO |
| BRUKINSA 80 MG CAPSULE | $0 (Tier 2) | PA NSO |
| CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| CALQUENCE 100 MG TABLET | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| CAPRELSA 100 MG TABLET | $0 (Tier 2) | QL (60 per 30 days) |
| CAPRELSA 300 MG TABLET | $0 (Tier 2) | QL (30 per 30 days) |
| COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK) | $0 (Tier 2) | PA NSO |
| COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE) | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| COTELLIC 20 MG TABLET | $0 (Tier 2) | QL (63 per 21 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 | | |
| DANZITEN (71 MG TABLET, 95 MG TABLET) | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| *dasatinib (20 mg tablet, 50 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)* | $0 (Tier 1) | QL (30 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 2) | QL (30 per 30 days), PA NSO |
| DAURISMO 25 MG TABLET | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| ERIVEDGE 150 MG CAPSULE | $0 (Tier 2) | |
| *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 2) | QL (21 per 21 days), PA NSO |
| FRUZAQLA 1 MG CAPSULE | $0 (Tier 2) | QL (84 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 | | |
| FRUZAQLA 5 MG CAPSULE | $0 (Tier 2) | QL (21 per 28 days), PA NSO |
| GAVRETO 100 MG CAPSULE | $0 (Tier 2) | 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 2) | QL (30 per 30 days), PA NSO |
| GOMEKLI 1 MG CAPSULE | $0 (Tier 2) | QL (126 per 28 days), PA NSO |
| GOMEKLI 1 MG TABLET FOR SUSP | $0 (Tier 2) | QL (168 per 28 days), PA NSO |
| GOMEKLI 2 MG CAPSULE | $0 (Tier 2) | QL (84 per 28 days), PA NSO |
| HERNEXEOS 60 MG TABLET | $0 (Tier 2) | QL (90 per 30 days), PA NSO |
| IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET) | $0 (Tier 2) | QL (21 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 | | |
| IBTROZI 200 MG CAPSULE | $0 (Tier 2) | QL (90 per 30 days), PA NSO |
| ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| IDHIFA (50 MG TABLET, 100 MG TABLET) | $0 (Tier 2) | 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 2) | QL (30 per 30 days), PA NSO |
| IMBRUVICA 140 MG CAPSULE | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| IMBRUVICA 70 MG/ML SUSPENSION | $0 (Tier 2) | QL (216 per 30 days), PA NSO |
| IMKELDI 80 MG/ML SOLUTION | $0 (Tier 2) | QL (300 per 30 days), PA NSO |
| INLYTA 1 MG TABLET | $0 (Tier 2) | PA NSO |
| INLYTA 5 MG TABLET | $0 (Tier 2) | 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 | | |
| INREBIC 100 MG CAPSULE | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| ITOVEBI 3 MG TABLET | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| ITOVEBI 9 MG TABLET | $0 (Tier 2) | 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 2) | QL (60 per 30 days), PA NSO |
| JAYPIRCA 100 MG TABLET | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| JAYPIRCA 50 MG TABLET | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| KISQALI 200 MG DAILY DOSE | $0 (Tier 2) | QL (21 per 28 days), PA NSO |
| KISQALI 400 MG DAILY DOSE | $0 (Tier 2) | QL (42 per 28 days), PA NSO |
| KISQALI 600 MG DAILY DOSE | $0 (Tier 2) | QL (63 per 28 days), PA NSO |
| KOSELUGO 10 MG CAPSULE | $0 (Tier 2) | 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 | | |
| KOSELUGO 25 MG CAPSULE | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| KRAZATI 200 MG TABLET | $0 (Tier 2) | QL (180 per 30 days), PA NSO |
| *lapatinib 250 mg tablet* | $0 (Tier 1) | PA NSO |
| LAZCLUZE (80 MG TABLET, 240 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY) | $0 (Tier 2) | 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 2) | QL (60 per 30 days), PA NSO |
| LENVIMA 14 MG DAILY DOSE | $0 (Tier 2) | PA NSO |
| LORBRENA 100 MG TABLET | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| LORBRENA 25 MG TABLET | $0 (Tier 2) | QL (90 per 30 days), PA NSO |
| LUMAKRAS 120 MG TABLET | $0 (Tier 2) | QL (240 per 30 days), PA NSO |
| LUMAKRAS 240 MG TABLET | $0 (Tier 2) | 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 | | |
| LUMAKRAS 320 MG TABLET | $0 (Tier 2) | QL (90 per 30 days), PA NSO |
| LYNPARZA (100 MG TABLET, 150 MG TABLET) | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| LYTGOBI 12 MG DOSE (3X 4MG TB) | $0 (Tier 2) | QL (84 per 28 days), PA NSO |
| LYTGOBI 16 MG DOSE (4X 4MG TB) | $0 (Tier 2) | QL (112 per 28 days), PA NSO |
| LYTGOBI 20 MG DOSE (5X 4MG TB) | $0 (Tier 2) | QL (140 per 28 days), PA NSO |
| MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET) | $0 (Tier 2) | PA NSO |
| MEKTOVI 15 MG TABLET | $0 (Tier 2) | QL (180 per 30 days), PA NSO |
| MODEYSO 125 MG CAPSULE | $0 (Tier 2) | QL (20 per 28 days), PA NSO |
| NERLYNX 40 MG TABLET | $0 (Tier 2) | QL (180 per 30 days), PA NSO |
| NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE) | $0 (Tier 2) | QL (3 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 | | |
| ODOMZO 200 MG CAPSULE | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| OJEMDA (100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE)) | $0 (Tier 2) | QL (24 per 28 days), PA NSO |
| OJEMDA 100 MG TAB (400MG DOSE) | $0 (Tier 2) | QL (16 per 28 days), PA NSO |
| OJEMDA 25 MG/ML ORAL SUSP | $0 (Tier 2) | QL (96 per 28 days), PA NSO |
| OJJAARA (100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| *pazopanib hcl 200 mg tablet* | $0 (Tier 1) | QL (120 per 30 days), PA NSO |
| PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET) | $0 (Tier 2) | QL (14 per 21 days), PA NSO |
| PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK) | $0 (Tier 2) | QL (56 per 28 days), PA NSO |
| PIQRAY 200 MG DAILY DOSE PACK | $0 (Tier 2) | QL (28 per 28 days), PA NSO |
| QINLOCK 50 MG TABLET | $0 (Tier 2) | 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 | | |
| RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET) | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| RETEVMO 40 MG TABLET | $0 (Tier 2) | QL (90 per 30 days), PA NSO |
| REZLIDHIA 150 MG CAPSULE | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| ROMVIMZA (14 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE) | $0 (Tier 2) | QL (8 per 28 days), PA NSO |
| ROZLYTREK 100 MG CAPSULE | $0 (Tier 2) | QL (180 per 30 days), PA NSO |
| ROZLYTREK 200 MG CAPSULE | $0 (Tier 2) | QL (90 per 30 days), PA NSO |
| ROZLYTREK 50 MG PELLET PACKET | $0 (Tier 2) | QL (360 per 30 days), PA NSO |
| RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET) | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| RYDAPT 25 MG CAPSULE | $0 (Tier 2) | 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 | | |
| SCEMBLIX 100 MG TABLET | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| SCEMBLIX 20 MG TABLET | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| SCEMBLIX 40 MG TABLET | $0 (Tier 2) | QL (300 per 30 days), PA NSO |
| *sorafenib 200 mg tablet* | $0 (Tier 1) | QL (120 per 30 days), PA NSO |
| STIVARGA 40 MG TABLET | $0 (Tier 2) | 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 2) | PA NSO |
| TAGRISSO (40 MG TABLET, 80 MG TABLET) | $0 (Tier 2) | 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 2) | 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 | | |
| TALZENNA (0.25 MG CAPSULE, 0.25 MG SOFTGEL) | $0 (Tier 2) | QL (90 per 30 days), PA NSO |
| TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE) | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| TAZVERIK 200 MG TABLET | $0 (Tier 2) | QL (240 per 30 days), PA NSO |
| TIBSOVO 250 MG TABLET | $0 (Tier 2) | 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 |
| TRUQAP (160 MG TABLET, 200 MG TABLET) | $0 (Tier 2) | QL (64 per 28 days), PA NSO |
| TUKYSA 150 MG TABLET | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| TUKYSA 50 MG TABLET | $0 (Tier 2) | QL (300 per 30 days), PA NSO |
| TURALIO 125 MG CAPSULE | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| VANFLYTA (17.7 MG TABLET, 26.5 MG TABLET) | $0 (Tier 2) | QL (28 per 14 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 | | |
| VENCLEXTA 10 MG TABLET | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| VENCLEXTA 100 MG TABLET | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| VENCLEXTA 50 MG TABLET | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| VENCLEXTA STARTING PACK | $0 (Tier 2) | QL (42 per 28 days), PA NSO |
| VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| VIJOICE (50 MG GRANULE PACKET, 50 MG TABLET, 125 MG TABLET) | $0 (Tier 2) | QL (28 per 28 days), PA NSO |
| VIJOICE 250 MG DAILY DOSE PACK | $0 (Tier 2) | QL (56 per 28 days), PA NSO |
| VITRAKVI 100 MG CAPSULE | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| VITRAKVI 20 MG/ML SOLUTION | $0 (Tier 2) | QL (300 per 30 days), PA NSO |
| VITRAKVI 25 MG CAPSULE | $0 (Tier 2) | 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 | | |
| VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| VONJO 100 MG CAPSULE | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| VORANIGO (10 MG TABLET, 40 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| XALKORI (200 MG CAPSULE, 250 MG CAPSULE) | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| XALKORI 150 MG PELLET | $0 (Tier 2) | QL (180 per 30 days), PA NSO |
| XALKORI 20 MG PELLET | $0 (Tier 2) | QL (240 per 30 days), PA NSO |
| XALKORI 50 MG PELLET | $0 (Tier 2) | QL (120 per 30 days), PA NSO |
| XOSPATA 40 MG TABLET | $0 (Tier 2) | QL (90 per 30 days), PA NSO |
| XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE) | $0 (Tier 2) | QL (8 per 28 days), PA NSO |
| XPOVIO (40 MG, 60 MG) | $0 (Tier 2) | QL (4 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 | | |
| XPOVIO 60 MG TWICE WEEKLY DOSE | $0 (Tier 2) | QL (24 per 28 days), PA NSO |
| XPOVIO 80 MG TWICE WEEKLY DOSE | $0 (Tier 2) | QL (32 per 28 days), PA NSO |
| ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| ZELBORAF 240 MG TABLET | $0 (Tier 2) | QL (240 per 30 days), PA NSO |
| ZYDELIG (100 MG TABLET, 150 MG TABLET) | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| ZYKADIA 150 MG TABLET | $0 (Tier 2) | PA NSO |
| RETINOIDS | | |
| *bexarotene (1% gel, 75 mg capsule)* | $0 (Tier 1) | PA NSO |
| PANRETIN 0.1% GEL | $0 (Tier 2) | |
| *tretinoin 10 mg capsule* | $0 (Tier 1) | |
| TREATMENT ADJUNCTS | | |
| HEMADY 20 MG TABLET | $0 (Tier 2) | PA NSO |
| *leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 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 |
|---|---|---|
| ANTINEOPLASTICS | | |
| *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) | |
| *ivermectin 3 mg tablet* | $0 (Tier 1) | |
| *praziquantel 600 mg tablet* | $0 (Tier 1) | |
| 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) | |
| *chloroquine phosphate (250 mg tablet, 500 mg tablet)* | $0 (Tier 1) | |
| COARTEM TABLETS | $0 (Tier 2) | QL (24 per 3 days) |
| *hydroxychloroquine 200 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 |
|---|---|---|
| ANTIPARASITICS | | |
| IMPAVIDO 50 MG CAPSULE | $0 (Tier 2) | PA, QL (84 per 28 days) |
| KRINTAFEL 150 MG TABLET | $0 (Tier 2) | QL (4 per 30 days) |
| *mefloquine hcl 250 mg tablet* | $0 (Tier 1) | |
| *nitazoxanide 500 mg tablet* | $0 (Tier 1) | PA |
| *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 |
| *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) | |

| 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-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 2) | QL (30 per 30 days) |
| ONGENTYS (25 MG CAPSULE, 50 MG CAPSULE) | $0 (Tier 2) | QL (30 per 30 days) |
| *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 2) | QL (30 per 30 days) |
| ONAPGO 98 MG/20 ML CARTRIDGE | $0 (Tier 2) | 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) |

