

# 2024

## SCAN Health Plan

List of Covered Drugs (Formulary)

## SCAN Health Plan

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# SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP)

## 2024 *List of Covered Drugs* (Formulary)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**

**HPMS Approved Formulary File Submission ID, Version Number 24429, 22**

This formulary was updated on 12/1/2024.

**Important Message About What You Pay for Vaccines** – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

**Important Message About What You Pay for Insulin** - You won't pay more than \$0 of each insulin product covered by our plan.

For more recent information or other questions, please contact SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) at 1-866-722-6725. (TTY users should call 711), Hours are 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day), or visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means SCAN Health Plan. When it refers to “plan” or “our plan,” it means SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of December, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts Pharmacy<sup>SM</sup> is one of our mail order pharmacies. You can fill your prescription medications at any of our network mail order pharmacies. Typically, you should expect

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to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan's Member Services. For your mail order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users should call 711. You may opt out of automatic deliveries at any time.

## Introduction

This document is called the *List of Covered Drugs (Formulary)* (also known as the Drug List). It tells you which prescription drugs are covered by SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP). The Drug List also tells you if there are any special rules or restrictions on any drugs covered by SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP).

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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## A. Disclaimers

This is a list of drugs that members can get in *SCAN Connections (HMO D-SNP)* and *SCAN Connections at Home (HMO D-SNP)*.

- ❖ SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) is an HMO plan with a Medicare contract and a contract with the California Medi-Cal program. Enrollment in SCAN Health Plan depends on contract renewal.
- ❖ You can always check SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP)'s up-to-date *List of Covered Drugs (Formulary)* online at [www.scanhealthplan.com](http://www.scanhealthplan.com) or by calling 1-866-722-6725. (TTY users should call 711) 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) at 1-866-722-6725. (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. The call is free.
- ❖ This document is available for free in Spanish, Chinese, and Korean.
- ❖ Information written in other languages is also available.
- ❖ Please call Member Services to request materials in a language other than English or in an alternate format. You may ask Member Services to update your record with your language and/or format preference for future mailings.

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## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Formulary)*. You can read all the FAQ to learn more or look for a question and answer.

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### **B1. What prescription drugs are on the *List of Covered Drugs (Formulary)*? (We call the *List of Covered Drugs (Formulary)* the “Drug List” for short.)**

The drugs on the *List of Covered Drugs (Formulary)* that starts on page 29 are the drugs covered by SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP). A formulary is a list of covered drugs selected by SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.” The prescription drugs included on this List of Covered Drugs (Formulary) are covered

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by *SCAN Connections (HMO D-SNP)* and *SCAN Connections at Home (HMO D-SNP)*. Select prescription and over-the-counter drugs, which are not on the Drug List, are covered for you under your Medi-Cal (Medicaid) benefits with your doctor's prescription at our network pharmacies. Please contact Member Services (phone number is at the bottom of the page or visit our website ([www.scanhealthplan.com](http://www.scanhealthplan.com)) for additional information regarding which drugs are covered.

- SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) will generally cover the drugs listed on the Drug List as long as:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) agrees that the drug is medically necessary for you,
  - you fill the prescription at a SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) network pharmacy, and
  - other plan rules are followed.
  - for more information on how to fill your prescriptions, please review your Evidence of Coverage.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at [www.scanhealthplan.com](http://www.scanhealthplan.com) or call Member Services at 1-866-722-6725. (TTY users should call 711) 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day)

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## **B2. Does the Drug List ever change?**

Yes, and SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) must follow Medicare rules when making changes. Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).

For more information on these drug rules, refer to question B4.

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**If you have questions**, please call SCAN Connections (HMO SNP) and SCAN Connections at Home (HMO SNP) at 1-866-722-6725. (TTY users should call 711), 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).



If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

The enclosed formulary is current as of December, 2024. To get updated information about the drugs covered by SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP), please contact us. Our contact information appears at the bottom of the page.

- You can always check SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP)'s up-to-date Drug List online at [www.scanhealthplan.com](http://www.scanhealthplan.com).
- You can also call Member Services at 1-866-722-6725. (TTY users should call 711) 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day) to check the current Drug List.

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### **B3. What happens when there is a change to the Drug List?**

Some changes to the Drug List will happen **immediately**. For example:

**A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug, but your cost for the new drug will remain \$0. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.

**A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will immediately take it off the Drug List and provide notice to members who take the drug. After you are notified, contact your doctor or other prescriber to discuss other options.

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**We may make other changes that affect the drugs you take.** We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Notify affected members of the change at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

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#### **B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) limits the amount of a drug you can get. For example, SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) provides 30 tablets per prescription for BELSOMRA. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 29. You can also get more information about the restrictions applied to specific

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covered drugs by visiting our website at [www.scanhealthplan.com](http://www.scanhealthplan.com). We have posted online a document that explain our prior authorization restriction. You may also ask us to send you a copy.

**You can ask for an exception from these restrictions or limits.** This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

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### **B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?**

The table in the Drug List that's on page 29 has a column labeled "Requirements/Limits."

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### **B6. What happens if SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, or quantity limits restrictions)?**

In some cases, we will tell you in advance if we add or change prior authorization, or quantity limits restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

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### **B7. How can I find a drug on the Drug List?**

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index section that begins on page 65. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled "Formulary Drugs Arranged by Therapeutic Class" on page 29. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category "Cardiovascular Agents". That is where you will find drugs that treat heart conditions.

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### **B8. What if the drug I want to take is not on the Drug List?**

If you don't find your drug on the Drug List, call Member Services at 1-866-722-6725. (TTY users should call 711) 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day) and ask if your drug is

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covered. If you learn that SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) does not cover the drug, you can do one of these things:

- Ask Member Services for a list of similar drugs that are covered by SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP). Then show the list to your doctor or other prescriber. They can prescribe a similar drug that is covered by SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP). **Or**
- You can ask SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

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### **B9. What if I am a new SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) member and can't find my drug on the Drug List or have a problem getting my drug?**

We can help. We may cover a temporary 30-day supply if you are not in a long-term care facility or a 31-day supply if you are a resident of a long-term care facility of your drug during the first 90 days you are a member of SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30-day supply of medication if you are not in a long-term care facility or a 31-day supply of medication if you are a resident of a long-term care facility.

We will cover a 30-day supply if you are not in a long-term care facility or a 31-day supply if you are a resident of a long-term care facility of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP)

After your first 30-day supply if you are not in a long-term care facility or a 31-day supply if you are a resident of a long-term care facility, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day emergency supply of the drug you need (unless you have a prescription for fewer days) while you pursue a formulary exception.

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- This is in addition to the temporary supply during the first 90 days you are a member of SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP).

If you are a current member transitioning to a different level of care, you may be prescribed medications not on our Drug List or your ability to get your drugs may be limited. In these instances, you need to talk with your doctor about the appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can request an exception and ask the plan to cover the drug or remove restrictions from the drug. While you are talking with your doctor to determine the course of action, you are eligible to receive a 30-day transition supply of the drug if you are moving from a Long-Term Care Facility or a Hospital stay or Emergency Room or Skilled Nursing Facility or Hospice to home or a 31-day transition supply of the drug if you are moving from home or a Hospital stay to a Long-Term Care Facility.

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### **B10. Can I ask for an exception to cover my drug?**

Yes. You can ask SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other example: You can ask us to drop the prior authorization requirements.
- You can ask us to cover a drug even if it is not on our formulary.

Generally, SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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### **B11. How can I ask for an exception?**

To ask for an exception, call Member Services. Member Services will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Evidence of Coverage* to learn more about exceptions.

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### **B12. How long does it take to get an exception?**

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your

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request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

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### **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) covers both brand name drugs and generic drugs.

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### **B14. What are OTC drugs?**

OTC stands for "over-the-counter". SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) covers some OTC drugs when they are written as prescriptions by your provider. Please contact Member Services (phone number is at the bottom of the page or visit our website ([www.scanhealthplan.com](http://www.scanhealthplan.com))) for additional information regarding which OTC drugs are covered.

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### **B15. Does SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) cover non-drug OTC products?**

SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) covers some non-drug OTC products when they are written as prescriptions by your provider. Please contact Member Services (phone number is at the bottom of the page or visit our website ([www.scanhealthplan.com](http://www.scanhealthplan.com))) for additional information regarding which non-drug OTC products are covered.

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### **B16. Does SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) cover long-term supplies of prescriptions?**

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered prescription drugs. A 100-day supply has the same copay as a one-month supply.

A long-term supply is not available for Specialty drugs. To see which medications are available for a long-term supply, please refer to the Drug List, which starts on page 29.

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**If you have questions**, please call SCAN Connections (HMO SNP) and SCAN Connections at Home (HMO SNP) at 1-866-722-6725. (TTY users should call 711), 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).



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## B18. What is my copay?

SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) members have a \$0 copay for all Part D prescription drugs covered on our Drug List and a \$0 copay for select prescription and OTC drugs and non-drug products covered under your Medi-Cal (Medicaid) benefits if the member follows the plan's rules. Refer to questions to B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 Generic drugs have \$0 copay.
- Tier 1 Brand name drugs have \$0 copay

Select OTCs that are covered for you under your Medi-Cal (Medicaid) benefits have a \$0 copay when they are written as prescriptions by your provider. Select prescription and over-the-counter drugs, which are not on the Drug List, are covered for you under your Medi-Cal (Medicaid) benefits with your doctor's prescription at our network pharmacies. Please contact Member Services (phone number is at the bottom of the page or visit our website ([www.scanhealthplan.com](http://www.scanhealthplan.com)) for additional information regarding which drugs are covered. If you have questions, call Member Services at 1-866-722-6725. (TTY users should call 711) 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day).

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## C. Overview of the *List of Covered Drugs (Formulary)*

The *List of Covered Drugs (Formulary)* gives you information about the drugs covered by SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index that begins on page 65. The index provides an alphabetical list of all of the drugs included in this document.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin*).

The information in the Requirements/Limits column tells you if SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) has any special requirements for coverage of your drug.

- The symbol [PA] indicates that prior authorization applies.
- The symbol [B vs D] indicates that this drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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**If you have questions**, please call SCAN Connections (HMO SNP) and SCAN Connections at Home (HMO SNP) at 1-866-722-6725. (TTY users should call 711), 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).



- The symbol [QL] indicates that quantities dispensed are limited. To see the quantity limit amount for the formulary drugs with quantity limits, turn to the page 63.
- The symbol [LD] indicates that limited distribution applies. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-866-722-6725. (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day) or visit [www.scanhealthplan.com](http://www.scanhealthplan.com).
- The symbol [EDS] indicates that this drug is available for an extended day supply (e.g., greater than a 30-day supply) at mail-order and many retail pharmacies.

### **C1. Formulary Drugs Arranged by Therapeutic Class**

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, “Cardiovascular Agents”. That is where you will find drugs that treat heart conditions.

### **C2. Formulary Drugs with Quantity Limits**

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## **D. Index**

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

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**If you have questions**, please call SCAN Connections (HMO SNP) and SCAN Connections at Home (HMO SNP) at 1-866-722-6725. (TTY users should call 711), 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. The call is free. **For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).



# SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)

## 2024 年承保藥物清單（處方藥一覽表）

請閱讀：本文件包含關於本計劃承保藥物的資訊

HPMS 核准的處方藥一覽表檔案提交 ID、版本號 24429, 22

本處方藥一覽表更新於 12/1/2024。

**關於您支付疫苗費用的重要資訊** – 某些疫苗被視作醫療福利。其他疫苗則被視作 D 部分藥物。我們的計劃免費為您承保大部分 D 部分疫苗。

**關於您支付胰島素費用的重要資訊** - 對於我們計劃承保的每種胰島素產品，您支付的費用不會超過 \$0。

如需瞭解最新資訊或有其他疑問，請致電 1-866-722-6725 聯絡 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間的服務時間為每週 7 天，上午 8 點至晚上 8 點。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點（節假日及營業時間之外收到的訊息將在一個工作日內回覆），或瀏覽 [www.scanhealthplan.com](http://www.scanhealthplan.com)。

**現有會員請注意：**本處方藥一覽表自去年以來已經變更。請查看此文件，確保其中仍包含您服用的藥物。

本藥物清單（處方藥一覽表）中，凡提述「我們」或「我們的」時，均指 SCAN Health Plan。當提到「計劃」或「我們的計劃」時，均指 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)。

本文件包含我們計劃截至 2024 年 12 月的藥物清單（處方藥一覽表）。如需獲取最新的處方藥一覽表，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

一般而言，您必須使用網絡內藥房才能享受處方藥福利。福利、處方藥一覽表、藥房網絡和/或共付額/共同保險可能會在 2025 年 1 月 1 日及一年中不時更改。

您可以要求透過網絡內郵購快遞計劃將處方藥送達您的家中。Express Scripts Pharmacy<sup>SM</sup> 是我們的郵購藥房之一。您可以在我們的任何網絡郵購藥房配取處方藥。一般而言，您可在 Express Scripts 郵購藥房接獲訂單後 14 天內收到您的處方藥。如果您在此時限內沒有收到您的處方藥，請聯絡 SCAN Health Plan 會員服務部。對於郵購處方藥，您可撥打 1-866-553-4125 聯絡 Express Scripts 藥房，選擇參加一項自動重配計劃，服務時間為每週 7 天，每天 24 小時。聽障人士可致電 711。您可以隨時取消自動配送。



## 簡介

本文件稱為《承保藥物清單（處方藥一覽表）》（也稱為藥物清單）。本文件告訴您 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 承保的處方藥。藥物清單亦告訴您 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 承保的任何藥物是否有任何特殊規則或限制。

我們的聯絡資訊以及最後更新藥物清單的日期載於封面和封底。關鍵術語及其定義載於《承保範圍說明書》的最後一章。

12/1/2024 24C-CAFOR976CH  
Y0057\_SCAN\_20525\_2024\_C DHCS Approved 08292023

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如有疑問，請致電 SCAN Connections (HMO SNP) 和 SCAN Connections at Home (HMO SNP)，電話：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間每週 7 天。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。此為免費電話。要瞭解更多資訊，請瀏覽 [www.scanhealthplan.com](http://www.scanhealthplan.com)。



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如有疑問，請致電 SCAN Connections (HMO SNP) 和 SCAN Connections at Home (HMO SNP)，電話：1-866-722-6725。(聽障人士可致電 711)，10 月 1 日至 3 月 31 日期間每週 7 天。

4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。

此為免費電話。要瞭解更多資訊，請瀏覽 [www.scanhealthplan.com](http://www.scanhealthplan.com)。



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如有疑問，請致電 SCAN Connections (HMO SNP) 和 SCAN Connections at Home (HMO SNP)，電話：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間每週 7 天。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。此為免費電話。要瞭解更多資訊，請瀏覽 [www.scanhealthplan.com](http://www.scanhealthplan.com)。



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## A.免責聲明

以下是會員可在 *SCAN Connections (HMO D-SNP)* 和 *SCAN Connections at Home (HMO D-SNP)* 中獲取的藥物清單。

- ❖ *SCAN Connections (HMO D-SNP)* 和 *SCAN Connections at Home (HMO D-SNP)*。是一項與 Medicare 和加州 Medi-Cal 計劃簽訂合同的 HMO 計劃。能否參保 SCAN Health Plan 視合約續簽情況而定。
- ❖ 您可以隨時瀏覽 [www.scanhealthplan.com](http://www.scanhealthplan.com) 在線上查看 *SCAN Connections (HMO D-SNP)* 和 *SCAN Connections at Home (HMO D-SNP)* 的最新承保藥物清單（處方藥一覽表），或致電 1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間的服務時間為每週 7 天，上午 8 點至晚上 8 點。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點（節假日及營業時間之外收到的訊息將在一個工作日內回覆）。
- ❖ 您可以透過其他格式免費獲取本文件，例如大字版、盲文或音訊。請致電 *SCAN Connections (HMO D-SNP)* 和 *SCAN Connections at Home (HMO D-SNP)*，電話：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間的服務時間為每週 7 天，上午 8 點至晚上 8 點。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。此為免費電話。
- ❖ 我們免費提供本文件的西班牙文、中文和韓文版本。
- ❖ 另提供以其他語言撰寫的資訊。
- ❖ 請致電會員服務部索取非英文或其他格式的材料。您可以要求會員服務部更新您的記錄，以便將來的信函符合您的語言和/或格式偏好。

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## B.常見問題 (FAQ)

您可以在此處找到有關此《承保藥物清單（處方藥一覽表）》的問題的答案。您可以閱讀所有常見問題內容以瞭解更多資訊或尋找問題和答案。

---

### B1. 《承保藥物清單（處方藥一覽表）》上有哪些處方藥？（我們將《承保藥物清單（處方藥一覽表）》簡稱為「藥物清單」。）

從第 29 頁開始的《承保藥物清單（處方藥一覽表）》中的藥物是 *SCAN Connections (HMO D-SNP)* 和 *SCAN Connections at Home (HMO D-SNP)* 承保的藥物。處方藥一覽表是 *SCAN Connections (HMO D-SNP)* 和 *SCAN Connections at Home (HMO D-SNP)* 與保健服務提供者團隊協商後選擇的承保藥物列表，代表被認為是必要組成部分的處方療法高品質的治療計劃。這些藥物可在我們網絡內的藥房購買。如果我們與藥房達成協議，與我們合作並為您提供服務，則藥房即在我們的網絡中。我們

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如有疑問，請致電 *SCAN Connections (HMO SNP)* 和 *SCAN Connections at Home (HMO SNP)*，電話：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間每週 7 天。

4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。

此為免費電話。要瞭解更多資訊，請瀏覽 [www.scanhealthplan.com](http://www.scanhealthplan.com)。



將這些藥房稱為「網絡藥房」。本《承保藥物清單（處方藥一覽表）》中包含的處方藥由 **SCAN Connections (HMO D-SNP)** 和 **SCAN Connections at Home (HMO D-SNP)** 承保對於特定處方藥和非處方藥（未列於「藥物清單」上），憑藉醫生處方在我們的網絡內藥房購買時，由您的 **Medi-Cal (Medicaid)** 福利承保。請聯絡會員服務部（電話號碼位於頁面底部）或瀏覽我們的網站 ([www.scanhealthplan.com](http://www.scanhealthplan.com)) 以瞭解有關承保哪些藥物的更多資訊。

- **SCAN Connections (HMO D-SNP)** 和 **SCAN Connections at Home (HMO D-SNP)** 通常會承保藥物清單上列出的藥物，只要：
  - 您的醫生或其他開處方者生說您需要這些藥物來康復或保持健康，
  - **SCAN Connections (HMO D-SNP)** 和 **SCAN Connections at Home (HMO D-SNP)** 同意該藥物對您具有醫療必需性，
  - 您在 **SCAN Connections (HMO D-SNP)** 和 **SCAN Connections at Home (HMO D-SNP)** 網絡內藥房配藥，並且
  - 遵循其他計劃規則。
  - 有關如何配取處方藥的更多資訊，請查看您的承保範圍說明書。
- 在某些情況下，您必須先進行某些步驟才能獲得藥物。請參閱問題 **B4** 以瞭解更多資訊。

