

2025 SCAN Health Plan Formulary
List of Covered Drugs (Formulary)

SCAN Health Plan 處方藥一覽表
承保藥物清單（處方藥一覽表）



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

2025 *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 25409, 16

This formulary was updated on 10/1/2024.

Most adult Part D vaccines, including shingles, tetanus and travel vaccines, are covered by our plan at no cost to you. Refer to your plan's "Drug List" (Formulary) or contact Member Services for coverage and cost sharing details about specific vaccines.

For more recent information or other questions, contact us at 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.

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 Drug List (formulary) for our plan which is current as of October 2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front cover page.

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, 2026, and from time to time during the year.

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts PharmacySM is our Preferred mail-order pharmacy. While you can fill your prescription medications at any of our network mail-order pharmacies, you may pay less at the Preferred mail-order pharmacy. Typically, you should expect 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.

10/1/2024 25C-CAFOR976CH
Y0057_SCAN_21205_2025_C DHCS Approved 08152024

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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). Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers.....	5
B. Frequently Asked Questions (FAQ).....	9
B1. What prescription drugs are on the <i>List of Covered Drugs (Formulary)</i> ? (We call the <i>List of Covered Drugs (Formulary)</i> the “ <i>Drug List</i> ” for short.).....	9
B2. Does the Drug List ever change?	10
B3. What happens when there is a change to the <i>Drug List</i> ?.....	11
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	12
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	13
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)?	13
B7. How can I find a drug on the <i>Drug List</i> ?.....	13
B8. What if the drug I want to take is not on the <i>Drug List</i> ?	14
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 <i>Drug List</i> or have a problem getting my drug?.....	14
B10. Can I ask for an exception to cover my drug?	15
B11. How can I ask for an exception?	16

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



B12. How long does it take to get an exception?	16
B13. What are generic drugs?.....	16
B14. What are original biological products and how are they related to biosimilars?	16
B15. What are OTC drugs?.....	17
B16. Does SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) cover non-drug OTC products?	17
B17. Does SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) cover long-term supplies of prescriptions?	17
B18. What is my copay?.....	18
C. Overview of the <i>List of Covered Drugs (Formulary)</i>	19
C1. Formulary Drugs Arranged by Therapeutic Class.....	38
C2. Formulary Drugs with Quantity Limits.....	70
D. Index	75

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



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 or by calling 1-866-722-6725. (TTY users should call 711). This call is free.
- ❖ 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.
- ❖ SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) provides oral interpretation services, including sign language, from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency. Interpreter, linguistic, and cultural services are available for free. Help is available 24 hours a day, 7 days a week. For help in your language, or to get the 2025 List of Covered Drugs (Formulary) in a different language, call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) member services 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. The call is free. If you need help in your language, call 1-866-722-6725. (TTY users should call 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call member services at 1-866-722-6725. (TTY users should call 711). These services are free.
- ❖ This document is available for free in Spanish, Chinese, and Korean.
- ❖ Information written in other languages is also available in:

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة لديك تتعلق بخططنا الصحية أو جدول الدواء. سيقوم شخص ما يتحدث 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: Զեզ 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.

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



Hmong: Peb muaj cov kev pab cuam txhais lus los teb koj cov lus nug uas koj muaj txog ntawm pib lub phiaj xwm kho mob thiab tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu pib 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 pib 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 pib 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。日本語を話す人者が支援いたします。これは無料のサービスです。

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-722-6725 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Lao: ພວກເຮົາມີການບໍລິການນາຍພາສາພາສາລາວ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອຮັບເອົານາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-866-722-6725. ບາງຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພາສາລາວ.

Mon-Khmer, Cambodian:

យើងខ្ញុំមានសេវាអ្នកបកប្រែផ្លូវចិត្តមិនគិតថ្លៃចាំឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីសុខភាព ឬផែនការឱសថរបស់យើងខ្ញុំ។ ដើម្បីទទួលបានអ្នកបកប្រែគ្រាន់តែហៅទូរស័ព្ទមកយើងខ្ញុំតាមរយៈលេខ 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 توجه شخصی که به تماس بگیرد. 1-866-722-6725 پاسخ دهیم. برای آن که مترجم دریافت کنید فقط کافیست با شماره زبان فارسی صحبت می کند، می تواند به شما کمک کند. این یک سرویس رایگان است.

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



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: เรามีบริการล่ามฟรีเพื่อตอบข้อสงสัยต่าง 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.

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



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.

- ❖ 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.

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.

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 38 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.”

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)) for additional information regarding which drugs are covered.

- SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) will cover all medically necessary drugs on the Drug List if:
 - 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.

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



- 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.
- 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 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).

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.

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.

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



- 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. Updates to the *Drug List* are posted on the website monthly.
- 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*.

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will stay the same or will be lower. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product 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.
 - We can make these changes only if the drug we are adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
 - 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 effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. After you are notified, contact your doctor or other prescriber to discuss other options.

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



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 remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we 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.

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

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



(HMO D-SNP) provides 30 tablets per prescription for ramelteon. 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 38. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.scanhealthplan.com. We have posted online a document that explains 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.

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 List of Drugs that's on page 38 has a column labeled "Requirements/Limits."

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.

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 75. 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.

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



To search **by medical condition**, find the section labeled "Formulary Drugs Arranged by Therapeutic Class" on page 38. 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.

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 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.

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:

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



- 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).

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) whether or not you are a new SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) member.
- 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.

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 examples: You can ask us to drop prior authorization requirements.

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



- You can ask us to cover a drug even if it is not on our formulary.
- You can ask us to cover a formulary generic drug at lower cost-sharing level unless the drug is on the specialty tier.

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.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. Member Services will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9** section **G2 Medicare Part D exceptions** of the *Member Handbook* to learn more about exceptions.

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

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 generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

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

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. 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) for additional information regarding which OTC drugs are covered.

B16. 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) for additional information regarding which non-drug OTC products are covered.

B17. 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.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered prescription drugs.

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 38.

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



B18. What is my copay?

SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP) members have a low copay (reference copay table below) 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 B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

Drug Tier		Retail			Mail-Order		
		Preferred		Standard	Preferred		Standard
		30-day supply	100-day supply	30-day supply	100-day supply	100-day supply	100-day supply
Tier 1 (Preferred Generic)		\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Tier 2 (Generic)		\$0 copayment	\$0 copayment	\$0 or \$1 copayment	\$0 or \$1.60 or \$2 copayment	\$0 copayment	\$0 or \$1.60 or \$2 copayment
Tier 3 (Preferred Brand)	Insulin	For generic drugs (including drugs that are treated like generic drugs): - \$0 or \$1.60 or \$4.90 copayment All other drugs: - \$0 or \$4.80 or \$12.15 copayment *A 100-day supply is not available for drugs in Tier 5.					
	Other Drugs						
Tier 4 (Non-Preferred Drug)							
Tier 5 (Specialty Tier)							

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) 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,

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



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).

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 75. The index alphabetically lists all drugs covered by SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-SNP).

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.
- 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 70.
- 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.
- 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.

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



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

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.

If you have questions, please call SCAN Connections (HMO D-SNP) and SCAN Connections at Home (HMO D-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.



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

2025 年承保藥物清單（處方藥一覽表）

請仔細閱讀：本文件包含有關本計劃承保藥物的資訊

HPMS 批准的處方藥一覽表檔案提交 ID、版本號 25409, 16

本處方藥一覽表更新於 10/1/2024。

我們的計劃承保大多數成人 D 部分疫苗（包括帶狀皰疹疫苗、破傷風疫苗和旅行疫苗），您無需支付任何費用。請查看計劃的「藥物清單」（處方藥一覽表）或聯絡會員服務部瞭解關於特定疫苗的承保範圍和費用分攤詳情。

如需瞭解最新資訊或有其他疑問，請聯絡 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。

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

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)。

本文件包括我們計劃的藥物清單（處方藥一覽表），該清單最近更新於 2024 年 10 月。如需獲取最新的藥物清單（處方藥一覽表），請聯絡我們。我們的聯絡資訊以及最後更新藥物清單（處方藥一覽表）的日期載於封面。

您通常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 2026 年 1 月 1 日及一年中不時更改。

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。如需瞭解更多資訊，請瀏覽 www.scanhealthplan.com。



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 PharmacySM 是我們的首選郵購藥房。您可以選擇任何一間網路內郵購藥房配取處方藥，但選擇首選郵購藥房可能享有更實惠的價格。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。TTY 使用者可致電 711。您可以隨時取消自動配送。

10/1/2024 25C-CAFOR976CH
Y0057_SCAN_21205_2025_C DHCS Approved 08152024

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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。關鍵術語及其定義載於《會員手冊》的最後一章。

目錄

E. 免責聲明.....	25
F. 常見問題 (FAQ)	29
F1. 《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」。）	29
F2. 藥物清單是否會更改？	30
F3. 當藥物清單出現變更時會發生什麼？	30
F4. 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？	31
F5. 我如何知道我想要的藥物是否有任何限制，或獲取該藥物時是否需要採取任何必要行動？	32
F6. 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？	32
F7. 如何在藥物清單上尋找藥物？	32
F8. 如果我想使用的藥物不在藥物清單上怎麼辦？	33
F9. 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？	33
F10. 我是否可以要求例外處理來承保我的藥物？	34
F11. 如何申請例外處理？	34
F12. 獲得例外處理需要多長時間？	35
F13. 什麼是普通藥？	35
F14. 什麼是原研生物製品，它們與生物仿製藥有何關係？	35

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F15. 什麼是非處方 (OTC) 藥?	35
F16. SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 是否承保非藥物 OTC 產品?	35
F17. SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 是否承保長期處方供藥?	35
F18. 我的共付額是多少?	36
G. 承保藥物清單 (處方藥一覽表) 概述	37
G1. 按治療類別排列的處方藥一覽表上的藥物.....	38
G2. 有數量限制的處方藥一覽表上的藥物	70
H. 索引.....	75

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E. 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) 是一項簽有 Medicare 合約以及加州 Medi-Cal 計劃合約的 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）》，網址：www.scanhealthplan.com，也可以致電 1-866-722-6725 索取。（TTY 使用者可致電 711）。此為免費電話。
- ❖ 您可以免費獲取其他格式的此文檔，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。（TTY 使用者可致電 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。此為免付費電話。
- ❖ SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 可安排符合資格的口譯員免費為您提供 24 小時口譯服務，包括手語服務。您不必讓家人或朋友充當口譯員。我們不鼓勵讓未成年人充當口譯員，除非遇到緊急情況。口譯員、語言和文化服務均免費為您提供。我們全天候為您提供幫助。如需以您的慣用語言獲得幫助，或獲取 2025 年《承保藥物清單（處方藥一覽表）》的其他語言版本，請聯絡 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 會員服務部，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。如需以您的慣用語言獲得幫助，請致電 1-866-722-6725。（TTY 使用者可致電 711）。我們還為殘障人士提供輔助工具和服務，如盲文和大字版文件。如有需要，請致電會員服務部，電話：1-866-722-6725。（TTY 使用者可致電 711）。這些服務均免費為您提供。
- ❖ 我們免費提供本文件的西班牙文、中文和韓文版本。
- ❖ 我們亦提供以下列其他語言編寫的資訊：

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。如需瞭解更多資訊，請瀏覽 www.scanhealthplan.com。

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة لديك تتعلق بخططنا الصحية أو جدول الدواء. سيقوم شخص ما يتحدث 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.

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。如需瞭解更多資訊，請瀏覽 www.scanhealthplan.com。

Hmong: Peb muaj cov kev pab cuam txhais lus los teb koj cov lus nug uas koj muaj txog ntawm pib lub phiaj xwm kho mob thiab tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu pib 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 pib 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 pib 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。日本語を話す人者が支援いたします。これは無料のサービスです。

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-722-6725 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Lao: ພວກເຮົາມີການບໍລິການນາຍພາສາພາສາລາວ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອຮັບເອົານາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-866-722-6725. ບາງຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. 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 توجه شخصی که به تماس بگیرد. 1-866-722-6725 پاسخ دهیم. برای آن که مترجم دریافت کنید فقط کافیست با شماره زبان فارسی صحبت می کند، 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.

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。如需瞭解更多資訊，請瀏覽 www.scanhealthplan.com。

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 ਦੁਬਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਬਾਸ਼ੀਆ 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: เรามีบริการล่ามฟรีเพื่อตอบข้อสงสัยต่าง 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.

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。如需瞭解更多資訊，請瀏覽 www.scanhealthplan.com。

- ❖ 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使用您的語言和/或格式偏好更新您的記錄以作日後郵寄之用。

F. 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。

F1. 《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 38 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。我們將這些藥房稱為「網絡藥房」。

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) 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) 將承保藥物清單上的所有醫療必需藥物，前提是：
 - 您的醫生或其他開處方者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) 同意該藥物對您而言具有醫療必需性。
 - 您在 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 網絡內藥房配取處方藥，**並且**
 - 遵循其他計劃規則。
- 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。

您也可以我們的網站 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。（TTY 使用者可致電 711）服務時間為 10 月 1 日至 3 月 31 日期間，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）。

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。**如需瞭解更多資訊**，請瀏覽 www.scanhealthplan.com。

F2. 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。

我們也可能變更有關藥物的規則。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。

如果您正在使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
- 我們瞭解到藥物不安全，或
- 藥物從市場上被撤下。

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。

- 您可以隨時在 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。我們的網站上每月會發佈一次藥物清單的更新。
- 您亦可以致電會員服務部，電話：1-866-722-6725。（TTY 使用者可致電 711）服務時間為 10 月 1 日至 3 月 31 日期間，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。

F3. 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：

- 藥物有某些新藥可供替代。如果我們用某種新藥替代某種藥物，我們可能會立即從藥物清單中刪除該藥物，但您的新藥費用將保持不變或降低。當我們新增一種新藥時，我們也可能決定將其相應品牌藥或原研生物製品保留在清單中，但會變更其承保規則或限制。
 - 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。

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。如需瞭解更多資訊，請瀏覽 www.scanhealthplan.com。

- 我們進行變更的前提是，要添加的藥物符合以下條件：
 - 是品牌藥的新版普通藥，或
 - 是藥物清單上原研生物製品的某種新版生物仿製藥（例如，添加可互換生物仿製藥，這種藥無需新處方即可替代原研生物製品）。
 - 其中某些藥物類型可能您從未接觸過。如需瞭解更多資訊，請參閱第 B14 節。
- 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。
- 藥物退出市場。如果食品藥物管理局 (FDA) 認為您正在使用的藥物不安全或者無效，或者藥物製造商將藥物從市場上撤下，則我們可能立即從藥物清單中刪除該藥物。如果您正在使用該藥物，我們將在作出變更後向您發送通知。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。

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

- FDA 提供了新的指引，或者有關於藥物的新臨床指南。
- 我們向藥物清單中新增一種並非新上市的普通藥，同時刪除一種品牌藥，或
- 我們新增一種生物仿製藥，同時刪除一種原研生物製品，或
- 我們變更品牌藥的承保規則或限制。

發生此等變更時，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
- 在您要求重配後告訴您，並為您提供 30 天份的藥量。

這將使您有時間與您的醫生或其他開處方者交談。他們可以幫您決定：

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

F4. 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：

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。如需瞭解更多資訊，請瀏覽 www.scanhealthplan.com。

- 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 ramelteon 處方提供 30 片藥片。這可以與標準的一個月或三個月供藥量疊加。

您可以通過查看從第 38 頁開始的處方藥一覽表來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 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，解釋了我們的事先授權限制。您也可以要求我們寄一份給您。

您可以申請這些限制的例外處理。這將使您有時間與您的醫生或其他開處方者交談。他們可以幫助您決定藥物清單中是否有您可以使用的其他類似藥物，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。

F5. 我如何知道我想要的藥物是否有任何限制，或獲取該藥物時是否需要採取任何必要行動？

請查看第 38 頁上藥物清單表格中標題為「要求/限制」的一欄。

F6. 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。

F7. 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 75 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。該索引中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。

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。**如需瞭解更多資訊**，請瀏覽 www.scanhealthplan.com。