| 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 | | |
| *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) | |
| *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) | |
| *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) | |

| 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 | | |
| *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) | |
| *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 2) | QL (2.4 per 42 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 | | |
| ABILIFY ASIMTUFII 960 MG/3.2ML | $0 (Tier 2) | QL (3.2 per 42 days) |
| ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL) | $0 (Tier 2) | QL (1 per 28 days) |
| *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 2) | QL (3.9 per 14 days) |
| ARISTADA ER 441 MG/1.6 ML SYRN | $0 (Tier 2) | QL (1.6 per 14 days) |
| ARISTADA ER 662 MG/2.4 ML SYRN | $0 (Tier 2) | QL (2.4 per 14 days) |
| ARISTADA ER 882 MG/3.2 ML SYRN | $0 (Tier 2) | QL (3.2 per 14 days) |
| ARISTADA INITIO ER 675 MG/2.4 | $0 (Tier 2) | QL (4.8 per 365 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 | | |
| *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 2) | QL (30 per 30 days), PA NSO |
| ERZOFRI 117 MG/0.75 ML SYRINGE | $0 (Tier 2) | QL (0.75 per 28 days) |
| ERZOFRI 156 MG/ML SYRINGE | $0 (Tier 2) | QL (1 per 28 days) |
| ERZOFRI 234 MG/1.5 ML SYRINGE | $0 (Tier 2) | QL (1.5 per 28 days) |
| ERZOFRI 351 MG/2.25 ML SYRINGE | $0 (Tier 2) | QL (2.25 per 28 days) |
| ERZOFRI 39 MG/0.25 ML SYRINGE | $0 (Tier 2) | QL (0.25 per 28 days) |
| ERZOFRI 78 MG/0.5 ML SYRINGE | $0 (Tier 2) | 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 2) | QL (60 per 30 days), PA NSO |
| FANAPT (PACK, PACK A) | $0 (Tier 2) | 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 | | |
| INVEGA HAFYERA 1,092 MG/3.5 ML | $0 (Tier 2) | QL (3.5 per 166 days) |
| INVEGA HAFYERA 1,560 MG/5 ML | $0 (Tier 2) | QL (5 per 166 days) |
| INVEGA SUSTENNA 117 MG/0.75 ML | $0 (Tier 2) | QL (0.75 per 21 days) |
| INVEGA SUSTENNA 156 MG/ML SYRG | $0 (Tier 2) | QL (1 per 21 days) |
| INVEGA SUSTENNA 234 MG/1.5 ML | $0 (Tier 2) | QL (1.5 per 21 days) |
| INVEGA SUSTENNA 39 MG/0.25 ML | $0 (Tier 2) | QL (0.25 per 21 days) |
| INVEGA SUSTENNA 78 MG/0.5 ML | $0 (Tier 2) | QL (0.5 per 21 days) |
| INVEGA TRINZA 273 MG/0.88 ML | $0 (Tier 2) | QL (0.88 per 70 days) |
| INVEGA TRINZA 410 MG/1.32 ML | $0 (Tier 2) | QL (1.32 per 70 days) |
| INVEGA TRINZA 546 MG/1.75 ML | $0 (Tier 2) | QL (1.75 per 70 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 TRINZA 819 MG/2.63 ML | $0 (Tier 2) | 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) |
| *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 2) | QL (30 per 30 days), PA NSO |
| NUPLAZID (10 MG TABLET, 34 MG CAPSULE) | $0 (Tier 2) | 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 2) | QL (30 per 30 days), PA NSO |
| OPIPZA 10 MG FILM | $0 (Tier 2) | 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 |
|---|---|---|
| ANTIPSYCHOTICS | | |
| *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) |
| PERSERIS ER 120 MG SYRINGE KIT | $0 (Tier 2) | QL (1 per 30 days), PA NSO |
| PERSERIS ER 90 MG SYRINGE KIT | $0 (Tier 2) | QL (1 per 30 days), PA NSO |
| *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) |
| *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 2) | 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 | | |
| *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 2) | QL (30 per 30 days), PA NSO |
| UZEDY (ER 150 MG/0.42 ML SYRING, ER 200 MG/0.56 ML SYRING, ER 250 MG/0.7 ML SYRINGE) | $0 (Tier 2) | QL (1 per 56 days) |
| UZEDY (ER 50 MG/0.14 ML SYRINGE, ER 75 MG/0.21 ML SYRINGE, ER 100 MG/0.28 ML SYRING, ER 125 MG/0.35 ML SYRING) | $0 (Tier 2) | 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 | | |
| VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE) | $0 (Tier 2) | QL (30 per 30 days), PA NSO |
| *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 (50 MG-20 MG CAPSULE, 100 MG-20 MG CAPSULE, 125 MG-30 MG CAPSULE) | $0 (Tier 2) | QL (60 per 30 days) |
| COBENFY STARTER PACK | $0 (Tier 2) | QL (52 per 28 days) |
| TREATMENT-RESISTANT | | |
| *clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)* | $0 (Tier 1) | |
| *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) | |

| 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 | | |
| VERSACLOZ 50 MG/ML SUSPENSION | $0 (Tier 2) | |

| 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-CYTOMEGALOVIRUS (CMV) AGENTS | | |
| LIVTENCITY 200 MG TABLET | $0 (Tier 2) | PA, QL (336 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 | | |
| PREVYMIS (240 MG TABLET, 480 MG TABLET) | $0 (Tier 2) | PA, QL (30 per 30 days) |
| *valganciclovir 450 mg tablet* | $0 (Tier 1) | QL (102 per 30 days), PA NSO |
| *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 2) | PA |
| *entecavir (0.5 mg tablet, 1 mg tablet)* | $0 (Tier 1) | PA |
| *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 2) | PA, QL (30 per 30 days) |
| VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days) |
| VIREAD POWDER | $0 (Tier 2) | QL (240 per 30 days) |
| ANTI-HEPATITIS C (HCV) AGENTS | | |
| EPCLUSA (150-37.5 MG PELLET PKT, 200-50 MG PELLET PACK, 400 MG-100 MG TABLET) | $0 (Tier 2) | PA, QL (28 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 | | |
| EPCLUSA 200 MG-50 MG TABLET | $0 (Tier 2) | PA, QL (56 per 28 days) |
| *ledipasvir-sofosbuvir 90-400mg* | $0 (Tier 1) | PA, QL (28 per 28 days) |
| MAVYRET 100-40 MG TABLET | $0 (Tier 2) | PA, QL (84 per 28 days) |
| MAVYRET 50-20 MG PELLET PACKET | $0 (Tier 2) | PA, QL (140 per 28 days) |
| *ribavirin (200 mg capsule, 200 mg tablet)* | $0 (Tier 1) | PA |
| *sofosbuvir-velpatasvir 400-100* | $0 (Tier 1) | PA, QL (28 per 28 days) |
| SOVALDI (150 MG PELLET PACKET, 200 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET) | $0 (Tier 2) | PA, QL (28 per 28 days) |
| VOSEVI 400-100-100 MG TABLET | $0 (Tier 2) | PA, QL (28 per 28 days) |
| ZEPATIER 50-100 MG TABLET | $0 (Tier 2) | PA, QL (30 per 30 days) |
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI) | | |
| BIKTARVY (30-120-15 MG TABLET, 50-200-25 MG TABLET) | $0 (Tier 2) | 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 | | |
| DOVATO 50-300 MG TABLET | $0 (Tier 2) | QL (30 per 30 days) |
| GENVOYA TABLET | $0 (Tier 2) | QL (30 per 30 days) |
| ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW) | $0 (Tier 2) | |
| ISENTRESS 400 MG TABLET | $0 (Tier 2) | QL (60 per 30 days) |
| ISENTRESS HD 600 MG TABLET | $0 (Tier 2) | QL (60 per 30 days) |
| JULUCA 50-25 MG TABLET | $0 (Tier 2) | QL (30 per 30 days) |
| STRIBILD TABLET | $0 (Tier 2) | QL (30 per 30 days) |
| TIVICAY 50 MG TABLET | $0 (Tier 2) | QL (60 per 30 days) |
| TIVICAY PD 5 MG TAB FOR SUSP | $0 (Tier 2) | QL (180 per 30 days) |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI) | | |
| DELSTRIGO 100-300-300 MG TAB | $0 (Tier 2) | QL (30 per 30 days) |
| EDURANT 25 MG TABLET | $0 (Tier 2) | 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 2) | |
| *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) |
| INTELENCE 25 MG TABLET | $0 (Tier 2) | 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 2) | 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) |
| *abacavir 300 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 |
|---|---|---|
| ANTIVIRALS | | |
| *abacavir-lamivudine 600-300 mg* | $0 (Tier 1) | QL (30 per 30 days) |
| CIMDUO 300-300 MG TABLET | $0 (Tier 2) | QL (30 per 30 days) |
| DESCOVY (120-15 MG TABLET, 200-25 MG TABLET) | $0 (Tier 2) | 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 2) | |
| *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 2) | QL (30 per 30 days) |
| TRIUMEQ 600-50-300 MG TABLET | $0 (Tier 2) | QL (30 per 30 days) |
| TRIUMEQ PD 60-5-30 MG TAB SUSP | $0 (Tier 2) | QL (180 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 | | |
| *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 2) | QL (60 per 30 days) |
| SELZENTRY 20 MG/ML ORAL SOLN | $0 (Tier 2) | QL (1840 per 30 days) |
| SUNLENCA 300 MG TABLET | $0 (Tier 2) | |
| SUNLENCA 4- 300 MG TABLET | $0 (Tier 2) | QL (4 per 2 days) |
| SUNLENCA 5- 300 MG TABLET | $0 (Tier 2) | QL (5 per 8 days) |
| TYBOST 150 MG TABLET | $0 (Tier 2) | QL (30 per 30 days) |
| ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI) | | |
| APTIVUS 250 MG CAPSULE | $0 (Tier 2) | |
| *atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)* | $0 (Tier 1) | |
| *darunavir (600 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 |
|---|---|---|
| ANTIVIRALS | | |
| EVOTAZ 300 MG-150 MG TABLET | $0 (Tier 2) | QL (30 per 30 days) |
| *fosamprenavir 700 mg tablet* | $0 (Tier 1) | |
| KALETRA 80 MG-20 MG/ML SOLN | $0 (Tier 2) | |
| *lopinavir-ritonavir (100-25mg tb, 200-50mg tb)* | $0 (Tier 1) | |
| NORVIR 100 MG POWDER PACKET | $0 (Tier 2) | |
| PREZCOBIX 800 MG-150 MG TABLET | $0 (Tier 2) | QL (30 per 30 days) |
| PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET) | $0 (Tier 2) | |
| REYATAZ 50 MG POWDER PACKET | $0 (Tier 2) | |
| *ritonavir 100 mg tablet* | $0 (Tier 1) | |
| SYMTUZA 800-150-200-10 MG TAB | $0 (Tier 2) | QL (30 per 30 days) |
| VIRACEPT (250 MG TABLET, 625 MG TABLET) | $0 (Tier 2) | |

| 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-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 2) | 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 2) | QL (2 per 30 days) |
| XOFLUZA 80 MG TABLET | $0 (Tier 2) | QL (1 per 30 days) |
| ANTIHERPETIC AGENTS | | |
| *acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet, 800 mg/20ml susp cup)* | $0 (Tier 1) | |
| *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) |

| 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 | | |
| *famciclovir 125 mg tablet* | $0 (Tier 1) | QL (60 per 30 days) |
| *penciclovir 1% cream* | $0 (Tier 1) | PA, QL (5 per 30 days) |
| *valacyclovir (1 gram tablet, 500 mg tablet)* | $0 (Tier 1) | |
| ANTIVIRAL, CORONAVIRUS AGENTS | | |
| PAXLOVID 150-100 MG (MODERATE) | $0 (Tier 2) | QL (20 per 5 days) |
| PAXLOVID 300-100 MG DOSE PACK | $0 (Tier 2) | QL (30 per 5 days) |
| PAXLOVID 300/150-100MG(SEVERE) | $0 (Tier 2) | QL (11 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) | |