您也可以在我们的網站 [www.scanhealthplan.com](http://www.scanhealthplan.com) 上找到我們承保的最新藥物清單，或致電 **1-866-722-6725** 聯絡會員服務部。（聽障人士可致電 **711**），**10月1日至3月31日** 期間的服務時間為每週 7 天，上午 8 點至晚上 8 點。**4月1日至9月30日** 期間的服務時間為週一至週五，上午 8 點至晚上 8 點（節假日及營業時間之外收到的訊息將在一個工作日內回覆）

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## **B2. 藥物清單是否會更改？**

是，**SCAN Connections (HMO D-SNP)** 和 **SCAN Connections at Home (HMO D-SNP)** 在進行更改時必須遵守 **Medicare** 規則。大多數藥物承保範圍的更改發生在 **1月1日**，但我們可能會在一年中添加或刪除藥物清單上的藥物。

我們也可能會更改有關藥物的規則。例如，我們可能會：

- 決定要求或不要求藥物獲得事先授權。（事先授權是在您配取藥物前必須先獲得的 **SCAN Connections (HMO D-SNP)** 和 **SCAN Connections at Home (HMO D-SNP)** 許可。）
- 添加或更改您可以取得的藥物數量（稱為數量限制）。

有關這些藥物規則的更多資訊，請參閱問題 **B4**。

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如有疑問，請致電 **SCAN Connections (HMO SNP)** 和 **SCAN Connections at Home (HMO SNP)**，電話：**1-866-722-6725**。（聽障人士可致電 **711**），**10月1日至3月31日** 期間每週 7 天。

**4月1日至9月30日** 期間的服務時間為週一至週五，上午 8 點至晚上 8 點。

此為免費電話。要瞭解更多資訊，請瀏覽 [www.scanhealthplan.com](http://www.scanhealthplan.com)。



如果您正在服用在年初承保的藥物，我們通常不會在今年剩餘時間刪除或更改該藥物的承保範圍，除非：

- 一種新的、更便宜的藥物現在上市，且和藥物清單上的藥物一樣有效，或
- 我們瞭解到某種藥物不安全，或
- 某種藥物被下架。

下面的問題 B3 和 B6 提供了有關藥物清單更改時會發生什麼的更多資訊。

隨附的處方藥一覽表是截至 2024 年 12 月的最新資訊。如需瞭解有關 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 承保藥物的最新資訊，請聯絡我們。我們的聯絡資訊載於頁面底部。

- 您可以隨時在 [www.scanhealthplan.com](http://www.scanhealthplan.com) 線上查看 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 的最新藥物清單。
- 您亦可以致電會員服務部，電話：1-866-722-6725。（聽障人士可致電 711。）  
10 月 1 日至 3 月 31 日期間的服務時間為每週 7 天，上午 8 點至晚上 8 點。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點（節假日及營業時間之外收到的訊息將在一個工作日內回覆）以查看目前的藥物清單。

---

### B3. 當藥物清單出現變更時會發生什麼？

藥物清單的某些變更將立即發生。例如：

**某種新的普通藥上市。**有時，一種新的普通藥和現在藥物清單上的品牌藥一樣有效。發生這種情況時，我們可能會移除該品牌藥，並添加新的普通藥，但您的新藥費用仍為 \$0。當我們添加新的普通藥時，我們也可能決定將該品牌藥保留在清單中，但更改其承保規則或限制。

- 我們可能不會在進行此變更之前通知您，但一旦發生變更，我們會向您發送有關我們所做的具體更改的資訊。
- 您或您的服務提供者可以申請對這些更改的例外處理。我們將向您發送一份通知，說明您可以採取哪些步驟來申請例外處理。有關例外處理的更多資訊，請參閱問題 B10-B12。

**某種藥物被下架。**如果美國食品藥物管理局 (FDA) 認為您正在使用的藥物不安全，或者藥物製造商將藥物下架，我們會立即將其從藥物清單中刪除，並向使用該藥物的會員發出通知。收到通知後，請聯絡您的醫生或其他開處方者以討論其他選擇。

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如有疑問，請致電 SCAN Connections (HMO SNP) 和 SCAN Connections at Home (HMO SNP)，電話：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間每週 7 天。

4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。

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我們可能會作出影響您所服用藥物的其他變更。我們將提前通知您藥物清單的其他變更。在以下情況下，可能會發生這些變更：

- FDA 提供了新的指南，或者有關於某藥物的新臨床指南。
- 我們新增了一種非新上市的普通藥，及
  - 替換目前在藥物清單上的某種品牌藥，或
  - 更改品牌藥的承保規則或限制。

發生這些變更時，我們將：

- 在我們更改藥物清單前至少 30 天將該變更通知受影響的會員，或
- 在您要求重配藥物後，告知您並給予您 30 天的藥物供應量。

這將使您有時間與您的醫生或其他開處方者交談。他們可以幫助您決定：

- 藥物清單上是否有您可以服用的其他類似藥物，或
- 是否要申請針對這些變更的例外處理。要瞭解有關例外的更多資訊，請參閱問題 B10-B12。

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#### **B4. 藥物承保範圍是否有任何禁制或限制，或獲取某些藥物時是否需要採取任何必要行動？**

是，有些藥物有承保規則或對您可以獲取的數量有限制。在某些情況下，您或您的醫生或其他開處方者必須先進行某些步驟才能獲得該藥物。例如：

- **事先授權：**對於某些藥物，您或您的醫生或其他開處方者在配藥前必須獲得 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 的授權。事先授權與轉診不同。如果您未獲得事先授權，SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 可能不會承保該藥物。
- **數量限制：**有時，SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 會限制您可以獲得的藥物數量。例如，SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 為每份 BELSOMRA 處方提供 30 片藥片。這可以另外附加在標準的一個月或三個月的供藥上。

您可以透過查看從第 29 頁開始的處方藥一覽表以瞭解您的藥物是否有任何其他要求或限制。您也可以透過瀏覽我們的網站 [www.scanhealthplan.com](http://www.scanhealthplan.com) 來獲取有關特定承保藥物限制的更多資訊。我們已在網上發佈了一份文件以解釋我們的事先授權限制。您也可以要求我們向您寄送一份副本。

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如有疑問，請致電 SCAN Connections (HMO SNP) 和 SCAN Connections at Home (HMO SNP)，電話：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間每週 7 天。

4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。

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您可以申請這些禁制或限制的例外處理。這將使您有時間與您的醫生或其他開處方者交談。他們可以幫助您決定藥物清單中是否有您可以服用的其他類似藥物，或者是否要求例外處理。有關例外處理的詳細資訊，請參閱問題 B10-B12。

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### **B5.我如何知道我想要的藥物是否有任何禁制或限制，或獲取該藥物時是否需要採取任何必要行動？**

第 29 頁上的藥物列表中的表格有一列標記為「要求/限制」。

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### **B6.如果 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 更改其承保某些藥物的規則（例如事先授權或數量限制），會發生什麼情況？**

在某些情況下，如果我們新增或更改了事先授權或藥物的數量限制，我們會提前通知您。請參閱問題 B3 以瞭解有關此提前通知的更多資訊，以及當我們有關藥物清單上的藥物的規則發生變更時我們可能無法提前通知您的情況。

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### **B7.如何在藥物清單上尋找藥物？**

有兩種方法可以尋找藥物：

- 您可以按字母循序搜尋，或
- 您可以按病症進行搜索。

要按字母順序搜索，請在從第 65 頁開始的索引部分中尋找您的藥物。該索引提供一份按字母順序排列的清單，其中有本文件包含的所有藥物。該索引列有品牌藥和普通藥。請在該索引中查找所需的藥物。藥物旁邊註有頁碼，您可以在該頁查找承保範圍資訊。轉到該索引中所列的頁碼，在清單的第一欄即可找到所需的藥物名稱。

要按醫療狀況搜索，請找到第 29 頁標有「按治療類別排列的處方藥」的部分。本節中的藥物根據其用於治療的病症類型分為幾類。例如，如果您有心臟病，您應該查看「心血管藥物」類別。您在該部分可以找到治療心臟病的藥物。

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### **B8.如果我想服用的藥物不在藥物清單上怎麼辦？**

如果您在藥物清單中找不到您的藥物，請致電會員服務部 1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間的服務時間為每週 7 天，上午 8 點至晚上 8 點。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點（節假日及營業時間之外收到的訊息將在一個工作日內回覆），並詢問您的藥物是否在承保範圍內。如果您瞭解到 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 不承保該藥物，您可以進行以下事項之一：

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如有疑問，請致電 SCAN Connections (HMO SNP) 和 SCAN Connections at Home (HMO SNP)，電話：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間每週 7 天。

4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。

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- 請向會員服務部索取 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 承保的類似藥物清單。然後將該清單出示給您的醫生或其他開處方者。他們可以開出 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 承保的類似藥物。或
- 您可以要求 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 進行例外處理以承保您的藥物。有關例外處理的詳細資訊，請參閱問題 B10-B12。

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### **B9.如果我是 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 會員，但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？**

我們可以提供幫助。在您成為 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 會員後的最初 90 天內，如果您不住在長期護理機構，我們可能會承保 30 天的臨時供藥；如果您住在長期護理機構，我們可能會承保 31 天的臨時供藥。這將使您有時間與您的醫生或其他開處方者交談。他們可以幫助您決定藥物清單中是否有您可以服用的其他類似藥物，或者是否要求例外處理。

如果您的處方天數較少，我們將允許多次重配以提供最多 30 天的藥物供應（如果您不住在長期護理機構）或 31 天的藥物供應（如果您住在長期護理機構）。

如果您不在長期護理機構，我們將承保 30 天的藥量；如果您住在長期護理機構，我們將承保 31 天的藥量；您必須符合以下條件：

- 您正在服用不在我們的藥物清單上的藥物，或
- 我們的計劃規則不允許您獲得開處方者開配的藥量，或
- 該藥物需要獲得 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 的事先授權

在您獲得 30 天（您沒有住在長期護理機構時）或 31 天（您住在長期護理機構時）的供藥後，我們將不再為您支付這些藥物的費用，即使您成為計劃會員還不足 90 天。

如果您住在療養院或其他長期護理機構並需要藥物清單上沒有的藥物，或者您無法輕易獲得所需的藥物，我們可以提供幫助。如果您已加入計劃超過 90 天並住在長期護理機構，並且立即需要供藥：

- 當您尋求處方例外情況時，我們將承保一次 31 天您所需藥物的緊急供應（除非您的處方天數較少）。
- 這是您成為 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 會員的最初 90 天臨時供藥的補充。

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如有疑問，請致電 SCAN Connections (HMO SNP) 和 SCAN Connections at Home (HMO SNP)，電話：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間每週 7 天。

4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。

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如果您是過渡到其他護理級別的現任會員，則給您開的藥物可能不在我們的藥物清單上，或者您獲得藥物的能力可能會受到限制。若出現上述情況，您需要諮詢您的醫生來瞭解我們處方藥一覽表上是否有適當的替代療法。如果我們處方藥一覽表上沒有適當的替代療法，您或您的醫生可提出例外請求，要求本計劃承保您所用的藥物或解除對您所用藥物的限制。在您與醫生討論以確定行動方案的同時，如果您從長期護理機構或住院或急診室或專業護理機構或臨終關懷機構搬到家中，您有資格獲得 30 天的藥物過渡期供藥；如果您從家中或醫院搬到長期護理機構，您有資格獲得 31 天的過渡期供藥。

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### **B10.我是否可以要求例外處理來承保我的藥物？**

是。您可以要求 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 進行例外處理以承保藥物清單上未列出的藥物。

您也可以要求我們更改您的藥物規則。

- 例如，SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 可能會限制我們承保的藥物數量。如果您的藥物有限制，您可以要求我們更改限制並承保更多藥物。
- 其他例子：您可以要求我們取消事先授權申請。
- 您可以要求我們承保一種藥物，即使它不在我們的處方藥一覽表上。

一般而言，SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 只有在計劃處方藥一覽表上的替代藥物或其他使用限制對治療您的病症無效和/或可能造成不良醫療影響時才會批准您的例外處理申請。

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### **B11.如何申請例外處理？**

要申請例外處理，請致電會員服務部。會員服務部將與您和您的服務提供者合作以幫助您申請例外處理。您還可以閱讀《承保範圍說明書》第 9 章以瞭解有關例外情況的更多資訊。

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### **B12.獲得例外需要多長時間？**

在我們收到您的開處方者支持您的例外處理申請的聲明後，我們將在 72 小時內做出決定。

如果您或您的開處方者認為您必須等待 72 小時才能做出決定可能會損害您的健康，您可以申請加急例外處理。這是一種較快的決定。如果您的開處方者支援您的請求，我們將在收到開處方者的支持聲明後 24 小時內給您做出決定。

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### **B13.什麼是普通藥？**

普通藥由與品牌藥相同的活性成分組成。它們的成本通常低於品牌藥，並且通常沒有知名名稱。普通藥由美國食品藥物管理局 (FDA) 批准。

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如有疑問，請致電 SCAN Connections (HMO SNP) 和 SCAN Connections at Home (HMO SNP)，電話：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間每週 7 天。

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SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 承保品牌藥和普通藥。

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#### **B14. 什麼是非處方 (OTC) 藥？**

OTC 代表「非處方」。SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 承保某些由您的服務提供者開配的 OTC 藥物。請聯絡會員服務部（電話號碼載於頁面底部）或瀏覽我們的網站 ([www.scanhealthplan.com](http://www.scanhealthplan.com)) 以瞭解有關承保的 OTC 藥物的更多資訊。

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#### **B15. SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 是否承保非藥物 OTC 產品？**

SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 承保某些由您的服務提供者開配的非藥物 OTC 產品。請聯絡會員服務部（電話號碼載於頁面底部）或瀏覽我們的網站 ([www.scanhealthplan.com](http://www.scanhealthplan.com)) 以獲取有關承保的非藥物 OTC 產品的更多資訊。

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#### **B16. SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 是否承保長期處方供藥？**

- **郵購計劃。**我們提供郵購計劃，可讓您獲得長達 100 天的處方藥直接送到您的家中。100 天的份量與一個月的份量具有相同的共付額。
- **100 天零售藥房計劃。**一些零售藥房也可能提供長達 100 天的承保處方供藥。100 天的份量與一個月的份量具有相同的共付額。

特殊藥物不提供長期供應。要瞭解哪些藥物可獲長期供應，請參閱從第 29 頁開始的藥物清單。

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#### **B18. 我的共付額是多少？**

SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 會員對於我們藥物清單中承保的所有 D 部分處方藥，共付額為 \$0；對於 Medi-Cal (Medicaid) 福利承保的特定處方藥和 OTC 藥物以及非藥物產品，如果會員遵守計劃規則，則共付額為 \$0。請參閱 B14 和 B15 的問題以瞭解有關 OTC 藥物和非藥物產品的更多資訊。

等級是我們藥物清單中的藥物組。

- 第 1 級普通藥的共付額為 \$0。
- 第 1 級品牌藥的共付額為 \$0

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如有疑問，請致電 SCAN Connections (HMO SNP) 和 SCAN Connections at Home (HMO SNP)，電話：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間每週 7 天。

4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。

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選擇您的 Medi-Cal (Medicaid) 福利承保的 OTC 的共付額為 \$0，條件是您的服務提供者將其開成處方。對於特定處方藥和非處方藥（未列於「藥物清單」上），憑藉醫生處方在我們的網絡內藥房購買時，由您的 Medi-Cal (Medicaid) 福利承保。請聯絡會員服務部（電話號碼位於頁面底部）或瀏覽我們的網站 ([www.scanhealthplan.com](http://www.scanhealthplan.com)) 以瞭解有關承保哪些藥物的更多資訊。如有疑問，請致電會員服務部：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間的服務時間為每週 7 天，上午 8 點至晚上 8 點。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點（節假日及營業時間之外收到的訊息將在一個工作日內回覆）。

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## C. 承保藥物清單（處方藥一覽表）概述

《承保藥物清單（處方藥一覽表）》為您提供有關 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 承保藥物的資訊。如果您在列表中找到您的藥物，請參閱從第 65 頁開始的索引，該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列表。

清單的第一欄列出了藥物名稱。品牌藥用大寫字母表示（例如 JANUVIA），普通藥用小寫斜體字母列出（例如 *metformin*）。

「要求/限制」欄中的資訊說明了 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 是否對您的藥物承保有任何特殊要求。

- [PA] 表明適用於事先授權。
- [B vs D] 表明此藥物可能由 Medicare B 部分或 D 部分承保（視情況而定）。此時可能需要提交描述藥物用途與規定的資訊，以利裁決。
- [QL] 表明配發數量受限。要查看有數量限制的處方藥的數量限制，請轉到頁面 63。
- [LD] 表明配發受限。此處方藥可能只在某些藥房提供。要瞭解更多資訊，請查看藥房目錄或致電會員服務部 1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間的服務時間為每週 7 天，上午 8 點至晚上 8 點。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點（節假日及營業時間之外收到的訊息將在一個工作日內回覆），或瀏覽 [www.scanhealthplan.com](http://www.scanhealthplan.com)。
- [EDS] 表示該藥物可在郵購和許多零售藥房獲得延長供藥天數（例如大於 30 天份量的供藥）。

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如有疑問，請致電 SCAN Connections (HMO SNP) 和 SCAN Connections at Home (HMO SNP)，電話：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間每週 7 天。

4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。

此為免費電話。要瞭解更多資訊，請瀏覽 [www.scanhealthplan.com](http://www.scanhealthplan.com)。



## C1.按治療類別排列的處方藥一覽表藥物

本節中的藥物根據其用於治療的病症類型分為幾類。例如，如果您有心臟病，您應該查看「心血管藥物」類別。您在該部分可以找到治療心臟病的藥物。

## C2.有數量限制的處方藥一覽表藥物

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## D. 索引

在本節中，您可以通過按字母循序搜尋藥物名稱來查找藥物。這將告訴您頁碼，您可以在其中查找藥物的其他承保範圍資訊。

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如有疑問，請致電 SCAN Connections (HMO SNP) 和 SCAN Connections at Home (HMO SNP)，電話：1-866-722-6725。（聽障人士可致電 711），10 月 1 日至 3 月 31 日期間每週 7 天。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點。此為免費電話。要瞭解更多資訊，請瀏覽 [www.scanhealthplan.com](http://www.scanhealthplan.com)。



# FORMULARY DRUGS ARRANGED BY THERAPEUTIC CLASS

處方藥一覽表上的藥物按照治療類別排列

Formulary ID: 24429 (Version 22)

處方藥一覽表: 24429 (Versión 22)

Updated: 12/2024

版本: 12/2024

Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制
<b>ANALGESICS</b>		
<b>Opioid Analgesics, Long-acting</b>		
<i>fentanyl patches 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr &amp; 100mcg/hr</i>	1	[QL] [EDS]
<i>methadone oral</i>	1	[EDS]
<i>morphine sulfate er tabs</i>	1	[QL] [EDS]
<b>OXYCODONE ER TABS</b>	1	[QL] [EDS]
<i>tramadol er tabs</i>	1	[QL] [EDS]
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen &amp; codeine</i>	1	[QL] [EDS]
<i>butorphanol tartrate nasal</i>	1	[QL] [EDS]
<i>codeine sulfate</i>	1	[EDS]
<i>endocet</i>	1	[QL] [EDS]
<i>hydrocodone &amp; acetaminophen soln 7.5-325mg/15ml</i>	1	[QL] [EDS]
<i>hydrocodone &amp; acetaminophen soln 10-325mg/15ml</i>	1	[QL] [EDS]
<i>hydrocodone &amp; acetaminophen tabs 5-325mg, 7.5-325mg &amp; 10-325mg</i>	1	[QL] [EDS]
<i>hydrocodone &amp; ibuprofen</i>	1	[QL] [EDS]

Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制
<i>hydromorphone immediate-release oral soln &amp; tabs</i>	1	[EDS]
<i>hydromorphone inj</i>	1	[EDS]
<i>morphine sulfate oral</i>	1	[EDS]
<i>oxycodone immediate-release</i>	1	[EDS]
<i>oxycodone oral soln</i>	1	[EDS]
<i>oxycodone &amp; acetaminophen 2.5-325mg, 5-325mg, 7.5-325mg &amp; 10-325mg</i>	1	[QL] [EDS]
<i>tramadol tab 50mg</i>	1	[EDS]
<i>tramadol ir tab 100mg</i>	1	[QL] [EDS]
<i>tramadol &amp; acetaminophen</i>	1	[QL] [EDS]
<b>ANESTHETICS</b>		
<b>Local Anesthetics</b>		
<i>lidocaine ointment</i>	1	[QL] [EDS]
<i>lidocaine patch</i>	1	[PA] [EDS]
<i>lidocaine topical soln</i>	1	[QL] [EDS]
<i>lidocaine &amp; prilocaine cream</i>	1	[QL] [EDS]
<i>lidocan III</i>	1	[PA] [EDS]
<i>tridacaine ii patch</i>	1	[PA] [EDS]
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b>Alcohol Deterrents/Anti-Craving</b>		
<i>acamprosate calcium dr</i>	1	[EDS]
<i>disulfiram</i>	1	[EDS]

[PA] = Prior Authorization [B vs D] = B versus D [QL] = Quantity Limit

[LD] = Limited Distribution [EDS] Extended Day Supply

You can find information on what the symbols and abbreviations on this table mean by going to page 14.