要按病症搜索，請找到第 38 頁標有「按治療類別排列的處方藥一覽表上的藥物」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。

F8. 如果我想使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。（TTY 使用者可致電 711）服務時間為 10 月 1 日至 3 月 31 日期間，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：

- 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。

F9. 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使用的其他類似藥物，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：

- 您正在使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。

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。**如需瞭解更多資訊**，請瀏覽 www.scanhealthplan.com。

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：

- 無論您是否是 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 的新會員，我們都將為您所需藥物承保 31 天份的緊急藥量（除非您處方的天數更少）。
- 這可以與您成為 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 會員最初 90 天內的臨時供藥疊加。

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。

F10. 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。
- 其他範例：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。
- 除非此藥物屬於特殊級藥，否則您可要求我們按更低的分攤費用等級承保處方藥一覽表上的普通藥。

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。

F11. 如何申請例外處理？

要申請例外處理，請致電會員服務部。會員服務部將協助您和您的開處方者申請例外處理。您還可以閱讀《會員手冊》第 9 章第 G2 節「Medicare D 部分例外處理」，以瞭解有關例外處理的更多資訊。

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。如需瞭解更多資訊，請瀏覽 www.scanhealthplan.com。

F12. 獲得例外處理需要多長時間？

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。

F13. 什麼是普通藥？

普通藥由與品牌藥相同的活性成分組成。它們的效果與品牌藥基本相同，但費用往往更低。另外，它們的知名度通常不高。普通藥由美國食品藥物管理局 (FDA) 批准。許多品牌藥都有相應的普通藥可供替代。藥房通常無需新處方便可直接用普通藥替代品牌藥，具體取決於州法律。

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

F14. 什麼是原研生物製品，它們與生物仿製藥有何關係？

當我們提到藥物時，可能是指某種典型藥物，也可能是指某種生物製品。生物製品是比典型藥物更為複雜的藥物。由於生物製品比典型藥物更複雜，因此它們沒有普通藥，而是具有稱為生物仿製藥的替代藥物。一般而言，生物仿製藥的效果與原研生物製品無異，而且費用更低。部分原研生物製品有生物仿製藥可供替代。某些生物仿製藥是可互換生物仿製藥，根據州法律，藥房無需新處方即可用其替代原研生物製品，這一點與用普通藥替代品牌藥類似。

有關藥物類型的更多資訊，請參閱《會員手冊》第 5 章。

F15. 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) 以瞭解有關承保的 OTC 藥物的更多資訊。

F16. 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) 以獲取有關承保的非藥物 OTC 產品的更多資訊。

F17. 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。

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。如需瞭解更多資訊，請瀏覽 www.scanhealthplan.com。

- 100 天零售藥房計劃。一些零售藥房也可能提供長達 100 天的承保處方藥供藥。

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 38 頁開始的藥物清單。

F18. 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，只需支付較低的共付額（參考下文共付額表格）；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。請參閱問題 B14 和 B15，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。

藥物等級	零售			郵購		
	首選		標準	首選		標準
	30 天份量	100 天份量	30 天份量	100 天份量	100 天份量	100 天份量
第 1 級 (首選普通藥)	\$0 的共付額	\$0 的共付額	\$0 的共付額	\$0 的共付額	\$0 的共付額	\$0 的共付額
第 2 級 (普通藥)	\$0 的共付額	\$0 的共付額	\$0 或 \$1 的共付額	\$0 或 \$1.60 或 \$2 的共付額	\$0 的共付額	\$0 或 \$1.60 或 \$2 的共付額
第 3 級 (首選品牌藥)	胰島素	對於普通藥（包括被視為普通藥的藥物）： - \$0 或 \$1.60 或 \$4.90 的共付額 其他所有藥物： - \$0 或 \$4.80 或 \$12.15 的共付額 *第 5 級藥物不提供 100 天供應量。				
	其他藥物					
第 4 級 (非首選藥物)						
第 5 級 (特殊級藥物)						

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) 以瞭解有關承保哪些藥物的更多資訊。如有疑問，請諮詢會員服務部，電話：1-866-722-6725（TTY 使用者可致電 711）服務時間為 10 月 1 日至 3 月 31 日期

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。如需瞭解更多資訊，請瀏覽 www.scanhealthplan.com。

間，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）。

G. 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。如果您在清單中查找藥物時遇到困難，請參閱從第 75 頁開始的索引。該索引按字母順序列出了 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP) 承保的所有藥物。

圖表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。如需查看處方藥一覽表上有數量限制的藥物的具體限額，請查看第 70 頁。
- [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。（TTY 使用者可致電 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。
- [EDS] 表示此藥物可在郵購和許多零售藥房獲得延長天數供藥（例如大於 30 天份量的供藥）。

G1. 按治療類別排列的處方藥一覽表上的藥物

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。

G2. 有數量限制的處方藥一覽表上的藥物

H. 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。

如有疑問，請諮詢 SCAN Connections (HMO D-SNP) 和 SCAN Connections at Home (HMO D-SNP)，電話：1-866-722-6725。（TTY 使用者可致電 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。此為免付費電話。如需瞭解更多資訊，請瀏覽 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: 25409 (Version 16)

處方藥一覽表: 25409 (版本 16)

Updated: 10/2024

版本: 10/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
ANALGESICS			<i>Opioid Analgesics, Long-acting</i>		
<i>Nonsteroidal Anti-inflammatory Drugs</i>			<i>fentanyl patches</i>	3	[QL] [EDS]
<i>celecoxib</i>	2	[EDS]	<i>12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr & 100mcg/hr</i>		
<i>diclofenac potassium tab 50mg</i>	1	[EDS]	<i>methadone oral</i>	2	[EDS]
<i>diclofenac sodium dr</i>	1	[EDS]	<i>morphine sulfate er tabs</i>	3	[QL] [EDS]
<i>diclofenac sodium er</i>	1	[EDS]	OXYCODONE ER TABS	4	[QL] [EDS]
<i>diclofenac sodium soln 1.5%</i>	4	[QL] [EDS]	<i>tramadol er tabs</i>	3	[QL] [EDS]
<i>diclofenac sodium soln 2%</i>	4	[QL] [EDS]	<i>Opioid Analgesics, Short-acting</i>		
<i>diflunisal</i>	2	[EDS]	<i>acetaminophen & codeine</i>	2	[QL] [EDS]
<i>ec-naproxen</i>	1	[EDS]	<i>butorphanol tartrate nasal</i>	2	[QL] [EDS]
<i>etodolac</i>	2	[EDS]	<i>codeine sulfate</i>	2	[EDS]
<i>etodolac er</i>	2	[EDS]	<i>endocet</i>	3	[QL] [EDS]
<i>ibu</i>	1	[EDS]	<i>fentanyl citrate lozenges 200mcg</i>	4	[PA] [EDS]
<i>ibuprofen</i>	1	[EDS]	<i>fentanyl citrate lozenges 400mcg, 600mcg, 800mcg, 1200mcg & 1600mcg</i>	5	[PA]
<i>indomethacin er</i>	2	[EDS]	<i>hydrocodone & acetaminophen soln 7.5-325mg/15ml</i>	2	[QL] [EDS]
<i>indomethacin ir caps</i>	2	[EDS]	<i>hydrocodone & acetaminophen tabs 5-325mg, 7.5-325mg & 10-325mg</i>	2	[QL] [EDS]
<i>ketorolac oral tabs</i>	2	[EDS]			
LODINE TABS	2	[EDS]			
<i>meloxicam tabs</i>	1	[EDS]			
<i>nabumetone</i>	2	[EDS]			
<i>naproxen tabs 250mg, 375mg & 500mg</i>	1	[EDS]			
<i>naproxen sodium ir tabs</i>	1	[EDS]			
<i>piroxicam</i>	2	[EDS]			
<i>sulindac</i>	2	[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 19

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
<i>hydrocodone & ibuprofen tabs 7.5-200mg</i>	2	[QL] [EDS]	<i>buprenorphine & naloxone sublingual tabs</i>	2	[EDS]
<i>hydromorphone immediate-release oral soln & tabs</i>	2	[EDS]	Opioid Reversal Agents		
<i>morphine sulfate oral</i>	2	[EDS]	KLOXXADO	3	[EDS]
<i>oxycodone immediate-release</i>	2	[EDS]	<i>naloxone inj</i>	2	[EDS]
<i>oxycodone oral soln</i>	2	[EDS]	<i>naloxone nasal</i>	2	[EDS]
<i>oxycodone & acetaminophen 2.5-325mg, 5-325mg, 7.5-325mg & 10-325mg</i>	3	[QL] [EDS]	OPVEE	4	[EDS]
<i>tramadol tab 50mg</i>	2	[EDS]	Smoking Cessation Agents		
<i>tramadol ir tab 100mg</i>	2	[QL] [EDS]	<i>bupropion sr 150mg</i>	2	[EDS]
<i>tramadol & acetaminophen</i>	2	[QL] [EDS]	NICOTROL INHALER	4	[EDS]
ANESTHETICS			NICOTROL NASAL	4	[EDS]
Local Anesthetics			<i>varenicline starting month box</i>	4	[EDS]
<i>lidocaine ointment</i>	4	[QL] [EDS]	<i>varenicline tartrate</i>	4	[EDS]
<i>lidocaine patch</i>	3	[PA] [EDS]	ANTIBACTERIALS		
<i>lidocaine topical soln</i>	2	[QL] [EDS]	Aminoglycosides		
<i>lidocaine & prilocaine cream</i>	3	[QL] [EDS]	<i>amikacin inj</i>	2	[EDS]
<i>lidocan III</i>	3	[PA] [EDS]	ARIKAYCE	5	[PA]
<i>tridacaine ii patch</i>	3	[PA] [EDS]	<i>gentamicin cream 0.1% & oint 0.1%</i>	2	[EDS]
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			<i>gentamicin inj 40mg/ml</i>	2	[EDS]
Alcohol Deterrents/Anti-Craving			<i>neomycin sulfate oral</i>	2	[EDS]
<i>acamprosate calcium dr</i>	2	[EDS]	<i>streptomycin inj</i>	4	[EDS]
<i>disulfiram</i>	2	[EDS]	<i>tobramycin sulfate inj</i>	2	[EDS]
<i>naltrexone</i>	1	[EDS]	Antibacterials, Other		
Opioid Dependence			<i>aztreonam inj</i>	4	[EDS]
<i>buprenorphine sublingual tabs</i>	1	[EDS]	CLEOCIN VAGINAL SUPP	3	[EDS]
<i>buprenorphine & naloxone sublingual film</i>	2	[EDS]	<i>clindamycin oral</i>	2	[EDS]
			<i>clindamycin phosphate inj</i>	2	[EDS]
			<i>clindamycin phosphate/dextrose inj</i>	2	[EDS]
			<i>clindamycin swab</i>	2	[EDS]
			<i>clindamycin vaginal cream</i>	2	[EDS]
			<i>colistimethate inj</i>	4	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制	藥物名稱	藥物 等級	要求/限制
<i>daptomycin inj</i>	5		<i>cephalexin caps 250mg & 500mg</i>	1	[EDS]
<i>fosfomycin pack</i>	4	[EDS]	<i>cephalexin oral susp</i>	1	[EDS]
<i>linezolid inj</i>	4	[EDS]	<i>tazicef inj</i>	2	[EDS]
<i>linezolid oral susp and tabs</i>	4	[EDS]	TEFLARO INJ	5	
<i>methenamine hippurate</i>	2	[EDS]	Beta-lactam, Penicillins		
<i>metronidazole inj</i>	2	[EDS]	<i>amoxicillin</i>	1	[EDS]
<i>metronidazole oral</i>	2	[EDS]	<i>amoxicillin & clavulanate potassium chew tabs 400-57mg</i>	2	[EDS]
<i>metronidazole vaginal gel</i>	2	[EDS]	<i>amoxicillin & clavulanate potassium er</i>	2	[EDS]
<i>nitrofurantoin caps</i>	2	[EDS]	<i>amoxicillin & clavulanate potassium oral susp & tabs</i>	2	[EDS]
SIVEXTRO TABS & INJ	5		<i>ampicillin inj</i>	2	[EDS]
<i>tigecycline inj</i>	5		<i>ampicillin oral</i>	2	[EDS]
<i>tinidazole tabs</i>	3	[EDS]	<i>ampicillin & sulbactam inj 10- 5gm, 2-1gm & 1- 0.5gm</i>	2	[EDS]
<i>trimethoprim</i>	2	[EDS]	BICILLIN L-A INJ	4	[EDS]
<i>vancomycin caps</i>	4	[EDS]	<i>dicloxacillin sodium</i>	2	[EDS]
<i>vancomycin inj 500mg, 750mg, 1gm & 10gm</i>	3	[EDS]	<i>nafcillin sodium inj</i>	4	[EDS]
<i>vancomycin oral soln 250mg/5ml</i>	4	[EDS]	<i>penicillin g inj 5 million units & 20 million units</i>	2	[EDS]
<i>vandazole</i>	2	[EDS]	<i>penicillin v potassium</i>	2	[EDS]
Beta-lactam, Cephalosporins			<i>piperacillin/tazobact am inj</i>	3	[EDS]
<i>cefactor</i>	2	[EDS]	ZOSYN INJ	4	[EDS]
<i>cefactor er</i>	2	[EDS]	Carbapenems		
<i>cefadroxil caps & tabs</i>	2	[EDS]	<i>cilastatin/imipenem inj</i>	2	[EDS]
<i>cefazolin inj</i>	2	[EDS]	<i>ertapenem inj</i>	4	[EDS]
<i>cefdinir</i>	2	[EDS]	<i>meropenem inj</i>	3	[EDS]
<i>cefepime inj</i>	2	[EDS]			
<i>cefixime caps</i>	3	[EDS]			
<i>cefixime susp</i>	4	[EDS]			
<i>cefoxitin sodium</i>	2	[EDS]			
<i>cefpodoxime tabs</i>	2	[EDS]			
<i>cefprozil</i>	2	[EDS]			
<i>ceftazidime inj</i>	2	[EDS]			
<i>ceftriaxone inj</i>	2	[EDS]			
<i>cefuroxime oral</i>	2	[EDS]			
<i>cefuroxime inj</i>	2	[EDS]			

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藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
Macrolides			<i>doxycycline hyclate immediate-release caps 50mg & 100mg</i>	2	[EDS]
<i>azithromycin tabs & oral susp bottle</i>	2	[EDS]	<i>doxycycline hyclate immediate-release tabs 100mg</i>	2	[EDS]
<i>azithromycin inj</i>	2	[EDS]	<i>doxycycline monohydrate immediate-release tabs, caps & oral susp</i>	2	[EDS]
<i>clarithromycin</i>	2	[EDS]	<i>minocycline ir</i>	2	[EDS]
<i>clarithromycin er</i>	2	[EDS]	<i>tetracycline</i>	3	[EDS]
DIFICID	5		ANTICONVULSANTS		
ERYTHROCIN LACTOBIONATE INJ	4	[EDS]	Anticonvulsants, Other		
<i>erythromycin caps & tabs</i>	4	[EDS]	BRIVIACT ORAL SOLN	4	[PA] [EDS]
<i>erythromycin dr</i>	4	[EDS]	BRIVIACT TABS	5	[PA]
Quinolones			EPIDIOLEX	5	[PA] [LD]
<i>ciprofloxacin in d5w inj</i>	2	[EDS]	<i>felbamate tabs 400mg</i>	2	[EDS]
<i>ciprofloxacin tabs immediate-release 250mg, 500mg & 750mg</i>	1	[EDS]	<i>felbamate tabs 600mg</i>	4	[EDS]
<i>levofloxacin in d5w inj</i>	2	[EDS]	<i>felbamate oral susp 600mg/5ml</i>	5	
<i>levofloxacin oral soln</i>	2	[EDS]	FINTEPLA	5	[PA]
<i>levofloxacin tabs</i>	1	[EDS]	FYCOMPA	4	[PA] [EDS]
<i>moxifloxacin inj</i>	4	[EDS]	<i>levetiracetam er</i>	2	[EDS]
<i>moxifloxacin oral</i>	2	[EDS]	<i>levetiracetam oral</i>	2	[EDS]
<i>ofloxacin oral</i>	2	[EDS]	NAYZILAM	4	[PA] [EDS]
Sulfonamides			<i>roweepra 500mg</i>	2	[EDS]
<i>sulfacetamide sodium topical lotion 10%</i>	2	[EDS]	SPRITAM	4	[EDS]
<i>sulfadiazine tabs</i>	4	[EDS]	<i>valproic acid oral caps & soln</i>	2	[EDS]
<i>sulfamethoxazole & trimethoprim tabs</i>	1	[EDS]	Calcium Channel Modifying Agents		
<i>sulfamethoxazole & trimethoprim ds tabs</i>	1	[EDS]	<i>ethosuximide</i>	2	[EDS]
<i>sulfamethoxazole & trimethoprim oral susp</i>	2	[EDS]	<i>methsuximide</i>	4	[EDS]
Tetracyclines			Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>demeclocycline</i>	4	[EDS]	<i>clobazam</i>	4	[PA] [EDS]
<i>doxy 100 inj</i>	2	[EDS]	<i>clonazepam</i>	3	[EDS]
			<i>clonazepam odt</i>	4	[EDS]