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。

**如果您有任何問題**，請致電CalOptima Health OneCare Complete 電話號碼 **1-877-412-2734** (TTY **711**)，一周7天，一天24小時。**更多資訊**，請瀏覽網站 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 |
|---|---|---|
| ANXIOLYTICS | | |
| *hydroxyzine 2 mg/ml oral solution* | $0 (Tier 1) | PA |
| *hydroxyzine hcl (10 mg tablet, 25 mg tablet, 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) |
| *alprazolam 2 mg tablet* | $0 (Tier 1) | QL (150 per 30 days) |
| *chlordiazepoxide hcl (5 mg capsule, 10 mg capsule, 25 mg capsule)* | $0 (Tier 1) | QL (120 per 30 days) |
| *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) | |

| 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 | | |
| *lorazepam (0.5 mg tablet, 1 mg tablet)* | $0 (Tier 1) | QL (120 per 30 days) |
| *lorazepam 2 mg tablet* | $0 (Tier 1) | QL (150 per 30 days) |
| LORAZEPAM INTENSOL 2 MG/ML | $0 (Tier 1) | |
| *oxazepam (10 mg capsule, 15 mg capsule, 30 mg capsule)* | $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 |
|---|---|---|
| BIPOLAR AGENTS | | |
| MOOD STABILIZERS | | |
| *lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)* | $0 (Tier 1) | |
| *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) | QL (1000 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 | | |
| 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) | |
| FARXIGA (5 MG TABLET, 10 MG TABLET) | $0 (Tier 2) | 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) |

| 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 | | |
| *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) |
| *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 2) | 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 2) | QL (60 per 30 days) |
| INVOKANA (100 MG TABLET, 300 MG TABLET) | $0 (Tier 2) | 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 | | |
| JANUMET (50-1,000 MG TABLET, 50-500 MG TABLET) | $0 (Tier 2) | QL (60 per 30 days) |
| JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days) |
| JANUMET XR 50-1,000 MG TABLET | $0 (Tier 2) | QL (60 per 30 days) |
| JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days) |
| JARDIANCE (10 MG TABLET, 25 MG TABLET) | $0 (Tier 2) | 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) |
| *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 2) | 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 |
|---|---|---|
| BLOOD GLUCOSE REGULATORS | | |
| *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 2) | QL (3 per 28 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) |
| RYBELSUS (3 MG TABLET, 7 MG TABLET, 14 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days) |
| SYMLINPEN 120 PEN INJECTOR | $0 (Tier 2) | PA |
| SYMLINPEN 60 PEN INJECTOR | $0 (Tier 2) | PA |
| SYNJARDY (5-1,000 MG TABLET, 5-500 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET) | $0 (Tier 2) | 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 2) | 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 2) | 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 2) | QL (2 per 28 days) |
| XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET) | $0 (Tier 2) | QL (60 per 30 days) |
| XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days) |
| GLYCEMIC AGENTS | | |
| BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK) | $0 (Tier 2) | QL (4 per 28 days) |
| *diazoxide 50 mg/ml oral susp* | $0 (Tier 1) | PA |
| GLUCAGON 1 MG EMERGENCY KIT | $0 (Tier 1) | QL (4 per 28 days) |
| GVOKE (1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL) | $0 (Tier 2) | QL (0.8 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 |
|---|---|---|
| BLOOD GLUCOSE REGULATORS | | |
| GVOKE HYPOPEN 1-PK 1 MG/0.2 ML | $0 (Tier 2) | QL (0.8 per 28 days) |
| GVOKE HYPOPEN 1PK 0.5MG/0.1 ML | $0 (Tier 2) | QL (0.4 per 28 days) |
| GVOKE HYPOPEN 2-PK 1 MG/0.2 ML | $0 (Tier 2) | QL (0.8 per 28 days) |
| GVOKE HYPOPEN 2PK 0.5MG/0.1 ML | $0 (Tier 2) | QL (0.4 per 28 days) |
| GVOKE PFS 1-PK 1 MG/0.2 ML SYR | $0 (Tier 2) | QL (0.8 per 28 days) |
| GVOKE PFS 2-PK 1 MG/0.2 ML SYR | $0 (Tier 2) | QL (0.8 per 28 days) |
| VYKAT XR 150 MG TABLET | $0 (Tier 2) | PA, QL (90 per 30 days) |
| VYKAT XR 25 MG TABLET | $0 (Tier 2) | PA, QL (120 per 30 days) |
| VYKAT XR 75 MG TABLET | $0 (Tier 2) | PA, QL (210 per 30 days) |
| ZEGALOGUE 0.6 MG/0.6 ML SYRING | $0 (Tier 2) | QL (2.4 per 28 days) |
| ZEGALOGUE 0.6 MG/0.6ML AUTOINJ | $0 (Tier 2) | QL (2.4 per 28 days) |
| INSULINS | | |
| HUMALOG (100 CARTRIDGE, 100 VIAL) | $0 (Tier 2) | 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 | | |
| HUMALOG 100 UNIT/ML KWIKPEN | $0 (Tier 2) | QL (60 per 30 days) |
| HUMALOG 200 UNIT/ML KWIKPEN | $0 (Tier 2) | QL (60 per 30 days) |
| HUMALOG JR 100 UNIT/ML KWIKPEN | $0 (Tier 2) | QL (60 per 30 days) |
| HUMALOG MIX 50-50 KWIKPEN | $0 (Tier 2) | QL (60 per 30 days) |
| HUMALOG MIX 75-25 KWIKPEN | $0 (Tier 2) | QL (60 per 30 days) |
| HUMALOG MIX 75-25 VIAL | $0 (Tier 2) | QL (60 per 30 days) |
| HUMULIN 70-30 (70-30 VIAL, RELION 70-30 VIAL) | $0 (Tier 2) | QL (60 per 30 days) |
| HUMULIN 70/30 KWIKPEN | $0 (Tier 2) | QL (60 per 30 days) |
| HUMULIN N (N 100 VIAL, RELION N 100) | $0 (Tier 2) | QL (60 per 30 days) |
| HUMULIN N 100 UNIT/ML KWIKPEN | $0 (Tier 2) | QL (60 per 30 days) |
| HUMULIN R (R 100 VIAL, RELION R 100) | $0 (Tier 2) | 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 | | |
| *insulin aspart 100 unit/ml crt* | $0 (Tier 1) | QL (60 per 30 days) |
| *insulin aspart 100 unit/ml pen* | $0 (Tier 1) | QL (60 per 30 days) |
| *insulin aspart 100 unit/ml vl* | $0 (Tier 1) | QL (60 per 30 days) |
| *insulin aspart prot mix 70-30 (mix70-30 pn, mix70-30 vl)* | $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 2) | ST, QL (60 per 30 days) |
| LANTUS SOLOSTAR 100 UNIT/ML | $0 (Tier 2) | ST, QL (60 per 30 days) |
| LYUMJEV 100 UNIT/ML KWIKPEN | $0 (Tier 2) | 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 | | |
| LYUMJEV 100 UNIT/ML VIAL | $0 (Tier 2) | QL (60 per 30 days) |
| LYUMJEV 200 UNIT/ML KWIKPEN | $0 (Tier 2) | QL (60 per 30 days) |
| NOVOLIN 70-30 (70-30 100 UNIT/ML VIAL, RELION 70-30 VIAL) | $0 (Tier 2) | QL (60 per 30 days) |
| NOVOLIN 70-30 FLEXPEN (70-30, RELION 70-30) | $0 (Tier 2) | QL (60 per 30 days) |
| NOVOLIN N (N 100 VIAL, RELION N 100) | $0 (Tier 2) | QL (60 per 30 days) |
| NOVOLIN N FLEXPEN (N 100 UNIT/ML, RELION N U-100) | $0 (Tier 2) | QL (60 per 30 days) |
| NOVOLIN R (R 100 VIAL, RELION R 100) | $0 (Tier 2) | QL (60 per 30 days) |
| NOVOLIN R FLEXPEN (R 100 UNIT/ML, RELION R U-100) | $0 (Tier 2) | QL (60 per 30 days) |
| NOVOLOG (100 VIAL, RELION 100 VL) | $0 (Tier 2) | QL (60 per 30 days) |
| NOVOLOG FLEXPEN (100 UNIT/ML, RELION U-100) | $0 (Tier 2) | 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 | | |
| NOVOLOG MIX 70-30 (70-30 VIAL, RELION 70-30 VIAL) | $0 (Tier 2) | QL (60 per 30 days) |
| NOVOLOG MIX 70-30 FLEXPEN (70-30 FLEXPEN, RELION 70-30 FLXPN) | $0 (Tier 2) | QL (60 per 30 days) |
| NOVOLOG PENFILL 100 UNIT/ML | $0 (Tier 2) | 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 (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG) | $0 (Tier 2) | |
| *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) |

| 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 (100 mg/ml syringe, 150 mg/ml syringe)* | $0 (Tier 1) | QL (28 per 30 days) |
| *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 2) | QL (30 per 30 days) |
| FRAGMIN (12,500 UNIT/0.5 ML SYR, 12,500 UNITS/0.5 ML) | $0 (Tier 2) | QL (15 per 30 days) |
| FRAGMIN (15,000 UNIT/0.6 ML SYR, 15,000 UNITS/0.6 ML) | $0 (Tier 2) | QL (18 per 30 days) |
| FRAGMIN (18,000 UNIT/0.72 ML, 18,000 UNITS/0.72 ML) | $0 (Tier 2) | QL (22 per 30 days) |
| FRAGMIN (2,500 UNIT/0.2 ML SYR, 2,500 UNITS/0.2 ML SYR) | $0 (Tier 2) | QL (6 per 30 days) |
| FRAGMIN (25,000 UNITS/ML VIAL, 95,000 UNIT/3.8 ML VL) | $0 (Tier 2) | QL (22.8 per 30 days) |
| FRAGMIN (5,000 UNIT/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR) | $0 (Tier 2) | 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 |
|---|---|---|
| BLOOD PRODUCTS AND MODIFIERS | | |
| FRAGMIN (7,500 UNIT/0.3 ML SYR, 7,500 UNITS/0.3 ML SYR) | $0 (Tier 2) | QL (9 per 30 days) |
| *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, 2.5 mg tablet)* | $0 (Tier 1) | |
| *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 (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D) | $0 (Tier 2) | |

| 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 | | |
| BLOOD PRODUCTS AND MODIFIERS, OTHER | | |
| *anagrelide hcl (0.5 mg capsule, 1 mg capsule)* | $0 (Tier 1) | |
| ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE) | $0 (Tier 2) | PA |
| *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 susp pkt, 12.5 mg tablet, 25 mg susp packet, 25 mg tablet)* | $0 (Tier 1) | PA, QL (90 per 30 days) |
| EPOGEN (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNITS/ML VIAL) | $0 (Tier 2) | 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 | | |
| 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 2) | PA |
| NEULASTA 6 MG/0.6 ML SYRINGE | $0 (Tier 2) | 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 2) | 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, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL) | $0 (Tier 2) | 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 | | |
| RELEUKO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE) | $0 (Tier 1) | PA |
| RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL) | $0 (Tier 1) | PA |
| STIMUFEND 6 MG/0.6 ML SYRINGE | $0 (Tier 1) | PA |
| UDENYCA 6 MG/0.6 ML AUTOINJECT | $0 (Tier 1) | PA |
| UDENYCA 6 MG/0.6 ML SYRINGE | $0 (Tier 1) | PA |
| XOLREMDI 100 MG CAPSULE | $0 (Tier 2) | 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 |

| 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 | | |
| 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) |
| BRILINTA (60 MG TABLET, 90 MG TABLET) | $0 (Tier 2) | |
| CABLIVI 11 MG VIAL KIT | $0 (Tier 2) | PA, QL (30 per 30 days) |
| *cilostazol (50 mg tablet, 100 mg tablet)* | $0 (Tier 1) | |
| *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 2) | PA, QL (15 per 5 days) |
| DOPTELET (30 TAB PK) 20 MG TAB | $0 (Tier 2) | PA |
| *prasugrel hcl (5 mg tablet, 10 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 | | |
| TAVALISSE (100 MG TABLET, 150 MG TABLET) | $0 (Tier 2) | 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 |
|---|---|---|
| CARDIOVASCULAR AGENTS | | |
| ALPHA-ADRENERGIC AGONISTS | | |
| *clonidine (0.1 patch, 0.2 patch, 0.3 patch)* | $0 (Tier 1) | QL (4 per 28 days) |
| *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) | |

| 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 | | |
| *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) |
| *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) |

| 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 | | |
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS | | |
| *benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)* | $0 (Tier 1) | QL (30 per 30 days) |
| *benazepril hcl 40 mg tablet* | $0 (Tier 1) | QL (60 per 30 days) |
| *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, 30 mg tablet)* | $0 (Tier 1) | QL (30 per 30 days) |
| *lisinopril 40 mg tablet* | $0 (Tier 1) | QL (60 per 30 days) |
| *moexipril hcl (7.5 mg tablet, 15 mg tablet)* | $0 (Tier 1) | |
| *perindopril erbumine 2 mg tab* | $0 (Tier 1) | QL (60 per 30 days) |
| *perindopril erbumine 4 mg tab* | $0 (Tier 1) | QL (90 per 30 days) |
| *perindopril erbumine 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) |