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<b>Opioid Dependence</b>		
<i>buprenorphine sublingual tabs</i>	1	[EDS]
<i>buprenorphine &amp; naloxone sublingual film</i>	1	[EDS]
<i>buprenorphine &amp; naloxone sublingual tabs</i>	1	[EDS]
<i>naltrexone</i>	1	[EDS]
<b>Opioid Reversal Agents</b>		
KLOXXADO	1	[EDS]
<i>naloxone inj</i>	1	[EDS]
<b>Smoking Cessation Agents</b>		
<i>bupropion sr 150mg</i>	1	[EDS]
NICOTROL INHALER	1	[EDS]
NICOTROL NASAL	1	[EDS]
<i>varenicline starting month box</i>	1	[EDS]
<i>varenicline tartrate</i>	1	[EDS]
<b>ANTI-INFLAMMATORY AGENTS</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib</i>	1	[EDS]
<i>diclofenac potassium tab 50mg</i>	1	[EDS]
<i>diclofenac sodium dr</i>	1	[EDS]
<i>diclofenac sodium er</i>	1	[EDS]
<i>diflunisal</i>	1	[EDS]
<i>etodolac</i>	1	[EDS]
<i>etodolac er</i>	1	[EDS]
<i>ibu</i>	1	[EDS]
<i>ibuprofen</i>	1	[EDS]
<i>indomethacin er</i>	1	[EDS]
<i>indomethacin ir caps</i>	1	[EDS]
<i>ketorolac oral tabs</i>	1	[EDS]
LODINE TABS	1	[EDS]
<i>meloxicam tabs</i>	1	[EDS]
<i>nabumetone</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<i>naproxen tabs 250mg, 375mg &amp; 500mg</i>	1	[EDS]
<i>naproxen dr tabs</i>	1	[EDS]
<i>naproxen sodium ir tabs</i>	1	[EDS]
<i>piroxicam</i>	1	[EDS]
<i>sulindac</i>	1	[EDS]
<b>ANTIBACTERIALS</b>		
<b>Aminoglycosides</b>		
<i>amikacin inj</i>	1	[EDS]
<i>gentamicin cream 0.1% &amp; oint 0.1%</i>	1	[EDS]
<i>gentamicin inj 40mg/ml</i>	1	[EDS]
<i>neomycin sulfate oral</i>	1	[EDS]
<i>streptomycin inj</i>	1	[EDS]
<i>tobramycin sulfate inj</i>	1	[EDS]
<b>Antibacterials, Other</b>		
<i>aztreonam inj</i>	1	[EDS]
CLEOCIN VAGINAL SUPP	1	[EDS]
<i>clindamycin oral</i>	1	[EDS]
<i>clindamycin phosphate inj</i>	1	[EDS]
<i>clindamycin phosphate/dextrose inj</i>	1	[EDS]
<i>clindamycin vaginal cream</i>	1	[EDS]
<i>colistimethate inj</i>	1	[EDS]
<i>daptomycin inj</i>	1	[EDS]
<i>fosfomycin pack</i>	1	[EDS]
<i>linezolid inj</i>	1	[EDS]
<i>linezolid oral susp and tabs</i>	1	[EDS]
<i>methenamine hippurate</i>	1	[EDS]
<i>metronidazole inj</i>	1	[EDS]
<i>metronidazole oral</i>	1	[EDS]

[PA] = 事先授權 [B vs D] = B 與 D [QL] = 數量限制 [LD] = 限量分配 [EDS] = 延長天數供藥  
您可以前往第 27 頁，找到本表中的符號和縮寫詞所代表含義的相關資訊。

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>metronidazole topical</i>	1	[EDS]
<i>metronidazole vaginal gel</i>	1	[EDS]
<i>nitrofurantoin caps</i>	1	[EDS]
SIVEXTRO TABS & INJ	1	
<i>tigecycline inj</i>	1	
<i>trimethoprim</i>	1	[EDS]
<i>vancomycin caps</i>	1	[EDS]
<i>vancomycin inj 500mg, 750mg, 1gm &amp; 10gm</i>	1	[EDS]
<i>vancomycin oral soln 250mg/5ml</i>	1	[EDS]
<i>vandazole</i>	1	[EDS]
XIFAXAN TABS 200MG	1	[PA] [EDS]
XIFAXAN TABS 550MG	1	[PA]
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor</i>	1	[EDS]
<i>cefaclor er</i>	1	[EDS]
<i>cefadroxil caps &amp; tabs</i>	1	[EDS]
<i>cefazolin inj</i>	1	[EDS]
<i>cefdinir</i>	1	[EDS]
<i>cefepime inj</i>	1	[EDS]
<i>cefixime caps</i>	1	[EDS]
<i>cefixime susp</i>	1	[EDS]
<i>cefoxitin sodium</i>	1	[EDS]
<i>cefpodoxime tabs</i>	1	[EDS]
<i>cefprozil</i>	1	[EDS]
<i>ceftazidime inj</i>	1	[EDS]
<i>ceftriaxone inj</i>	1	[EDS]
<i>cefuroxime oral</i>	1	[EDS]
<i>cefuroxime inj</i>	1	[EDS]
<i>cephalexin caps &amp; tabs 250mg &amp; 500mg</i>	1	[EDS]
<i>cephalexin oral susp</i>	1	[EDS]
<i>tazicef inj</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
TEFLARO INJ	1	
ZERBAXA INJ	1	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin</i>	1	[EDS]
<i>amoxicillin-clavulanate potassium chew tabs 400-57mg</i>	1	[EDS]
<i>amoxicillin &amp; clavulanate potassium</i>	1	[EDS]
<i>amoxicillin &amp; clavulanate potassium er</i>	1	[EDS]
<i>amoxicillin &amp; clavulanate potassium oral susp &amp; tabs</i>	1	[EDS]
<i>ampicillin inj</i>	1	[EDS]
<i>ampicillin oral</i>	1	[EDS]
<i>ampicillin &amp; sulbactam inj 10-5gm, 2-1gm &amp; 1-0.5gm</i>	1	[EDS]
BICILLIN L-A INJ	1	[EDS]
<i>dicloxacillin sodium</i>	1	[EDS]
<i>nafcillin sodium inj</i>	1	[EDS]
<i>penicillin g inj 5 million units &amp; 20 million units</i>	1	[EDS]
<i>penicillin v potassium</i>	1	[EDS]
<i>piperacillin/tazobactam inj</i>	1	[EDS]
ZOSYN INJ	1	[EDS]
<b>Carbapenems</b>		
<i>cilastatin/imipenem inj</i>	1	[EDS]
<i>ertapenem inj</i>	1	[EDS]
<i>meropenem inj</i>	1	[EDS]

[PA] = Prior Authorization [B vs D] = B versus D [QL] = Quantity Limit

[LD] = Limited Distribution [EDS] Extended Day Supply

You can find information on what the symbols and abbreviations on this table mean by going to page 14.



Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<b>Macrolides</b>		
<i>azithromycin tabs &amp; oral susp bottle</i>	1	[EDS]
<i>azithromycin inj</i>	1	[EDS]
<i>clarithromycin</i>	1	[EDS]
<i>clarithromycin er</i>	1	[EDS]
DIFICID	1	
ERYTHROCIN LACTOBIONATE INJ	1	[EDS]
<i>erythromycin caps &amp; tabs</i>	1	[EDS]
<i>erythromycin dr</i>	1	[EDS]
<b>Quinolones</b>		
<i>ciprofloxacin in d5w inj</i>	1	[EDS]
<i>ciprofloxacin tabs immediate-release 250mg, 500mg &amp; 750mg</i>	1	[EDS]
<i>levofloxacin in d5w inj</i>	1	[EDS]
<i>levofloxacin oral soln</i>	1	[EDS]
<i>levofloxacin tabs</i>	1	[EDS]
<i>moxifloxacin inj</i>	1	[EDS]
<i>moxifloxacin oral</i>	1	[EDS]
<i>ofloxacin oral</i>	1	[EDS]
<b>Sulfonamides</b>		
<i>sulfacetamide sodium topical lotion 10%</i>	1	[EDS]
<i>sulfadiazine tabs</i>	1	[EDS]
<i>sulfamethoxazole &amp; trimethoprim tabs</i>	1	[EDS]
<i>sulfamethoxazole &amp; trimethoprim ds tabs</i>	1	[EDS]
<i>sulfamethoxazole &amp; trimethoprim oral susp</i>	1	[EDS]
<b>Tetracyclines</b>		
<i>demeclocycline</i>	1	[EDS]
<i>doxy 100 inj</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<i>doxycycline immediate-release tabs, caps &amp; oral susp</i>	1	[EDS]
<i>minocycline ir</i>	1	[EDS]
<i>tetracycline</i>	1	[EDS]
<b>ANTICONVULSANTS</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT ORAL SOLN	1	[EDS]
BRIVIACT TABS	1	
EPIDIOLEX	1	[PA] [LD]
EPRONTIA	1	[EDS]
<i>felbamate tabs 400mg</i>	1	[EDS]
<i>felbamate tabs 600mg</i>	1	[EDS]
<i>felbamate oral susp 600mg/5ml</i>	1	
FINTEPLA	1	[PA] [LD]
FYCOMPA	1	[EDS]
<i>levetiracetam er</i>	1	[EDS]
<i>levetiracetam oral</i>	1	[EDS]
NAYZILAM	1	[EDS]
<i>roweepra 500mg</i>	1	[EDS]
SPRITAM	1	[EDS]
<i>valproic acid oral caps &amp; soln</i>	1	[EDS]
XCOPRI TAB 25MG	1	[EDS]
XCOPRI TABS 50MG, 100MG, 150MG & 200MG	1	
XCOPRI MAINTENANCE PACK	1	
XCOPRI TITRATION PACK 12.5-25MG	1	[EDS]
XCOPRI TITRATION PACK 50-100MG, & 150-200MG	1	
ZTALMY SUSP	1	[LD]

[PA] = 事先授權 [B vs D] = B 與 D [QL] = 數量限制 [LD] = 限量分配 [EDS] = 延長天數供藥  
您可以前往第 27 頁，找到本表中的符號和縮寫詞所代表含義的相關資訊。

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	1	[EDS]
<i>ethosuximide</i>	1	[EDS]
<i>methsuximide</i>	1	[EDS]
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clobazam</i>	1	[EDS]
<i>clonazepam</i>	1	[EDS]
<i>clonazepam odt</i>	1	[EDS]
DIACOMIT	1	[PA]
DIAZEPAM RECTAL GEL	1	[EDS]
<i>divalproex sodium dr</i>	1	[EDS]
<i>divalproex sodium er</i>	1	[EDS]
<i>gabapentin caps, ir tabs &amp; oral soln</i>	1	[EDS]
LIBERVANT	1	[EDS]
<i>phenobarbital elixir &amp; tabs</i>	1	[EDS]
<i>pregabalin</i>	1	[EDS]
<i>primidone tabs 50mg &amp; 250mg</i>	1	[EDS]
PRIMIDONE TABS 125MG	1	[EDS]
SYMPAZAN 5MG	1	[EDS]
SYMPAZAN 10MG & 20MG	1	
<i>tiagabine</i>	1	[EDS]
VALTOCO	1	[EDS]
<i>vigabatrin</i>	1	[LD]
<i>vigadrone</i>	1	[LD]
VIGAFYDE	1	
<i>vigpoder</i>	1	[LD]
<b>Sodium Channel Agents</b>		
APTIOM	1	
<i>carbamazepine tabs, chewable tabs &amp; oral susp</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<i>carbamazepine er tabs &amp; caps</i>	1	[EDS]
DILANTIN CAPS	1	[EDS]
DILANTIN INFATABS	1	[EDS]
DILANTIN SUSP	1	[EDS]
<i>epitol</i>	1	[EDS]
<i>lacosamide oral</i>	1	[EDS]
<i>oxcarbazepine tabs</i>	1	[EDS]
<i>oxcarbazepine susp</i>	1	[EDS]
<i>phenytek</i>	1	[EDS]
<i>phenytoin suspension &amp; chewable tabs</i>	1	[EDS]
<i>phenytoin er</i>	1	[EDS]
<i>phenytoin oral susp</i>	1	[EDS]
<i>rufinamide</i>	1	[EDS]
TEGRETOL	1	[EDS]
TEGRETOL XR	1	[EDS]
TRILEPTAL	1	[EDS]
ZONISADE	1	[EDS]
<i>zonisamide</i>	1	[EDS]
<b>ANTIDEMENTIA AGENTS</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates</i>	1	[PA] [EDS]
<b>Cholinesterase Inhibitors</b>		
<i>donepezil tabs 5mg &amp; 10mg</i>	1	[EDS]
<i>donepezil odt</i>	1	[EDS]
<i>galantamine tabs</i>	1	[EDS]
<i>galantamine er caps</i>	1	[EDS]
<i>galantamine soln</i>	1	[EDS]
<i>rivastigmine caps</i>	1	[EDS]
<i>rivastigmine patches</i>	1	[EDS]
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonists</b>		
<i>memantine hcl immediate release</i>	1	[EDS]
<i>memantine hcl soln</i>	1	[EDS]
<i>memantine hcl titration pack</i>	1	[EDS]

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You can find information on what the symbols and abbreviations on this table mean by going to page 14.