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藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
DIACOMIT	5	[PA]	<i>phenytek</i>	2	[EDS]
DIAZEPAM RECTAL GEL	4	[EDS]	<i>phenytoin oral susp & chewable tabs</i>	2	[EDS]
<i>divalproex sodium dr</i>	2	[EDS]	<i>phenytoin er</i>	2	[EDS]
<i>divalproex sodium er</i>	2	[EDS]	<i>rufinamide</i>	4	[PA] [EDS]
<i>gabapentin caps, ir tabs & oral soln</i>	2	[EDS]	TEGRETOL	3	[EDS]
LIBERVANT	4	[PA] [EDS]	TEGRETOL XR	3	[EDS]
<i>phenobarbital elixir & tabs</i>	2	[EDS]	TRILEPTAL	4	[EDS]
<i>pregabalin</i>	2	[EDS]	XCOPRI TABS	5	[PA]
<i>primidone tabs 50mg & 250mg</i>	2	[EDS]	XCOPRI MAINTENANCE PACK	5	[PA]
PRIMIDONE TABS 125MG	3	[EDS]	XCOPRI TITRATION PACK 12.5-25MG	4	[PA] [EDS]
SYMPAZAN 5MG	4	[PA] [EDS]	XCOPRI TITRATION PACK 50-100MG, & 150-200MG	5	[PA]
SYMPAZAN 10MG & 20MG	5	[PA]	ZONISADE	4	[EDS]
<i>tiagabine</i>	4	[EDS]	<i>zonisamide</i>	2	[EDS]
VALTOCO	4	[PA] [EDS]	ANTIDEMENTIA AGENTS		
<i>vigabatrin</i>	5	[LD]	<i>Antidementia Agents, Other</i>		
<i>vigadrone</i>	5	[LD]	<i>ergoloid mesylates</i>	3	[PA] [EDS]
VIGAFYDE	5		<i>Cholinesterase Inhibitors</i>		
<i>vigpoder</i>	5	[LD]	<i>donepezil tabs 5mg & 10mg</i>	2	[EDS]
ZTALMY SUSP	5	[LD]	<i>donepezil odt</i>	2	[EDS]
<i>Sodium Channel Agents</i>			<i>galantamine tabs</i>	2	[QL] [EDS]
APTIOM	5	[PA]	<i>galantamine er caps</i>	2	[QL] [EDS]
<i>carbamazepine tabs, chewable tabs & oral susp</i>	2	[EDS]	<i>galantamine soln</i>	4	[QL] [EDS]
<i>carbamazepine er tabs & caps</i>	3	[EDS]	<i>rivastigmine caps</i>	3	[QL] [EDS]
DILANTIN CAPS	3	[EDS]	<i>rivastigmine patches</i>	4	[QL] [EDS]
DILANTIN INFATABS	3	[EDS]	<i>N-methyl-D-aspartate (NMDA) Receptor Antagonists</i>		
DILANTIN SUSP	3	[EDS]	<i>memantine hcl immediate release</i>	2	[EDS]
<i>epitol</i>	2	[EDS]	<i>memantine hcl soln</i>	4	[EDS]
<i>lacosamide oral</i>	4	[EDS]	<i>memantine hcl titration pack</i>	4	[EDS]
<i>oxcarbazepine tabs</i>	2	[EDS]			
<i>oxcarbazepine susp</i>	4	[EDS]			

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藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
ANTIDEPRESSANTS			<i>fluvoxamine</i>	2	[EDS]
<i>Antidepressants, Other</i>			<i>nefazodone</i>	2	[EDS]
AUVELITY	5		<i>paroxetine hcl ir tabs</i>	1	[EDS]
<i>bupropion hcl tabs</i>	2	[EDS]	<i>paroxetine hcl er</i>	4	[EDS]
<i>bupropion sr</i>	2	[EDS]	<i>paroxetine hcl susp</i>	4	[EDS]
<i>bupropion xl 150mg & 300mg</i>	2	[EDS]	<i>pmdd fluoxetine hcl tabs 10mg & 20mg</i>	2	[EDS]
<i>bupropion xl 450mg</i>	3	[EDS]	<i>sertraline tabs</i>	1	[EDS]
<i>mirtazapine</i>	1	[EDS]	<i>sertraline oral soln</i>	2	[EDS]
<i>mirtazapine odt</i>	1	[EDS]	<i>trazodone</i>	1	[EDS]
<i>perphenazine & amitriptyline</i>	4	[PA] [EDS]	TRINTELLIX	4	[EDS]
ZURZUVAE	5	[PA]	<i>venlafaxine ir tabs</i>	2	[EDS]
<i>Monoamine Oxidase Inhibitors</i>			<i>venlafaxine hcl er caps</i>	2	[EDS]
EMSAM	5		<i>vilazodone</i>	3	[EDS]
MARPLAN	4	[EDS]	Tricyclics		
<i>phenelzine</i>	2	[EDS]	<i>amitriptyline</i>	4	[PA] [EDS]
<i>tranylcypromine</i>	4	[EDS]	<i>amoxapine</i>	3	[EDS]
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin & Norepinephrine Reuptake Inhibitors)</i>			<i>clomipramine</i>	4	[PA] [EDS]
<i>citalopram tabs</i>	1	[EDS]	<i>desipramine</i>	4	[PA] [EDS]
<i>citalopram oral soln</i>	2	[EDS]	<i>doxepin caps</i>	4	[PA] [EDS]
DESVENLAFAXINE ER	4	[EDS]	<i>doxepin oral soln</i>	4	[PA] [EDS]
<i>desvenlafaxine succinate er</i>	3	[EDS]	<i>imipramine hcl tabs</i>	4	[PA] [EDS]
DRIZALMA SPRINKLE	4	[EDS]	<i>nortriptyline</i>	4	[EDS]
<i>escitalopram</i>	2	[EDS]	<i>protriptyline</i>	3	[EDS]
FETZIMA	4	[EDS]	<i>trimipramine maleate</i>	2	[EDS]
FETZIMA TITRATION PACK	4	[EDS]	ANTIEMETICS		
<i>fluoxetine hcl caps 10mg, 20mg & 40mg</i>	2	[EDS]	<i>Antiemetics, Other</i>		
<i>fluoxetine hcl tabs 10mg & 20mg</i>	2	[EDS]	<i>compro</i>	4	[EDS]
<i>fluoxetine hcl oral soln</i>	2	[EDS]	<i>meclizine</i>	2	[EDS]
			<i>prochlorperazine oral</i>	2	[EDS]
			<i>prochlorperazine supp</i>	4	[EDS]
			<i>promethazine supp</i>	3	[EDS]
			<i>promethazine syrup</i>	2	[EDS]
			<i>promethazine tabs</i>	2	[EDS]
			<i>promethegan supp</i>	4	[EDS]
			<i>scopolamine patch</i>	3	[EDS]

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藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
Emetogenic Therapy Adjuncts			<i>posaconazole dr tabs</i>	5	[PA]
<i>aprepitant caps 80mg & 125mg</i>	4	[PA] [EDS]	<i>posaconazole suspension</i>	4	[PA] [EDS]
<i>aprepitant pack</i>	4	[PA] [EDS]	<i>terbinafine</i>	2	[EDS]
<i>dronabinol</i>	4	[PA] [EDS]	<i>terconazole</i>	2	[EDS]
<i>granisetron oral</i>	2	[PA] [B vs D] [EDS]	<i>voriconazole inj</i>	5	[PA]
<i>ondansetron odt</i>	2	[PA] [B vs D] [EDS]	<i>voriconazole oral suspension</i>	5	
<i>ondansetron oral soln</i>	2	[PA] [B vs D] [EDS]	<i>voriconazole tabs</i>	4	[EDS]
<i>ondansetron tabs 4mg & 8mg</i>	2	[PA] [B vs D] [EDS]	ANTIGOUT AGENTS		
ANTIFUNGALS			Antigout Agents		
Antifungals			<i>allopurinol tabs 100mg & 300mg</i>	1	[EDS]
ABELCET INJ	4	[PA] [B vs D] [EDS]	<i>colchicine tabs</i>	3	[QL] [EDS]
AMBISOME INJ	5	[PA] [B vs D]	<i>febuxostat</i>	3	[EDS]
<i>amphotericin b inj</i>	2	[PA] [B vs D] [EDS]	<i>probenecid</i>	2	[EDS]
<i>amphotericin b liposome inj</i>	5	[PA] [B vs D]	<i>probenecid & colchicine</i>	2	[EDS]
<i>casprofungin inj</i>	4	[EDS]	ANTIMIGRAINE AGENTS		
<i>clotrimazole cream 1%</i>	2	[EDS]	Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
<i>clotrimazole topical soln 1%</i>	2	[EDS]	AIMOVI INJ	3	[PA] [EDS]
<i>clotrimazole troche</i>	2	[EDS]	EMGALITY INJ	3	[PA] [EDS]
<i>econazole nitrate</i>	4	[EDS]	NURTEC ODT	3	[PA] [EDS]
<i>fluconazole in sodium chloride inj</i>	2	[EDS]	UBRELVY	3	[PA] [EDS]
<i>fluconazole oral</i>	2	[EDS]	Ergot Alkaloids		
<i>flucytosine</i>	5		<i>caffeine-ergotamine</i>	3	[EDS]
<i>griseofulvin microsize</i>	4	[EDS]	<i>dihydroergotamine mesylate nasal</i>	5	[PA] [QL]
<i>itraconazole</i>	4	[EDS]	Prophylactic		
<i>ketoconazole cream, shampoo & tabs</i>	2	[EDS]	EPRONTIA	4	[EDS]
<i>nyamyc</i>	2	[EDS]	<i>timolol oral</i>	1	[EDS]
<i>nystatin</i>	2	[EDS]	<i>topiramate immediate-release</i>	2	[EDS]
<i>nystop</i>	2	[EDS]	Serotonin (5-HT) Receptor Agonist		
			<i>naratriptan</i>	2	[QL] [EDS]
			<i>rizatriptan</i>	2	[EDS]
			<i>rizatriptan odt</i>	2	[EDS]
			<i>sumatriptan nasal</i>	4	[EDS]

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藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
<i>sumatriptan succinate inj</i>	4	[EDS]	POMALYST	5	[PA] [LD]
<i>sumatriptan succinate tabs</i>	2	[EDS]	REVLIMID	5	[PA] [LD]
<i>zolmitriptan tabs</i>	3	[QL] [EDS]	THALOMID	5	[PA]
<i>zolmitriptan odt</i>	3	[QL] [EDS]	Antiestrogens/Modifiers		
ANTIMYASTHENIC AGENTS			ORSERDU TABS	5	[PA]
Parasympathomimetics			SOLTAMOX	5	
<i>pyridostigmine soln</i>	4	[EDS]	<i>tamoxifen</i>	2	[EDS]
<i>pyridostigmine tabs 60mg</i>	3	[EDS]	<i>toremifene citrate</i>	5	
<i>pyridostigmine er tabs 180mg</i>	4	[EDS]	Antimetabolites		
ANTIMYCOBACTERIALS			<i>hydroxyurea</i>	2	[EDS]
Antimycobacterials, Other			<i>mercaptopurine</i>	2	[EDS]
<i>dapsone tabs</i>	3	[EDS]	PURIXAN	5	
<i>rifabutin</i>	4	[EDS]	Antineoplastics, Other		
Antituberculars			AKEEGA	5	[PA] [LD]
<i>ethambutol</i>	2	[EDS]	INREBIC	5	[PA] [LD]
<i>isoniazid</i>	2	[EDS]	IWILFIN	5	[PA] [LD]
PRIFTIN	4	[EDS]	LONSURF	5	[PA]
<i>pyrazinamide</i>	4	[EDS]	LYSODREN	5	
<i>rifampin oral and inj</i>	2	[EDS]	OGSIVEO	5	[PA]
SIRTURO	5		ONUREG	5	[PA]
TRECTOR	4	[EDS]	VONJO	5	[PA]
ANTINEOPLASTICS			Aromatase Inhibitors, 3rd Generation		
Alkylating Agents			<i>anastrozole</i>	2	[EDS]
<i>cyclophosphamide</i>	3	[PA] [B vs D] [EDS]	<i>exemestane</i>	3	[EDS]
GLEOSTINE	4	[EDS]	<i>letrozole</i>	2	[EDS]
MATULANE	5		Molecular Target Inhibitors		
VALCHLOR	5	[PA]	ALECENSA	5	[PA]
Antiandrogens			ALUNBRIG	5	[PA]
<i>abiraterone acetate</i>	5	[PA]	ALUNBRIG INITIATION PACK	5	[PA]
<i>bicalutamide</i>	2	[EDS]	AUGTYRO	5	[PA]
ERLEADA	5	[PA]	AYVAKIT	5	[PA] [LD]
<i>nilutamide</i>	5		BALVERSA	5	[PA]
NUBEQA	5	[PA] [LD]	BOSULIF	5	[PA]
XTANDI	5	[PA]	BRAFTOVI	5	[PA] [LD]
YONSA	5	[PA]	BRUKINSA	5	[PA] [LD]
Antiangiogenic Agents			CABOMETYX	5	[PA]
<i>lenalidomide</i>	5	[PA] [LD]	CALQUENCE	5	[PA] [LD]
			CAPRELSA	5	[PA]
			COMETRIQ	5	[PA]
			COPIKTRA	5	[PA] [LD]
			COTELLIC	5	[PA]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制	藥物名稱	藥物 等級	要求/限制
DAURISMO	5	[PA]	OJJAARA	5	[PA]
ERIVEDGE	5	[PA]	<i>pazopanib</i>	5	[PA]
<i>erlotinib</i>	5	[PA]	PEMAZYRE	5	[PA] [LD]
<i>everolimus tabs 2.5mg, 5mg, 7.5mg & 10mg</i>	5	[PA]	PIQRAY	5	[PA]
<i>everolimus tabs for suspension 2mg, 3mg & 5mg</i>	5	[PA]	QINLOCK	5	[PA] [LD]
FOTIVDA	5	[PA] [LD]	RETEVMO	5	[PA] [LD]
FRUZAQLA	5	[PA]	REZLIDHIA CAPS	5	[PA]
GAVRETO	5	[PA] [LD]	ROZLYTREK	5	[PA]
<i>gefitinib</i>	5	[PA]	RUBRACA	5	[PA] [LD]
GILOTRIF	5	[PA]	RYDAPT	5	[PA]
IBRANCE	5	[PA]	SCSEMBLIX	5	[PA]
ICLUSIG	5	[PA]	<i>sorafenib</i>	5	[PA]
IDHIFA	5	[PA] [LD]	SPRYCEL	5	[PA]
<i>imatinib</i>	5	[PA]	STIVARGA	5	[PA]
IMBRUVICA	5	[PA]	<i>sunitinib malate</i>	5	[PA]
INLYTA	5	[PA]	TABRECTA	5	[PA]
INQOVI	5	[PA]	TAFINLAR	5	[PA]
JAKAFI	5	[PA]	TAGRISSO	5	[PA]
JAYPIRCA TABS	5	[PA]	TALZENNA	5	[PA]
KISQALI	5	[PA]	TASIGNA	5	[PA]
KISQALI FEMARA CO-PACK	5	[PA]	TAZVERIK	5	[PA] [LD]
KOSELUGO	5	[PA]	TEPMETKO	5	[PA] [LD]
KRAZATI	5	[PA]	TIBSOVO	5	[PA]
<i>lapatinib</i>	5	[PA]	<i>torpenz</i>	5	[PA]
LENVIMA	5	[PA]	TRUQAP	5	[PA]
LORBRENA	5	[PA]	TUKYSA	5	[PA] [LD]
LUMAKRAS	5	[PA]	TURALIO	5	[PA] [LD]
LYNPARZA	5	[PA]	VANFLYTA	5	[PA]
LYTGOBI TABS	5	[PA] [LD]	VENCLEXTA TABS 10MG & 50MG	3	[PA] [EDS]
MEKINIST	5	[PA]	VENCLEXTA TABS 100MG	5	[PA]
MEKTOVI	5	[PA] [LD]	VENCLEXTA STARTING PACK	5	[PA]
NERLYNX	5	[PA] [LD]	VERZENIO	5	[PA] [LD]
NINLARO	5	[PA]	VITRAKVI	5	[PA] [LD]
ODOMZO	5	[PA]	VIZIMPRO	5	[PA]
OJEMDA	5	[PA]	XALKORI	5	[PA]
			XOSPATA	5	[PA] [LD]
			XPOVIO	5	[PA] [LD]