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|---|---|---|
| CARDIOVASCULAR AGENTS | | |
| *ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule)* | $0 (Tier 1) | QL (30 per 30 days) |
| *ramipril 10 mg capsule* | $0 (Tier 1) | QL (60 per 30 days) |
| *trandolapril (1 mg tablet, 2 mg tablet)* | $0 (Tier 1) | QL (30 per 30 days) |
| *trandolapril 4 mg tablet* | $0 (Tier 1) | QL (60 per 30 days) |
| ANTIARRHYTHMICS | | |
| *amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)* | $0 (Tier 1) | |
| *digoxin 0.05 mg/ml solution* | $0 (Tier 2) | |
| *digoxin 125 mcg tablet* | $0 (Tier 1) | |
| *digoxin 250 mcg tablet* | $0 (Tier 1) | |
| *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) | |

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|---|---|---|
| CARDIOVASCULAR AGENTS | | |
| MULTAQ 400 MG TABLET | $0 (Tier 2) | 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) | |
| 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) | |

| 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 | | |
| *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)* | $0 (Tier 1) | |
| *metoprolol succ er 200 mg tab* | $0 (Tier 1) | QL (60 per 30 days) |
| *metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab)* | $0 (Tier 1) | QL (30 per 30 days) |
| *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) | |

| 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 | | |
| *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) |
| *amlodipine besylate 10 mg tab* | $0 (Tier 1) | |
| *felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)* | $0 (Tier 1) | QL (30 per 30 days) |
| *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) |

| 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 | | |
| *nifedipine er 90 mg tablet* | $0 (Tier 1) | QL (60 per 30 days) |
| *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 2) | PA |
| CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES | | |
| CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE) | $0 (Tier 1) | |
| 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) | |

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|---|---|---|
| CARDIOVASCULAR AGENTS | | |
| *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) | |
| 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) | |

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|---|---|---|
| CARDIOVASCULAR AGENTS | | |
| *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) | |
| *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) |

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|---|---|---|
| CARDIOVASCULAR AGENTS | | |
| *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) | |
| ATTRUBY 356 MG TABLET | $0 (Tier 2) | PA, QL (60 per 30 days) |
| *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 2) | PA, QL (30 per 30 days) |
| CORLANOR 5 MG/5 ML ORAL SOLN | $0 (Tier 2) | PA, QL (560 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 | | |
| *digoxin 62.5 mcg tablet* | $0 (Tier 1) | |
| *enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)* | $0 (Tier 1) | |
| FILSPARI (200 MG TABLET, 400 MG TABLET) | $0 (Tier 2) | 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) |
| *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) | |

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|---|---|---|
| CARDIOVASCULAR AGENTS | | |
| NEXLETOL 180 MG TABLET | $0 (Tier 2) | 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 (24-26 mg, 49-51 mg, 97-103 mg)* | $0 (Tier 1) | QL (60 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 2) | PA, QL (30 per 30 days) |
| VERQUVO (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET) | $0 (Tier 2) | 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 |
|---|---|---|
| CARDIOVASCULAR AGENTS | | |
| 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) | |
| *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) | |

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|---|---|---|
| CARDIOVASCULAR AGENTS | | |
| DIURETICS, THIAZIDE | | |
| *chlorthalidone (25 mg tablet, 50 mg tablet)* | $0 (Tier 1) | |
| DIURIL 250 MG/5 ML ORAL SUSP | $0 (Tier 2) | |
| *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) | |
| *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) |

| 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 | | |
| *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) |
| *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) | |

| 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 | | |
| *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) |
| JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE) | $0 (Tier 2) | PA, QL (30 per 30 days) |
| JUXTAPID 20 MG CAPSULE | $0 (Tier 2) | PA, QL (90 per 30 days) |
| JUXTAPID 30 MG CAPSULE | $0 (Tier 2) | PA, QL (60 per 30 days) |
| NEXLIZET 180-10 MG TABLET | $0 (Tier 2) | 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 |
| *omega-3 ethyl esters 1 gm cap* | $0 (Tier 1) | QL (120 per 30 days) |
| PREVALITE (PACKET, POWDER) | $0 (Tier 1) | |
| REPATHA 140 MG/ML SURECLICK | $0 (Tier 2) | PA |
| REPATHA 140 MG/ML SYRINGE | $0 (Tier 2) | PA |
| TRYNGOLZA 80 MG/0.8 ML AUTOINJ | $0 (Tier 2) | PA, QL (0.8 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 |
|---|---|---|
| CARDIOVASCULAR AGENTS | | |
| 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 2) | PA, QL (30 per 30 days) |
| *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) | |
| *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) | |

| 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 | | |
| 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) |
| *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 2) | PA, QL (70 per 14 days) |
| *riluzole 50 mg tablet* | $0 (Tier 1) | |
| TIGLUTIK 50 MG/10 ML SUSP | $0 (Tier 2) | 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) |

| 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 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) |
| *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) |

| 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 | | |
| *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) |
| *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) |

| 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 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) |
| *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 2) | PA, QL (120 per 30 days) |
| AUSTEDO 9 MG TABLET | $0 (Tier 2) | 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 2) | 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 | | |
| AUSTEDO XR 12 MG TABLET | $0 (Tier 2) | PA, QL (90 per 30 days) |
| AUSTEDO XR 24 MG TABLET | $0 (Tier 2) | PA, QL (60 per 30 days) |
| AUSTEDO XR 6 MG TABLET | $0 (Tier 2) | PA, QL (210 per 30 days) |
| AUSTEDO XR TITR(12-18-24-30MG) | $0 (Tier 2) | PA, QL (28 per 28 days) |
| INGREZZA (40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE) | $0 (Tier 2) | PA, QL (30 per 30 days) |
| INGREZZA INITIATION PK(TARDIV) | $0 (Tier 2) | PA, QL (28 per 28 days) |
| INGREZZA SPRINKLE (40 MG CAP, 60 MG CAP, 80 MG CAP) | $0 (Tier 2) | PA, QL (30 per 30 days) |
| NUEDEXTA 20-10 MG CAPSULE | $0 (Tier 2) | PA, QL (60 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 2) | PA, QL (90 per 30 days) |
| *tetrabenazine (12.5 mg tablet, 25 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 |
|---|---|---|
| CENTRAL NERVOUS SYSTEM AGENTS | | |
| VEOZAH 45 MG TABLET | $0 (Tier 2) | PA, QL (30 per 30 days) |
| FIBROMYALGIA AGENTS | | |
| SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET) | $0 (Tier 2) | QL (60 per 30 days), PA NSO |
| SAVELLA TITRATION PACK | $0 (Tier 2) | QL (55 per 28 days), PA NSO |
| MULTIPLE SCLEROSIS AGENTS | | |
| AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT) | $0 (Tier 2) | PA |
| AVONEX 30 MCG/0.5 ML SYR (4PK) | $0 (Tier 2) | PA |
| AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT) | $0 (Tier 2) | PA |
| AVONEX PEN 30 MCG/0.5 ML (4PK) | $0 (Tier 2) | PA |
| BETASERON 0.3 MG INJECTION | $0 (Tier 2) | 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 | | |
| *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) |
| ENSPRYNG 120 MG/ML SYRINGE | $0 (Tier 2) | PA |
| *fingolimod 0.5 mg capsule* | $0 (Tier 1) | PA, QL (30 per 30 days) |
| GILENYA 0.25 MG CAPSULE | $0 (Tier 2) | 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 |
| MAVENCLAD (10 MG 10 TABLET PK, 10 MG 4 TABLET PK, 10 MG 5 TABLET PK, 10 MG 6 TABLET PK, 10 MG 7 TABLET PK, 10 MG 8 TABLET PK, 10 MG 9 TABLET PK) | $0 (Tier 2) | PA |
| MAYZENT (1 MG TABLET, 2 MG TABLET) | $0 (Tier 2) | PA, QL (30 per 30 days) |
| MAYZENT 0.25 MG TABLET | $0 (Tier 2) | 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 |
|---|---|---|
| CENTRAL NERVOUS SYSTEM AGENTS | | |
| MAYZENT 0.25MG START-1MG MAINT | $0 (Tier 2) | PA, QL (7 per 4 days) |
| PLEGRIDY 125 MCG/0.5 ML PEN | $0 (Tier 2) | PA, QL (1 per 28 days) |
| PLEGRIDY 125 MCG/0.5 ML SYRING | $0 (Tier 2) | PA, QL (1 per 28 days) |
| PONVORY (14-DAY STARTER PACK, 20 MG TABLET) | $0 (Tier 2) | PA |
| REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE, TITRATION PACK) | $0 (Tier 2) | PA |
| REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML, TITRATION PACK) | $0 (Tier 2) | PA |
| TASCENSO ODT (ODT 0.25 MG TABLET, ODT 0.5 MG TABLET) | $0 (Tier 2) | PA, QL (30 per 30 days) |
| *teriflunomide (7 mg tablet, 14 mg tablet)* | $0 (Tier 1) | PA, QL (30 per 30 days) |
| VUMERITY DR 231 MG CAPSULE | $0 (Tier 2) | 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 | | |
| ZEPOSIA (0.92 MG CAPSULE, STARTER KIT (28-DAY), STARTER PACK (7-DAY)) | $0 (Tier 2) | 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 |
| 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% gel, 0.1% gel)* | $0 (Tier 1) | PA, QL (100 per 30 days) |
| *tazarotene 0.05% cream* | $0 (Tier 1) | PA, QL (60 per 30 days) |
| *tazarotene 0.1% cream* | $0 (Tier 1) | QL (60 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 |
| FILSUVEZ 10% GEL | $0 (Tier 2) | PA |
| *fluorouracil (0.5% cream, 5% 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 | | |
| *fluorouracil (2% soln, 5% soln)* | $0 (Tier 1) | PA NSO |
| *imiquimod 5% cream packet* | $0 (Tier 1) | QL (12 per 30 days) |
| *methoxsalen (10 mg capsule, 10 mg softgel)* | $0 (Tier 1) | |
| *nystatin-triamcinolone (cream, ointm)* | $0 (Tier 1) | |
| OTEZLA (10-20 MG STARTER 28, 10-20-30MG START 28) | $0 (Tier 2) | PA, QL (55 per 28 days) |
| OTEZLA (20 MG TABLET, 30 MG TABLET) | $0 (Tier 2) | PA, QL (60 per 30 days) |
| *podofilox 0.5% topical soln* | $0 (Tier 1) | |
| QBREXZA 2.4% CLOTH | $0 (Tier 2) | PA |
| SANTYL OINTMENT | $0 (Tier 2) | QL (60 per 30 days) |
| SILVADENE 1% CREAM | $0 (Tier 1) | |
| *silver sulfadiazine 1% cream* | $0 (Tier 1) | |
| SSD 1% CREAM | $0 (Tier 1) | |
| VALCHLOR 0.016% GEL | $0 (Tier 2) | PA NSO |
| VTAMA 1% CREAM | $0 (Tier 2) | 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 |
|---|---|---|
| DERMATOLOGICAL AGENTS | | |
| ZORYVE (0.15% CREAM, 0.3% CREAM, 0.3% FOAM) | $0 (Tier 2) | PA |
| PEDICULICIDES/SCABICIDES | | |
| CROTAN 10% LOTION | $0 (Tier 1) | PA, QL (474 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 (474 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 2) | |
| *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) | |

| 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 | | |
| *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, 2% ointment)* | $0 (Tier 1) | |
| *naftifine hcl (1% cream, 2% cream)* | $0 (Tier 1) | |
| *oxiconazole nitrate 1% cream* | $0 (Tier 1) | |
| OXISTAT 1% LOTION | $0 (Tier 2) | |
| SULFAMYLON 8.5% CREAM | $0 (Tier 2) | |