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<b>ANTIDEPRESSANTS</b>		
<b>Antidepressants, Other</b>		
AUVELITY	1	
<i>bupropion hcl tabs</i>	1	[EDS]
<i>bupropion sr</i>	1	[EDS]
<i>bupropion xl 150mg &amp; 300mg</i>	1	[EDS]
<i>bupropion xl 450mg</i>	1	[EDS]
FORFIVO XL	1	[EDS]
<i>mirtazapine</i>	1	[EDS]
<i>mirtazapine odt</i>	1	[EDS]
<i>nefazodone</i>	1	[EDS]
<i>perphenazine &amp; amitriptyline</i>	1	[EDS]
<i>trazodone</i>	1	[EDS]
TRINTELLIX	1	[EDS]
ZURZUVAE	1	[PA]
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	1	
MARPLAN	1	[EDS]
<i>phenelzine</i>	1	[EDS]
<i>tranylcypromine</i>	1	[EDS]
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin &amp; Norepinephrine Reuptake Inhibitors)</b>		
<i>citalopram tabs</i>	1	[EDS]
<i>citalopram oral soln</i>	1	[EDS]
DESVENLAFAXINE ER	1	[EDS]
<i>desvenlafaxine succinate er</i>	1	[EDS]
DRIZALMA SPRINKLE	1	[EDS]
<i>escitalopram</i>	1	[EDS]
FETZIMA	1	[EDS]
FETZIMA TITRATION PACK	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<i>fluoxetine hcl caps 10mg, 20mg &amp; 40mg</i>	1	[EDS]
<i>fluoxetine hcl tabs 10mg &amp; 20mg</i>	1	[EDS]
<i>fluoxetine hcl oral soln</i>	1	[EDS]
<i>fluvoxamine</i>	1	[EDS]
<i>fluvoxamine er</i>	1	[EDS]
<i>paroxetine hcl ir tabs</i>	1	[EDS]
<i>paroxetine hcl er</i>	1	[EDS]
<i>paroxetine hcl susp</i>	1	[EDS]
<i>sertraline tabs</i>	1	[EDS]
<i>sertraline oral soln</i>	1	[EDS]
VENLAFAXINE BESYLATE ER TAB 112.5MG	1	[EDS]
<i>venlafaxine ir tabs</i>	1	[EDS]
<i>venlafaxine hcl er tabs</i>	1	[EDS]
<i>venlafaxine hcl er caps</i>	1	[EDS]
<i>vilazodone</i>	1	[EDS]
<b>Tricyclics</b>		
<i>amitriptyline</i>	1	[EDS]
<i>amoxapine</i>	1	[EDS]
<i>clomipramine</i>	1	[EDS]
<i>desipramine</i>	1	[EDS]
<i>doxepin caps</i>	1	[EDS]
<i>doxepin oral soln</i>	1	[EDS]
<i>imipramine hcl tabs</i>	1	[EDS]
<i>nortriptyline</i>	1	[EDS]
<i>protriptyline</i>	1	[EDS]
<i>trimipramine maleate</i>	1	[EDS]
<b>ANTIEMETICS</b>		
<b>Antiemetics, Other</b>		
<i>compro</i>	1	[EDS]
<i>meclizine</i>	1	[EDS]
<i>prochlorperazine oral</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>prochlorperazine suppositories</i>	1	[EDS]
<i>promethazine suppositories</i>	1	[EDS]
<i>promethazine syrup</i>	1	[EDS]
<i>promethazine tabs</i>	1	[EDS]
<i>promethegan</i>	1	[EDS]
<i>scopolamine patch</i>	1	[EDS]
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant caps 80mg &amp; 125mg</i>	1	[PA] [EDS]
<i>aprepitant pack</i>	1	[PA] [EDS]
<i>dronabinol</i>	1	[PA] [EDS]
<i>granisetron oral</i>	1	[PA] [B vs D] [EDS]
<i>ondansetron odt</i>	1	[PA] [B vs D] [EDS]
<i>ondansetron oral soln</i>	1	[PA] [B vs D] [EDS]
<i>ondansetron tabs 4mg &amp; 8mg</i>	1	[PA] [B vs D] [EDS]
<b>ANTIFUNGALS</b>		
<b>Antifungals</b>		
ABELCET INJ	1	[PA] [B vs D] [EDS]
AMBISOME INJ	1	[PA] [B vs D]
<i>amphotericin b inj</i>	1	[PA] [B vs D] [EDS]
<i>amphotericin b liposome inj</i>	1	[PA] [B vs D]
<i>caspofungin inj 50mg</i>	1	
<i>caspofungin inj 70mg</i>	1	[EDS]
<i>clotrimazole cream 1%</i>	1	[EDS]
<i>clotrimazole topical soln 1%</i>	1	[EDS]
<i>clotrimazole troche</i>	1	[EDS]
CRESEMBA ORAL	1	[PA]
<i>econazole nitrate</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>fluconazole in sodium chloride inj</i>	1	[EDS]
<i>fluconazole oral</i>	1	[EDS]
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	[EDS]
<i>itraconazole</i>	1	[EDS]
<i>ketoconazole cream, shampoo &amp; tabs</i>	1	[EDS]
<i>nyamyc</i>	1	[EDS]
<i>nystatin</i>	1	[EDS]
<i>nystop</i>	1	[EDS]
<i>posaconazole dr tabs</i>	1	[PA]
<i>posaconazole suspension</i>	1	[PA] [EDS]
<i>terbinafine</i>	1	[EDS]
<i>terconazole</i>	1	[EDS]
<i>voriconazole inj</i>	1	[PA]
<i>voriconazole oral suspension</i>	1	
<i>voriconazole tabs</i>	1	[EDS]
<b>ANTIGOUT AGENTS</b>		
<b>Antigout Agents</b>		
<i>allopurinol tabs 100mg &amp; 300mg</i>	1	[EDS]
COLCHICINE CAPS	1	[EDS]
<i>colchicine tabs</i>	1	[EDS]
<i>febuxostat</i>	1	[EDS]
<i>probenecid</i>	1	[EDS]
<i>probenecid &amp; colchicine</i>	1	[EDS]
<b>ANTIMIGRAINE AGENTS</b>		
<b>Antimigraine Agents, Other</b>		
UBRELVY	1	[PA] [EDS]
<b>Ergot Alkaloids</b>		
<i>caffeine-ergotamine</i>	1	[EDS]
<i>dihydroergotamine mesylate nasal</i>	1	
<i>migergot suppository</i>	1	[EDS]

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藥物名稱	藥物等級	要求/限制
<b>Prophylactic</b>		
AIMOVIG INJ	1	[PA] [EDS]
EMGALITY INJ	1	[PA] [EDS]
NURTEC ODT	1	[PA] [EDS]
QULIPTA TABS	1	[PA] [EDS]
<i>topiramate immediate-release</i>	1	[EDS]
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>naratriptan</i>	1	[EDS]
<i>rizatriptan</i>	1	[EDS]
<i>rizatriptan odt</i>	1	[EDS]
<i>sumatriptan nasal</i>	1	[EDS]
<i>sumatriptan succinate inj</i>	1	[EDS]
<i>sumatriptan succinate tabs</i>	1	[EDS]
<i>zolmitriptan nasal soln 5mg</i>	1	[EDS]
<i>zolmitriptan tabs</i>	1	[EDS]
<i>zolmitriptan odt</i>	1	[EDS]
<b>ANTIMYASTHENIC AGENTS</b>		
<b>Parasympathomimetics</b>		
<i>pyridostigmine soln</i>	1	[EDS]
<i>pyridostigmine tabs 60mg</i>	1	[EDS]
<i>pyridostigmine er tabs 180mg</i>	1	[EDS]
<b>ANTIMYCOBACTERIALS</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tabs</i>	1	[EDS]
<i>rifabutin</i>	1	[EDS]
<b>Antituberculars</b>		
<i>ethambutol</i>	1	[EDS]
<i>isoniazid</i>	1	[EDS]
PRIFTIN	1	[EDS]
<i>pyrazinamide</i>	1	[EDS]
<i>rifampin oral and inj</i>	1	[EDS]
<i>rifampin inj</i>	1	[EDS]
SIRTURO	1	

Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制
TRECTOR	1	[EDS]
<b>ANTINEOPLASTICS</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide</i>	1	[PA] [B vs D] [EDS]
GLEOSTINE	1	[EDS]
LEUKERAN	1	[EDS]
MATULANE	1	
VALCHLOR	1	[PA]
<b>Antiandrogens</b>		
<i>abiraterone acetate</i>	1	[PA]
<i>bicalutamide</i>	1	[EDS]
ERLEADA	1	[PA]
<i>nilutamide</i>	1	
NUBEQA	1	[PA] [LD]
XTANDI	1	[PA]
YONSA	1	[PA]
<b>Antiangiogenic Agents</b>		
FOTIVDA	1	[PA] [LD]
<i>lenalidomide</i>	1	[PA] [LD]
POMALYST	1	[PA] [LD]
QINLOCK	1	[PA] [LD]
REVLIMID	1	[PA] [LD]
TABRECTA	1	[PA]
THALOMID	1	[PA]
<b>Antiestrogens/Modifiers</b>		
SOLTAMOX	1	[EDS]
<i>tamoxifen</i>	1	[EDS]
<i>toremifene citrate</i>	1	
<b>Antimetabolites</b>		
<i>hydroxyurea</i>	1	[EDS]
<i>mercaptopurine</i>	1	[EDS]
PURIXAN	1	
TABLOID	1	[EDS]
<b>Antineoplastics, Other</b>		
AKEEGA	1	[PA] [LD]
BESREMI INJ	1	[PA] [LD]
GAVRETO	1	[PA] [LD]
IDHIFA	1	[PA] [LD]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
INREBIC	1	[PA] [LD]
IWILFIN	1	[PA] [LD]
KRAZATI	1	[PA]
LAZCLUZE	1	[PA] [LD]
LONSURF	1	[PA]
LUMAKRAS	1	[PA]
LYTGOBI TABS	1	[PA] [LD]
NINLARO	1	[PA]
OGSIVEO	1	[PA]
ONUREG	1	[PA]
ORSERDU TABS	1	[PA]
PEMAZYRE	1	[PA] [LD]
RETEVMO	1	[PA] [LD]
ROZLYTREK	1	[PA]
TAZVERIK	1	[PA] [LD]
TUKYSA	1	[PA] [LD]
VONJO	1	[PA]
XPOVIO	1	[PA] [LD]
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole</i>	1	[EDS]
<i>exemestane</i>	1	[EDS]
<i>letrozole</i>	1	[EDS]
<b>Enzyme Inhibitors</b>		
BALVERSA	1	[PA]
ZOLINZA	1	[PA]
<b>Molecular Target Inhibitors</b>		
AUGTYRO	1	[PA]
ALECENSA	1	[PA]
ALUNBRIG	1	[PA]
ALUNBRIG INITIATION PACK	1	[PA]
AYVAKIT	1	[PA] [LD]
BOSULIF	1	[PA]
BRAFTOVI	1	[PA] [LD]
BRUKINSA	1	[PA] [LD]
CABOMETYX	1	[PA]
CALQUENCE	1	[PA] [LD]
CAPRELSA	1	[PA]
COMETRIQ	1	[PA]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
COPIKTRA	1	[PA] [LD]
COTELLIC	1	[PA]
<i>dasatinib</i>	1	[PA]
DAURISMO	1	[PA]
ERIVEDGE	1	[PA]
<i>erlotinib</i>	1	[PA]
<i>everolimus tabs 2.5mg, 5mg, 7.5mg &amp; 10mg</i>	1	[PA]
<i>everolimus tabs for suspension 2mg, 3mg &amp; 5mg</i>	1	[PA]
FRUZAQLA	1	[PA]
<i>gefitinib</i>	1	[PA]
GILOTRIF	1	[PA]
IBRANCE	1	[PA]
ICLUSIG	1	[PA]
<i>imatinib</i>	1	[PA]
IMBRUVICA	1	[PA]
INLYTA	1	[PA]
INQOVI	1	[PA]
IRESSA	1	[PA]
JAKAFI	1	[PA]
JAYPIRCA TABS	1	[PA]
KISQALI	1	[PA]
KISQALI FEMARA CO-PACK	1	[PA]
<i>lapatinib</i>	1	[PA]
LENVIMA	1	[PA]
LORBRENA	1	[PA]
LYNPARZA	1	[PA]
MEKINIST	1	[PA]
MEKTOVI	1	[PA] [LD]
NERLYNX	1	[PA] [LD]
ODOMZO	1	[PA]
OJEMDA	1	[PA]
OJJAARA	1	[PA]
<i>pazopanib</i>	1	[PA]
PIQRAY	1	[PA]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
REZLIDHIA CAPS	1	[PA]
RUBRACA	1	[PA] [LD]
RYDAPT	1	[PA]
SCEMBLIX	1	[PA]
<i>sorafenib</i>	1	[PA]
SPRYCEL	1	[PA]
STIVARGA	1	[PA]
<i>sunitinib malate</i>	1	[PA]
TAFINLAR	1	[PA]
TAGRISSO	1	[PA]
TALZENNA	1	[PA]
TASIGNA	1	[PA]
TEPMETKO	1	[PA] [LD]
TIBSOVO	1	[PA]
<i>torpenz</i>	1	[PA]
TRUQAP	1	[PA]
TURALIO	1	[PA] [LD]
VANFLYTA	1	[PA]
VENCLEXTA TABS 10MG & 50MG	1	[PA] [EDS]
VENCLEXTA TABS 100MG	1	[PA]
VENCLEXTA STARTING PACK	1	[PA]
VERZENIO	1	[PA] [LD]
VITRAKVI	1	[PA] [LD]
VIZIMPRO	1	[PA]
VORANIGO	1	[PA]
VOTRIENT	1	[PA]
WELIREG	1	[PA] [LD]
XALKORI	1	[PA]
XOSPATA	1	[PA] [LD]
ZEJULA TABS	1	[PA] [LD]
ZELBORAF	1	[PA]
ZYDELIG	1	[PA]
ZYKADIA TABS	1	[PA]
<b>Retinoids</b>		
<i>bexarotene</i>	1	[PA]
PANRETIN	1	

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>tretinoin caps</i>	1	
<b>Treatment Adjuncts</b>		
<i>leucovorin oral</i>	1	[EDS]
MESNEX TABS	1	[EDS]
<b>ANTIPARASITICS</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	1	[EDS]
<i>ivermectin tabs</i>	1	[EDS]
<b>Antiprotozoals</b>		
<i>atovaquone susp</i>	1	[EDS]
<i>atovaquone/proguanil</i>	1	[EDS]
<i>chloroquine</i>	1	[EDS]
COARTEM	1	[EDS]
<i>hydroxychloroquine tab 200mg</i>	1	[EDS]
<i>mefloquine</i>	1	[EDS]
NEBUPENT NEBULIZER	1	[PA] [B vs D] [EDS]
<i>nitazoxanide</i>	1	
<i>pentamidine inhalation soln</i>	1	[PA] [B vs D] [EDS]
<i>pentamidine inj</i>	1	[EDS]
PRIMAQUINE	1	[EDS]
<i>pyrimethamine</i>	1	[PA]
<i>quinine sulfate caps</i>	1	[PA] [EDS]
<b>ANTIPARKINSON AGENTS</b>		
<b>Anticholinergics</b>		
<i>benztropine tabs</i>	1	[EDS]
<i>trihexyphenidyl elixir &amp; tabs</i>	1	[EDS]
<b>Antiparkinson Agents, Other</b>		
<i>amantadine</i>	1	[EDS]
<i>carbidopa &amp; levodopa &amp; entacapone</i>	1	[EDS]
<i>entacapone</i>	1	[EDS]
<b>Dopamine Agonists</b>		
<i>apomorphine hydrochloride inj</i>	1	[PA]
<i>bromocriptine</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
NEUPRO PATCH	1	[EDS]
<i>pramipexole ir</i>	1	[EDS]
<i>ropinirole ir</i>	1	[EDS]
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa</i>	1	[EDS]
<i>carbidopa &amp; levodopa ir, er, odt</i>	1	[EDS]
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline</i>	1	[EDS]
<i>selegiline</i>	1	[EDS]
<b>ANTIPSYCHOTICS</b>		
<b>1<sup>st</sup> Generation/Typical</b>		
<i>chlorpromazine oral</i>	1	[EDS]
<i>fluphenazine oral</i>	1	[EDS]
<i>fluphenazine decanoate inj</i>	1	[EDS]
<i>fluphenazine inj</i>	1	[EDS]
<i>haloperidol oral</i>	1	[EDS]
<i>haloperidol decanoate inj</i>	1	[EDS]
<i>haloperidol lactate inj</i>	1	[EDS]
<i>loxapine</i>	1	[EDS]
<i>molindone</i>	1	[EDS]
<i>perphenazine</i>	1	[EDS]
<i>pimozide</i>	1	[EDS]
<i>thioridazine</i>	1	[EDS]
<i>thiothixene</i>	1	[EDS]
<i>trifluoperazine</i>	1	[EDS]
<b>2<sup>nd</sup> Generation/Atypical</b>		
ABILIFY ASIMTUFII INJ	1	
ABILIFY MAINTENA INJ	1	
<i>aripiprazole odt</i>	1	
<i>aripiprazole soln</i>	1	[EDS]
<i>aripiprazole tabs</i>	1	[EDS]
ARISTADA INJ	1	