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藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
ZEJULA TABS	5	[PA] [LD]	Antiparkinson Agents, Other		
ZELBORAF	5	[PA]	<i>carbidopa & levodopa & entacapone</i>	4	[EDS]
ZOLINZA	5	[PA]	<i>entacapone</i>	4	[EDS]
ZYDELIG	5	[PA]	Dopamine Agonists		
ZYKADIA TABS	5	[PA]	<i>apomorphine hydrochloride inj</i>	5	[PA]
Retinoids			<i>bromocriptine</i>	2	[EDS]
<i>bexarotene</i>	5	[PA]	NEUPRO PATCH	4	[QL] [EDS]
PANRETIN	5		<i>pramipexole ir</i>	2	[EDS]
<i>tretinoin caps</i>	5		<i>ropinirole ir</i>	2	[EDS]
Treatment Adjuncts			Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>leucovorin oral</i>	2	[EDS]	<i>carbidopa</i>	4	[EDS]
MESNEX TABS	4	[EDS]	<i>carbidopa & levodopa ir, er, odt</i>	2	[EDS]
ANTIPARASITICS			Monoamine Oxidase B (MAO-B) Inhibitors		
Anthelmintics			<i>rasagiline</i>	4	[EDS]
<i>albendazole</i>	4	[EDS]	<i>selegiline</i>	2	[EDS]
<i>ivermectin tabs</i>	2	[EDS]	ANTIPSYCHOTICS		
<i>praziquantel tabs</i>	4	[EDS]	1st Generation/Typical		
Antiprotozoals			<i>chlorpromazine oral</i>	4	[PA] [EDS]
<i>atovaquone susp</i>	4	[EDS]	<i>fluphenazine oral</i>	4	[EDS]
<i>atovaquone/proguanil</i>	2	[EDS]	<i>fluphenazine decanoate inj</i>	4	[EDS]
<i>chloroquine</i>	2	[EDS]	<i>fluphenazine inj</i>	4	[EDS]
COARTEM	3	[EDS]	<i>haloperidol oral</i>	2	[EDS]
<i>hydroxychloroquine tab 200mg</i>	2	[EDS]	<i>haloperidol decanoate inj</i>	2	[EDS]
<i>mefloquine</i>	2	[EDS]	<i>haloperidol lactate inj</i>	2	[EDS]
NEBUPENT NEBULIZER	4	[PA] [B vs D] [EDS]	<i>loxapine</i>	2	[EDS]
<i>nitazoxanide</i>	5		<i>molindone</i>	2	[EDS]
<i>pentamidine inhalation soln</i>	3	[PA] [B vs D] [EDS]	<i>perphenazine</i>	4	[EDS]
<i>pentamidine inj</i>	4	[EDS]	<i>pimozide</i>	2	[EDS]
PRIMAQUINE	3	[EDS]	<i>thioridazine</i>	2	[EDS]
<i>pyrimethamine</i>	5	[PA]	<i>thiothixene</i>	2	[EDS]
<i>quinine sulfate caps</i>	3	[PA] [EDS]	<i>trifluoperazine</i>	2	[EDS]
ANTIPARKINSON AGENTS					
Anticholinergics					
<i>benztropine tabs</i>	4	[PA] [EDS]			
<i>trihexyphenidyl elixir & tabs</i>	3	[EDS]			

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藥物名稱	藥物 等級	要求/限制	藥物名稱	藥物 等級	要求/限制
2nd Generation/Atypical			<i>risperidone er inj</i> <i>37.5mg & 50mg</i>	5	
ABILIFY ASIMTUFII INJ	5		<i>risperidone odt</i>	2	[EDS]
ABILIFY MAINTENA INJ	5		SECUADO	5	[PA]
<i>aripiprazole odt</i> <i>10mg</i>	5	[EDS]	UZEDY INJ	5	
<i>aripiprazole odt</i> <i>15mg</i>	4	[EDS]	VRAYLAR	4	[EDS]
<i>aripiprazole soln</i>	3	[EDS]	<i>ziprasidone inj</i>	3	[EDS]
<i>aripiprazole tabs</i>	3	[EDS]	<i>ziprasidone oral</i>	2	[EDS]
ARISTADA INJ	5		ZYPREXA RELPREVV INJ 210MG	4	[EDS]
ARISTADA INITIO INJ	4	[EDS]	Treatment-Resistant		
<i>asenapine maleate</i> <i>sublingual</i>	4	[EDS]	<i>clozapine</i>	3	[EDS]
CAPLYTA	5	[PA]	<i>clozapine odt</i>	4	[EDS]
FANAPT	4	[PA] [EDS]	VERSACLOZ	5	
FANAPT TITRATION PACK	4	[PA] [EDS]	ANTISPASTICITY AGENTS		
INVEGA HAFYERA INJ	5		Antispasticity Agents		
INVEGA SUSTENNA INJ 39MG	4	[EDS]	<i>baclofen tabs</i>	2	[EDS]
INVEGA SUSTENNA INJ 78MG, 117MG, 156MG & 234MG	5		<i>tizanidine caps</i>	3	[EDS]
INVEGA TRINZA INJ	5		<i>tizanidine tabs</i>	2	[EDS]
<i>lurasidone hcl tabs</i>	4	[EDS]	ANTIVIRALS		
NUPLAZID	5	[PA]	Anti-cytomegalovirus (CMV) Agents		
<i>olanzapine inj & tabs</i>	2	[EDS]	LIVTENCITY	5	[PA] [QL] [LD]
<i>olanzapine odt</i>	4	[EDS]	PREVYMIS	5	[PA] [QL]
<i>paliperidone er tabs</i>	4	[EDS]	<i>valganciclovir oral</i> <i>soln</i>	4	[EDS]
<i>quetiapine fumarate</i> <i>25mg, 50mg, 100mg,</i> <i>200mg, 300mg &</i> <i>400mg tabs</i>	2	[EDS]	<i>valganciclovir tabs</i>	3	[EDS]
<i>quetiapine er tabs</i>	3	[EDS]	Anti-hepatitis B (HBV) Agents		
REXULTI	5		<i>adefovir dipivoxil</i>	4	[EDS]
<i>risperidone</i>	2	[EDS]	BARACLUDGE ORAL SOLN 0.05MG/ML	4	[EDS]
<i>risperidone er inj</i> <i>12.5mg & 25mg</i>	4	[EDS]	<i>entecavir tabs</i>	4	[EDS]
			<i>lamivudine tabs</i> <i>100mg</i>	3	[EDS]
			VEMLIDY	5	
			Anti-hepatitis C (HCV) Agents		
			EPCLUSA	5	[PA]
			HARVONI	5	[PA]
			LEDIPASVIR/ SOFOSBUVIR	5	[PA]
			<i>ribavirin</i>	3	[EDS]

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藥物名稱	藥物 等級	要求/限制	藥物名稱	藥物 等級	要求/限制
SOFOSBUVIR/ VELPATASVIR	5	[PA]	<i>efavirenz & lamivudine & tenofovir disoproxil fumarate tabs</i>	5	
VOSEVI	5	[PA]	<i>etravirine tabs 100mg</i>	4	[EDS]
Antiherpetic Agents			<i>etravirine tabs 200mg</i>	5	
<i>acyclovir caps & tabs</i>	2	[EDS]	INTELENCE TAB 25MG	4	[EDS]
<i>acyclovir inj</i>	2	[PA] [B vs D] [EDS]	<i>nevirapine er & susp</i>	4	[EDS]
<i>acyclovir oral susp</i>	4	[EDS]	<i>nevirapine tabs</i>	2	[EDS]
<i>famciclovir</i>	2	[EDS]	PIFELTRO	5	
<i>valacyclovir</i>	2	[EDS]	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Anti-HIV Agents, Integrase Inhibitors (INSTI)			<i>abacavir soln & tabs</i>	4	[EDS]
BIKTARVY	5		<i>abacavir & lamivudine</i>	4	[EDS]
DOVATO	5		CIMDUO	5	
GENVOYA	5		DESCOVY	5	
ISENTRESS CHEW TABS 25MG	3	[EDS]	<i>emtricitabine caps 200mg</i>	4	[EDS]
ISENTRESS 100MG CHEW TABS	5		<i>emtricitabine & tenofovir disoproxil fumarate tabs 200mg-300mg</i>	4	[EDS]
ISENTRESS ORAL POWDER	5		<i>emtricitabine & tenofovir disoproxil fumarate tabs 100mg-150mg, 133mcg-200mg & 167mg-250mg</i>	5	
ISENTRESS TABS	5		EMTRIVA SOLN	4	[EDS]
ISENTRESS HD TABS	5		<i>lamivudine tabs 150mg & 300mg</i>	3	[EDS]
JULUCA	5		<i>lamivudine soln</i>	2	[EDS]
STRIBILD	5		<i>lamivudine & zidovudine</i>	3	[EDS]
TIVICAY TAB 10MG	4	[EDS]	ODEFSEY	5	
TIVICAY TABS 25MG & 50MG	5		<i>tenofovir disoproxil fumarate</i>	4	[EDS]
TIVICAY PD	4	[EDS]	TRIUMEQ	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			TRIUMEQ PD	4	[EDS]
COMPLERA	5				
DELSTRIGO	5				
EDURANT	5				
<i>efavirenz tabs</i>	4	[EDS]			
<i>efavirenz & emtricitabine & tenofovir disoproxil fumarate tabs</i>	5				

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VIREAD TABS 150MG, 200MG & 250MG	5		XOFLUZA	4	[EDS]
VIREAD POWDER	4	[EDS]	Antiviral, Coronavirus Agents		
<i>zidovudine</i>	2	[EDS]	PAXLOVID	3	[EDS]
Anti-HIV Agents, Other			ANXIOLYTICS		
FUZEON INJ	4	[EDS]	Anxiolytics, Other		
<i>maraviroc</i>	5		<i>bupirone</i>	2	[EDS]
RUKOBIA	5		<i>meprobamate</i>	4	[EDS]
SELZENTRY SOLN	3	[EDS]	Benzodiazepines		
SELZENTRY 25MG & 75MG	3	[EDS]	<i>alprazolam ir tabs</i>	2	[QL] [EDS]
SUNLENCA	5		<i>clorazepate</i>	4	[EDS]
TYBOST	3	[EDS]	<i>diazepam soln</i>	4	[PA] [EDS]
Anti-HIV Agents, Protease Inhibitors (PI)			<i>diazepam tabs</i>	3	[PA] [EDS]
APTIVUS CAPS	5		<i>lorazepam soln</i>	3	[EDS]
<i>atazanavir sulfate caps</i>	4	[EDS]	<i>lorazepam tabs</i>	2	[EDS]
<i>darunavir tab 600mg</i>	4	[EDS]	BIPOLAR AGENTS		
<i>darunavir tab 800mg</i>	5		Mood Stabilizers		
EVOTAZ	5		<i>lamotrigine odt</i>	4	[EDS]
<i>fosamprenavir tabs</i>	5		<i>lamotrigine chewable tabs</i>	2	[EDS]
<i>lopinavir & ritonavir</i>	4	[EDS]	<i>lamotrigine immediate-release tabs</i>	2	[EDS]
NORVIR POWDER	3	[EDS]	<i>lithium carbonate</i>	2	[EDS]
PREZCOBIX	5		<i>lithium carbonate er</i>	2	[EDS]
PREZISTA SUSP 100MG/ML	4	[EDS]	<i>lithium oral soln</i>	2	[EDS]
PREZISTA TABS 75MG & 150MG	4	[EDS]	<i>subvenite tabs</i>	2	[EDS]
REYATAZ ORAL POWDER	5		BLOOD GLUCOSE REGULATORS		
<i>ritonavir tabs</i>	3	[EDS]	Antidiabetic Agents		
SYMTUZA	5		<i>acarbose</i>	2	[EDS]
VIRACEPT	5		BYDUREON BCISE INJ	3	[PA] [QL] [EDS]
Anti-influenza Agents			<i>glimepiride</i>	1	[EDS]
<i>amantadine</i>	2	[EDS]	<i>glimepiride & pioglitazone</i>	2	[QL] [EDS]
<i>oseltamivir caps</i>	2	[EDS]	<i>glipizide er</i>	1	[EDS]
<i>oseltamivir susp</i>	3	[EDS]	<i>glipizide tabs 5mg & 10mg</i>	1	[EDS]
RELENZA DISKHALER	3	[EDS]	<i>glipizide & metformin tabs</i>	1	[EDS]
<i>rimantadine</i>	2	[EDS]	GLYXAMBI	3	[QL] [EDS]
			JANUMET	3	[QL] [EDS]

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JANUMET XR	3	[QL] [EDS]	HUMALOG MIX 75/25 KWIKPEN INJ	3	[EDS]
JANUVIA	3	[QL] [EDS]	HUMALOG MIX 75/25 VIAL INJ	3	[EDS]
JENTADUETO	3	[QL] [EDS]	HUMALOG VIAL INJ	3	[EDS]
JENTADUETO XR	3	[QL] [EDS]	HUMULIN 70/30 KWIKPEN INJ	3	[EDS]
<i>metformin tabs</i>	1	[EDS]	HUMULIN 70/30 VIAL INJ	3	[EDS]
<i>metformin er uncoated tabs 500mg & 750mg</i>	1	[EDS]	HUMULIN N KWIKPEN INJ	3	[EDS]
MOUNJARO INJ	3	[PA] [QL] [EDS]	HUMULIN N VIAL INJ	3	[EDS]
<i>nateglinide</i>	2	[EDS]	HUMULIN R U-500 (CONCENTRATED) KWIKPEN INJ	3	[EDS]
OZEMPIC INJ	3	[PA] [QL] [EDS]	HUMULIN R U-500 (CONCENTRATED) VIAL INJ	3	[EDS]
<i>pioglitazone</i>	1	[EDS]	HUMULIN R VIAL INJ	3	[EDS]
<i>pioglitazone & metformin</i>	2	[EDS]	INSULIN LISPRO VIAL INJ	3	[EDS]
<i>repaglinide</i>	2	[EDS]	LANTUS SOLOSTAR PEN INJ	3	[EDS]
RYBELSUS	3	[PA] [QL] [EDS]	LANTUS VIAL INJ	3	[EDS]
SOLIQUA INJ	3	[EDS]	LYUMJEV VIAL INJ	3	[EDS]
SYMLINPEN INJ	5		LYUMJEV KWIKPEN INJ	3	[EDS]
SYNJARDY	3	[QL] [EDS]	TOUJEO SOLOSTAR INJ	3	[EDS]
SYNJARDY XR	3	[QL] [EDS]	TOUJEO MAX SOLOSTAR INJ	3	[EDS]
TRADJENTA	3	[QL] [EDS]	TRESIBA VIAL INJ	3	[EDS]
TRIJARDY XR	3	[QL] [EDS]	TRESIBA FLEXTOUCH INJ	3	[EDS]
TRULICITY INJ	3	[PA] [QL] [EDS]	BLOOD PRODUCTS AND MODIFIERS		
XIGDUO XR	3	[QL] [EDS]	<i>Anticoagulants</i>		
<i>Glycemic Agents</i>			<i>dabigatran etexilate</i>	4	[QL] [EDS]
<i>diazoxide</i>	5		ELIQUIS STARTER PACK & TABS	3	[QL] [EDS]
GLUCAGON EMERGENCY KIT INJ	3	[EDS]	<i>enoxaparin inj syringe</i>	4	[EDS]
GVOKE INJ	3	[EDS]			
ZEGALOGUE INJ	3	[EDS]			
<i>Insulins</i>					
HUMALOG CARTRIDGE INJ	3	[EDS]			
HUMALOG JUNIOR KWIKPEN INJ	3	[EDS]			
HUMALOG KWIKPEN INJ	3	[EDS]			
HUMALOG MIX 50/50 KWIKPEN INJ	3	[EDS]			