| 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) | |

| 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 S IV SOLN PH7.4 | $0 (Tier 2) | |
| 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 ph5.5* | $0 (Tier 1) | |
| *multiple electrolytes t1 ph7.4* | $0 (Tier 1) | |
| PLASMA-LYTE A PH 7.4 SOLN. | $0 (Tier 2) | |
| PLASMA-LYTE A SOLUTION | $0 (Tier 2) | |
| *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/100 ml sol, 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 2) | |
| *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 2) | PA |
| FERRIPROX 100 MG/ML SOLUTION | $0 (Tier 2) | PA |
| JYNARQUE (15 MG TABLET, 30 MG TABLET) | $0 (Tier 2) | 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 |

| 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 | | |
| *trientine hcl 250 mg capsule* | $0 (Tier 1) | PA |
| ELECTROLYTES/MINERALS/METALS/VITAMINS | | |
| CLINIMIX (4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION) | $0 (Tier 2) | PA |
| CLINIMIX E (2.75%-5% SOLUTION, 4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION) | $0 (Tier 2) | PA |
| CLINISOL 15% SOLUTION | $0 (Tier 1) | PA |
| CLINOLIPID (20% (100 GM/500 ML), 20% (20 GM/100 ML), 20% (200 GM/1000ML), 20% (50 GM/250 ML)) | $0 (Tier 2) | PA |
| *dextrose 10%-0.2% nacl iv soln* | $0 (Tier 2) | |
| *dextrose 10%-0.45% nacl iv sol* | $0 (Tier 2) | |
| *dextrose 2.5%-0.45% nacl iv* | $0 (Tier 2) | |

| 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 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) | |
| *glucose 5%-0.9% nacl 1000 ml* | $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 2) | PA |
| ISOLYTE P-DEXTROSE 5% SOLN | $0 (Tier 2) | |
| *kcl 20 meq in d5w-lact ringer* | $0 (Tier 1) | |
| *kcl 20 meq/l in d5w solution* | $0 (Tier 1) | |
| *kcl-d5w-0.2% nacl (10 meq/500 ml-d5w-0.2%nacl, 20 meq/l-d5w-0.2% nacl)* | $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 | | |
| *kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)* | $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, 30 meq/l-d5w-0.45% nacl, 40 meq/l-d5w-0.45% nacl)* | $0 (Tier 1) | |
| *kcl-d5w-0.9% nacl (20 meq/l-d5w-0.9%, 40 meq/l-d5w-0.9%)* | $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) | |
| NATAL PNV TABLET | $0 (Tier 2) | |
| NUTRILIPID 20% IV FAT EMULSION | $0 (Tier 2) | PA |
| PREMASOL 10% IV SOLUTION | $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 | | |
| *prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet* | $0 (Tier 2) | |
| PROSOL 20% INJECTION | $0 (Tier 2) | PA |
| TPN ELECTROLYTES VIAL | $0 (Tier 1) | |
| TRAVASOL 10% SOLN VIAFLEX | $0 (Tier 2) | PA |
| TROPHAMINE 10% IV SOLUTION | $0 (Tier 2) | PA |
| WESNATAL DHA COMPLETE | $0 (Tier 2) | |
| POTASSIUM BINDERS | | |
| KIONEX 15 GM/60 ML SUSPENSION | $0 (Tier 2) | |
| LOKELMA 10 GRAM POWDER PACKET | $0 (Tier 2) | PA, QL (34 per 30 days) |
| LOKELMA 5 GRAM POWDER PACKET | $0 (Tier 2) | PA, QL (90 per 30 days) |
| *sodium polystyrene sulf powder* | $0 (Tier 1) | |
| 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) | |
| LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE) | $0 (Tier 2) | QL (30 per 30 days) |
| *lubiprostone (8 mcg capsule, 24 mcg 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 |
|---|---|---|
| GASTROINTESTINAL AGENTS | | |
| MOVANTIK (12.5 MG TABLET, 25 MG TABLET) | $0 (Tier 2) | PA, QL (30 per 30 days) |
| 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 2) | PA |
| RELISTOR 150 MG TABLET | $0 (Tier 2) | PA, QL (90 per 30 days) |
| SUTAB 1.479-0.225-0.188 GM TAB | $0 (Tier 2) | |
| TRULANCE 3 MG TABLET | $0 (Tier 2) | 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 |
| *loperamide 2 mg capsule* | $0 (Tier 1) | |
| MYTESI 125 MG DR TABLET | $0 (Tier 2) | PA, QL (60 per 30 days) |
| VIBERZI (75 MG TABLET, 100 MG TABLET) | $0 (Tier 2) | 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 |
|---|---|---|
| GASTROINTESTINAL AGENTS | | |
| XERMELO 250 MG TABLET | $0 (Tier 2) | 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 | | |
| GATTEX 5 MG INJECTION | $0 (Tier 2) | PA |
| GAVILYTE-C SOLUTION | $0 (Tier 1) | |
| GAVILYTE-G SOLUTION | $0 (Tier 1) | |
| GAVILYTE-N SOLUTION | $0 (Tier 1) | |
| GOLYTELY SOLUTION | $0 (Tier 1) | |
| IQIRVO 80 MG TABLET | $0 (Tier 2) | PA, QL (30 per 30 days) |
| *lansoprazol-amoxicil-clarithro* | $0 (Tier 1) | |
| MYALEPT 11.3 MG (5 MG/ML) VIAL | $0 (Tier 2) | PA |
| *peg 3350-electrolyte solution* | $0 (Tier 1) | |
| *peg-3350 and electrolytes 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 |
|---|---|---|
| GASTROINTESTINAL AGENTS | | |
| *peg3350 100-7.5-2.691-1.01-5.9* | $0 (Tier 1) | |
| SEROSTIM 6 MG VIAL | $0 (Tier 2) | PA |
| *sod sul-potass sul-mag sul sol* | $0 (Tier 1) | |
| *ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)* | $0 (Tier 1) | |
| VELSIPITY 2 MG TABLET | $0 (Tier 2) | PA |
| VOWST CAPSULE | $0 (Tier 2) | PA, QL (12 per 3 days) |
| HISTAMINE-2 (H2) RECEPTOR ANTAGONISTS | | |
| *cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)* | $0 (Tier 1) | |
| *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) | |

| 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 | | |
| 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 2) | 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 | | |
| ARALAST NP 1,000 MG VIAL | $0 (Tier 2) | PA |
| ARALAST NP 500 MG VIAL | $0 (Tier 2) | |
| *betaine 1 gram/scoop powder* | $0 (Tier 1) | PA NSO |
| CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE) | $0 (Tier 2) | PA |
| CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE, DR 36,000 CAPSULE) | $0 (Tier 2) | PA |
| CTEXLI 250 MG TABLET | $0 (Tier 2) | PA, QL (90 per 30 days) |
| CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE) | $0 (Tier 2) | PA |
| CYSTARAN 0.44% EYE DROPS | $0 (Tier 2) | PA, QL (60 per 30 days) |
| DAYBUE 200 MG/ML SOLUTION | $0 (Tier 2) | PA |
| DUVYZAT 8.86 MG/ML ORAL SUSP | $0 (Tier 2) | PA, QL (420 per 30 days) |
| GALAFOLD 123 MG CAPSULE | $0 (Tier 2) | PA, QL (14 per 28 days) |
| GLASSIA (4 GM /200 ML VIAL, 5 GM /250 ML VIAL) | $0 (Tier 2) | |

| 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 | | |
| GLASSIA 1 GM/50 ML VIAL | $0 (Tier 2) | PA |
| JAVYGTOR (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET) | $0 (Tier 1) | PA |
| KEVEYIS 50 MG TABLET | $0 (Tier 2) | PA, QL (120 per 30 days) |
| *l-glutamine 5 gram powder pkt* | $0 (Tier 1) | PA, QL (180 per 30 days) |
| *miglustat 100 mg capsule* | $0 (Tier 1) | PA, QL (90 per 30 days) |
| MIPLYFFA (47 MG CAPSULE, 62 MG CAPSULE, 93 MG CAPSULE, 124 MG CAPSULE) | $0 (Tier 2) | PA, QL (90 per 30 days) |
| ORMALVI 50 MG TABLET | $0 (Tier 1) | PA, QL (120 per 30 days) |
| PALYNZIQ (2.5 MG/0.5 ML SYRINGE, 10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE) | $0 (Tier 2) | PA |
| PANCREAZE (DR 2,600 CAP, DR 4,200 CAP, DR 10,500 CAP, DR 16,800 CAP, DR 21,000 CAP, DR 37,000 CAP) | $0 (Tier 2) | PA |
| PERTZYE (DR 4,000 CAPSULE, DR 8,000 CAPSULE, DR 16,000 CAPSULE, DR 24,000 CAPSULE) | $0 (Tier 2) | 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 |
|---|---|---|
| GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT | | |
| PLENAMINE 15% SOLUTION | $0 (Tier 1) | PA |
| PROLASTIN C (1,000 MG VIAL, 1,000 MG/20 ML VL) | $0 (Tier 2) | PA |
| PYRUKYND (20-5 MG PACK, 50-20 MG PACK) | $0 (Tier 2) | PA, QL (14 per 14 days) |
| PYRUKYND 20 MG TABLET | $0 (Tier 2) | PA, QL (56 per 28 days) |
| PYRUKYND 5 MG TABLET | $0 (Tier 2) | PA, QL (56 per 28 days) |
| PYRUKYND 5 MG TAPER PACK | $0 (Tier 2) | PA, QL (7 per 7 days) |
| PYRUKYND 50 MG TABLET | $0 (Tier 2) | PA, QL (56 per 28 days) |
| RAVICTI 1.1 GRAM/ML LIQUID | $0 (Tier 2) | PA |
| REVCOVI 2.4 MG/1.5 ML VIAL | $0 (Tier 2) | PA |
| RIVFLOZA 128 MG/0.8 ML SYRINGE | $0 (Tier 2) | PA, QL (0.8 per 28 days) |
| RIVFLOZA 160 MG/ML SYRINGE | $0 (Tier 2) | PA, QL (1 per 28 days) |
| RIVFLOZA 80 MG/0.5 ML VIAL | $0 (Tier 2) | PA, QL (0.5 per 28 days) |
| *sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)* | $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 |
|---|---|---|
| GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT | | |
| SIKLOS (100 MG TABLET, 1,000 MG TABLET) | $0 (Tier 2) | |
| *sodium phenylbutyrate (500mg tb, powder)* | $0 (Tier 1) | PA |
| VIOKACE (10,440-39,150 UNIT TAB, 20,880-78,300 UNITS TB) | $0 (Tier 2) | PA |
| VYNDAMAX 61 MG CAPSULE | $0 (Tier 2) | PA |
| VYNDAQEL 20 MG CAPSULE | $0 (Tier 2) | PA |
| WAINUA 45 MG/0.8 ML AUTOINJECT | $0 (Tier 2) | PA |
| WELIREG 40 MG TABLET | $0 (Tier 2) | PA NSO |
| XROMI 100 MG/ML SOLUTION | $0 (Tier 2) | PA |
| YARGESA 100 MG CAPSULE | $0 (Tier 1) | PA |
| ZEMAIRA (1,000 MG VIAL, 4,000 MG VIAL, 5,000 MG VIAL) | $0 (Tier 2) | 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 2) | 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 2) | QL (30 per 30 days) |
| MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET) | $0 (Tier 2) | QL (30 per 30 days) |
| MYRBETRIQ ER 8 MG/ML SUSP | $0 (Tier 2) | 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 2) | PA, QL (90 per 30 days) |
| LITHOSTAT 250 MG TABLET | $0 (Tier 2) | 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) | | |
| ACTHAR GEL 400 UNIT/5 ML VIAL | $0 (Tier 2) | PA, QL (30 per 28 days) |
| ACTHAR SELFJECT (40 UNIT/0.5 ML, 80 UNIT/ML) | $0 (Tier 2) | PA |
| CORTROPHIN (GEL 40 UNIT/0.5 ML, GEL 80 UNIT/ML SYR) | $0 (Tier 2) | PA |
| CORTROPHIN GEL 400 UNIT/5 ML | $0 (Tier 2) | PA, QL (30 per 28 days) |
| *deflazacort (6 mg tablet, 18 mg tablet, 22.75 mg/ml susp, 30 mg tablet, 36 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) | | |
| *dexamethasone (0.5 mg tablet, 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) | |
| *fludrocortisone 0.1 mg tablet* | $0 (Tier 1) | |
| JAYTHARI (6 MG TABLET, 18 MG TABLET, 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) | |
| ORAPRED ODT (ODT 10 MG TABLET, ODT 15 MG TABLET, ODT 30 MG TABLET) | $0 (Tier 2) | |
| *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, 20 mg/5 ml soln, sod ph 25 mg/5 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 |
|---|---|---|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) | | |
| *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) | |
| PREDNISONE INTENSOL 5 MG/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 |
|---|---|---|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) | | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) | | |
| CRENESSITY (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE) | $0 (Tier 2) | PA, QL (60 per 30 days) |
| *desmopressin 10 mcg/0.1 ml spr* | $0 (Tier 1) | |
| *desmopressin acetate (0.1 mg tb, 0.2 mg tb)* | $0 (Tier 1) | |
| EGRIFTA SV 2 MG VIAL | $0 (Tier 2) | PA, QL (30 per 30 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 2) | 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 2) | PA |
| INCRELEX 40 MG/4 ML VIAL | $0 (Tier 2) | PA |
| ISTURISA (1 MG TABLET, 5 MG TABLET) | $0 (Tier 2) | PA |
| NORDITROPIN FLEXPRO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML) | $0 (Tier 2) | PA |
| NUTROPIN AQ NUSPIN (5, 10, 20) | $0 (Tier 2) | PA |
| OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG) | $0 (Tier 2) | PA |
| SEROSTIM (4 MG VIAL, 5 MG VIAL) | $0 (Tier 2) | PA |
| SKYTROFA (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 2) | 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 2) | PA |
| ZOMACTON (5 MG VIAL, 10 MG VIAL) | $0 (Tier 2) | 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 |

| 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 10 mg gel pump* | $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 |
| *testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)* | $0 (Tier 1) | PA NSO |
| ESTROGENS | | |
| ANNOVERA VAGINAL RING | $0 (Tier 2) | |
| 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) |

| 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) | | |
| 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) |
| *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) | |