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
ARISTADA INITIO INJ	1	[EDS]
<i>asenapine maleate sublingual</i>	1	[EDS]
CAPLYTA	1	
FANAPT	1	[EDS]
FANAPT TITRATION PACK	1	[EDS]
INVEGA HAFYERA INJ	1	
INVEGA SUSTENNA INJ 39MG	1	[EDS]
INVEGA SUSTENNA INJ 78MG, 117MG, 156MG & 234MG	1	
INVEGA TRINZA INJ	1	
<i>lurasidone hcl tabs</i>	1	
LYBALVI	1	[PA]
NUPLAZID	1	[PA]
<i>olanzapine inj, tabs &amp; odt tabs</i>	1	[EDS]
<i>paliperidone er tabs</i>	1	[EDS]
PERSERIS INJ	1	
<i>quetiapine fumarate 25mg, 50mg, 100mg, 200mg, 300mg &amp; 400mg tabs</i>	1	[EDS]
QUETIAPINE FUMARATE 150MG TABS	1	[EDS]
<i>quetiapine er tabs</i>	1	[EDS]
REXULTI	1	
RISPERDAL CONSTA INJ 12.5MG & 25MG	1	[EDS]
RISPERDAL CONSTA INJ 37.5MG & 50MG	1	
<i>risperidone</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<i>risperidone er inj</i> 12.5mg & 25mg	1	[EDS]
<i>risperidone er inj</i> 37.5mg & 50mg	1	
<i>risperidone odt</i>	1	[EDS]
SECUADO	1	[PA]
SEROQUEL XR	1	[EDS]
UZEDY INJ	1	
VRAYLAR CAPSULES	1	
<i>ziprasidone inj</i>	1	[EDS]
<i>ziprasidone oral</i>	1	[EDS]
ZYPREXA RELPREVV INJ 210MG	1	[EDS]
<b>Treatment-Resistant</b>		
<i>clozapine</i>	1	[EDS]
<i>clozapine odt</i>	1	[EDS]
VERSACLOZ	1	
<b>ANTISPASTICITY AGENTS</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs</i>	1	[EDS]
<i>tizanidine caps</i>	1	[EDS]
<i>tizanidine tabs</i>	1	[EDS]
<b>ANTIVIRALS</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
PREVYMIS	1	[PA]
<i>valganciclovir</i>	1	[EDS]
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	1	[EDS]
BARACLUDE ORAL SOLN 0.05MG/ML	1	[EDS]
<i>entecavir tabs</i>	1	[EDS]
<i>lamivudine tabs</i> 100mg	1	[EDS]
VEMLIDY	1	
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSA	1	[PA]
HARVONI	1	[PA]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
LEDIPASVIR/ SOFOSBUVIR	1	[PA]
<i>ribavirin</i>	1	[EDS]
SOFOSBUVIR/ VELPATASVIR	1	[PA]
VOSEVI	1	[PA]
<b>Antitherpetic Agents</b>		
<i>acyclovir caps &amp; tabs</i>	1	[EDS]
<i>acyclovir inj</i>	1	[PA] [B vs D] [EDS]
<i>acyclovir oral susp</i>	1	[EDS]
<i>famciclovir</i>	1	[EDS]
<i>valacyclovir</i>	1	[EDS]
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	1	
DOVATO	1	
GENVOYA	1	
ISENTRESS CHEW TABS 25MG	1	[EDS]
ISENTRESS 100MG CHEW TABS	1	
ISENTRESS ORAL POWDER	1	
ISENTRESS TABS	1	
ISENTRESS HD TABS	1	
JULUCA	1	
STRIBILD	1	
TIVICAY TAB 10MG	1	[EDS]
TIVICAY TABS 25MG & 50MG	1	
TIVICAY PD	1	[EDS]
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	1	
DELSTRIGO	1	
EDURANT	1	
<i>efavirenz tabs</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>efavirenz &amp; emtricitabine &amp; tenofovir disoproxil fumarate tabs</i>	1	
<i>efavirenz &amp; lamivudine &amp; tenofovir disoproxil fumarate tabs</i>	1	
<i>etravirine tabs 100mg</i>	1	[EDS]
<i>etravirine tabs 200mg</i>	1	
INTELENCE TAB 25MG	1	[EDS]
<i>nevirapine er</i>	1	[EDS]
<i>nevirapine susp &amp; tabs</i>	1	[EDS]
ODEFSEY	1	
PIFELTRO	1	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir soln &amp; tabs</i>	1	[EDS]
<i>abacavir &amp; lamivudine</i>	1	[EDS]
CIMDUO	1	
DESCOVY	1	
<i>emtricitabine caps 200mg</i>	1	[EDS]
<i>emtricitabine &amp; tenofovir disoproxil fumarate tabs 200mg-300mg</i>	1	[EDS]
<i>emtricitabine &amp; tenofovir disoproxil fumarate tabs 100mg-150mg, 133mcg-200mg &amp; 167mg-250mg</i>	1	
EMTRIVA SOLN	1	[EDS]
<i>lamivudine tabs 150mg &amp; 300mg</i>	1	[EDS]
<i>lamivudine soln</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>lamivudine &amp; zidovudine</i>	1	[EDS]
<i>tenofovir disoproxil fumarate</i>	1	[EDS]
TRIUMEQ	1	
TRIUMEQ PD	1	
VIREAD TABS 150MG, 200MG & 250MG	1	
VIREAD POWDER	1	[EDS]
<i>zidovudine</i>	1	[EDS]
<b>Anti-HIV Agents, Other</b>		
FUZEON INJ	1	[EDS]
<i>maraviroc</i>	1	
RUKOBIA	1	
SELZENTRY SOLN	1	[EDS]
SELZENTRY 25MG & 75MG	1	[EDS]
SUNLENCA	1	
TYBOST	1	[EDS]
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPS	1	
<i>atazanavir sulfate caps</i>	1	[EDS]
<i>darunavir tab 600mg</i>	1	[EDS]
<i>darunavir tab 800mg</i>	1	
EVOTAZ	1	
<i>fosamprenavir tabs</i>	1	
<i>lopinavir &amp; ritonavir</i>	1	[EDS]
NORVIR POWDER	1	[EDS]
PREZCOBIX	1	
PREZISTA SUSP 100MG/ML	1	[EDS]
PREZISTA TABS 75MG & 150MG	1	[EDS]
PREZISTA TABS 600MG & 800MG	1	
REYATAZ ORAL POWDER	1	
<i>ritonavir tabs</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
SYMTUZA	1	
VIRACEPT	1	
<b>Anti-influenza Agents</b>		
<i>oseltamivir caps</i>	1	[EDS]
<i>oseltamivir susp</i>	1	[EDS]
RELENZA DISKHALER	1	[EDS]
<i>rimantadine</i>	1	[EDS]
XOFLUZA	1	[EDS]
<b>ANXIOLYTICS</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone</i>	1	[EDS]
<i>meprobamate</i>	1	[EDS]
<b>Benzodiazepines</b>		
<i>alprazolam ir tabs</i>	1	[EDS]
<i>alprazolam er tabs</i>	1	[EDS]
<i>alprazolam soln</i>	1	[EDS]
<i>clorazepate</i>	1	[EDS]
<i>diazepam soln &amp; tabs</i>	1	[EDS]
<i>lorazepam soln &amp; tabs</i>	1	[EDS]
<i>oxazepam</i>	1	[EDS]
<b>BIPOLAR AGENTS</b>		
<b>Mood Stabilizers</b>		
<i>lamotrigine odt</i>	1	[EDS]
<i>lamotrigine odt kit</i>	1	[EDS]
<i>lamotrigine chewable tabs</i>	1	[EDS]
<i>lamotrigine immediate-release tabs</i>	1	[EDS]
<i>lamotrigine starter kit</i>	1	[EDS]
<i>lamotrigine titration kit</i>	1	[EDS]
<i>lithium carbonate</i>	1	[EDS]
<i>lithium carbonate er</i>	1	[EDS]
<i>lithium citrate oral soln</i>	1	[EDS]
<i>subvenite starter kit</i>	1	[EDS]
<i>subvenite tabs</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose</i>	1	[EDS]
BYDUREON BCISE INJ	1	[EDS]
BYETTA INJ	1	[EDS]
CYCLOSET	1	[EDS]
FARXIGA	1	[EDS]
<i>glimepiride</i>	1	[EDS]
<i>glimepiride &amp; pioglitazone</i>	1	[EDS]
<i>glipizide er</i>	1	[EDS]
<i>glipizide tabs 5mg &amp; 10mg</i>	1	[EDS]
<i>glipizide &amp; metformin tabs</i>	1	[EDS]
GLYXAMBI	1	[EDS]
JANUMET	1	[EDS]
JANUMET XR	1	[EDS]
JANUVIA	1	[EDS]
JARDIANCE	1	[EDS]
JENTADUETO	1	[EDS]
JENTADUETO XR	1	[EDS]
<i>metformin tabs</i>	1	[EDS]
<i>metformin er uncoated tabs 500mg &amp; 750mg</i>	1	[EDS]
MOUNJARO INJ	1	[EDS]
<i>nateglinide</i>	1	[EDS]
OZEMPIC INJ	1	[EDS]
<i>pioglitazone</i>	1	[EDS]
<i>pioglitazone &amp; metformin</i>	1	[EDS]
<i>repaglinide</i>	1	[EDS]
RYBELSUS	1	[EDS]
SYMLINPEN INJ	1	
SYNJARDY	1	[EDS]
SYNJARDY XR	1	[EDS]
TRADJENTA	1	[EDS]
TRIJARDY XR	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
TRULICITY INJ	1	[EDS]
VICTOZA INJ	1	[EDS]
XIGDUO XR	1	[EDS]
<b>Glycemic Agents</b>		
BAQSIMI	1	[EDS]
<i>diazoxide</i>	1	[EDS]
GLUCAGON EMERGENCY KIT INJ	1	[EDS]
GVOKE INJ	1	[EDS]
ZEGALOGUE INJ	1	[EDS]
<b>Insulins</b>		
HUMALOG CARTRIDGE INJ	1	[EDS]
HUMALOG JUNIOR KWIKPEN INJ	1	[EDS]
HUMALOG KWIKPEN INJ	1	[EDS]
HUMALOG MIX 50/50 KWIKPEN INJ	1	[EDS]
HUMALOG MIX 75/25 KWIKPEN INJ	1	[EDS]
HUMALOG MIX 75/25 VIAL INJ	1	[EDS]
HUMALOG VIAL INJ	1	[EDS]
HUMULIN 70/30 KWIKPEN INJ	1	[EDS]
HUMULIN 70/30 VIAL INJ	1	[EDS]
HUMULIN N KWIKPEN INJ	1	[EDS]
HUMULIN N VIAL INJ	1	[EDS]
HUMULIN R U-500 (CONCENTRATED) KWIKPEN INJ	1	[EDS]
HUMULIN R U-500 (CONCENTRATED) VIAL INJ	1	[EDS]
HUMULIN R VIAL INJ	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
INSULIN LISPRO VIAL INJ	1	[EDS]
LANTUS SOLOSTAR PEN INJ	1	[EDS]
LANTUS VIAL INJ	1	[EDS]
LEVEMIR VIAL INJ	1	[EDS]
LEVEMIR FLEXPEN INJ	1	[EDS]
LYUMJEV VIAL INJ	1	[EDS]
LYUMJEV KWIKPEN INJ	1	[EDS]
SOLIQUA INJ	1	[EDS]
TOUJEO SOLOSTAR INJ	1	[EDS]
TOUJEO MAX SOLOSTAR INJ	1	[EDS]
TRESIBA VIAL INJ	1	[EDS]
TRESIBA FLEXTOUCH INJ	1	[EDS]
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
<b>Anticoagulants</b>		
<i>dabigatran etexilate</i>	1	[EDS]
ELIQUIS STARTER PACK & TABS	1	[EDS]
<i>enoxaparin inj syringe</i>	1	[EDS]
<i>fondaparinux inj 2.5mg/0.5ml &amp; 5mg/0.4ml</i>	1	[EDS]
<i>fondaparinux inj 7.5mg/0.6ml &amp; 10mg/0.8ml</i>	1	
<i>heparin inj vials 1000u/ml, 5000u/ml, 10000u/ml &amp; 20000u/ml</i>	1	[PA] [B vs D] [EDS]
<i>jantoven</i>	1	[EDS]
<i>warfarin</i>	1	[EDS]
XARELTO ORAL SUSP & TABS	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
XARELTO STARTER PACK	1	[EDS]
<b>Blood Products and Modifiers, Other</b>		
<i>anagrelide</i>	1	[EDS]
LEUKINE INJ	1	[PA]
NIVESTYM INJ	1	[PA]
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML & 10000UNIT/ML	1	[PA] [EDS]
PROCRIT INJ 20000UNIT/ML & 40000UNIT/ML	1	[PA]
PROMACTA	1	[PA] [LD]
RETACRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000 UNIT/ML, 20000UNIT/2ML & 20000UNIT/ML	1	[PA] [EDS]
RETACRIT INJ 40000UNIT/ML	1	[PA]
UDENYCA INJ	1	[PA]
ZARXIO INJ	1	[PA]
<b>Hemostasis Agents</b>		
<i>tranexamic acid tabs</i>	1	[EDS]
<b>Platelet Modifying Agents</b>		
BRILINTA	1	[EDS]
<i>cilostazol</i>	1	[EDS]
<i>clopidogrel tabs 75mg</i>	1	[EDS]
<i>dipyridamole er &amp; aspirin</i>	1	[EDS]
<i>dipyridamole oral</i>	1	[EDS]
<i>prasugrel</i>	1	[EDS]
<b>CARDIOVASCULAR AGENTS</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine patches</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<i>clonidine tabs immediate-release</i>	1	[EDS]
<i>droxidopa</i>	1	[PA]
<i>guanfacine ir</i>	1	[EDS]
<i>midodrine tabs</i>	1	[EDS]
<b>Alpha-adrenergic Blocking Agents</b>		
<i>doxazosin</i>	1	[EDS]
<i>prazosin</i>	1	[EDS]
<i>terazosin</i>	1	[EDS]
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril</i>	1	[EDS]
<i>captopril</i>	1	[EDS]
<i>enalapril tabs</i>	1	[EDS]
<i>fosinopril</i>	1	[EDS]
<i>lisinopril</i>	1	[EDS]
<i>moexipril</i>	1	[EDS]
<i>perindopril</i>	1	[EDS]
<i>quinapril</i>	1	[EDS]
<i>ramipril</i>	1	[EDS]
<i>trandolapril</i>	1	[EDS]
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan</i>	1	[EDS]
<i>irbesartan</i>	1	[EDS]
<i>losartan</i>	1	[EDS]
<i>olmesartan</i>	1	[EDS]
<i>telmisartan</i>	1	[EDS]
<i>valsartan tabs</i>	1	[EDS]
<b>Antiarrhythmics</b>		
<i>amiodarone tabs</i>	1	[EDS]
<i>disopyramide phosphate</i>	1	[EDS]
<i>dofetilide</i>	1	[EDS]
<i>flecainide acetate</i>	1	[EDS]
<i>mexiletine</i>	1	[EDS]
MULTAQ	1	[EDS]
<i>pacerone tabs</i>	1	[EDS]
<i>propafenone tabs</i>	1	[EDS]
<i>quinidine gluconate cr</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>quinidine sulfate</i>	1	[EDS]
<i>sorine</i>	1	[EDS]
<i>sotalol tabs</i>	1	[EDS]
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol</i>	1	[EDS]
<i>atenolol</i>	1	[EDS]
<i>bisoprolol</i>	1	[EDS]
<i>carvedilol</i>	1	[EDS]
<i>carvedilol phosphate er</i>	1	[EDS]
<i>labetalol oral</i>	1	[EDS]
<i>metoprolol succinate er</i>	1	[EDS]
<i>metoprolol tartrate tabs 25mg, 50mg &amp; 100mg</i>	1	[EDS]
<i>nadolol</i>	1	[EDS]
<i>nebivolol hcl</i>	1	[EDS]
<i>pindolol</i>	1	[EDS]
<i>propranolol ir tabs</i>	1	[EDS]
<i>propranolol er caps</i>	1	[EDS]
<i>propranolol oral soln</i>	1	[EDS]
<i>timolol oral</i>	1	[EDS]
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine</i>	1	[EDS]
<i>felodipine er</i>	1	[EDS]
<i>isradipine</i>	1	[EDS]
<i>nicardipine caps</i>	1	[EDS]
<i>nifedipine caps</i>	1	[EDS]
<i>nifedipine er</i>	1	[EDS]
<i>nimodipine</i>	1	[EDS]
<i>nisoldipine er</i>	1	[EDS]
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt</i>	1	[EDS]
<i>diltiazem tabs</i>	1	[EDS]
<i>diltiazem er caps</i>	1	[EDS]
<i>dilt-xr</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>tiadylt er</i>	1	[EDS]
<i>verapamil ir</i>	1	[EDS]
<i>verapamil er</i>	1	[EDS]
<i>verapamil sr</i>	1	[EDS]
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren</i>	1	[EDS]
<i>amiloride &amp; hydrochlorothiazide</i>	1	[EDS]
<i>amlodipine &amp; atorvastatin</i>	1	[EDS]
<i>amlodipine &amp; benazepril</i>	1	[EDS]
<i>amlodipine &amp; valsartan &amp; hydrochlorothiazide tabs</i>	1	[EDS]
<i>atenolol &amp; chlorthalidone</i>	1	[EDS]
<i>benazepril &amp; hydrochlorothiazide</i>	1	[EDS]
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	[EDS]
CORLANOR	1	[EDS]
<i>digoxin oral soln</i>	1	[EDS]
<i>digoxin tabs 125mcg &amp; 250mcg</i>	1	[EDS]
<i>digoxin tab 62.5mcg</i>	1	[EDS]
<i>enalapril &amp; hydrochlorothiazide</i>	1	[EDS]
ENTRESTO TABS	1	[EDS]
<i>fosinopril &amp; hydrochlorothiazide</i>	1	[EDS]
<i>irbesartan hct</i>	1	[EDS]
<i>ivabradine</i>	1	[EDS]
KERENDIA	1	[EDS]
LANOXIN ORAL	1	[EDS]
<i>lisinopril &amp; hydrochlorothiazide</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制
<i>metoprolol &amp; hydrochlorothiazide</i>	1	[EDS]
<i>metyrosine caps</i>	1	[PA]
<i>olmesartan &amp; amlodipine</i>	1	[EDS]
<i>olmesartan hct</i>	1	[EDS]
<i>olmesartan medoxomil &amp; amlodipine &amp; hydrochlorothiazide tabs</i>	1	[EDS]
<i>pentoxifylline er</i>	1	[EDS]
<i>ranolazine er</i>	1	[EDS]
<i>spironolactone &amp; hydrochlorothiazide</i>	1	[EDS]
<i>triamterene &amp; hydrochlorothiazide</i>	1	[EDS]
<i>valsartan &amp; amlodipine</i>	1	[EDS]
<i>valsartan hct</i>	1	[EDS]
VERQUVO	1	[PA] [EDS]
<b>Diuretics, Loop</b>		
<i>bumetanide inj</i>	1	[EDS]
<i>bumetanide tabs</i>	1	[EDS]
<i>furosemide oral</i>	1	[EDS]
<i>furosemide inj</i>	1	[EDS]
<i>toremide</i>	1	[EDS]
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride</i>	1	[EDS]
<i>eplerenone</i>	1	[EDS]
<i>spironolactone tabs</i>	1	[EDS]
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone</i>	1	[EDS]
<i>hydrochlorothiazide</i>	1	[EDS]
<i>indapamide</i>	1	[EDS]
<i>metolazone</i>	1	[EDS]
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate caps 43mg &amp; 130mg</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制
<i>fenofibrate micronized caps 67mg, 134mg &amp; 200mg</i>	1	[EDS]
<i>fenofibrate tabs 48mg, 54mg, 145mg &amp; 160mg</i>	1	[EDS]
<i>fenofibric acid dr caps</i>	1	[EDS]
<i>gemfibrozil</i>	1	[EDS]
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin</i>	1	[EDS]
<i>lovastatin</i>	1	[EDS]
<i>pravastatin</i>	1	[EDS]
<i>rosuvastatin</i>	1	[EDS]
<i>simvastatin</i>	1	[EDS]
<b>Dyslipidemics, Other</b>		
<i>cholestyramine</i>	1	[EDS]
<i>cholestyramine light</i>	1	[EDS]
<i>colesevelam</i>	1	[EDS]
<i>colestipol pack</i>	1	[EDS]
<i>colestipol tabs</i>	1	[EDS]
<i>ezetimibe</i>	1	[EDS]
<i>ezetimibe &amp; simvastatin</i>	1	[EDS]
<i>icosapent ethyl</i>	1	[EDS]
JUXTAPID	1	[PA] [LD]
<i>niacin er tabs</i>	1	[EDS]
<i>omega-3-acid ethyl esters</i>	1	[EDS]
<i>prevalite</i>	1	[EDS]
REPATHA INJ	1	[EDS]
VASCEPA CAPS	1	[EDS]
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine oral</i>	1	[EDS]
<i>minoxidil</i>	1	[EDS]
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg &amp; 30mg</i>	1	[EDS]
<i>isosorbide mononitrate</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制
<i>isosorbide mononitrate er</i>	1	[EDS]
<i>nitro-bid oint</i>	1	[EDS]
NITRO-DUR PATCHES 0.3MG/HR & 0.8MG/HR	1	[EDS]
<i>nitroglycerin lingual</i>	1	[EDS]
<i>nitroglycerin patches</i>	1	[EDS]
<i>nitroglycerin sublingual</i>	1	[EDS]
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine &amp; dextroamphetamine tabs</i>	1	[QL] [EDS]
<i>dextroamphetamine sulfate tabs 5mg &amp; 10mg</i>	1	[QL] [EDS]
<i>dextroamphetamine sulfate er</i>	1	[QL] [EDS]
<i>zenzedi tabs 5mg &amp; 10mg</i>	1	[QL] [EDS]
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine</i>	1	[EDS]
<i>clonidine er 0.1mg</i>	1	[EDS]
<i>dexmethylphenidate ir tabs</i>	1	[EDS]
<i>methylphenidate er tabs 10mg &amp; 20mg</i>	1	[EDS]
<i>methylphenidate ir tabs 5mg, 10mg &amp; 20mg</i>	1	[EDS]
<b>Central Nervous System, Other</b>		
AUSTEDO	1	[PA] [LD]
AUSTEDO XR 6MG, 12MG & 24MG	1	[PA] [LD]

Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制
AUSTEDO XR 18MG, 30MG, 36MG, 42MG & 48MG	1	[PA]
AUSTEDO XR PATIENT TITRATION KIT	1	[PA]
NUEDEXTA	1	[PA]
<i>riluzole</i>	1	[EDS]
<i>tetrabenazine</i>	1	[PA]
<b>Fibromyalgia Agents</b>		
<i>duloxetine hcl</i>	1	[EDS]
SAVELLA	1	[EDS]
SAVELLA TITRATION PACK	1	[EDS]
<b>Multiple Sclerosis Agents</b>		
AVONEX INJ	1	[PA]
AVONEX PEN INJ	1	[PA]
BETASERON INJ	1	[PA]
COPAXONE INJ 40MG/ML	1	[PA]
<i>dalfampridine er</i>	1	[PA] [EDS]
<i>dimethyl fumarate caps</i>	1	[PA]
<i>dimethyl fumarate starter pack</i>	1	[PA]
<i>fingolimod</i>	1	[PA]
<i>glatiramer acetate inj</i>	1	[PA]
<i>glatopa inj</i>	1	[PA]
PLEGRIDY INJ	1	[PA]
REBIF INJ	1	[PA]
REBIF REBIDOSE INJ	1	[PA]
REBIF REBIDOSE TITRATION PACK INJ	1	[PA]
REBIF TITRATION PACK INJ	1	[PA]
<i>teriflunomide tabs</i>	1	[PA]
VUMERITY	1	[PA]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<b>DENTAL AND ORAL AGENTS</b>		
<b>Dental and Oral Agents</b>		
<i>cevimeline</i>	1	[EDS]
<i>chlorhexidine gluconate</i>	1	[EDS]
<i>kourzeq</i>	1	[EDS]
<i>lidocaine viscous soln</i>	1	[EDS]
<i>periogard</i>	1	[EDS]
<i>pilocarpine tabs</i>	1	[EDS]
<i>triamcinolone dental paste</i>	1	[EDS]
<b>DERMATOLOGICAL AGENTS</b>		
<b>Acne and Rosacea Agents</b>		
<i>acitretin</i>	1	[PA] [EDS]
<i>accutane</i>	1	[EDS]
<i>adapalene cream 0.1%</i>	1	[EDS]
<i>adapalene gel 0.3%</i>	1	[EDS]
ALTRENO	1	[PA] [EDS]
<i>amnestem caps</i>	1	[EDS]
<i>claravis</i>	1	[EDS]
<i>clindamycin &amp; benzoyl peroxide gel 5%-1% &amp; 5%-1.2%</i>	1	[EDS]
<i>isotretinoin caps 10mg, 20mg, 30mg &amp; 40mg</i>	1	[EDS]
<i>tazarotene cream</i>	1	[EDS]
<i>tazarotene gel</i>	1	[QL] [EDS]
TAZORAC CREAM 0.05%	1	[EDS]
<i>tretinoin cream</i>	1	[PA] [EDS]
<i>tretinoin gel 0.01%, 0.025% &amp; 0.05%</i>	1	[PA] [EDS]
<i>zenatane</i>	1	[EDS]
<b>Dermatitis and Pruritus Agents</b>		
<i>alclometasone dipropionate</i>	1	[EDS]
<i>ammonium lactate</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<i>betamethasone dipropionate</i>	1	[EDS]
<i>betamethasone dipropionate augmented</i>	1	[EDS]
<i>betamethasone valerate cream, oint &amp; lotion</i>	1	[EDS]
<i>clobetasol propionate cream, foam, gel, oint &amp; soln</i>	1	[EDS]
<i>clobetasol propionate emollient</i>	1	[EDS]
<i>desonide lotion, oint &amp; cream</i>	1	[QL] [EDS]
<i>desoximetasone topical cream, gel &amp; oint 0.05%</i>	1	[QL] [EDS]
<i>desoximetasone topical cream &amp; oint 0.25%</i>	1	[QL] [EDS]
<i>diflorasone diacetate</i>	1	[QL] [EDS]
<i>fluocinolone acetonide cream, oint, soln</i>	1	[EDS]
<i>fluocinolone acetonide scalp oil</i>	1	[EDS]
<i>fluocinonide cream 0.05%, gel &amp; oint</i>	1	[QL] [EDS]
<i>fluocinonide emulsified base cream</i>	1	[QL] [EDS]
<i>fluocinonide soln</i>	1	[EDS]
<i>fluticasone propionate cream &amp; oint</i>	1	[EDS]
<i>halobetasol propionate cream &amp; ointment</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
hydrocortisone cream, lotion & oint 2.5%	1	[EDS]
hydrocortisone butyrate cream, oint & soln	1	[EDS]
hydrocortisone valerate	1	[EDS]
mometasone cream, oint & soln	1	[EDS]
pimecrolimus	1	[QL] [EDS]
selenium sulfide lotion	1	[EDS]
tacrolimus oint	1	[QL] [EDS]
triamcinolone acetonide topical cream & lotion	1	[EDS]
triamcinolone acetonide topical oint 0.025%, 0.1% & 0.5%	1	[EDS]
triderm cream 0.1%	1	[EDS]
<b>Dermatological Agents, Other</b>		
calcipotriene cream & oint	1	[QL] [EDS]
calcipotriene soln	1	[EDS]
clotrimazole & betamethasone	1	[EDS]
diclofenac sodium gel 3%	1	[PA] [EDS]
fluorouracil topical 2% and 5%	1	[EDS]
imiquimod cream 3.75%	1	[EDS]
imiquimod cream 5%	1	[EDS]
methoxsalen	1	
nystatin & triamcinolone	1	[EDS]
podofilox soln	1	[EDS]
silver sulfadiazine	1	[EDS]
REGRANEX	1	[QL]
SANTYL	1	[QL] [EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
ssd	1	[EDS]
<b>Pediculicides/Scabicides</b>		
malathion	1	[EDS]
permethrin cream	1	[EDS]
<b>Topical Anti-infectives</b>		
acyclovir cream & oint 5%	1	[QL] [EDS]
ciclopirox cream, gel, nail soln shampoo & susp	1	[EDS]
clindamycin topical gel, lotion, soln & swab	1	[EDS]
erythromycin topical gel & soln	1	[EDS]
mupirocin ointment	1	[EDS]
mupirocin cream	1	[QL] [EDS]
penciclovir cream	1	[EDS]
<b>ELECTROLYTES/MINERALS/METALS/ VITAMINS</b>		
<b>Electrolyte/Mineral/Metal Modifiers</b>		
deferasirox granule pack	1	[PA]
deferasirox tabs 90mg	1	[PA] [EDS]
deferasirox tabs 180mg & 360mg	1	[PA]
deferasirox tabs for soln 125mg	1	[PA] [EDS]
deferasirox tabs for soln 250mg & 500mg	1	[PA]
deferiprone	1	[PA]
FERRIPROX SOLN	1	[PA]
FERRIPROX TAB 1000MG	1	[PA]
INTRALIPID INJ	1	[PA] [B vs D] [EDS]
penicillamine tabs	1	
trientine cap 250mg	1	

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<b>Electrolyte/Mineral Replacement</b>		
<i>carglumic acid</i>	1	[PA]
CLINISOL SF INJ	1	[PA] [B vs D] [EDS]
<i>dextrose inj</i>	1	[EDS]
<i>dextrose (10%, 5% or 2.5%) &amp; sodium chloride inj</i>	1	[EDS]
<i>klor-con pack</i>	1	[EDS]
<i>klor-con tabs</i>	1	[EDS]
<i>magnesium sulfate inj</i>	1	[EDS]
<i>plenamine inj</i>	1	[PA] [B vs D] [EDS]
<i>potassium chloride oral soln</i>	1	[EDS]
<i>potassium chloride inj</i>	1	[EDS]
<i>potassium chloride pack 20meq</i>	1	[EDS]
<i>potassium chloride er &amp; cr</i>	1	[EDS]
<i>potassium chloride &amp; dextrose 20mEq/5% inj</i>	1	[EDS]
<i>potassium chloride &amp; dextrose &amp; lactated ringers inj</i>	1	[EDS]
<i>potassium chloride &amp; dextrose &amp; sodium chloride inj 2mEq/5%/0.2%, 10mEq/5%/0.45%, 20mEq/5%/0.45%, 20mEq/5%/0.9%, 30mEq/5%/0.45% 40mEq/5%/0.9% &amp; 40mEq/5%/0.45%</i>	1	[EDS]
<i>potassium citrate er</i>	1	[EDS]
PROSOL INJ	1	[PA] [B vs D] [EDS]
<i>sodium chloride inj</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
TPN ELECTROLYTES INJ	1	[EDS]
TRAVASOL INJ	1	[PA] [B vs D] [EDS]
<b>Phosphate Binders</b>		
AURYXIA	1	[PA]
<i>calcium acetate</i>	1	[EDS]
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate powder</i>	1	[EDS]
<i>sevelamer carbonate tabs</i>	1	[EDS]
VELPHORO	1	[PA]
<b>Potassium Binders</b>		
<i>kionex susp</i>	1	[EDS]
LOKELMA	1	[EDS]
<i>sodium polystyrene sulfonate powder</i>	1	[EDS]
<i>sps suspension</i>	1	[EDS]
VELTASSA	1	[EDS]
<b>Vitamins</b>		
<i>prenatal multi-vitamin</i>	1	[EDS]
<b>GASTROINTESTINAL AGENTS</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose soln</i>	1	[EDS]
<i>enulose</i>	1	[EDS]
<i>generlac</i>	1	[EDS]
<i>lactulose soln 10g/15ml</i>	1	[EDS]
LINZESS	1	[EDS]
<i>lubiprostone</i>	1	[EDS]
MOVANTIK	1	[EDS]
RELISTOR INJ	1	[PA]
RELISTOR TABS	1	[PA]
<i>sodium sulfate, potassium sulfate and magnesium sulfate</i>	1	[EDS]
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hcl tab 0.5mg</i>	1	[PA] [EDS]

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Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制
<i>alosetron hcl tab 1mg</i>	1	[PA]
<i>diphenoxylate &amp; atropine oral soln</i>	1	[EDS]
<i>diphenoxylate &amp; atropine tabs</i>	1	[EDS]
<i>loperamide caps 2mg</i>	1	[EDS]
XERMELO	1	[PA]
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine</i>	1	[EDS]
<i>glycopyrrolate tabs 1mg &amp; 2mg</i>	1	[EDS]
<b>Gastrointestinal Agents, Other</b>		
<i>cromolyn sodium oral</i>	1	[EDS]
GATTEX INJ	1	[PA]
<i>gavilyte-c</i>	1	[EDS]
<i>gavilyte-g</i>	1	[EDS]
<i>gavilyte-n</i>	1	[EDS]
<i>metoclopramide oral tablets &amp; soln</i>	1	[EDS]
<i>nitroglycerin rectal oint</i>	1	[EDS]
<i>peg 3350 &amp; electrolytes</i>	1	[EDS]
<i>peg 3350 &amp; sodium chloride &amp; sodium bicarbonate &amp; potassium chloride</i>	1	[EDS]
<i>peg 3350 &amp; sodium sulfate &amp; sodium chloride &amp; potassium chloride &amp; sodium ascorbate &amp; ascorbic</i>	1	[EDS]
PLENVU	1	[EDS]
RECTIV	1	[EDS]
<i>ursodiol cap 300mg &amp; tabs 250mg &amp; 500mg</i>	1	[EDS]
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine tabs</i>	1	[EDS]
<i>famotidine tabs</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制
<b>Protectants</b>		
<i>misoprostol</i>	1	[EDS]
<i>sucralfate tabs</i>	1	[EDS]
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium dr caps</i>	1	[EDS]
<i>lansoprazole dr caps</i>	1	[EDS]
<i>omeprazole caps</i>	1	[EDS]
<i>pantoprazole tabs</i>	1	[EDS]
<i>rabeprazole sodium</i>	1	[EDS]
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>betaine anhydrous</i>	1	
CERDELGA	1	[PA]
CREON DR	1	[EDS]
CYSTAGON	1	[EDS]
<i>miglustat</i>	1	[PA] [LD]
<i>nitisinone</i>	1	[PA]
ORFADIN CAPS 20MG	1	[PA] [LD]
ORFADIN SUSP	1	[PA] [LD]
RAVICTI	1	
<i>sapropterin</i>	1	
<i>sodium phenylbutyrate powder &amp; tabs</i>	1	
SUCRAID	1	
<i>yargesa caps</i>	1	[PA] [LD]
<b>GENITOURINARY AGENTS</b>		
<b>Antispasmodics, Urinary</b>		
<i>fesoterodine fumarate er</i>	1	[EDS]
<i>flavoxate</i>	1	[EDS]
GEMTESA	1	[EDS]
MYRBETRIQ	1	[EDS]
<i>oxybutynin ir</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>oxybutynin er</i>	1	[EDS]
OXYTROL	1	[EDS]
<i>solifenacin succinate</i>	1	[EDS]
<i>tolterodine tartrate er</i>	1	[EDS]
<i>tropium ir</i>	1	[EDS]
<i>tropium er</i>	1	[EDS]
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	1	[EDS]
<i>dutasteride</i>	1	[EDS]
<i>dutasteride &amp; tamsulosin</i>	1	[EDS]
<i>finasteride tabs 5mg</i>	1	[EDS]
<i>tamsulosin</i>	1	[EDS]
<b>Genitourinary Agents, Other</b>		
<i>bethanechol</i>	1	[EDS]
ELMIRON	1	[EDS]
THIOLA EC	1	
<i>tiopronin</i>	1	
<i>tiopronin dr</i>	1	
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>dexamethasone dose pack</i>	1	[EDS]
<i>dexamethasone elixir</i>	1	[EDS]
<i>dexamethasone tabs</i>	1	[EDS]
<i>fludrocortisone acetate</i>	1	[EDS]
HEMADY	1	[EDS]
<i>hydrocortisone oral</i>	1	[EDS]
MEDROL TABS	1	[PA] [B vs D] [EDS]
<i>methylprednisolone dose pack</i>	1	[EDS]
<i>methylprednisolone oral</i>	1	[PA] [B vs D] [EDS]
ORAPRED ODT	1	[PA] [B vs D] [EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>prednisolone oral soln</i>	1	[PA] [B vs D] [EDS]
<i>prednisolone odt</i>	1	[PA] [B vs D] [EDS]
<i>prednisolone tablet 5mg</i>	1	[PA] [B vs D]
<i>prednisone tab pack</i>	1	[EDS]
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>desmopressin acetate nasal</i>	1	[EDS]
<i>desmopressin acetate oral</i>	1	[EDS]
GENOTROPIN INJ	1	[PA]
GENOTROPIN MINIQUICK INJ 0.2MG, 0.4MG, 0.6MG & 0.8MG	1	[PA] [EDS]
GENOTROPIN MINIQUICK INJ 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG & 2MG	1	[PA]
HUMATROPE INJ CARTRIDGE 6MG	1	[PA] [EDS]
HUMATROPE INJ CARTRIDGE 12MG & 24MG	1	[PA]
INCRELEX INJ	1	[PA]
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		
<b>Androgens</b>		
<i>danazol</i>	1	[EDS]
<i>testosterone cypionate inj</i>	1	[EDS]
<i>testosterone enanthate inj</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
testosterone gel 1% & 1.62%	1	[EDS]
testosterone gel 25mg/2.5g, 20.25mg/1.25g, 40.5mg/2.5g & 50mg/5g	1	[EDS]
<b>Estrogens</b>		
altavera	1	[EDS]
alyacen 1/35	1	[EDS]
amabelz	1	[EDS]
apri	1	[EDS]
aranelle	1	[EDS]
abra eq	1	[EDS]
aviane	1	[EDS]
azurette	1	[EDS]
blisovi fe 1.5/30	1	[EDS]
briellyn	1	[EDS]
cyred eq	1	[EDS]
desogestrel & ethinyl estradiol	1	[EDS]
dotti	1	[EDS]
drospirenone & ethinyl estradiol 3mg/0.02mg	1	[EDS]
eluryng	1	[EDS]
enilloring	1	[EDS]
enpresse-28	1	[EDS]
enskyce	1	[EDS]
estarylla	1	[EDS]
estradiol oral	1	[EDS]
estradiol patches	1	[EDS]
estradiol vaginal cream	1	[EDS]
estradiol vaginal tabs	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
estradiol & norethindrone acetate 0.5mg/0.1mg & 1mg/0.5mg	1	[EDS]
ESTRING	1	[EDS]
ethinyl estradiol & ethynodiol	1	[EDS]
ethinyl estradiol & norethindrone acetate 5mcg/1mg & 2.5mcg-0.5mg	1	[EDS]
etonogestrel & ethinyl estradiol ring	1	[EDS]
falmina	1	[EDS]
fyavolv	1	[EDS]
haloette	1	[EDS]
IMVEXXY PACK	1	[EDS]
introvale	1	[EDS]
isibloom	1	[EDS]
jasmiel	1	[EDS]
jinteli	1	[EDS]
juleber	1	[EDS]
junel 21 day	1	[EDS]
junel fe 1/20	1	[EDS]
kariva	1	[EDS]
kelnor 1/35 & 1/50	1	[EDS]
kurvelo	1	[EDS]
larin	1	[EDS]
larin fe	1	[EDS]
leena	1	[EDS]
levonest	1	[EDS]
levonorgestrel & ethinyl estradiol 0.1-0.02mg & 0.15-0.03mg & triphasic packs	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>levonorgestrel &amp; ethinyl estradiol and ethinyl estradiol 0.1/0.02mg-0.01mg packs</i>	1	[EDS]
<i>levora</i>	1	[EDS]
<i>loryna</i>	1	[EDS]
<i>low-ogestrel</i>	1	[EDS]
<i>lyllana</i>	1	[EDS]
<i>marlissa 28 day</i>	1	[EDS]
MENEST	1	[EDS]
<i>microgestin 1/20 &amp; 1.5/30</i>	1	[EDS]
<i>microgestin 24 fe</i>	1	[EDS]
<i>microgestin fe 1/20 &amp; 1.5/30</i>	1	[EDS]
<i>mili</i>	1	[EDS]
<i>mimvey</i>	1	[EDS]
<i>necon</i>	1	[EDS]
<i>nikki</i>	1	[EDS]
<i>norgestimate-ethinyl estradiol</i>	1	[EDS]
<i>norethindrone, ethinyl estradiol, ferrous fumarate 0.4mg/0.035mg</i>	1	[EDS]
<i>norethindrone, ethinyl estradiol, ferrous fumarate 20mcg/75mg/1mg</i>	1	[EDS]
<i>nylia 7/7/7 &amp; 1/35</i>	1	[EDS]
<i>nymyo</i>	1	[EDS]
<i>pimtrea</i>	1	[EDS]
PREMARIN ORAL	1	[EDS]
PREMARIN VAGINAL CREAM	1	[EDS]
PREMPHASE	1	[EDS]
PREMPRO	1	[EDS]
<i>reclipsen</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>setlakin</i>	1	[EDS]
<i>tarina fe 1/20 eq</i>	1	[EDS]
<i>tri-estarylla</i>	1	[EDS]
<i>tri-lo-estarylla</i>	1	[EDS]
<i>tri-lo-sprintec</i>	1	[EDS]
<i>tri-mili</i>	1	[EDS]
<i>tri-nymyo</i>	1	[EDS]
<i>tri-sprintec</i>	1	[EDS]
<i>tri-vylibra</i>	1	[EDS]
<i>tri-vylibra lo</i>	1	[EDS]
<i>trivora-28</i>	1	[EDS]
<i>turqoz</i>	1	[EDS]
<i>velivet</i>	1	[EDS]
<i>vestura</i>	1	[EDS]
<i>vienva</i>	1	[EDS]
<i>vyfemla</i>	1	[EDS]
<i>vylibra</i>	1	[EDS]
<i>wymzya fe</i>	1	[EDS]
<i>yuvafem</i>	1	[EDS]
<i>zovia</i>	1	[EDS]
<b>Progestins</b>		
<i>deblitane</i>	1	[EDS]
DEPO-SUBQ PROVERA 104 INJ	1	[EDS]
<i>heather tabs</i>	1	[EDS]
<i>incassia</i>	1	[EDS]
<i>lyleq</i>	1	[EDS]
<i>lyza</i>	1	[EDS]
<i>medroxyprogesterone acetate inj</i>	1	[EDS]
<i>medroxyprogesterone acetate tabs</i>	1	[EDS]
<i>megestrol acetate oral susp 40mg/ml</i>	1	[EDS]
<i>megestrol tabs</i>	1	[EDS]
<i>norethindrone</i>	1	[EDS]
<i>progesterone caps</i>	1	[EDS]
<i>sharobel</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE	1	[EDS]
<i>raloxifene hcl</i>	1	[EDS]
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
CYTOMEL	1	[EDS]
<i>levothyroxine tabs</i>	1	[EDS]
<i>levoxyl</i>	1	[EDS]
<i>liothyronine tabs</i>	1	[EDS]
SYNTHROID	1	[EDS]
<i>unithroid</i>	1	[EDS]
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	1	
ISTURISA	1	[PA]
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	1	[EDS]
ELIGARD INJ	1	[PA] [EDS]
<i>leuprolide acetate inj kit 1mg/0.2ml</i>	1	[EDS]
LUPRON DEPOT INJ	1	[PA]
<i>octreotide inj 50mcg/ml, 100mcg/ml, 200mcg/ml &amp; 500mcg/ml</i>	1	[EDS]
<i>octreotide inj 1000mcg/ml</i>	1	
ORGOVYX	1	[PA] [LD]
SIGNIFOR INJ	1	[PA]
SOMAVERT INJ	1	[PA]
SYNAREL	1	[EDS]
TRELSTAR MIXJECT INJ	1	[PA] [EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i>	1	[EDS]
<i>propylthiouracil</i>	1	[EDS]
<b>IMMUNOLOGICAL AGENTS</b>		
<b>Angioedema Agents</b>		
CINRYZE INJ	1	[PA]
<i>icatibant inj</i>	1	[PA]
<i>sajazir inj</i>	1	[PA]
<b>Immunoglobulins</b>		
GAMMAGARD INJ	1	[PA] [B vs D]
GAMUNEX-C INJ	1	[PA] [B vs D]
<b>Immunological Agents, Other</b>		
ARCALYST INJ	1	[PA]
BENLYSTA INJ	1	[PA]
COSENTYX INJ	1	[PA]
COSENTYX SENSOREADY PEN INJ	1	[PA]
COSENTYX UNOREADY PEN INJ	1	[PA]
DUPIXENT INJ	1	[PA]
KINERET INJ	1	[PA]
ORENCIA INJ PF SYRINGE	1	[PA]
ORENCIA CLICKJET	1	[PA]
OTEZLA	1	[PA]
OTEZLA STARTER	1	[PA]
RIDAURA	1	
RINVOQ	1	[PA]
RINVOQ LQ	1	[PA]
SKYRIZI INJ	1	[PA]
STELARA INJ	1	[PA]
XELJANZ	1	[PA]
XELJANZ XR	1	[PA]
XOLAIR INJ	1	[PA] [LD]
<b>Immunostimulants</b>		
ACTIMMUNE INJ	1	[PA]