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藥物名稱	藥物等級	要求/限制
<i>fondaparinux inj 2.5mg/0.5ml & 5mg/0.4ml</i>	4	[EDS]
<i>fondaparinux inj 7.5mg/0.6ml & 10mg/0.8ml</i>	5	
<i>heparin inj vials 1000u/ml, 5000u/ml, 10000u/ml & 20000u/ml</i>	2	[PA] [B vs D] [EDS]
<i>jantoven</i>	1	[EDS]
<i>warfarin</i>	1	[EDS]
XARELTO ORAL SUSP & TABS	3	[QL] [EDS]
XARELTO STARTER PACK	3	[QL] [EDS]
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide</i>	2	[EDS]
NIVESTYM INJ	5	[PA]
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML & 10000UNIT/ML	3	[PA] [EDS]
PROCRIT INJ 20000UNIT/ML & 40000UNIT/ML	5	[PA]
PROMACTA	5	[PA] [QL] [LD]
RELEUKO INJ	4	[PA]
RETACRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000 UNIT/ML, 20000UNIT/2ML & 20000UNIT/ML	3	[PA] [EDS]
RETACRIT INJ 40000UNIT/ML	5	[PA]
UDENYCA INJ	5	[PA]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>Hemostasis Agents</i>		
<i>tranexamic acid tabs</i>	3	[EDS]
<i>Platelet Modifying Agents</i>		
BRILINTA	3	[EDS]
<i>cilostazol</i>	2	[EDS]
<i>clopidogrel tabs 75mg</i>	1	[EDS]
<i>dipyridamole er & aspirin</i>	4	[EDS]
<i>dipyridamole oral</i>	2	[EDS]
<i>prasugrel</i>	2	[EDS]
CARDIOVASCULAR AGENTS		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine patches</i>	4	[EDS]
<i>clonidine tabs immediate-release</i>	1	[EDS]
<i>droxidopa</i>	5	[PA]
<i>guanfacine ir</i>	2	[EDS]
<i>midodrine tabs</i>	3	[EDS]
<i>Angiotensin-converting Enzyme (ACE) Inhibitors</i>		
<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]
<i>Angiotensin II Receptor Antagonists</i>		
<i>candesartan</i>	2	[EDS]
<i>irbesartan</i>	1	[EDS]
<i>losartan</i>	1	[EDS]
<i>olmesartan</i>	2	[EDS]
<i>telmisartan</i>	2	[EDS]
<i>valsartan tabs</i>	1	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制	藥物名稱	藥物 等級	要求/限制
Antiarrhythmics			<i>nifedipine caps</i>	2	[EDS]
<i>amiodarone tabs</i>	2	[EDS]	<i>nifedipine er</i>	2	[EDS]
<i>digoxin oral soln</i>	2	[EDS]	<i>nimodipine</i>	4	[EDS]
<i>digoxin tabs 125mcg & 250mcg</i>	2	[EDS]	Calcium Channel Blocking Agents, Nondihydropyridines		
<i>disopyramide phosphate</i>	4	[EDS]	<i>cartia xt</i>	2	[EDS]
<i>dofetilide</i>	4	[EDS]	<i>diltiazem tabs</i>	2	[EDS]
<i>flecainide acetate</i>	2	[EDS]	<i>diltiazem er caps</i>	2	[EDS]
LANOXIN ORAL	3	[EDS]	<i>dilt-xr</i>	2	[EDS]
<i>mexiletine</i>	2	[EDS]	<i>tiadylt er</i>	2	[EDS]
MULTAQ	3	[EDS]	<i>verapamil ir</i>	1	[EDS]
<i>pacerone tabs</i>	2	[EDS]	<i>verapamil er</i>	2	[EDS]
<i>propafenone tabs</i>	2	[EDS]	<i>verapamil sr</i>	2	[EDS]
<i>quinidine gluconate cr</i>	4	[EDS]	Cardiovascular Agents, Other		
<i>quinidine sulfate</i>	2	[EDS]	<i>aliskiren</i>	3	[EDS]
<i>sorine</i>	2	[EDS]	<i>amiloride & hydrochlorothiazide</i>	1	[EDS]
<i>sotalol tabs</i>	2	[EDS]	<i>amlodipine & atorvastatin</i>	2	[EDS]
Beta-adrenergic Blocking Agents			<i>amlodipine & benazepril</i>	1	[EDS]
<i>acebutolol</i>	2	[EDS]	<i>amlodipine & valsartan & hydrochlorothiazide tabs</i>	2	[EDS]
<i>atenolol</i>	1	[EDS]	<i>atenolol & chlorthalidone</i>	1	[EDS]
<i>bisoprolol</i>	2	[EDS]	<i>benazepril & hydrochlorothiazide</i>	1	[EDS]
<i>carvedilol</i>	1	[EDS]	<i>bisoprolol & hydrochlorothiazide</i>	2	[EDS]
<i>labetalol oral</i>	2	[EDS]	CORLANOR TABS	4	[PA] [EDS]
<i>metoprolol succinate er</i>	2	[EDS]	<i>enalapril & hydrochlorothiazide</i>	1	[EDS]
<i>metoprolol tartrate tabs 25mg, 50mg & 100mg</i>	1	[EDS]	ENTRESTO TABS	3	[QL] [EDS]
<i>nadolol</i>	2	[EDS]	<i>fosinopril & hydrochlorothiazide</i>	1	[EDS]
<i>nebivolol hcl</i>	2	[EDS]	<i>irbesartan hct</i>	1	[EDS]
<i>pindolol</i>	2	[EDS]	<i>ivabradine</i>	4	[PA] [EDS]
<i>propranolol ir tabs</i>	1	[EDS]	<i>lisinopril & hydrochlorothiazide</i>	1	[EDS]
<i>propranolol er caps</i>	2	[EDS]	<i>losartan hct</i>	1	[EDS]
<i>propranolol oral soln</i>	2	[EDS]			
Calcium Channel Blocking Agents, Dihydropyridines					
<i>amlodipine</i>	1	[EDS]			
<i>felodipine er</i>	2	[EDS]			
<i>isradipine</i>	2	[EDS]			
<i>nicardipine caps</i>	2	[EDS]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
<i>metoprolol & hydrochlorothiazide</i>	2	[EDS]	<i>fenofibrate tabs 48mg, 54mg, 145mg & 160mg</i>	2	[EDS]
<i>metyrosine caps</i>	5	[PA]	<i>fenofibric acid dr caps</i>	3	[EDS]
<i>olmesartan & amlodipine</i>	2	[EDS]	<i>gemfibrozil</i>	2	[EDS]
<i>olmesartan hct</i>	2	[EDS]	Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>olmesartan medoxomil & amlodipine & hydrochlorothiazide tabs</i>	2	[EDS]	<i>atorvastatin</i>	1	[EDS]
<i>pentoxifylline er</i>	2	[EDS]	<i>lovastatin</i>	1	[EDS]
<i>ranolazine er</i>	3	[EDS]	<i>pravastatin</i>	1	[EDS]
<i>spironolactone & hydrochlorothiazide</i>	1	[EDS]	<i>rosuvastatin</i>	1	[EDS]
<i>triamterene & hydrochlorothiazide</i>	1	[EDS]	<i>simvastatin</i>	1	[EDS]
<i>valsartan & amlodipine</i>	1	[EDS]	Dyslipidemics, Other		
<i>valsartan hct</i>	1	[EDS]	<i>cholestyramine</i>	2	[EDS]
Diuretics, Loop			<i>cholestyramine light</i>	2	[EDS]
<i>bumetanide inj</i>	2	[EDS]	<i>colesevelam</i>	4	[EDS]
<i>bumetanide tabs</i>	2	[EDS]	<i>colestipol pack</i>	2	[EDS]
<i>furosemide oral</i>	1	[EDS]	<i>colestipol tabs</i>	2	[EDS]
<i>furosemide inj</i>	2	[EDS]	<i>ezetimibe</i>	2	[EDS]
<i>toremide</i>	2	[EDS]	<i>ezetimibe & simvastatin</i>	3	[EDS]
Diuretics, Potassium-sparing			<i>icosapent ethyl</i>	4	[EDS]
<i>amiloride</i>	2	[EDS]	<i>niacin er tabs</i>	3	[QL] [EDS]
Diuretics, Thiazide			<i>omega-3-acid ethyl esters</i>	2	[EDS]
<i>chlorthalidone</i>	1	[EDS]	<i>prevalite</i>	2	[EDS]
<i>hydrochlorothiazide</i>	1	[EDS]	REPATHA INJ	3	[PA] [EDS]
<i>indapamide</i>	1	[EDS]	VASCEPA CAPS	4	[EDS]
<i>metolazone</i>	2	[EDS]	Mineralocorticoid Receptor Antagonists		
Dyslipidemics, Fibric Acid Derivatives			<i>eplerenone</i>	3	[EDS]
<i>fenofibrate caps 43mg & 130mg</i>	2	[EDS]	KERENDIA	3	[PA] [EDS]
<i>fenofibrate micronized caps 67mg, 134mg & 200mg</i>	2	[EDS]	<i>spironolactone tabs</i>	1	[EDS]
			Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
			FARXIGA	3	[QL] [EDS]
			JARDIANCE	3	[QL] [EDS]
			Vasodilators, Direct-acting Arterial		
			<i>hydralazine oral</i>	2	[EDS]
			<i>minoxidil</i>	2	[EDS]

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藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
Vasodilators, Direct-acting Arterial/Venous			Central Nervous System, Other		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg & 30mg</i>	2	[EDS]	AUSTEDO	5	[PA] [QL] [LD]
<i>isosorbide mononitrate</i>	2	[EDS]	AUSTEDO XR 6MG, 12MG & 24MG	5	[PA] [QL] [LD]
<i>isosorbide mononitrate er</i>	2	[EDS]	AUSTEDO XR 18MG, 30MG, 36MG, 42MG & 48MG	5	[PA] [QL]
<i>nitro-bid oint</i>	2	[EDS]	AUSTEDO XR PATIENT TITRATION KIT	5	[PA] [QL]
<i>nitroglycerin lingual</i>	2	[EDS]	NUEDEXTA	5	[PA]
<i>nitroglycerin patches</i>	2	[EDS]	<i>riluzole</i>	3	[EDS]
<i>nitroglycerin sublingual</i>	2	[EDS]	<i>tetrabenazine</i>	5	[PA] [QL]
VERQUVO	4	[PA] [EDS]	Fibromyalgia Agents		
CENTRAL NERVOUS SYSTEM AGENTS			<i>duloxetine hcl</i>	2	[EDS]
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			SAVELLA	3	[EDS]
<i>amphetamine & dextroamphetamine tabs</i>	2	[QL] [EDS]	SAVELLA TITRATION PACK	3	[EDS]
<i>dextroamphetamine sulfate tabs 5mg & 10mg</i>	3	[QL] [EDS]	Multiple Sclerosis Agents		
<i>dextroamphetamine sulfate er</i>	4	[QL] [EDS]	AVONEX INJ	5	[PA]
<i>zenzedi tabs 5mg & 10mg</i>	3	[QL] [EDS]	AVONEX PEN INJ	5	[PA]
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			BETASERON INJ	5	[PA]
<i>atomoxetine</i>	3	[EDS]	COPAXONE INJ 40MG/ML	5	[PA]
<i>clonidine er 0.1mg</i>	2	[EDS]	<i>dalfampridine er</i>	3	[PA] [EDS]
<i>dexmethylphenidate ir tabs</i>	2	[EDS]	<i>dimethyl fumarate caps</i>	5	[PA]
<i>methylphenidate er tabs 10mg & 20mg</i>	3	[EDS]	<i>dimethyl fumarate starter pack</i>	5	[PA]
<i>methylphenidate ir tabs 5mg, 10mg & 20mg</i>	2	[EDS]	<i> fingolimod hcl</i>	5	[PA]
			<i> glatiramer acetate inj</i>	5	[PA]
			<i> glatopa inj</i>	5	[PA]
			<i> teriflunomide tabs</i>	5	[PA]
			VUMERITY	5	[PA]
			DENTAL AND ORAL AGENTS		
			Dental and Oral Agents		
			<i>cevimeline</i>	3	[EDS]
			<i>chlorhexidine gluconate</i>	2	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制	藥物名稱	藥物 等級	要求/限制
<i>doxycycline hyclate immediate-release tabs 20mg</i>	2	[EDS]	<i>betamethasone valerate cream, oint & lotion</i>	2	[EDS]
<i>kourzeq</i>	2	[EDS]	<i>clobetasol propionate cream, foam, gel, oint & soln</i>	4	[EDS]
<i>lidocaine viscous soln</i>	2	[EDS]	<i>clobetasol propionate emollient</i>	4	[EDS]
<i>periogard</i>	2	[EDS]	<i>desonide lotion, oint & cream</i>	3	[QL] [EDS]
<i>pilocarpine tabs</i>	3	[EDS]	<i>desoximetasone topical cream, gel & oint 0.05%</i>	4	[QL] [EDS]
<i>triamcinolone dental paste</i>	2	[EDS]	<i>desoximetasone topical cream & oint 0.25%</i>	3	[QL] [EDS]
DERMATOLOGICAL AGENTS			<i>fluocinolone acetone cream, oint, soln</i>	3	[EDS]
Acne and Rosacea Agents			<i>fluocinolone acetone scalp oil</i>	3	[EDS]
<i>acitretin</i>	4	[PA] [EDS]	<i>fluocinonide cream 0.05%, gel & oint</i>	2	[QL] [EDS]
<i>accutane</i>	4	[EDS]	<i>fluocinonide emulsified base cream</i>	2	[QL] [EDS]
<i>adapalene cream 0.1%</i>	4	[EDS]	<i>fluocinonide soln</i>	2	[EDS]
<i>adapalene gel 0.3%</i>	4	[EDS]	<i>fluticasone propionate cream & oint</i>	2	[EDS]
ALTRENO	3	[PA] [EDS]	<i>halobetasol propionate cream & ointment</i>	2	[EDS]
<i>amnestem caps</i>	4	[EDS]	<i>hydrocortisone lotion & oint 2.5%</i>	2	[EDS]
<i>claravis</i>	4	[EDS]	<i>hydrocortisone butyrate cream & soln</i>	2	[EDS]
<i>isotretinoin caps 10mg, 20mg, 30mg & 40mg</i>	4	[EDS]	<i>hydrocortisone valerate</i>	2	[EDS]
<i>metronidazole topical</i>	3	[EDS]			
<i>tazarotene cream</i>	4	[EDS]			
<i>tazarotene gel</i>	4	[QL] [EDS]			
<i>tretinoin cream</i>	3	[PA] [EDS]			
<i>tretinoin gel 0.01%, 0.025% & 0.05%</i>	3	[PA] [EDS]			
<i>zenatane</i>	4	[EDS]			
Dermatitis and Pruritus Agents					
<i>alclometasone dipropionate</i>	2	[EDS]			
<i>ammonium lactate</i>	2	[EDS]			
<i>betamethasone dipropionate</i>	2	[EDS]			
<i>betamethasone dipropionate augmented</i>	2	[EDS]			