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|---|---|---|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | | |
| ESTRING (2 MG VAGINAL RING, 7.5 MCG/DAY (2MG) RING) | $0 (Tier 2) | |
| FEMRING (0.05 VAG RING, 0.10 VAG RING) | $0 (Tier 2) | |
| IMVEXXY (4 MCG MAINTENANCE PACK, 4 MCG STARTER PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK) | $0 (Tier 2) | QL (18 per 28 days) |
| 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 2) | |
| PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL) | $0 (Tier 2) | |

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|---|---|---|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | | |
| 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 2) | |
| 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) | |

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|---|---|---|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | | |
| 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 2) | |
| BALZIVA 28 TABLET | $0 (Tier 1) | |
| BEYAZ 28 TABLET | $0 (Tier 2) | |
| BLISOVI 24 FE TABLET | $0 (Tier 1) | |
| BLISOVI FE 1.5-30 TABLET | $0 (Tier 1) | |
| BRIELLYN TABLET | $0 (Tier 1) | |
| CAMRESE LO TABLET | $0 (Tier 1) | |
| CLIMARA PRO PATCH | $0 (Tier 2) | |
| COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG) | $0 (Tier 2) | |
| CRYSELLE-28 TABLET | $0 (Tier 1) | |
| CYRED 28 DAY 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) | | |
| 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) | |
| ENPRESSE-28 TABLET | $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) | |
| *ethynodiol-eth estra 1mg-35mcg* | $0 (Tier 1) | |
| *etonogestrel-ee vaginal ring* | $0 (Tier 1) | |
| FALMINA-28 TABLET | $0 (Tier 1) | |

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|---|---|---|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | | |
| FEIRZA (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET) | $0 (Tier 1) | |
| 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) | |
| HALOETTE VAGINAL RING | $0 (Tier 1) | |
| ICLEVIA 0.15 MG-0.03 MG TABLET | $0 (Tier 1) | |
| INTRAROSA 6.5 MG VAG INSERT | $0 (Tier 2) | PA |

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

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|---|---|---|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | | |
| 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 2) | PA BVD |
| LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET) | $0 (Tier 1) | |
| LARIN FE (1-20 TABLET, 1.5-30 TABLET) | $0 (Tier 1) | |
| LESSINA-28 TABLET | $0 (Tier 1) | |
| LEVONEST-28 TABLET | $0 (Tier 1) | |
| *levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)* | $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) | |
| LEVORA-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) | | |
| LILETTA 52 MG SYSTEM | $0 (Tier 2) | PA BVD |
| LO LOESTRIN FE 1-10 TABLET | $0 (Tier 2) | |
| 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) | |
| LOW-OGESTREL-28 TABLET | $0 (Tier 1) | |
| LUTERA-28 TABLET | $0 (Tier 1) | |
| MARLISSA-28 TABLET | $0 (Tier 1) | |
| MERZEE 1 MG-20 MCG CAPSULE | $0 (Tier 1) | |
| MIBELAS 24 FE CHEWABLE TABLET | $0 (Tier 1) | |
| MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB) | $0 (Tier 1) | |

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|---|---|---|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | | |
| 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 2) | PA BVD |
| NATAZIA 28 TABLET | $0 (Tier 2) | |
| NECON 0.5-35-28 TABLET | $0 (Tier 1) | |
| NEXTSTELLIS 3-14.2 MG TABLET | $0 (Tier 2) | |
| NIKKI 3 MG-0.02 MG TABLET | $0 (Tier 1) | |
| *norelgestrom-ee 150-35 mcg/day* | $0 (Tier 1) | |
| *noret-estr-fe 0.4-0.035(21)-75* | $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) | |

| 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) | | |
| *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 2) | |
| NYLIA (1-35 28 TABLET, 7-7-7-28 TABLET) | $0 (Tier 1) | |
| OCELLA 3 MG-0.03 MG TABLET | $0 (Tier 1) | |
| PIMTREA 28 DAY TABLET | $0 (Tier 1) | |
| PORTIA-28 TABLET | $0 (Tier 1) | |
| PREMPHASE 0.625-5 MG TABLET | $0 (Tier 2) | |

| 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) | | |
| 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 2) | |
| RECLIPSEN 28 DAY TABLET | $0 (Tier 1) | |
| RIVELSA TABLET | $0 (Tier 1) | |
| ROSYRAH TABLET | $0 (Tier 1) | |
| SAFYRAL TABLET | $0 (Tier 2) | |
| SETLAKIN 0.15 MG-0.03 MG TAB | $0 (Tier 1) | |
| SKYLA 13.5 MG SYSTEM | $0 (Tier 2) | PA BVD |
| SPRINTEC 28 DAY TABLET | $0 (Tier 1) | |
| SRONYX 0.10-0.02 MG TABLET | $0 (Tier 1) | |
| SYEDA 28 TABLET | $0 (Tier 1) | |
| TARINA 24 FE 1 MG-20 MCG TAB | $0 (Tier 1) | |
| TARINA FE 1-20 EQ TABLET | $0 (Tier 1) | |
| TARINA FE 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) | | |
| 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) | |
| VALTYA 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) | |
| VYFEMLA 0.4 MG-0.035 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) | | |
| 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) | |
| 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 2) | 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) | | |
| DEBLITANE 0.35 MG TABLET | $0 (Tier 1) | |
| DEPO-SUBQ PROVERA 104 SYRINGE | $0 (Tier 2) | |
| 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) | |
| *medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)* | $0 (Tier 1) | |
| *megestrol 400 mg/10 ml 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) | |

| 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) | | |
| NEXPLANON 68 MG IMPLANT | $0 (Tier 2) | |
| 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) | |
| SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS | | |
| DUAVEE 0.45-20 MG TABLET | $0 (Tier 2) | |
| *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) | | |
| ERMEZA 150 MCG/5 ML SOLUTION | $0 (Tier 2) | |

| 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) | | |
| *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) | |
| 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) | |
| *liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)* | $0 (Tier 1) | |

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|---|---|---|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) | | |
| REZDIFFRA (60 MG TABLET, 80 MG TABLET, 100 MG TABLET) | $0 (Tier 2) | 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) | |
| THYQUIDITY 100 MCG/5 ML SOLN | $0 (Tier 2) | |
| 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 2) | |

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|---|---|---|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) | | |
| 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 2) | PA NSO |
| ELIGARD 30 MG SYRINGE | $0 (Tier 2) | PA NSO |
| ELIGARD 30 MG SYRINGE KIT | $0 (Tier 2) | PA NSO |
| ELIGARD 45 MG SYRINGE | $0 (Tier 2) | PA NSO |
| ELIGARD 7.5 MG SYRINGE | $0 (Tier 2) | 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) | | |
| FIRMAGON (2 X 120 MG KIT, 2 X 120 MG VIALS, 80 MG KIT, 80 MG VIAL, 120 MG VIAL) | $0 (Tier 2) | 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 |
| *leuprolide depot 22.5 mg vial* | $0 (Tier 1) | PA NSO |
| LUPRON DEPOT (DEPOT 3.75 MG KIT, DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 11.25 MG 3MO KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT) | $0 (Tier 2) | PA NSO |
| LUPRON DEPOT (LUPANETA) (DEPO 11.25MG (LUPANETA), DEPOT 3.75MG (LUPANETA)) | $0 (Tier 2) | PA NSO |
| LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT) | $0 (Tier 2) | PA NSO |
| *mifepristone 300 mg tablet* | $0 (Tier 1) | PA, QL (120 per 30 days) |
| MYFEMBREE 40 MG-1 MG-0.5 MG TB | $0 (Tier 2) | PA |

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|---|---|---|
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) | | |
| *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 2) | PA |
| RECORLEV 150 MG TABLET | $0 (Tier 2) | PA |
| SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML) | $0 (Tier 2) | PA, QL (60 per 30 days) |
| SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL) | $0 (Tier 2) | PA |
| SYNAREL 2 MG/ML NASAL SPRAY | $0 (Tier 2) | PA |
| TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL) | $0 (Tier 2) | PA NSO |