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藥物名稱	藥物 等級	要求/限制
PEGASYS INJ	1	
<b>Immunosuppressants</b>		
ASTAGRAF XL	1	[PA] [B vs D] [EDS]
AZASAN	1	[PA] [B vs D] [EDS]
<i>azathioprine tabs 50mg</i>	1	[PA] [B vs D] [EDS]
<i>azathioprine tabs 75mg &amp; 100mg</i>	1	[PA] [B vs D] [EDS]
CELLCEPT CAPS	1	[PA] [B vs D] [EDS]
CELLCEPT ORAL SUSPENSION & TABS	1	[PA] [B vs D]
<i>cyclosporine caps</i>	1	[PA] [B vs D] [EDS]
<i>cyclosporine modified</i>	1	[PA] [B vs D] [EDS]
ENBREL INJ	1	[PA]
ENBREL MINI INJ	1	[PA]
ENBREL SURECLICK INJ	1	[PA]
ENVARUSUS XR	1	[PA] [B vs D] [EDS]
<i>everolimus 0.25mg</i>	1	[PA] [B vs D] [EDS]
<i>everolimus 0.5mg, 0.75mg &amp; 1mg</i>	1	[PA] [B vs D]
<i>gengraf</i>	1	[PA] [B vs D] [EDS]
HUMIRA INJ	1	[PA]
HUMIRA PEDIATRIC CROHNS STARTER PACK INJ	1	[PA]
HUMIRA PEN- CD/UC/HS STARTER INJ	1	[PA]
HUMIRA PEN- PEDIATRIC UC STARTER PACK INJ	1	[PA]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
HUMIRA PEN-PS/UV STARTER INJ	1	[PA]
HUMIRA PEN INJ	1	[PA]
IMURAN TABS	1	[PA] [B vs D] [EDS]
JYLAMVO SOLN	1	[EDS]
<i>leflunomide</i>	1	[EDS]
<i>methotrexate inj 50mg/2ml</i>	1	[EDS]
<i>methotrexate oral</i>	1	[EDS]
<i>mycophenolate mofetil caps &amp; tabs</i>	1	[PA] [B vs D] [EDS]
<i>mycophenolate mofetil oral susp</i>	1	[PA] [B vs D]
<i>mycophenolic acid dr</i>	1	[PA] [B vs D] [EDS]
MYFORTIC	1	[PA] [B vs D] [EDS]
MYHIBBIN	1	[PA] [B vs D] [EDS]
NEORAL	1	[PA] [B vs D] [EDS]
PROGRAF CAPS	1	[PA] [B vs D] [EDS]
PROGRAF PACK	1	[PA] [B vs D] [EDS]
RAPAMUNE SOLN	1	[PA] [B vs D]
RAPAMUNE TABS	1	[PA] [B vs D] [EDS]
SANDIMMUNE CAPS 25MG & 100MG	1	[PA] [B vs D] [EDS]
<i>sirolimus soln</i>	1	[PA] [B vs D]
<i>sirolimus tabs</i>	1	[PA] [B vs D] [EDS]
<i>tacrolimus caps 0.5mg &amp; 1mg</i>	1	[PA] [B vs D] [EDS]
<i>tacrolimus caps 5mg</i>	1	[PA] [B vs D] [EDS]
XATMEP	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
ZORTRESS TABS 0.25MG	1	[PA] [B vs D] [EDS]
ZORTRESS TABS 0.5MG, 0.75MG & 1MG	1	[PA] [B vs D]
<b>Vaccines</b>		
ABRYSCO INJ	1	[EDS]
ACTHIB INJ	1	[EDS]
ADACEL INJ	1	[EDS]
AREXVY INJ	1	[EDS]
BCG INJ	1	[EDS]
BEXSERO INJ	1	[EDS]
BOOSTRIX INJ	1	[EDS]
DAPTACEL INJ	1	[EDS]
DIPHThERIA & TETANUS TOXOIDS PEDIATRIC INJ	1	[EDS]
ENGERIX-B INJ	1	[PA] [B vs D] [EDS]
GARDASIL 9 INJ	1	[EDS]
HAVRIX INJ	1	[EDS]
HEPLISAV-B INJ	1	[PA] [B vs D] [EDS]
HIBERIX INJ	1	[EDS]
IMOVAX RABIES INJ	1	[EDS]
INFANRIX INJ	1	[EDS]
IPOLE INACTIVATED IPV INJ	1	[EDS]
IXCHIQ INJ	1	[EDS]
IXIARO INJ	1	[EDS]
JYNNEOS INJ	1	[PA] [B vs D] [EDS]
KINRIX INJ	1	[EDS]
MENACTRA INJ	1	[EDS]
MENQUADFI INJ	1	[EDS]
MENVEO-A/C/Y/W- 135 INJ	1	[EDS]
MRESVIA INJ	1	[EDS]
M-M-R II INJ	1	[EDS]
PEDIARIX INJ	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
PEDVAX HIB INJ	1	[EDS]
PENBRAYA INJ	1	[EDS]
PENTACEL INJ	1	[EDS]
PREHEVBRIO INJ	1	[PA] [B vs D] [EDS]
PRIORIX INJ	1	[EDS]
PROQUAD INJ	1	[EDS]
QUADRACEL INJ	1	[EDS]
RABAVERT INJ	1	[EDS]
RECOMBIVAX HB INJ	1	[PA] [B vs D] [EDS]
ROTARIX	1	[EDS]
ROTATEQ	1	[EDS]
SHINGRIX INJ	1	[EDS]
TDVAX INJ	1	[EDS]
TENIVAC INJ	1	[EDS]
TICOVAC INJ	1	[EDS]
TRUMENBA INJ	1	[EDS]
TWINRIX INJ	1	[EDS]
TYPHIM VI INJ	1	[EDS]
VAQTA INJ	1	[EDS]
VARIVAX INJ	1	[EDS]
VAXCHORA INJ	1	[EDS]
YF-VAX INJ	1	[EDS]
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>Aminosalicylates</b>		
<i>balsalazide</i>	1	[EDS]
DIPENTUM	1	
<i>mesalamine dr</i>	1	[EDS]
<i>mesalamine enema</i>	1	[EDS]
<i>mesalamine er caps</i>	1	[EDS]
<i>mesalamine rectal suppository</i>	1	[EDS]
PENTASA CAP 250MG	1	[EDS]
<i>sulfasalazine</i>	1	[EDS]
<b>Glucocorticoids</b>		
<i>budesonide ec caps</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<i>budesonide er tabs 9mg</i>	1	
<i>hydrocortisone enema</i>	1	[EDS]
<i>prednisone tabs</i>	1	[PA] [B vs D] [EDS]
<i>prednisone oral soln</i>	1	[PA] [B vs D] [EDS]
PREDNISONE INTENSOL	1	[PA] [B vs D] [EDS]
<i>procto-med hc</i>	1	[EDS]
<i>procto-pak</i>	1	[EDS]
<i>proctosol hc</i>	1	[EDS]
<i>proctozone-hc</i>	1	[EDS]
<b>METABOLIC BONE DISEASE AGENTS</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate tabs</i>	1	[EDS]
<i>alendronate oral soln</i>	1	[EDS]
<i>calcitonin-salmon nasal</i>	1	[EDS]
<i>calcitriol caps</i>	1	[PA] [B vs D] [EDS]
<i>cinacalcet tab 30mg</i>	1	[PA] [B vs D] [EDS]
<i>cinacalcet tab 60mg</i>	1	[PA] [B vs D] [EDS]
<i>cinacalcet tab 90mg</i>	1	[PA] [B vs D]
<i>doxercalciferol oral</i>	1	[PA] [B vs D] [EDS]
FORTEO INJ	1	[PA]
<i>ibandronate oral</i>	1	[EDS]
<i>paricalcitol caps</i>	1	[PA] [B vs D] [EDS]
PROLIA INJ	1	[PA] [EDS]
RAYALDEE	1	
<i>risedronate sodium</i>	1	[EDS]
<i>risedronate sodium dr</i>	1	[EDS]
TERIPARATIDE INJ	1	[PA]
TYMLOS INJ	1	[PA]
XGEVA INJ	1	[PA]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<i>alcohol pads</i>	1	[EDS]
<i>bd insulin syringe ultrafine</i>	1	[EDS]
<i>bd insulin syringe safetyglide</i>	1	[EDS]
<i>bd pen needle ultrafine</i>	1	[EDS]
ENDARI	1	[PA]
<i>gauze pads 2"x2"</i>	1	[EDS]
KORLYM	1	[PA]
KOSELUGO	1	[PA]
LAGEVRIO	1	[EDS]
<i>levocarnitine oral</i>	1	[PA] [B vs D] [EDS]
<i>l-glutamine</i>	1	[PA]
<i>mifepristone tabs</i>	1	[PA]
<i>paroxetine mesylate</i>	1	[EDS]
PAXLOVID	1	[EDS]
<i>pmdd fluoxetine hcl tabs 10mg &amp; 20mg</i>	1	[EDS]
<b>OPHTHALMIC AGENTS</b>		
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate soln</i>	1	[EDS]
<i>brimonidine &amp; timolol maleate</i>	1	[EDS]
<i>cyclosporine emulsion 0.05%</i>	1	[EDS]
CYSTARAN	1	
<i>dorzolamide &amp; timolol maleate</i>	1	[EDS]
<i>neomycin &amp; polymyxin &amp; bacitracin</i>	1	[EDS]
<i>neomycin &amp; polymyxin &amp; bacitracin &amp; hydrocortisone</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>neomycin &amp; polymyxin &amp; dexamethasone</i>	1	[EDS]
<i>neomycin &amp; polymyxin &amp; gramicidin ophthalmic</i>	1	[EDS]
<i>neomycin &amp; polymyxin &amp; hydrocortisone</i>	1	[EDS]
ROCKLATAN	1	[EDS]
SIMBRINZA	1	[EDS]
<i>sulfacetamide sodium &amp; prednisolone sodium phosphate ophthalmic</i>	1	[EDS]
TOBRADEX OINT	1	[EDS]
<i>tobramycin &amp; dexamethasone ophthalmic suspension</i>	1	[EDS]
XIIDRA	1	[EDS]
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine 0.05%</i>	1	[EDS]
<i>cromolyn sodium ophthalmic soln</i>	1	[EDS]
<b>Ophthalmic Anti-infectives</b>		
AZASITE	1	[EDS]
<i>bacitracin ophthalmic ointment</i>	1	[EDS]
<i>bacitracin &amp; polymyxin b ointment</i>	1	[EDS]
<i>ciprofloxacin ophthalmic soln 0.3%</i>	1	[EDS]
<i>erythromycin ophthalmic oint</i>	1	[EDS]
<i>gentamicin ophthalmic soln 0.3%</i>	1	[EDS]
<i>moxifloxacin hcl ophthalmic</i>	1	[EDS]
NATACYN	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>neo-polycin ophthalmic ointment</i>	1	[EDS]
<i>neo-polycin hc ophthalmic ointment</i>	1	[EDS]
<i>ofloxacin ophthalmic</i>	1	[EDS]
<i>polycin ophthalmic ointment</i>	1	[EDS]
<i>polymyxin b sulfate &amp; trimethoprim sulfate ophthalmic soln</i>	1	[EDS]
<i>sulfacetamide sodium ophthalmic oint &amp; soln 10%</i>	1	[EDS]
<i>tobramycin ophthalmic solution</i>	1	[EDS]
<i>trifluridine</i>	1	[EDS]
ZIRGAN	1	[EDS]
<b>Ophthalmic Anti-inflammatories</b>		
<i>bromfenac ophthalmic soln 0.09%</i>	1	[EDS]
BROMSITE	1	[EDS]
<i>dexamethasone ophthalmic soln</i>	1	[EDS]
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	[EDS]
<i>difluprednate</i>	1	[EDS]
<i>fluorometholone</i>	1	[EDS]
<i>ketorolac soln</i>	1	[EDS]
LOTEMAX OINT	1	[EDS]
LOTEMAX SM GEL 0.38%	1	[EDS]
PRED MILD	1	[EDS]
<i>prednisolone acetate</i>	1	[EDS]
<i>prednisolone sodium phosphate</i>	1	[EDS]
PROLENSA	1	[EDS]
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol soln</i>	1	[EDS]
<i>carteolol</i>	1	[EDS]
<i>levobunolol</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<i>timolol ophthalmic gel forming</i>	1	[EDS]
<i>timolol ophth soln 12 hours 0.25% &amp; 0.5% multi-use bottles</i>	1	[EDS]
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide tabs</i>	1	[EDS]
<i>acetazolamide er caps</i>	1	[EDS]
ALPHAGAN P 0.1%	1	[EDS]
<i>brimonidine tartrate soln 0.15%</i>	1	[EDS]
<i>brimonidine tartrate soln 0.2%</i>	1	[EDS]
<i>dorzolamide</i>	1	[EDS]
<i>methazolamide</i>	1	[EDS]
PHOSPHOLINE IODIDE	1	[EDS]
<i>pilocarpine soln</i>	1	[EDS]
RHOPRESSA	1	[EDS]
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>latanoprost</i>	1	[EDS]
LUMIGAN	1	[EDS]
<i>travoprost</i>	1	[EDS]
VYZULTA	1	[EDS]
<b>OTIC AGENTS</b>		
<b>Otic Agents</b>		
<i>acetic acid &amp; hydrocortisone</i>	1	[EDS]
CIPRO HC	1	[EDS]
<i>ciprofloxacin &amp; dexamethasone otic susp</i>	1	[EDS]
<i>fluocinolone acetonide otic soln</i>	1	[EDS]
<i>neomycin &amp; polymyxin &amp; hydrocortisone</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<i>ofloxacin otic</i>	1	[EDS]
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		
<b>Antihistamines</b>		
<i>azelastine nasal 0.1%</i>	1	[EDS]
<i>cyproheptadine</i>	1	[EDS]
<i>desloratadine tabs</i>	1	[EDS]
<i>hydroxyzine hcl tabs</i>	1	[EDS]
<i>hydroxyzine pamoate caps</i>	1	[EDS]
<i>levocetirizine</i>	1	[EDS]
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA	1	[EDS]
ASMANEX HFA	1	[EDS]
ASMANEX TWISTHALER	1	[EDS]
BREZTRI AEROSPHERE	1	[EDS]
<i>budesonide nebulizer</i>	1	[PA] [B vs D] [EDS]
<i>flunisolide nasal</i>	1	[QL] [EDS]
<i>fluticasone propionate nasal</i>	1	[QL] [EDS]
<i>mometasone furoate nasal</i>	1	[QL] [EDS]
PULMICORT NEBULIZER	1	[PA] [B vs D] [EDS]
QVAR REDIMALER	1	[EDS]
<b>Antileukotrienes</b>		
<i>montelukast</i>	1	[EDS]
<i>zafirlukast</i>	1	[EDS]
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	1	[QL] [EDS]
<i>ipratropium bromide nasal</i>	1	[QL] [EDS]
<i>ipratropium bromide nebulizer</i>	1	[PA] [B vs D] [EDS]
SPIRIVA HANDIMALER	1	[EDS]
SPIRIVA RESPIMAT	1	[EDS]
YUPELRI	1	[PA] [B vs D]