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藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
<i>mometasone cream, oint & soln</i>	2	[EDS]	<i>ciclopirox cream, gel, nail soln, shampoo & susp</i>	2	[EDS]
<i>pimecrolimus</i>	4	[QL] [EDS]	<i>clindamycin gel 1%</i>	3	[EDS]
<i>selenium sulfide lotion</i>	2	[EDS]	<i>clindamycin lotion & soln</i>	2	[EDS]
<i>tacrolimus oint</i>	4	[QL] [EDS]	<i>erythromycin topical gel & soln</i>	2	[EDS]
<i>triamcinolone acetonide topical cream & lotion</i>	2	[EDS]	<i>mupirocin ointment</i>	2	[EDS]
<i>triamcinolone acetonide topical oint 0.025%, 0.1% & 0.5%</i>	2	[EDS]	<i>mupirocin cream</i>	4	[QL] [EDS]
<i>triderm cream 0.1%</i>	2	[EDS]	ELECTROLYTES/MINERALS/METALS/ VITAMINS		
Dermatological Agents, Other			Electrolyte/Mineral/Metal Modifiers		
<i>calcipotriene cream & oint</i>	4	[QL] [EDS]	<i>deferasirox granule pack, tabs & tabs for soln</i>	3	[PA] [EDS]
<i>calcipotriene soln</i>	3	[EDS]	<i>deferiprone</i>	5	[PA]
<i>clotrimazole & betamethasone</i>	2	[EDS]	<i>penicillamine tabs</i>	5	
<i>diclofenac sodium gel 3%</i>	4	[PA] [EDS]	<i>trientine cap 250mg</i>	5	
<i>fluorouracil topical 2% and 5%</i>	3	[EDS]	Electrolyte/Mineral Replacement		
<i>imiquimod cream 5%</i>	3	[EDS]	<i>carglumic acid</i>	5	[PA]
<i>methoxsalen</i>	5		CLINISOL SF INJ	4	[PA] [B vs D] [EDS]
<i>nystatin & triamcinolone</i>	3	[EDS]	<i>dextrose inj</i>	2	[EDS]
OTEZLA	5	[PA] [QL]	<i>dextrose (10%, 5% or 2.5%) & sodium chloride inj</i>	2	[EDS]
<i>podofilox soln</i>	2	[EDS]	<i>klor-con pack</i>	4	[EDS]
<i>silver sulfadiazine</i>	2	[EDS]	<i>klor-con tabs</i>	2	[EDS]
REGRANEX	5	[PA] [QL]	<i>magnesium sulfate inj</i>	2	[EDS]
SANTYL	3	[QL] [EDS]	<i>plenamine inj</i>	2	[PA] [B vs D] [EDS]
<i>ssd</i>	2	[EDS]	<i>potassium chloride oral soln</i>	4	[EDS]
Pediculicides/Scabicides			<i>potassium chloride inj</i>	2	[EDS]
<i>malathion</i>	4	[EDS]	<i>potassium chloride pack 20meq</i>	4	[EDS]
<i>permethrin cream</i>	2	[EDS]	<i>potassium chloride er & cr</i>	2	[EDS]
Topical Anti-infectives					
<i>acyclovir cream & oint 5%</i>	4	[QL] [EDS]			

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藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
<i>potassium chloride & dextrose 20mEq/5% inj</i>	2	[EDS]	<i>lubiprostone</i>	3	[EDS]
<i>potassium chloride & dextrose & lactated ringers inj</i>	2	[EDS]	MOVANTIK	3	[EDS]
<i>potassium chloride & dextrose & sodium chloride inj 10mEq/5%/0.45%, 20mEq/5%/0.2%, 20mEq/5%/0.45%, 20mEq/5%/0.9%, 30mEq/5%/0.45% 40mEq/5%/0.9% & 40mEq/5%/0.45%</i>	2	[EDS]	RELISTOR INJ	5	[PA]
<i>potassium citrate er</i>	2	[EDS]	RELISTOR TABS	5	[PA]
PROSOL INJ	4	[PA] [B vs D] [EDS]	Anti-Diarrheal Agents		
<i>sodium chloride inj</i>	2	[EDS]	<i>alose tron hcl tab 0.5mg</i>	4	[PA] [EDS]
TPN ELECTROLYTES INJ	3	[EDS]	<i>alose tron hcl tab 1mg</i>	5	[PA]
TRAVASOL INJ	4	[PA] [B vs D] [EDS]	<i>diphenoxylate & atropine oral soln</i>	4	[EDS]
Potassium Binders			<i>diphenoxylate & atropine tabs</i>	4	[EDS]
<i>kionex susp</i>	2	[EDS]	<i>loperamide caps 2mg</i>	2	[EDS]
LOKELMA	3	[EDS]	XERMELO	5	[PA]
<i>sodium polystyrene sulfonate powder</i>	2	[EDS]	Antispasmodics, Gastrointestinal		
<i>sps suspension</i>	2	[EDS]	<i>dicyclomine</i>	4	[PA] [EDS]
VELTASSA	3	[EDS]	<i>glycopyrrolate tabs 1mg & 2mg</i>	2	[EDS]
Vitamins			Gastrointestinal Agents, Other		
<i>prenatal multi-vitamin</i>	2	[EDS]	<i>gavilyte-c</i>	2	[EDS]
GASTROINTESTINAL AGENTS			<i>gavilyte-g</i>	2	[EDS]
Anti-Constipation Agents			<i>gavilyte-n</i>	2	[EDS]
<i>constulose soln</i>	2	[EDS]	<i>metoclopramide oral tablets & soln</i>	2	[EDS]
<i>enulose</i>	2	[EDS]	<i>nitroglycerin rectal oint</i>	4	[EDS]
<i>generlac</i>	2	[EDS]	<i>peg 3350 & electrolytes</i>	2	[EDS]
<i>lactulose soln 10g/15ml</i>	2	[EDS]	<i>peg 3350 & sodium chloride & sodium bicarbonate & potassium chloride</i>	2	[EDS]
LINZESS	3	[EDS]	<i>peg 3350 & sodium sulfate & sodium chloride & potassium chloride & sodium ascorbate & ascorbic</i>	3	[EDS]
			PLENVU	3	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>sodium sulfate, potassium sulfate and magnesium sulfate</i>	3	[EDS]
<i>ursodiol cap 300mg & tabs 250mg & 500mg</i>	3	[EDS]
VOWST	5	[PA] [LD]
XIFAXAN TABS 200MG	3	[PA] [EDS]
XIFAXAN TABS 550MG	5	[PA]
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tabs</i>	2	[EDS]
<i>famotidine tabs</i>	1	[EDS]
Protectants		
<i>misoprostol</i>	2	[EDS]
<i>sucralfate tabs</i>	2	[EDS]
Proton Pump Inhibitors		
<i>esomeprazole magnesium dr caps</i>	3	[EDS]
<i>lansoprazole dr caps</i>	2	[EDS]
<i>omeprazole caps</i>	1	[EDS]
<i>pantoprazole tabs</i>	1	[EDS]
<i>rabeprazole sodium</i>	3	[EDS]
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous</i>	5	
CERDELGA	5	[PA]
CREON DR	3	[EDS]
<i>cromolyn sodium oral</i>	4	[EDS]
CYSTAGON	3	[EDS]
ENDARI	5	[PA]
<i>L-glutamine</i>	5	[PA]
<i>miglustat</i>	5	[PA] [LD]
<i>nitisinone</i>	5	[PA]
PROLASTIN C INJ	5	[PA] [LD]
<i>sapropterin</i>	5	

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制
<i>sodium phenylbutyrate powder & tabs</i>	5	
WELIREG	5	[PA] [LD]
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
<i>fesoterodine fumarate er</i>	3	[EDS]
GEMTESA	4	[EDS]
MYRBETRIQ	3	[EDS]
<i>oxybutynin ir</i>	2	[EDS]
<i>oxybutynin er</i>	2	[EDS]
<i>solifenacin succinate</i>	3	[EDS]
<i>tolterodine tartrate er</i>	4	[QL] [EDS]
<i>trospium ir</i>	2	[EDS]
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	[EDS]
<i>doxazosin</i>	2	[EDS]
<i>dutasteride</i>	3	[EDS]
<i>dutasteride & tamsulosin</i>	3	[EDS]
<i>finasteride tabs 5mg</i>	1	[EDS]
<i>prazosin</i>	2	[EDS]
<i>tadalafil 2.5mg & 5mg</i>	4	[PA] [QL] [EDS]
<i>tamsulosin</i>	1	[EDS]
<i>terazosin</i>	1	[EDS]
Genitourinary Agents, Other		
<i>bethanechol</i>	2	[EDS]
ELMIRON	4	[EDS]
<i>tiopronin</i>	5	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone dose pack</i>	2	[EDS]
<i>dexamethasone elixir</i>	2	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制	藥物名稱	藥物 等級	要求/限制
<i>dexamethasone tabs</i>	2	[EDS]	GENOTROPIN	5	[PA]
<i>fludrocortisone acetate</i>	2	[EDS]	MINIQUICK INJ 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG & 2MG		
HEMADY	4	[EDS]	HUMATROPE INJ CARTRIDGE 6MG	4	[PA] [EDS]
<i>hydrocortisone oral</i>	2	[EDS]	HUMATROPE INJ CARTRIDGE 12MG & 24MG	5	[PA]
MEDROL TABS	4	[PA] [B vs D] [EDS]	INCRELEX INJ	5	[PA]
<i>methylprednisolone dose pack</i>	2	[EDS]	LUPRON DEPOT- PED (6-MONTH) INJ	5	[PA]
<i>methylprednisolone oral</i>	2	[PA] [B vs D] [EDS]	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ORAPRED ODT	4	[PA] [B vs D] [EDS]	Androgens		
<i>prednisolone oral soln</i>	2	[PA] [B vs D] [EDS]	<i>danazol</i>	4	[EDS]
<i>prednisolone odt</i>	4	[PA] [B vs D] [EDS]	<i>testosterone cypionate inj</i>	2	[EDS]
<i>prednisolone tablet 5mg</i>	4	[PA] [B vs D] [EDS]	<i>testosterone enanthate inj</i>	2	[EDS]
PREDNISONE INTENSOL	4	[PA] [B vs D] [EDS]	<i>testosterone gel 1% & 1.62%</i>	3	[EDS]
<i>prednisone oral soln</i>	2	[PA] [B vs D] [EDS]	<i>testosterone gel 25mg/2.5g, 20.25mg/1.25g, 40.5mg/2.5g & 50mg/5g</i>	3	[EDS]
<i>prednisone tabs</i>	1	[PA] [B vs D] [EDS]	Estrogens		
<i>prednisone tab pack</i>	1	[EDS]	<i>altavera</i>	2	[EDS]
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)			<i>alyacen 1/35</i>	2	[EDS]
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			<i>apri</i>	2	[EDS]
<i>desmopressin acetate nasal</i>	4	[EDS]	<i>aranelle</i>	2	[EDS]
<i>desmopressin acetate oral</i>	2	[EDS]	<i>aubra eq</i>	2	[EDS]
GENOTROPIN INJ	5	[PA]	<i>aviane</i>	2	[EDS]
GENOTROPIN MINIQUICK INJ 0.2MG, 0.4MG, 0.6MG & 0.8MG	4	[PA] [EDS]	<i>azurette</i>	2	[EDS]
			<i>blisovi fe 1.5/30</i>	2	[EDS]
			<i>briellyn</i>	2	[EDS]
			<i>cyred eq</i>	2	[EDS]
			<i>desogestrel & ethinyl estradiol</i>	2	[EDS]

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藥物名稱	藥物 等級	要求/限制	藥物名稱	藥物 等級	要求/限制
<i>dotti</i>	2	[EDS]	<i>kurvelo</i>	2	[EDS]
<i>drospirenone & ethinyl estradiol 3mg/0.02mg</i>	2	[EDS]	<i>larin</i>	2	[EDS]
<i>eluryng</i>	3	[EDS]	<i>larin fe</i>	2	[EDS]
<i>enilloring</i>	3	[EDS]	<i>leena</i>	2	[EDS]
<i>enpresse-28</i>	2	[EDS]	<i>levonest</i>	2	[EDS]
<i>enskyce</i>	2	[EDS]	<i>levonorgestrel & ethinyl estradiol 0.1-0.02mg & 0.15-0.03mg & triphasic packs</i>	2	[EDS]
<i>estarylla</i>	2	[EDS]	<i>levonorgestrel & ethinyl estradiol and ethinyl estradiol 0.1/0.02mg-0.01mg packs</i>	2	[EDS]
<i>estradiol oral</i>	2	[EDS]	<i>levora</i>	2	[EDS]
<i>estradiol patches</i>	2	[EDS]	<i>loryna</i>	2	[EDS]
<i>estradiol vaginal cream</i>	2	[EDS]	<i>low-ogestrel</i>	2	[EDS]
<i>estradiol vaginal tabs</i>	2	[EDS]	<i>lyllana</i>	2	[EDS]
<i>estradiol & norethindrone acetate 0.5mg/0.1mg & 1mg/0.5mg</i>	2	[EDS]	<i>marlissa 28 day</i>	2	[EDS]
ESTRING	3	[EDS]	MENEST	3	[EDS]
<i>ethinyl estradiol & ethynodiol</i>	2	[EDS]	<i>microgestin 1/20 & 1.5/30</i>	2	[EDS]
<i>ethinyl estradiol & norethindrone acetate 5mcg/1mg & 2.5mcg-0.5mg</i>	2	[EDS]	<i>microgestin 24 fe</i>	2	[EDS]
<i>etonogestrel & ethinyl estradiol ring</i>	3	[EDS]	<i>microgestin fe 1/20 & 1.5/30</i>	2	[EDS]
<i>falmina</i>	2	[EDS]	<i>mili</i>	2	[EDS]
<i>fyavolv</i>	2	[EDS]	<i>mimvey</i>	2	[EDS]
<i>haloette</i>	3	[EDS]	<i>necon</i>	2	[EDS]
IMVEXXY PACK	3	[EDS]	<i>nikki</i>	2	[EDS]
<i>introvale</i>	2	[EDS]	<i>norelgestromin/ethinyl estradiol patch</i>	3	[EDS]
<i>isibloom</i>	2	[EDS]	<i>norethindrone, ethinyl estradiol, ferrous fumarate 0.4mg/0.035mg</i>	2	[EDS]
<i>jasmiel</i>	2	[EDS]	<i>norethindrone, ethinyl estradiol, ferrous fumarate 20mcg/75mg/1mg</i>	2	[EDS]
<i>jinteli</i>	2	[EDS]	<i>norgestimate-ethinyl estradiol</i>	2	[EDS]
<i>juleber</i>	2	[EDS]	<i>nylia 7/7/7 & 1/35</i>	2	[EDS]
<i>junel 21 day</i>	2	[EDS]			
<i>junel fe 1/20</i>	2	[EDS]			
<i>kariva</i>	2	[EDS]			
<i>kelnor 1/35 & 1/50</i>	2	[EDS]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
<i>nymyo</i>	2	[EDS]	<i>medroxyprogesterone acetate inj</i>	2	[EDS]
<i>pimtreea</i>	2	[EDS]	<i>medroxyprogesterone acetate tabs</i>	2	[EDS]
PREMARIN ORAL	3	[EDS]	<i>megestrol acetate oral susp 40mg/ml</i>	2	[EDS]
PREMARIN VAGINAL CREAM	3	[EDS]	<i>megestrol tabs</i>	2	[EDS]
PREMPHASE	3	[EDS]	NEXPLANON	3	[EDS]
PREMPRO	3	[EDS]	<i>norethindrone</i>	2	[EDS]
<i>reclipsen</i>	2	[EDS]	<i>progesterone caps</i>	2	[EDS]
<i>setlakin</i>	2	[EDS]	<i>sharobel</i>	2	[EDS]
<i>tarina fe 1/20 eq</i>	2	[EDS]	Selective Estrogen Receptor Modifying Agents		
<i>tri-estarylla</i>	2	[EDS]	DUAVEE	3	[EDS]
<i>tri-lo-estarylla</i>	2	[EDS]	<i>raloxifene hcl</i>	3	[EDS]
<i>tri-lo-sprintec</i>	2	[EDS]	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
<i>tri-mili</i>	2	[EDS]	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>tri-nymyo</i>	2	[EDS]	CYTOMEL	3	[EDS]
<i>tri-sprintec</i>	2	[EDS]	<i>levothyroxine tabs</i>	1	[EDS]
<i>tri-vylibra</i>	2	[EDS]	<i>levoxyl</i>	1	[EDS]
<i>tri-vylibra lo</i>	2	[EDS]	<i>liothyronine tabs</i>	2	[EDS]
<i>trivora-28</i>	2	[EDS]	SYNTHROID	3	[EDS]
<i>turqoz</i>	2	[EDS]	<i>unithroid</i>	1	[EDS]
<i>velivet</i>	2	[EDS]	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>vestura</i>	2	[EDS]	Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>vienva</i>	2	[EDS]	<i>cabergoline</i>	2	[EDS]
<i>vyfemla</i>	2	[EDS]	ELIGARD INJ	4	[PA] [EDS]
<i>vylibra</i>	2	[EDS]	<i>leuprolide acetate inj kit 1mg/0.2ml</i>	4	[PA] [EDS]
<i>wymzya fe</i>	2	[EDS]	LUPRON DEPOT INJ	5	[PA]
<i>xulane</i>	3	[EDS]	LUPRON DEPOT-PED (1-MONTH & 3-MONTH) INJ	5	[PA]
<i>yuvaferm</i>	2	[EDS]	<i>mifepristone tabs 300mg</i>	5	[PA]
<i>zafemy</i>	3	[EDS]			
<i>zovia</i>	2	[EDS]			
Progestins					
<i>deblitane</i>	2	[EDS]			
DEPO-SUBQ PROVERA 104 INJ	3	[EDS]			
<i>heather tabs</i>	2	[EDS]			
<i>incassia</i>	2	[EDS]			
LILETTA	3	[EDS]			
<i>lyleq</i>	2	[EDS]			
<i>lyza</i>	2	[EDS]			