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|---|---|---|
| HORMONAL AGENTS, SUPPRESSANT (THYROID) | | |
| ANTITHYROID AGENTS | | |
| *methimazole (5 mg tablet, 10 mg tablet)* | $0 (Tier 1) | |
| *propylthiouracil 50 mg tablet* | $0 (Tier 1) | |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| ANGIOEDEMA AGENTS | | |
| CINRYZE (500 VIAL, 500 VIAL-DILUENT) | $0 (Tier 2) | PA |
| HAEGARDA (2,000 VIAL, 3,000 VIAL) | $0 (Tier 2) | PA |
| *icatibant 30 mg/3 ml syringe* | $0 (Tier 1) | PA NSO |
| ORLADEYO (110 MG CAPSULE, 150 MG CAPSULE) | $0 (Tier 2) | PA |
| SAJAZIR 30 MG/3 ML SYRINGE | $0 (Tier 1) | PA NSO |
| TAKHZYRO (150 MG/ML SYRINGE, 300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL) | $0 (Tier 2) | PA |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| IMMUNOGLOBULINS | | |
| BIVIGAM (5 GM/50 ML (10%) VIAL, 10 GM/100 ML (10%) VL, LIQUID 10% VIAL) | $0 (Tier 2) | PA |
| GAMMAGARD LIQUID 10% VIAL | $0 (Tier 2) | PA |
| GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL) | $0 (Tier 2) | PA |
| GAMMAKED 1 GRAM/10 ML VIAL | $0 (Tier 2) | PA |
| GAMMAPLEX (2.5 GRAM/50 ML VIAL, 5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL) | $0 (Tier 2) | PA |
| GAMUNEX-C 1 GRAM/10 ML VIAL | $0 (Tier 2) | PA |
| OCTAGAM (5% (1 G/20 ML) VIAL, 5% (10 G/200 ML) VIAL, 5% (2.5 G/50 ML) VIAL, 5% (5 G/100 ML) VIAL, 5% VIAL, 10% (10 G/100 ML) VIAL, 10% (2 G/20 ML) VIAL, 10% (20 G/200 ML) VIAL, 10% (30 G/300 ML) VIAL, 10% (5 G/50 ML) VIAL, 10% VIAL) | $0 (Tier 2) | PA |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| PANZYGA (10% (1 G/10 ML) VIAL, 10% (10 G/100 ML) VIAL, 10% (2.5 G/25 ML) VIAL, 10% (20 G/200 ML) VIAL, 10% (30 G/300 ML) VIAL, 10% (5 G/50 ML) VIAL) | $0 (Tier 2) | PA |
| PRIVIGEN 10% VIAL | $0 (Tier 2) | PA |
| IMMUNOLOGICAL AGENTS | | |
| EMPAVELI 1,080 MG/20 ML VIAL | $0 (Tier 2) | PA, QL (160 per 28 days) |
| FABHALTA 200 MG CAPSULE | $0 (Tier 2) | PA, QL (60 per 30 days) |
| GRASTEK 2,800 BAU SL TABLET | $0 (Tier 2) | PA |
| ODACTRA 12 SQ-HDM SL TABLET | $0 (Tier 2) | PA |
| REZUROCK 200 MG TABLET | $0 (Tier 2) | PA NSO |
| TARPEYO DR 4 MG CAPSULE | $0 (Tier 2) | PA, QL (120 per 30 days) |
| TAVNEOS 10 MG CAPSULE | $0 (Tier 2) | PA, QL (180 per 30 days) |
| VOYDEYA (100 MG TABLET, 150 MG DOSE TABLET) | $0 (Tier 2) | PA, QL (180 per 30 days) |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| IMMUNOLOGICAL AGENTS, OTHER | | |
| ACTEMRA 162 MG/0.9 ML SYRINGE | $0 (Tier 2) | PA |
| ACTEMRA ACTPEN 162 MG/0.9 ML | $0 (Tier 2) | PA |
| ARCALYST 220 MG VIAL | $0 (Tier 2) | PA |
| BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE) | $0 (Tier 2) | PA NSO |
| BIMZELX (160 MG/ML SYRINGE, 320 MG/2 ML SYRINGE) | $0 (Tier 2) | PA |
| BIMZELX AUTOINJECTOR (160 MG/ML AUTOINJECTOR, 320 MG/2 ML AUTOINJECT) | $0 (Tier 2) | PA |
| COSENTYX 300 MG DOSE-2 SYRINGE | $0 (Tier 2) | PA |
| COSENTYX SENSOREADY 150 MG PEN | $0 (Tier 2) | PA |
| COSENTYX SNRDY 300MG DOSE-2PEN | $0 (Tier 2) | PA |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| COSENTYX SYRINGE (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE) | $0 (Tier 2) | PA |
| COSENTYX UNOREADY 300 MG PEN | $0 (Tier 2) | PA |
| DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN) | $0 (Tier 2) | PA |
| DUPIXENT SYRINGE (200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE) | $0 (Tier 2) | PA |
| ILUMYA 100 MG/ML SYRINGE | $0 (Tier 2) | PA |
| JOENJA 70 MG TABLET | $0 (Tier 2) | PA, QL (60 per 30 days) |
| KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE) | $0 (Tier 2) | PA |
| KINERET 100 MG/0.67 ML SYRINGE | $0 (Tier 2) | PA |
| LITFULO 50 MG CAPSULE | $0 (Tier 2) | PA, QL (30 per 30 days) |
| OLUMIANT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET) | $0 (Tier 2) | PA, QL (30 per 30 days) |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| OMVOH (100 MG/ML SYRINGE, 200 MG DOSE - 2 SYRINGES, 300 MG DOSE - 2 SYRINGES) | $0 (Tier 2) | PA |
| OMVOH PEN (100 MG/ML PEN, 200 MG DOSE - 2 PENS, 300 MG DOSE - 2 PENS) | $0 (Tier 2) | PA |
| ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE) | $0 (Tier 2) | PA |
| ORENCIA CLICKJECT 125 MG/ML | $0 (Tier 2) | PA |
| RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET) | $0 (Tier 2) | PA, QL (30 per 30 days) |
| RINVOQ LQ 1 MG/ML SOLUTION | $0 (Tier 2) | PA, QL (30 per 30 days) |
| SILIQ 210 MG/1.5 ML SYRINGE | $0 (Tier 2) | PA |
| SKYRIZI 150 MG/ML PEN | $0 (Tier 2) | PA |
| SKYRIZI 150 MG/ML SYRINGE | $0 (Tier 2) | PA |
| SKYRIZI 180 MG/1.2 ML ON-BODY | $0 (Tier 2) | PA |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| SKYRIZI 360 MG/2.4 ML ON-BODY | $0 (Tier 2) | PA |
| SOTYKTU 6 MG TABLET | $0 (Tier 2) | PA, QL (30 per 30 days) |
| STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE) | $0 (Tier 2) | PA |
| TALTZ 80 MG/ML AUTOINJECTOR | $0 (Tier 2) | PA |
| TALTZ 80 MG/ML SYRINGE | $0 (Tier 2) | PA |
| TALTZ SYRINGE (20 MG/0.25 ML SYRINGE, 40 MG/0.5 ML SYRINGE) | $0 (Tier 2) | PA |
| TREMFYA (100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE) | $0 (Tier 2) | PA |
| TREMFYA 100 MG/ML PEN | $0 (Tier 2) | PA |
| TREMFYA 200 MG/2 ML PEN | $0 (Tier 2) | PA |
| TREMFYA INDCT 200MG/2ML X2 PEN | $0 (Tier 2) | PA |
| XELJANZ (5 MG TABLET, 10 MG TABLET) | $0 (Tier 2) | PA, QL (60 per 30 days) |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| XELJANZ 1 MG/ML SOLUTION | $0 (Tier 2) | PA, QL (300 per 30 days) |
| XELJANZ XR (11 MG TABLET, 22 MG TABLET) | $0 (Tier 2) | PA, QL (30 per 30 days) |
| 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 2) | PA |
| ZILBRYSQ 16.6 MG/0.416 ML SYRN | $0 (Tier 2) | PA, QL (12 per 28 days) |
| ZILBRYSQ 23 MG/0.574 ML SYRING | $0 (Tier 2) | PA, QL (17 per 28 days) |
| ZILBRYSQ 32.4 MG/0.81 ML SYRNG | $0 (Tier 2) | PA, QL (23 per 28 days) |
| IMMUNOSTIMULANTS | | |
| ACTIMMUNE 100 MCG/0.5 ML VIAL | $0 (Tier 2) | PA NSO |
| BESREMI 500 MCG/ML SYRINGE | $0 (Tier 2) | PA NSO |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| LEUKINE 250 MCG VIAL | $0 (Tier 2) | PA |
| PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL) | $0 (Tier 2) | PA |
| IMMUNOSUPPRESSANTS | | |
| ASTAGRAF XL (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE) | $0 (Tier 2) | PA BVD |
| 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 2) | PA |
| CIMZIA 2X200 MG/ML SYRINGE KIT | $0 (Tier 2) | PA |
| *cyclosporine (25 mg capsule, 100 mg capsule)* | $0 (Tier 1) | PA BVD |
| *cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)* | $0 (Tier 1) | PA BVD |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE) | $0 (Tier 2) | PA |
| ENBREL 50 MG/ML MINI CARTRIDGE | $0 (Tier 2) | PA |
| ENBREL 50 MG/ML SURECLICK | $0 (Tier 2) | PA |
| *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 |
| HUMIRA 40 MG/0.8 ML SYRINGE | $0 (Tier 2) | PA |
| HUMIRA PEN 40 MG/0.8 ML | $0 (Tier 2) | PA |
| HUMIRA(CF) (CDV HUMIRA(CF) 10 MG/0.1ML SYR, CDV HUMIRA(CF) 20 MG/0.2ML SYR, CDV HUMIRA(CF) 40 MG/0.4ML SYR, HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING, HUMIRA(CF) 40 MG/0.4 ML SYRING) | $0 (Tier 2) | PA |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| HUMIRA(CF) PEN (CDV HUMIRA(CF) PEN 40 MG/0.4ML, CDV HUMIRA(CF) PEN 80 MG/0.8ML, HUMIRA(CF) PEN 40 MG/0.4 ML, HUMIRA(CF) PEN 80 MG/0.8 ML) | $0 (Tier 2) | PA |
| HUMIRA(CF) PEN CRHN-UC-HS 80MG | $0 (Tier 2) | PA |
| HUMIRA(CF) PEN PS-UV-AHS 80-40 | $0 (Tier 2) | PA |
| HYFTOR 0.2% GEL | $0 (Tier 2) | PA, QL (30 per 30 days) |
| JYLAMVO 2 MG/ML ORAL SOLUTION | $0 (Tier 2) | |
| *leflunomide (10 mg tablet, 20 mg tablet)* | $0 (Tier 1) | |
| LUPKYNIS 7.9 MG CAPSULE | $0 (Tier 2) | PA, QL (180 per 30 days) |
| *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) | |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| *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 |
| MYHIBBIN 200 MG/ML SUSPENSION | $0 (Tier 2) | 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 |
| SIMLANDI(CF) (SIMLANDI(CF) 20 MG/0.2 ML, SIMLANDI(CF) 40 MG/0.4 ML, SIMLANDI(CF) 80 MG/0.8 ML) | $0 (Tier 2) | PA |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| SIMLANDI(CF) AUTOINJECTOR (SIMLANDI(CF) 40 MG/0.4 ML, SIMLANDI(CF) 80 MG/0.8 ML) | $0 (Tier 2) | PA |
| SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE) | $0 (Tier 2) | PA, QL (3 per 28 days) |
| SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE) | $0 (Tier 2) | 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 |
| XATMEP 2.5 MG/ML ORAL SOLUTION | $0 (Tier 2) | |
| ZORTRESS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET) | $0 (Tier 2) | PA BVD |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| VACCINES | | |
| ABRYSVO VIAL | $0 (Tier 2) | |
| ACTHIB VACCINE | $0 (Tier 2) | |
| ADACEL TDAP (SYRINGE, VIAL) | $0 (Tier 2) | |
| AREXVY VACCINE | $0 (Tier 2) | |
| *bcg vaccine (tice strain) vial* | $0 (Tier 2) | |
| BEXSERO PREFILLED SYRINGE | $0 (Tier 2) | |
| BOOSTRIX TDAP (SYRINGE, VIAL) | $0 (Tier 2) | |
| DAPTACEL DTAP VACCINE | $0 (Tier 2) | |
| ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL) | $0 (Tier 2) | PA |
| ENGERIX-B PEDI 10 MCG/0.5 SYRN | $0 (Tier 2) | PA |
| GARDASIL 9 (9 SYRINGE, 9 VIAL) | $0 (Tier 2) | PA |

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|---|---|---|
| IMMUNOLOGICAL AGENTS | | |
| HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE) | $0 (Tier 2) | |
| HEPLISAV-B 20 MCG/0.5 ML SYRNG | $0 (Tier 2) | PA |
| HIBERIX VACCINE | $0 (Tier 2) | |
| IMOVAX RABIES VACCINE VIAL | $0 (Tier 2) | |
| INFANRIX DTAP VACCINE | $0 (Tier 2) | |
| IPOL VIAL | $0 (Tier 2) | |
| IXIARO VACCINE | $0 (Tier 2) | |
| JYNNEOS VACCINE | $0 (Tier 2) | |
| KINRIX VACCINE | $0 (Tier 2) | |
| M-M-R II VACCINE VIAL | $0 (Tier 2) | |
| MENQUADFI VIAL | $0 (Tier 2) | |
| MENVEO VACCINE | $0 (Tier 2) | |
| MRESVIA 50 MCG/0.5 ML SYRINGE | $0 (Tier 2) | |
| PEDIARIX 0.5 ML SYRINGE | $0 (Tier 2) | |

| 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 | | |
| PEDVAXHIB VACCINE VIAL | $0 (Tier 2) | |
| PENBRAYA VACCINE | $0 (Tier 2) | |
| PENMENVY MEN A-B-C-W-Y KIT | $0 (Tier 2) | |
| PENTACEL VACCINE | $0 (Tier 2) | |
| PRIORIX VIAL | $0 (Tier 2) | |
| PROQUAD VIAL | $0 (Tier 2) | |
| QUADRACEL DTAP-IPV (SYRINGE, VIAL) | $0 (Tier 2) | |
| RABAVERT VACCINE | $0 (Tier 2) | |
| 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 2) | PA |
| ROTARIX VACCINE ORAL SYRINGE | $0 (Tier 2) | |
| ROTATEQ VACCINE | $0 (Tier 2) | |
| SHINGRIX VACCINE | $0 (Tier 2) | QL (2 per 365 days) |
| TENIVAC (SYRINGE, VIAL) | $0 (Tier 2) | |

| 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 | | |
| TICOVAC (1.2 MCG/0.25 ML SYRING, 2.4 MCG/0.5 ML SYRINGE) | $0 (Tier 2) | |
| TRUMENBA 120 MCG/0.5 ML VACCIN | $0 (Tier 2) | |
| TWINRIX VACCINE SYRINGE | $0 (Tier 2) | |
| TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG) | $0 (Tier 2) | |
| VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL) | $0 (Tier 2) | |
| VARIVAX VACCINE | $0 (Tier 2) | |
| VAXCHORA VACCINE | $0 (Tier 2) | |
| VIMKUNYA 40 MCG/0.8 ML SYRINGE | $0 (Tier 2) | |
| VIVOTIF EC CAPSULE | $0 (Tier 2) | |
| YF-VAX (1 VIAL, 5 VIAL) | $0 (Tier 2) | |