[PA] = 事先授權 [B vs D] = B 與 D [QL] = 數量限制 [LD] = 限量分配 [EDS] = 延長天數供藥  
您可以前往第 27 頁，找到本表中的符號和縮寫詞所代表含義的相關資訊。

Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa 6.7gm inhaler</i>	1	[QL] [EDS]
<i>albuterol sulfate hfa 8.5gm inhaler</i>	1	[QL] [EDS]
<i>albuterol sulfate nebulizer</i>	1	[PA] [B vs D] [EDS]
<i>albuterol sulfate syrup</i>	1	[EDS]
<i>albuterol sulfate tabs</i>	1	[EDS]
<i>arformoterol tartrate nebulizer</i>	1	[PA] [B vs D] [EDS]
BROVANA NEBULIZER	1	[PA] [B vs D] [EDS]
EPINEPHRINE AUTO-INJECTOR 0.15MG/0.3ML & 0.3MG/0.3ML	1	[EDS]
<i>formoterol fumarate nebulizer</i>	1	[PA] [B vs D] [EDS]
<i>levalbuterol nebulizer</i>	1	[PA] [B vs D] [EDS]
LEVALBUTEROL TARTRATE HFA	1	[EDS]
PERFOROMIST NEBULIZER	1	[PA] [B vs D]
PROAIR RESPICLICK	1	[EDS]
SEREVENT DISKUS	1	[EDS]
STRIVERDI RESPIMAT	1	[EDS]
<i>terbutaline sulfate oral</i>	1	[EDS]
<b>Cystic Fibrosis Agents</b>		
BETHKIS	1	[PA] [B vs D]
CAYSTON	1	[PA] [LD]
KALYDECO	1	[PA]
KITABIS NEBULIZER	1	[PA] [B vs D]
ORKAMBI	1	[PA]
PULMOZYME	1	[PA] [B vs D]
TOBI SOLN	1	[PA] [B vs D]
TOBI PODHALER	1	

Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制
<i>tobramycin nebulizer</i>	1	[PA] [B vs D]
TRIKAFTA	1	[PA]
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebulizer soln</i>	1	[PA] [B vs D] [EDS]
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
OHTUVAYRE NEBULIZER	1	[PA] [B vs D]
<i>roflumilast tabs</i>	1	[EDS]
<i>theophylline er tabs</i>	1	[EDS]
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	1	[PA] [LD]
<i>alyq</i>	1	[PA]
<i>ambrisentan</i>	1	[PA] [LD]
<i>bosentan tabs 62.5mg &amp; 125mg</i>	1	[PA] [LD]
OPSUMIT	1	[PA] [LD]
<i>sildenafil tab 20mg</i>	1	[PA] [EDS]
<i>tadalafil tab 20mg</i>	1	[PA]
TRACLEER 32MG	1	[PA] [LD]
UPTRAVI	1	[PA]
<b>Pulmonary Fibrosis Agents</b>		
OFEV	1	[PA]
<i>pirfenidone tabs</i>	1	[PA]
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine nebulizer soln</i>	1	[PA] [B vs D] [EDS]
ADVAIR HFA	1	[EDS]
ANORO ELLIPTA	1	[EDS]
BEVESPI AEROSPHERE	1	[EDS]
BREO ELLIPTA	1	[EDS]
COMBIVENT RESPIMAT	1	[EDS]
DULERA	1	[EDS]
FASENRA INJ	1	[PA]

[PA] = Prior Authorization [B vs D] = B versus D [QL] = Quantity Limit

[LD] = Limited Distribution [EDS] Extended Day Supply

You can find information on what the symbols and abbreviations on this table mean by going to page 14.

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<i>fluticasone propionate/salmeterol diskus 100mcg-50mcg, 250mcg-50mcg &amp; 500mcg-50mcg</i>	1	[EDS]
<i>ipratropium bromide &amp; albuterol sulfate nebulizer</i>	1	[PA] [B vs D] [EDS]
PROLASTIN C INJ	1	[PA] [LD]
STIOLTO RESPIMAT	1	[EDS]
TRELEGY ELLIPTA	1	[EDS]
<i>wixela inhub</i>	1	[EDS]
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol tabs 350mg</i>	1	[EDS]
<i>chlorzoxazone tabs 500mg</i>	1	[EDS]
<i>cyclobenzaprine hcl ir</i>	1	[EDS]
<i>methocarbamol tabs 500mg &amp; 750mg</i>	1	[EDS]
<b>SLEEP DISORDER AGENTS</b>		
<b>Sleep Promoting Agents</b>		
BELSOMRA	1	[QL] [EDS]
<i>doxepin tabs</i>	1	[EDS]
<i>estazolam</i>	1	[EDS]
<i>flurazepam caps</i>	1	[EDS]
<i>ramelteon</i>	1	[EDS]
<i>tasimelteon caps</i>	1	[PA]
<i>temazepam caps 7.5mg, 15mg &amp; 30mg</i>	1	[EDS]
<i>temazepam caps 22.5mg</i>	1	[EDS]
<i>triazolam</i>	1	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
<i>zolpidem ir tabs 5mg &amp; 10mg</i>	1	[EDS]
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil</i>	1	[PA] [EDS]
<i>modafinil</i>	1	[PA] [EDS]
SODIUM OXYBATE ORAL SOLN	1	[PA][LD]
XYWAV	1	[PA] [LD]

[PA] = 事先授權 [B vs D] = B 與 D [QL] = 數量限制 [LD] = 限量分配 [EDS] = 延長天數供藥  
您可以前往第 27 頁，找到本表中的符號和縮寫詞所代表含義的相關資訊。

**FORMULARY DRUGS WITH QUANTITY LIMITS**

有數量限制的藥物

<b>Drugs with Quantity Limits</b> 有數量限制的藥物	
<b>Drug Name</b> 藥物名稱	<b>Quantity Limits</b> 數量限制
<i>acetaminophen &amp; codeine #2 &amp; #3 tabs</i>	360 tabs per 30 days
<i>acetaminophen &amp; codeine #4 tabs</i>	180 tabs per 30 days
<i>acetaminophen &amp; codeine elixir</i>	5000ml per 30 days
<i>acyclovir cream</i>	5gm per 30 days
<i>acyclovir ointment</i>	30gm per 30 days
<i>albuterol sulfate hfa 6.7gm inhaler</i>	13.4gm per 30 days
<i>albuterol sulfate hfa 8.5gm inhaler</i>	17gm per 30 days
<i>amphetamine &amp; dextroamphetamine</i>	60 tabs per 30 days
ATROVENT HFA	2 inhalers per 30 days
BELSOMRA	30 tabs per 30 days
<i>butorphanol tartrate nasal</i>	4 bottles per 30 days
<i>calcipotriene cream</i>	60gm: 2 tubes per 30 days; 120gm: 1 tube per 30 days
<i>calcipotriene oint</i>	60gm: 2 tubes per 30 days
<i>desonide lotion, oint &amp; cream</i>	cream & oint: 120gm per 30 days lotion: 118ml per 30 days
<i>desoximetasone topical cream, gel &amp; oint 0.05%</i>	120gm per 30 days
<i>desoximetasone topical cream &amp; oint 0.25%</i>	120gm per 30 days
<i>dextroamphetamine sulfate</i>	5mg: 120 tabs per 30 days; 10mg: 180 tabs per 30 days
<i>dextroamphetamine sulfate er</i>	5mg: 30 caps per 30 days; 10mg & 15mg: 120 caps per 30 days
<i>diflorasone diacetate</i>	60gm per 30 days
<i>endocet tabs 2.5-325mg, 5-325mg, 7.5-325mg &amp; 10-325mg</i>	2.5-325mg & 5-325mg: 360 tabs per 30 days; 7.5-325mg: 240 tabs per 30 days; 10-325mg: 180 tabs per 30 days
<i>fentanyl patches</i>	15 patches per 30 days
<i>flunisolide nasal</i>	2 bottles per 30 days
<i>fluocinonide cream, gel &amp; ointment</i>	15gm: 4 tubes per 30 days; 30gm: 2 tubes per 30 days; 60g: 1 tube per 30 days
<i>fluticasone propionate nasal</i>	2 bottles per 30 days



## Drugs with Quantity Limits

### 有數量限制的藥物

Drug Name 藥物名稱	Quantity Limits 數量限制
<i>hydrocodone &amp; acetaminophen soln 7.5-325mg/15ml</i>	5500ml per 30 days
<i>hydrocodone &amp; acetaminophen soln 10-325mg/15ml</i>	5500ml per 30 days
<i>hydrocodone &amp; acetaminophen tabs 5-325mg, 7.5-325mg &amp; 10-325mg</i>	5-325mg: 360 tabs per 30 days; 7.5-325mg & 10-325mg: 180 tabs per 30 days
<i>hydrocodone &amp; ibuprofen tabs 5-200mg, 7.5-200mg &amp; 10-200mg</i>	150 tabs per 30 days
<i>ipratropium bromide nasal</i>	1 bottle per 30 days
<i>lidocaine ointment</i>	1 tube per 30 days
<i>lidocaine topical soln</i>	1 bottle per 30 days
<i>lidocaine &amp; prilocaine</i>	30gm: 1 tube per 30 days
<i>mometasone furoate nasal</i>	3 bottles per 30 days
<i>morphine sulfate er tabs</i>	120 tabs per 30 days
<i>mupirocin cream</i>	30gm per 30 days
<i>oxycodone &amp; acetaminophen tabs 2.5-325mg, 5-325mg, 7.5-325mg &amp; 10-325mg</i>	2.5-325mg & 5-325mg: 360 tabs per 30 days; 7.5-325mg: 240 tabs per 30 days; 10-325mg: 180 tabs per 30 days
<b>OXYCODONE ER TABS 10MG &amp; 20MG</b>	60 tabs per 30 days
<i>pimecrolimus</i>	30gm: 3 tubes per 30 days
<b>REGRANEX</b>	2 tubes per 30 days
<b>SANTYL</b>	90gm per 30 days
<i>tacrolimus oint</i>	100g per 30days
<i>tazarotene gel</i>	30gm: 3 tubes per 30 days; 100gm: 1 tube per 30
<i>tramadol er tabs</i>	30 tabs per 30 days
<i>tramadol ir tab 100mg</i>	120 tabs per 30 days
<i>tramadol &amp; acetaminophen tabs 37.5-325mg</i>	240 tabs per 30 days
<i>zenzedi</i>	5mg: 120 tabs per 30 days 10mg: 180 tabs per 30 days

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SCAN Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of, or because of, race, color, national origin, age, disability, or sex. SCAN Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats). SCAN Health Plan provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact SCAN Member Services.

If you believe that SCAN Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by phone, mail, or fax, at:

SCAN Health Plan  
Attention: Grievance and Appeals Department  
P.O. Box 22616  
Long Beach, CA 90801-5616

SCAN Member Services  
PHONE: 1-866-722-6725  
FAX: 1-562-989-0958  
TTY: 711

Or by filling out the “File a Grievance” form on our website at:

<https://www.scanhealthplan.com/contact-us/file-a-grievance>

If you need help filing a grievance, SCAN Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call 1-916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Services).
- In writing: Fill out a complaint form or send a letter to:  
Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413  
Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).
- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

SCAN Health Plan、SCAN Desert Health Plan 與 SCAN Health Plan New Mexico 均遵守適用聯邦民權法，不會基於或因為種族、膚色、原國籍、年齡、殘障或性別而歧視、拒絕接納或區別對待任何人。SCAN Health Plan、SCAN Desert Health Plan 與 SCAN Health Plan New Mexico 均向殘障人士提供免費協助和服務，幫助他們與我們進行有效溝通，比如：合格的手語翻譯員，以及其他格式的書面資訊（大號字體、音訊、無障礙電子格式、其他格式）。SCAN Health Plan、SCAN Desert Health Plan 與 SCAN Health Plan New Mexico 均向母語非英語的人員免費提供語言服務，如合格的翻譯員和以其他語言書寫的資訊。如果您需要這些服務，請聯絡 SCAN 會員服務部。

如果您認為 SCAN Health Plan、SCAN Desert Health Plan 或 SCAN Health Plan New Mexico 因種族、膚色、原國籍、年齡、殘障或性別而未能提供這些服務或在其他方面存在歧視行為，您可透過打電話、致函或發傳真的方式向以下機構提出申訴：

SCAN Health Plan  
Attention: Grievance and Appeals Department  
P.O. Box 22616  
Long Beach, CA 90801-5616

SCAN Member Services  
1-866-722-6725  
傳真: 1-562-989-0958  
聽障專線：711

或者透過在我們的網站上填寫「提出申訴」表提出申訴：

<https://www.scanhealthplan.com/contact-us/file-a-grievance>

如果您在提出申訴時需要幫助，SCAN 會員服務部可向您提供幫助。

您還可透過民權辦公室投訴入口網站 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>，以電子形式向美國衛生與公眾服務部民權辦公室提出民權投訴，或者透過郵件或電話進行此投訴：

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

投訴表格可在以下網址獲取：<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>。

您還可以透過電話、書面或電子方式向加州衛生保健服務部民權辦公室提出民權投訴：

- 透過電話：請致電 1-916-440-7370。如果您為聽障或語障人士，請致電 711（電信中繼服務）。
- 書面方式：填寫投訴表或寄信至：  
Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413  
投訴表格可在以下網址獲取 [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)。
- 電子方式：傳送電郵至 [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)



- Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة لديك تتعلق بخطتنا الصحية أو جدول الدواء. سيقوم شخص ما يتحدث العربية 1-866-722-6725 للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم بمساعدتك. هذه الخدمة المجانية.
- Armenian:** Առողջության կամ դեղերի ծրագրի վերաբերյալ որևէ հարց առաջանալու դեպքում կարող եք օգտվել անվճար թարգմանչական ծառայությունից: Թարգմանչի ծառայությունից օգտվելու համար զանգահարե՛ք 1-866-722-6725 հեռախոսահամարով: Ձեզ կօգնի հայերենին տիրապետող մեր աշխատակիցը: Ծառայությունն անվճար է:
- Chinese Cantonese (Traditional):** 我們提供免費的口譯服務，以解答您對我們的健康或藥物計劃可能有的任何問題。如需獲得口譯服務，請致電 1-866-722-6725 聯絡我們。我們有會說中文的工作人員可以為您提供幫助。這是一項免費服務。
- Chinese Mandarin (Simplified):** 我们提供免费的口译服务，以解答您对我们的健康或药物计划可能有的任何问题。如需获得口译服务，请致电 1-866-722-6725 联系我们。我们有会说中文的工作人员可以为您提供帮助。这是一项免费服务。
- English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-722-6725. Someone who speaks English can help you. This is a free service.
- French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan sante oswa medikaman nou yo. Pou w jwenn yon entèprèt, jis rele nou nan 1-866-722-6725. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
- French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-722-6725. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.
- German:** Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-722-6725. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
- Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-722-6725 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।
- Hmong:** Peb muaj cov kev pab cuam txhais lus los teb koj cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kho mob thiab tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntawm 1-866-722-6725. Muaj qee tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov no yog kev pab cuam pab dawb.
- Hmong-Mien:** Peb muaj kev pab cuam txhais lus pub dawb los teb cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kev noj qab haus huv los sis phiaj xwm tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntawm 1-866-722-6725. Muaj tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov kev pab cuam no yog pab dawb xwb.

- **Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per usufruire di un interprete, contattare il numero 1-866-722-6725. Un nostro incaricato che parla Italiano Le fornirà l'assistenza necessaria. È un servizio gratuito.
- **Japanese:** 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご利用になるには 1-866-722-6725 にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。
- **Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-722-6725번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.
- **Laos:** ພວກເຮົາມີການບໍລິການນາຍພາສາພາສາລາວ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອຮັບເອົານາຍພາສາ, ພາຍໃຈຕໍ່ໂທຫາພວກເຮົາທີ່ເບີ 1-866-722-6725. ບາງຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພາສາ.
- **Mon-Khmer, Cambodian:**  
 យើងខ្ញុំមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយមិនគិតថ្លៃចាំឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីសុខភាព ឬផែនការឱសថរបស់យើងខ្ញុំ។ ដើម្បីទទួលបានអ្នកបកប្រែ គ្រាន់តែហៅទូរស័ព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-866-722-6725។  
 មានគេដែលនិយាយភាសាខ្មែរអាចជួយលោកអ្នកបាន។ សេវាកម្មនេះមិនគិតថ្លៃទេ។
- **Persian:**  
 ما خدمات مترجم رایگان داریم تا به هر سوالی که ممکن است در مورد برنامه بهداشتی یا داروهای ما داشته باشید پاسخ دهیم. توجه: شخصی که به زبان فارسی صحبت می کند، تماس بگیرد. 1-866-722-6725 برای آن که مترجم دریافت کنید فقط کفایت با شماره می تواند به شما کمک کند. این یک سرویس رایگان است.
- **Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-722-6725. Ta usługa jest bezpłatna.
- **Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-722-6725. Irá encontrar alguém que fale português para o ajudar. Este serviço é gratuito.
- **Punjabi:** ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲਾਂ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਬੱਸ ਸਾਨੂੰ 1-866-722-6725 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ, ਉਹ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।
- **Russian:** Если у вас возникнут вопросы относительно плана медицинского обслуживания или обеспечения лекарственными препаратами, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по номеру 1-866-722-6725. Вам окажет помощь сотрудник, который говорит на русском языке. Данная услуга бесплатная.
- **Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, llame al 1-866-722-6725. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

- **Tagalog:** Mayroon kaming mga libreng serbisyo ng interpreter upang masagot ang anumang katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng interpreter, tawagan lamang kami sa 1-866-722-6725. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.
- **Thai:** เรามีบริการล่ามฟรีเพื่อตอบสนองข้อสงสัยต่าง ๆ ที่คุณอาจมีเกี่ยวกับแผนสุขภาพและด้านเภสัชกรรมของเรา ขอความช่วยเหลือจากล่ามโดยโทรติดต่อเราที่หมายเลข 1-866-722-6725 เจ้าหน้าที่ในภาษาไทยจะเป็นผู้ให้บริการโดยไม่มีค่าใช้จ่ายใด ๆ
- **Ukrainian:** Ми надаємо безкоштовні послуги усного перекладача, який відповість на будь-які ваші запитання щодо нашого плану медичного обслуговування або лікарського забезпечення. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером 1-866-722-6725. Вам може допомогти людина, яка володіє українською мовою. Ця послуга безкоштовна.
- **Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi quý vị có thể có về chương sức khỏe và chương trình thuốc men. Để được thông dịch, chỉ cần gọi theo số 1-866-722-6725. Người nói Tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.