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藥物名稱	藥物 等級	要求/限制	藥物名稱	藥物 等級	要求/限制
<i>octreotide inj</i> 50mcg/ml, 100mcg/ml, 200mcg/ml & 500mcg/ml	4	[PA] [EDS]	STELARA INJ	5	[PA] [QL]
<i>octreotide inj</i> 1000mcg/ml	5	[PA]	TREMFYA INJ	5	[PA] [QL]
ORGOVYX	5	[PA] [LD]	XELJANZ	5	[PA] [QL]
SIGNIFOR INJ	5	[PA]	XELJANZ XR	5	[PA] [QL]
SOMAVERT INJ	5	[PA]	XOLAIR INJ	5	[PA] [QL] [LD]
SYNAREL	4	[EDS]	Immunostimulants		
TRELSTAR MIXJECT INJ	4	[PA] [EDS]	ACTIMMUNE INJ	5	[PA]
HORMONAL AGENTS, SUPPRESSANT (THYROID)			BESREMI INJ	5	[PA] [LD]
Antithyroid Agents			PEGASYS VIAL INJ	5	[PA]
<i>methimazole</i>	2	[EDS]	Immunosuppressants		
<i>propylthiouracil</i>	2	[EDS]	ASTAGRAF XL	4	[PA] [B vs D] [EDS]
IMMUNOLOGICAL AGENTS			AZASAN	4	[PA] [B vs D] [EDS]
Angioedema Agents			<i>azathioprine tabs</i> 50mg	2	[PA] [B vs D] [EDS]
CINRYZE INJ	5	[PA]	<i>azathioprine tabs</i> 75mg & 100mg	4	[PA] [B vs D] [EDS]
<i>icatibant inj</i>	5	[PA] [QL]	CELLCEPT CAPS	4	[PA] [B vs D] [EDS]
<i>sajazir inj</i>	5	[PA]	CELLCEPT ORAL SUSPENSION & TABS	5	[PA] [B vs D]
Immunoglobulins			<i>cyclosporine caps</i>	3	[PA] [B vs D] [EDS]
GAMMAGARD INJ	5	[PA] [B vs D]	<i>cyclosporine</i> <i>modified</i>	2	[PA] [B vs D] [EDS]
GAMUNEX-C INJ	5	[PA] [B vs D]	ENBREL INJ	5	[PA] [QL]
Immunological Agents, Other			ENBREL MINI INJ	5	[PA] [QL]
ARCALYST INJ	5	[PA]	ENBREL SURECLICK INJ	5	[PA] [QL]
BENLYSTA INJ	5	[PA]	ENVARUSUS XR	4	[PA] [B vs D] [EDS]
COSENTYX INJ	5	[PA] [QL]	<i>everolimus 0.25mg</i>	4	[PA] [B vs D] [EDS]
COSENTYX SENSOREADY PEN INJ	5	[PA] [QL]	<i>everolimus 0.5mg,</i> <i>0.75mg & 1mg</i>	5	[PA] [B vs D]
COSENTYX UNOREADY PEN INJ	5	[PA] [QL]	<i>gengraf</i>	2	[PA] [B vs D] [EDS]
DUPIXENT INJ	5	[PA] [QL]	HUMIRA INJ	5	[PA] [QL]
ORENCIA INJ	5	[PA] [QL]			
OTEZLA STARTER	5	[PA] [QL]			
RIDAURA	5				
RINVOQ	5	[PA] [QL]			
SKYRIZI INJ	5	[PA] [QL]			

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藥物名稱	藥物等級	要求/限制	藥物名稱	藥物等級	要求/限制
HUMIRA PEN-CD/UC/HS STARTER INJ	5	[PA] [QL]	<i>sirolimus tabs</i>	4	[PA] [B vs D] [EDS]
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ	5	[PA] [QL]	<i>tacrolimus caps 0.5mg & 1mg</i>	3	[PA] [B vs D] [EDS]
HUMIRA PEN-PS/UV STARTER INJ	5	[PA] [QL]	<i>tacrolimus caps 5mg</i>	4	[PA] [B vs D] [EDS]
HUMIRA PEN INJ	5	[PA] [QL]	Vaccines		
IMURAN TABS	4	[PA] [B vs D] [EDS]	ABRYSVO INJ	3	[EDS]
JYLAMVO SOLN	4	[EDS]	ACTHIB INJ	3	[EDS]
<i>leflunomide</i>	2	[QL] [EDS]	ADACEL INJ	3	[EDS]
<i>methotrexate inj 50mg/2ml</i>	2	[EDS]	AREXVY INJ	3	[EDS]
<i>methotrexate oral</i>	2	[EDS]	BCG INJ	3	[EDS]
<i>mycophenolate mofetil caps & tabs</i>	2	[PA] [B vs D] [EDS]	BEXSERO INJ	3	[EDS]
<i>mycophenolate mofetil oral susp</i>	5	[PA] [B vs D]	BOOSTRIX INJ	3	[EDS]
<i>mycophenolic acid dr</i>	4	[PA] [B vs D] [EDS]	DAPTACEL INJ	3	[EDS]
MYFORTIC	4	[PA] [B vs D] [EDS]	DIPHThERIA & TETANUS TOXOIDS PEDIATRIC INJ	3	[EDS]
MYHIBBIN	4	[PA] [B vs D] [EDS]	ENGERIX-B INJ	3	[PA] [B vs D] [EDS]
NEORAL	4	[PA] [B vs D] [EDS]	GARDASIL 9 INJ	4	[EDS]
PEGASYS SYRINGE INJ	5	[PA]	HAVRIX INJ	3	[EDS]
PROGRAF CAPS	4	[PA] [B vs D] [EDS]	HEPLISAV-B INJ	3	[PA] [B vs D] [EDS]
PROGRAF PACK	4	[PA] [B vs D] [EDS]	HIBERIX INJ	3	[EDS]
RAPAMUNE SOLN	5	[PA] [B vs D]	IMOVAX RABIES INJ	3	[EDS]
RAPAMUNE TABS	4	[PA] [B vs D] [EDS]	INFANRIX INJ	3	[EDS]
SANDIMMUNE CAPS 25MG & 100MG	4	[PA] [B vs D] [EDS]	IPOL INACTIVATED IPV INJ	3	[EDS]
<i>sirolimus soln</i>	5	[PA] [B vs D]	IXCHIQ INJ	3	[EDS]
			IXIARO INJ	4	[EDS]
			JYNNEOS INJ	3	[PA] [B vs D] [EDS]
			KINRIX INJ	3	[EDS]
			MENACTRA INJ	3	[EDS]
			MENQUADFI INJ	3	[EDS]
			MENVEO-A/C/Y/W-135 INJ	3	[EDS]
			MRESVIA INJ	3	[EDS]
			M-M-R II INJ	3	[EDS]
			PEDIARIX INJ	3	[EDS]

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PEDVAX HIB INJ	3	[EDS]	<i>proctosol hc</i>	2	[EDS]
PENBRAYA INJ	3	[EDS]	<i>proctozone-hc</i>	2	[EDS]
PENTACEL INJ	3	[EDS]	METABOLIC BONE DISEASE AGENTS		
PREHEVBRIO INJ	3	[PA] [B vs D] [EDS]	<i>Metabolic Bone Disease Agents</i>		
PRIORIX INJ	3	[EDS]	<i>alendronate tabs</i>	1	[EDS]
PROQUAD INJ	3	[EDS]	<i>calcitonin-salmon nasal</i>	2	[EDS]
QUADRACEL INJ	3	[EDS]	<i>calcitriol caps</i>	2	[PA] [B vs D] [EDS]
RABAVERT INJ	3	[EDS]	<i>cinacalcet tab 30mg & 60mg</i>	4	[PA] [B vs D] [EDS]
RECOMBIVAX HB INJ	3	[PA] [B vs D] [EDS]	<i>cinacalcet tab 90mg</i>	5	[PA] [B vs D]
ROTARIX	3	[EDS]	<i>doxercalciferol oral</i>	4	[PA] [B vs D] [EDS]
ROTATEQ	3	[EDS]	<i>ibandronate oral</i>	2	[EDS]
SHINGRIX INJ	3	[EDS]	<i>paricalcitol caps</i>	3	[PA] [B vs D] [EDS]
TDVAX INJ	3	[EDS]	PROLIA INJ	4	[PA] [EDS]
TENIVAC INJ	3	[EDS]	RAYALDEE	5	
TICOVAC INJ	4	[EDS]	<i>risedronate sodium</i>	3	[EDS]
TRUMENBA INJ	3	[EDS]	<i>risedronate sodium dr</i>	3	[EDS]
TWINRIX INJ	3	[EDS]	TERIPARATIDE INJ	5	[PA]
TYPHIM VI INJ	3	[EDS]	TYMLOS INJ	5	[PA]
VAQTA INJ	3	[EDS]	XGEVA INJ	5	[PA]
VARIVAX INJ	3	[EDS]	MISCELLANEOUS THERAPEUTIC AGENTS		
VAXCHORA INJ	3	[EDS]	<i>Miscellaneous Therapeutic Agents</i>		
YF-VAX INJ	3	[EDS]	<i>alcohol pads</i>	2	[PA] [EDS]
INFLAMMATORY BOWEL DISEASE AGENTS			<i>bd insulin syringe ultrafine</i>	2	[PA] [EDS]
<i>Aminosalicylates</i>			<i>bd insulin syringe safetyglide</i>	2	[PA] [EDS]
<i>balsalazide</i>	3	[EDS]	<i>bd pen needle ultrafine</i>	2	[PA] [EDS]
<i>mesalamine dr</i>	4	[EDS]	<i>gauze pads 2"x2"</i>	2	[PA] [EDS]
<i>mesalamine enema</i>	4	[EDS]	INTRALIPID INJ	4	[PA] [B vs D] [EDS]
<i>mesalamine er caps</i>	4	[QL] [EDS]	<i>levocarnitine oral</i>	2	[PA] [B vs D] [EDS]
<i>mesalamine rectal suppository</i>	4	[EDS]	<i>sodium chloride irrigation soln</i>	2	[EDS]
<i>sulfasalazine</i>	2	[EDS]	GLUCOCORTICOID AGENTS		
<i>Glucocorticoids</i>			<i>Glucocorticoid Agents</i>		
<i>budesonide ec caps</i>	4	[PA] [EDS]			
<i>budesonide er tabs 9mg</i>	5	[PA]			
<i>hydrocortisone cream 2.5%</i>	2	[EDS]			
<i>hydrocortisone enema</i>	2	[EDS]			
<i>procto-med hc</i>	2	[EDS]			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制	藥物名稱	藥物 等級	要求/限制
OPHTHALMIC AGENTS			SIMBRINZA	4	[EDS]
<i>Ophthalmic Agents, Other</i>			<i>sulfacetamide sodium & prednisolone sodium phosphate ophthalmic</i>	2	[EDS]
<i>atropine sulfate soln</i>	2	[EDS]	TOBRADEX OINT	3	[EDS]
<i>bacitracin & polymyxin b ointment</i>	2	[EDS]	<i>tobramycin & dexamethasone ophthalmic suspension</i>	2	[EDS]
<i>brimonidine & timolol maleate</i>	4	[EDS]	XIIDRA	3	[EDS]
<i>cyclosporine emulsion 0.05%</i>	3	[EDS]	<i>Ophthalmic Anti-allergy Agents</i>		
CYSTARAN	5		<i>azelastine 0.05%</i>	2	[EDS]
<i>dorzolamide & timolol maleate</i>	2	[EDS]	<i>cromolyn sodium ophthalmic soln</i>	2	[EDS]
<i>neomycin & polymyxin & bacitracin</i>	2	[EDS]	<i>Ophthalmic Anti-infectives</i>		
<i>neomycin & polymyxin & bacitracin & hydrocortisone</i>	2	[EDS]	AZASITE	3	[EDS]
<i>neomycin & polymyxin & dexamethasone</i>	2	[EDS]	<i>bacitracin ophthalmic ointment</i>	2	[EDS]
<i>neomycin & polymyxin & gramicidin ophthalmic</i>	2	[EDS]	<i>ciprofloxacin ophthalmic soln 0.3%</i>	2	[EDS]
<i>neomycin & polymyxin & hydrocortisone</i>	2	[EDS]	<i>erythromycin ophthalmic oint</i>	2	[EDS]
<i>neo-polycin ophthalmic ointment</i>	2	[EDS]	<i>gentamicin ophthalmic soln 0.3%</i>	2	[EDS]
<i>neo-polycin hc ophthalmic ointment</i>	2	[EDS]	<i>moxifloxacin hcl ophthalmic</i>	2	[EDS]
<i>polycin ophthalmic ointment</i>	2	[EDS]	<i>ofloxacin ophthalmic</i>	2	[EDS]
<i>polymyxin b sulfate & trimethoprim sulfate ophthalmic soln</i>	2	[EDS]	<i>sulfacetamide sodium ophthalmic oint & soln 10%</i>	2	[EDS]
ROCKLATAN	3	[EDS]	<i>tobramycin ophthalmic solution</i>	2	[EDS]
			<i>trifluridine</i>	2	[EDS]
			XDEMZY	5	[PA] [QL]
			ZIRGAN	4	[EDS]

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Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
Ophthalmic Anti-inflammatories		
<i>bromfenac ophthalmic soln 0.07% & 0.075%</i>	4	[EDS]
<i>bromfenac ophthalmic soln 0.09%</i>	3	[EDS]
<i>dexamethasone ophthalmic soln</i>	2	[EDS]
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	[EDS]
<i>difluprednate</i>	3	[EDS]
<i>fluorometholone</i>	2	[EDS]
<i>ketorolac soln</i>	2	[EDS]
LOTEMAX OINT	4	[EDS]
LOTEMAX SM GEL 0.38%	4	[EDS]
PRED MILD	3	[EDS]
<i>prednisolone acetate</i>	2	[EDS]
<i>prednisolone sodium phosphate</i>	2	[EDS]
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol soln</i>	2	[EDS]
<i>carteolol</i>	1	[EDS]
<i>levobunolol</i>	2	[EDS]
<i>timolol ophthalmic gel forming</i>	2	[EDS]
<i>timolol ophth soln 12 hours 0.25% & 0.5% multi-use bottles</i>	1	[EDS]
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide tabs</i>	2	[EDS]
<i>acetazolamide er caps</i>	2	[EDS]
<i>brimonidine tartrate soln 0.15% & 0.1%</i>	4	[EDS]
<i>brimonidine tartrate soln 0.2%</i>	2	[EDS]
<i>dorzolamide</i>	2	[EDS]
<i>methazolamide</i>	4	[EDS]
<i>pilocarpine soln</i>	2	[EDS]
RHOPRESSA	3	[EDS]