| 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 2) | 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) |
| 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 |
| *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 2) | 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 |
|---|---|---|
| METABOLIC BONE DISEASE AGENTS | | |
| RAYALDEE (ER 30 MCG CAP (HARD), ER 30 MCG CAP (SOFT)) | $0 (Tier 2) | 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 (4 per 28 days) |
| SOHONOS (1 MG CAPSULE, 1.5 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE) | $0 (Tier 2) | PA |
| *teriparatide 560mcg/2.24ml pen* | $0 (Tier 1) | PA |
| TYMLOS 80 MCG DOSE PEN INJECTR | $0 (Tier 2) | PA, QL (2 per 30 days) |
| XGEVA 120 MG/1.7 ML VIAL | $0 (Tier 2) | PA |
| YORVIPATH 168 MCG/0.56 ML PEN | $0 (Tier 2) | PA, QL (1.12 per 28 days) |
| YORVIPATH 294 MCG/0.98 ML PEN | $0 (Tier 2) | PA, QL (1.96 per 28 days) |
| YORVIPATH 420 MCG/1.4 ML PEN | $0 (Tier 2) | PA, QL (2.8 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 |
|---|---|---|
| OPHTHALMIC AGENTS | | |
| OPHTHALMIC AGENTS, OTHER | | |
| *atropine 1% eye drop* | $0 (Tier 1) | PA |
| *atropine 1% eye drops* | $0 (Tier 1) | PA |
| *cyclosporine 0.05% eye emuls* | $0 (Tier 1) | QL (60 per 30 days) |
| *dorzolamide-timolol eye drops* | $0 (Tier 1) | |
| *neo-bacit-poly-hc eye ointment* | $0 (Tier 1) | |
| NEO-POLYCIN EYE OINTMENT | $0 (Tier 1) | |
| NEO-POLYCIN 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) | |
| OXERVATE 0.002% EYE DROP | $0 (Tier 2) | PA |
| *pilocarpine hcl 1.25% eye drop* | $0 (Tier 1) | PA, QL (5 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 | | |
| *sulf-pred 10-0.23% eye drops* | $0 (Tier 1) | |
| TOBRADEX EYE OINTMENT | $0 (Tier 2) | QL (7 per 30 days) |
| *tobramycin-dexameth ophth susp* | $0 (Tier 1) | |
| TYRVAYA 0.03 MG NASAL SPRAY | $0 (Tier 2) | PA, QL (8.4 per 30 days) |
| XIIDRA 5% EYE DROPS | $0 (Tier 2) | QL (60 per 30 days) |
| OPHTHALMIC ANTI-ALLERGY AGENTS | | |
| *azelastine hcl 0.05% drops* | $0 (Tier 1) | |
| *cromolyn 4% eye drops* | $0 (Tier 1) | |
| OPHTHALMIC ANTI-INFECTIVES | | |
| AZASITE 1% EYE DROPS | $0 (Tier 2) | |
| *bacitracin 500 unit/gm ophth* | $0 (Tier 1) | |
| *bacitracin-polymyxin eye oint* | $0 (Tier 1) | |
| BESIVANCE 0.6% SUSP | $0 (Tier 2) | PA, QL (5 per 30 days) |
| CILOXAN 0.3% OINTMENT | $0 (Tier 2) | PA |
| *ciprofloxacin 0.3% 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 | | |
| *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 2) | |
| *ofloxacin 0.3% eye drops* | $0 (Tier 1) | |
| POLYCIN EYE OINTMENT | $0 (Tier 1) | |
| *polymyxin b-tmp eye drops* | $0 (Tier 1) | |
| *sulfacetamide sodium (10% drops, 10% ointment)* | $0 (Tier 1) | |
| *tobramycin 0.3% eye drop* | $0 (Tier 1) | |
| TOBREX 0.3% EYE OINTMENT | $0 (Tier 2) | |
| *trifluridine 1% eye drops* | $0 (Tier 1) | |
| XDEMVY 0.25% DROP | $0 (Tier 2) | PA |
| ZIRGAN 0.15% OPHTHALMIC GEL | $0 (Tier 2) | |
| OPHTHALMIC ANTI-INFLAMMATORIES | | |
| *bromfenac sodium 0.09% eye drp* | $0 (Tier 1) | QL (3.4 per 180 days) |

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|---|---|---|
| OPHTHALMIC AGENTS | | |
| *dexamethasone 0.1% eye drop* | $0 (Tier 1) | |
| *diclofenac 0.1% eye drops* | $0 (Tier 1) | |
| *difluprednate 0.05% eye drop* | $0 (Tier 1) | |
| EYSUVIS 0.25% EYE DROPS | $0 (Tier 2) | PA |
| FLAREX 0.1% EYE DROPS | $0 (Tier 2) | |
| *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 2) | |
| *ketorolac tromethamine (0.4% solution, 0.5% solution)* | $0 (Tier 1) | |
| LOTEMAX 0.5% EYE OINTMENT | $0 (Tier 2) | QL (10 per 180 days) |
| *loteprednol 0.5% ophthalmc gel* | $0 (Tier 1) | QL (10 per 180 days) |
| *loteprednol etabonate (0.2% drp, 0.5% drp)* | $0 (Tier 1) | |
| NEVANAC (0.1% DROPTAINER, 0.1% EYE DROP) | $0 (Tier 2) | QL (6 per 180 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 | | |
| PRED MILD 0.12% EYE DROPS | $0 (Tier 2) | |
| *prednisolone ac 1% eye drop* | $0 (Tier 1) | |
| OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS | | |
| *betaxolol hcl 0.5% eye drop* | $0 (Tier 1) | |
| BETOPTIC S (0.25% DROP, 0.25% DROP) | $0 (Tier 2) | |
| *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) | |

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|---|---|---|
| OPHTHALMIC AGENTS | | |
| *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 DROPS | $0 (Tier 2) | |
| *latanoprost 0.005% eye drops* | $0 (Tier 1) | |
| LUMIGAN 0.01% EYE DROPS | $0 (Tier 2) | ST |
| *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 2) | QL (5 per 30 days) |
| *travoprost 0.004% eye drop* | $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) | |

| 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 | | |
| CIPRO HC OTIC SUSPENSION | $0 (Tier 2) | |
| *ciproflox-dexameth otic susp* | $0 (Tier 1) | |
| *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 2) | 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) |

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|---|---|---|
| RESPIRATORY TRACT/PULMONARY AGENTS | | |
| *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) |
| QVAR REDIHALER (40 MCG, 80 MCG) | $0 (Tier 2) | 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 2) | QL (30 per 30 days) |

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|---|---|---|
| RESPIRATORY TRACT/PULMONARY AGENTS | | |
| INCRUSE ELLIPTA 62.5 MCG INH | $0 (Tier 2) | QL (30 per 30 days) |
| *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 2) | 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) |

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|---|---|---|
| RESPIRATORY TRACT/PULMONARY AGENTS | | |
| *albuterol sulfate hfa 90 mcg inhaler (ventolin generic)* | $0 (Tier 1) | QL (36 per 30 days) |
| *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) |
| *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 2) | QL (2 per 30 days) |
| SEREVENT DISKUS 50 MCG | $0 (Tier 2) | QL (60 per 30 days) |
| STRIVERDI RESPIMAT INHAL SPRAY | $0 (Tier 2) | QL (4 per 30 days) |
| CYSTIC FIBROSIS AGENTS | | |
| CAYSTON 75 MG INHAL SOLUTION | $0 (Tier 2) | |

| 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 | | |
| 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 2) | PA, QL (60 per 30 days) |
| ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET) | $0 (Tier 2) | PA, QL (112 per 28 days) |
| ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT) | $0 (Tier 2) | PA, QL (56 per 28 days) |
| PULMOZYME 1 MG/ML AMPUL | $0 (Tier 2) | PA BVD |
| SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS) | $0 (Tier 2) | PA |
| TOBI PODHALER 28 MG INHALE CAP | $0 (Tier 2) | PA |
| *tobramycin (300 mg/4 ml, 300 mg/5 ml)* | $0 (Tier 1) | |

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|---|---|---|
| RESPIRATORY TRACT/PULMONARY AGENTS | | |
| TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG) | $0 (Tier 2) | PA, QL (84 per 28 days) |
| TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT) | $0 (Tier 2) | 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) | |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE | | |
| *roflumilast (250 mcg tablet, 500 mcg tablet)* | $0 (Tier 1) | QL (30 per 30 days), PA NSO |
| *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) | |

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|---|---|---|
| RESPIRATORY TRACT/PULMONARY AGENTS | | |
| PULMONARY ANTIHYPERTENSIVES | | |
| ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET) | $0 (Tier 2) | 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) |
| *bosentan (62.5 mg tablet, 125 mg tablet)* | $0 (Tier 1) | PA, LA, QL (60 per 30 days) |
| OPSUMIT 10 MG TABLET | $0 (Tier 2) | PA, LA |
| OPSYNVI (10-20 MG TABLET, 10-40 MG TABLET) | $0 (Tier 2) | PA, LA, QL (30 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 2) | PA |
| ORENITRAM MONTH 1 TITRATION KT | $0 (Tier 2) | PA |
| ORENITRAM MONTH 2 TITRATION KT | $0 (Tier 2) | 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 | | |
| ORENITRAM MONTH 3 TITRATION KT | $0 (Tier 2) | 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 2) | PA, QL (300 per 30 days) |
| TRACLEER 32 MG TABLET FOR SUSP | $0 (Tier 2) | PA, LA, QL (120 per 30 days) |
| TYVASO DPI (16 MCG CARTRIDGE, 16-32-48 MCG TITRAT, 32 MCG CARTRIDGE, 48 MCG CARTRIDGE, 64 MCG CARTRIDGE) | $0 (Tier 2) | PA |
| UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET) | $0 (Tier 2) | 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 | | |
| PULMONARY FIBROSIS AGENTS | | |
| OFEV (100 MG CAPSULE, 150 MG CAPSULE) | $0 (Tier 2) | 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) | |
| ALYFTREK 10-50-125 MG TABLET | $0 (Tier 2) | PA, QL (60 per 30 days) |
| ALYFTREK 4-20-50 MG TABLET | $0 (Tier 2) | PA, QL (90 per 30 days) |
| ANORO ELLIPTA 62.5-25 MCG INH | $0 (Tier 2) | QL (60 per 30 days) |
| BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR) | $0 (Tier 2) | 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 INHALER | $0 (Tier 2) | QL (10.7 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 2) | QL (4 per 30 days) |
| FASENRA (10 MG/0.5 ML SYRINGE, 30 MG/ML SYRINGE) | $0 (Tier 2) | PA |
| FASENRA PEN 30 MG/ML | $0 (Tier 2) | PA |
| *fluticasone prop hfa 220 mcg* | $0 (Tier 2) | QL (24 per 30 days) |
| *fluticasone propionate hfa (hfa 44 mcg, hfa 110 mcg)* | $0 (Tier 2) | 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) |
| *iprat-albut 0.5-3(2.5) mg/3 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 |
|---|---|---|
| RESPIRATORY TRACT/PULMONARY AGENTS | | |
| NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE) | $0 (Tier 2) | PA, QL (3 per 28 days) |
| NUCALA 40 MG/0.4 ML SYRINGE | $0 (Tier 2) | PA, QL (0.4 per 28 days) |
| STIOLTO RESPIMAT (INHAL SPRAY, INHALER (10), INHALER (60)) | $0 (Tier 2) | QL (4 per 30 days) |
| TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25) | $0 (Tier 2) | QL (60 per 30 days) |
| WINREVAIR (2 PACK) (45 MG KIT, 60 MG KIT) | $0 (Tier 2) | PA |
| WINREVAIR 45 MG VIAL | $0 (Tier 2) | PA |
| WINREVAIR 60 MG VIAL | $0 (Tier 2) | PA |
| 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) |
| *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) |
| *triazolam (0.125 mg tablet, 0.25 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 | | |
| *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 |
| XYWAV 0.5 GM/ML ORAL SOLUTION | $0 (Tier 2) | PA, LA |

| 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 |

| 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 | | |
| *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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