Drug Name	Drug Tier	Requirements/ Limits
藥物名稱	藥物 等級	要求/限制
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost</i>	1	[EDS]
LUMIGAN	3	[EDS]
<i>travoprost</i>	3	[EDS]
VYZULTA	4	[EDS]
OTIC AGENTS		
Otic Agents		
<i>acetic acid & hydrocortisone</i>	2	[EDS]
CIPRO HC	4	[EDS]
<i>ciprofloxacin & dexamethasone otic susp</i>	4	[EDS]
<i>fluocinolone acetonide otic soln</i>	3	[EDS]
<i>neomycin & polymyxin & hydrocortisone</i>	2	[EDS]
<i>ofloxacin otic</i>	2	[EDS]
RESPIRATORY TRACT/PULMONARY AGENTS		
Antihistamines		
<i>azelastine nasal 0.1%</i>	2	[EDS]
<i>cyproheptadine</i>	4	[EDS]
<i>desloratadine tabs</i>	2	[EDS]
<i>hydroxyzine hcl tabs</i>	4	[PA] [EDS]
<i>hydroxyzine pamoate caps</i>	4	[PA] [EDS]
<i>levocetirizine</i>	2	[EDS]
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	[EDS]
ASMANEX HFA	3	[EDS]
ASMANEX TWISTHALER	3	[EDS]
<i>budesonide nebulizer</i>	4	[PA] [B vs D] [EDS]
<i>flunisolide nasal</i>	2	[QL] [EDS]
<i>fluticasone propionate nasal</i>	2	[QL] [EDS]
<i>mometasone furoate nasal</i>	3	[QL] [EDS]

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藥物名稱	藥物 等級	要求/限制	藥物名稱	藥物 等級	要求/限制
PULMICORT NEBULIZER	4	[PA] [B vs D] [EDS]	SEREVENT DISKUS	3	[EDS]
QVAR REDIHALER	3	[EDS]	STRIVERDI RESPIMAT	3	[EDS]
Antileukotrienes			<i>terbutaline sulfate oral</i>	4	[EDS]
<i>montelukast</i>	2	[EDS]	Cystic Fibrosis Agents		
<i>zafirlukast</i>	2	[QL] [EDS]	BETHKIS	5	[PA] [B vs D]
Bronchodilators, Anticholinergic			CAYSTON	5	[PA] [LD]
ATROVENT HFA	3	[QL] [EDS]	KALYDECO	5	[PA]
<i>ipratropium bromide nasal</i>	2	[QL] [EDS]	KITABIS NEBULIZER	5	[PA] [B vs D]
<i>ipratropium bromide nebulizer</i>	2	[PA] [B vs D] [EDS]	ORKAMBI	5	[PA]
SPIRIVA RESPIMAT	3	[QL] [EDS]	PULMOZYME	5	[PA] [B vs D]
YUPELRI	5	[PA] [B vs D]	TOBI SOLN	5	[PA] [B vs D]
Bronchodilators, Sympathomimetic			TOBI PODHALER	5	
<i>albuterol sulfate hfa 6.7gm inhaler</i>	2	[QL] [EDS]	<i>tobramycin nebulizer</i>	5	[PA] [B vs D]
<i>albuterol sulfate hfa 8.5gm inhaler</i>	2	[QL] [EDS]	Mast Cell Stabilizers		
<i>albuterol sulfate nebulizer</i>	2	[PA] [B vs D] [EDS]	<i>cromolyn sodium nebulizer soln</i>	3	[PA] [B vs D] [EDS]
<i>albuterol sulfate syrup</i>	2	[EDS]	Phosphodiesterase Inhibitors, Airways Disease		
<i>albuterol sulfate tabs</i>	4	[EDS]	OHTUVAYRE NEBULIZER	5	[PA] [B vs D]
<i>arformoterol tartrate nebulizer</i>	4	[PA] [B vs D] [EDS]	<i>roflumilast tabs</i>	3	[EDS]
BROVANA NEBULIZER	4	[PA] [B vs D] [EDS]	<i>theophylline er tabs</i>	4	[EDS]
EPINEPHRINE AUTO-INJECTOR 0.15MG/0.3ML & 0.3MG/0.3ML	3	[EDS]	Pulmonary Antihypertensives		
<i>formoterol fumarate nebulizer</i>	4	[PA] [B vs D] [EDS]	ADEMPAS	5	[PA] [LD]
<i>levalbuterol nebulizer</i>	2	[PA] [B vs D] [EDS]	<i>alyq</i>	5	[PA]
LEVALBUTEROL TARTRATE HFA	4	[EDS]	<i>ambrisentan</i>	5	[PA] [LD]
PERFOROMIST NEBULIZER	5	[PA] [B vs D]	<i>bosentan tabs 62.5mg & 125mg</i>	5	[PA] [LD]
PROAIR RESPICLICK	3	[EDS]	OPSUMIT	5	[PA] [LD]
			<i>sildenafil tab 20mg</i>	3	[PA] [EDS]
			<i>tadalafil tab 20mg</i>	5	[PA]
			TRACLEER 32MG	5	[PA] [LD]
			UPTRAVI	5	[PA]
			Pulmonary Fibrosis Agents		
			OFEV	5	[PA] [QL]
			<i>pirfenidone</i>	5	[PA] [QL]
			Respiratory Tract Agents, Other		
			<i>acetylcysteine nebulizer soln</i>	2	[PA] [B vs D] [EDS]

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ADVAIR HFA	3	[EDS]	STIOLTO RESPIMAT	3	[EDS]
ANORO ELLIPTA	3	[EDS]	TRELEGY ELLIPTA	3	[QL] [EDS]
BEVESPI AEROSPHERE	3	[EDS]	<i>wixela inhub</i>	3	[QL] [EDS]
BREO ELLIPTA	3	[EDS]	SKELETAL MUSCLE RELAXANTS		
<i>breynd</i>	4	[QL] [EDS]	<i>Skeletal Muscle Relaxants</i>		
BREZTRI AEROSPHERE	3	[QL] [EDS]	<i>carisoprodol tabs 350mg</i>	2	[EDS]
<i>budesonide- formoterol fumarate dihydrate</i>	4	[QL] [EDS]	<i>chlorzoxazone tabs 500mg</i>	2	[EDS]
COMBIVENT RESPIMAT	3	[QL] [EDS]	<i>cyclobenzaprine hcl ir</i>	2	[PA] [EDS]
DULERA	3	[EDS]	<i>methocarbamol tabs</i>	2	[EDS]
FASENRA INJ	5	[PA] [QL]	SLEEP DISORDER AGENTS		
<i>fluticasone propionate/salmeterol diskus 100mcg- 50mcg, 250mcg- 50mcg & 500mcg- 50mcg</i>	3	[QL] [EDS]	<i>Sleep Promoting Agents</i>		
<i>ipratropium bromide & albuterol sulfate nebulizer</i>	2	[PA] [B vs D] [EDS]	<i>ramelteon</i>	3	[QL] [EDS]
			<i>tasimelteon caps</i>	5	[PA]
			<i>temazepam caps</i>	4	[PA] [EDS]
			<i>zolpidem ir tabs 5mg & 10mg</i>	2	[EDS]
			Wakefulness Promoting Agents		
			<i>armodafinil</i>	3	[PA] [EDS]
			<i>modafinil</i>	3	[PA] [EDS]
			XYWAV	5	[PA] [LD]

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FORMULARY DRUGS WITH QUANTITY LIMITS

有數量限制的藥物

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>acetaminophen & codeine #2 & #3 tabs</i>	360 tabs per 30 days
<i>acetaminophen & codeine #4 tabs</i>	180 tabs per 30 days
<i>acetaminophen & 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>alprazolam ir tabs</i>	0.25mg, 0.5mg & 1mg: 120 tabs per 30 days; 2mg: 150 tabs per 30 days
<i>amphetamine & dextroamphetamine</i>	60 tabs per 30 days
ATROVENT HFA	2 inhalers per 30 days
AUSTEDO	6mg: 60 tabs per 30 days; 9mg & 12mg: 120 tabs per 30 days
AUSTEDO XR 18MG, 30MG, 36MG, 42MG & 48MG	18mg: 60 tabs per 30 days; 30mg, 36mg, 42mg & 48mg: 30 tabs per 30 days
AUSTEDO XR 6MG, 12MG & 24MG	6mg & 12mg: 90 tabs per 30 days; 24mg: 60 tabs per 30 days
AUSTEDO XR PATIENT TITRATION KIT	1 pack per 28 days
<i>breyna</i>	10.3gm per 30 days
BREZTRI AEROSPHERE	10.7gm per 30 days
<i>budesonide-formoterol fumarate dihydrate</i>	10.20gm per 30 days
<i>butorphanol tartrate nasal</i>	4 bottles per 30 days
BYDUREON BCISE INJ	4mL 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>colchicine tabs</i>	120 tabs per 30 days
COMBIVENT RESPIMAT	8gm per 30 days
COSENTYX INJ	150mg/mL: 10mL per 30 days; 75mg/0.5mL: 2.5mL per 30 days
COSENTYX SENSOREADY PEN INJ	10mL per 30 days
COSENTYX UNOREADY PEN INJ	10mL per 30 days
<i>dabigatran etexilate</i>	60 caps per 30 days
<i>desonide lotion, oint & cream</i>	cream & oint: 120gm per 30 days lotion: 118ml per 30 days
<i>desoximetasone topical cream & oint 0.25%</i>	120gm 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>desoximetasone topical cream, gel & oint 0.05%</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>diclofenac sodium soln 1.5%</i>	450mL per 28 days
<i>diclofenac sodium soln 2%</i>	224gm per 28 days
<i>dihydroergotamine mesylate nasal</i>	8mL per 30 days
DUPIXENT INJ	100mg/0.67mL: 1.34mL per 30 days; 200mg/1.14mL: 3.42mL per 28 days; 300mg/2mL pen: 8mL per 28 days; 300mg/2mL syringe: 8mL per 30 days
ELIQUIS STARTER PACK & TABS	Starter pack: 74 tabs per 180 days; tabs: 60 tabs per 30 days
ENBREL INJ	8 mL per 30 days
ENBREL MINI INJ	8 mL per 30 days
ENBREL SURECLICK INJ	8 mL per 30 days
<i>endocet tabs 2.5-325mg, 5-325mg, 7.5-325mg & 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
ENTRESTO TABS	60 tabs per 30 days
FARXIGA	30 tabs per 30 days
FASENRA INJ	30mg/mL: 1mL per 30 days; 10mg/0.5mL: 1.50mL per 28 days
<i>fentanyl patches</i>	15 patches per 30 days
<i>flunisolide nasal</i>	2 bottles per 30 days
<i>fluocinonide cream, gel & 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
<i>fluticasone propionate/salmeterol diskus 100mcg-50mcg, 250mcg-50mcg & 500mcg-50mcg</i>	60 blisters per 30 days
<i>galantamine er caps</i>	30 caps per 30 days
<i>galantamine soln</i>	200mL per 30 days
<i>galantamine tabs</i>	60 tabs per 30 days
<i>glimepiride & pioglitazone</i>	30 tabs per 30 days
GLYXAMBI	30 tabs 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
HUMIRA INJ	40mg/0.4mL & 40mg/0.8mL: 4 inj per 28 days; 10mg/0.1mL & 20mg/0.2mL: 2 inj per 28 days
HUMIRA PEN INJ	40mg/0.4mL & 40mg/0.8mL: 4 pens per 28 days; 80mg/0.8mL: 2 pens per 28 days
HUMIRA PEN-CD/UC/HS STARTER INJ	3 pens per 180 days
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ	4 pens per 180 days
HUMIRA PEN-PS/UV STARTER INJ	3 pens per 180 days
<i>hydrocodone & acetaminophen soln 7.5- 325mg/15ml</i>	2700ml per 30 days
<i>hydrocodone & acetaminophen tabs 5- 325mg, 7.5-325mg & 10-325mg</i>	5-325mg: 360 tabs per 30 days; 7.5-325mg & 10-325mg: 180 tabs per 30 days
<i>hydrocodone & ibuprofen tabs 7.5-200mg</i>	150 tabs per 30 days
<i>icatibant inj</i>	18mL per 30 days
<i>ipratropium bromide nasal</i>	1 bottle per 30 days
JANUMET	60 tabs per 30 days
JANUMET XR	60 tabs per 30 days
JANUVIA	30 tabs per 30 days
JARDIANCE	30 tabs per 30 days
JENTADUETO	60 tabs per 30 days
JENTADUETO XR	2.5-1000mg: 60 tabs per 30 days; 5-1000mg: 30 tabs per 30 days
<i>leflunomide</i>	30 tabs per 30 days
<i>lidocaine & prilocaine</i>	30gm: 1 tube per 30 days
<i>lidocaine ointment</i>	1 tube per 30 days
<i>lidocaine topical soln</i>	1 bottle per 30 days
LIVTENCITY	120 tabs per 30 days
<i>mesalamine er caps</i>	375mg: 120 caps per 30 days; 500mg: 240 caps per 30 days
<i>mometasone furoate nasal</i>	3 bottles per 30 days
<i>morphine sulfate er tabs</i>	120 tabs per 30 days
MOUNJARO INJ	2mL per 30 days
<i>mupirocin cream</i>	30gm per 30 days
<i>naratriptan</i>	8 tabs per 30 days
NEUPRO PATCH	30 patches per 30 days
<i>niacin er tabs</i>	60 caps per 30 days
OFEV	60 caps per 30 days
ORENCIA INJ	125mg/mL: 4.00mL per 30 days; 50mg/0.4mL: 1.60mL per 30 days; 87.5mg/0.7mL: 2.80mL per 30 days
OTEZLA	60 tabs 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
OTEZLA STARTER	55 tabs per 180 days
<i>oxycodone & acetaminophen tabs 2.5-325mg, 5-325mg, 7.5-325mg & 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
OXYCODONE ER TABS 10MG & 20MG	60 tabs per 30 days
OZEMPIC INJ	3mL per 30 days
<i>pimecrolimus</i>	30gm: 3 tubes per 30 days
<i>pirfenidone</i>	267mg: 270 tabs/caps per 30 days; 534mg & 801mg: 90 tabs per 30 days
PREVYMIS	30 tabs per 30 days
PROMACTA	12.5mg & 25mg: 30 tabs per 30 days; 50mg & 75mg: 60 tabs per 30 days; oral susp: 180 packets per 30 days
<i>ramelteon</i>	30 tabs per 30 days
REGRANEX	2 tubes per 30 days
RINVOQ	15mg & 30mg: 30 tabs per 30 days; 45mg: 84 tabs per 180 days
<i>rivastigmine caps</i>	60 caps per 30 days
<i>rivastigmine patches</i>	30 patches per 30 days
RYBELSUS	30 tabs per 30 days
SANTYL	90gm per 30 days
SKYRIZI INJ	150mg/mL: 2mL per 30 days; 360mg/2.4ml: 2.4mL per 60 days; 180mg/1.2ml: 1.20mL per 60 days
SPIRIVA RESPIMAT	4gm per 30 days
STELARA INJ	45mg/0.5mL: 0.50mL per 30 days; 90mg/mL: 1mL per 30 days
SYNJARDY	60 tabs per 30 days
SYNJARDY XR	5-1000mg & 12.5-1000mg: 60 tabs per 30 days; 10-1000mg & 25-1000mg: 30 tabs per 30 days
<i>tacrolimus oint</i>	100g per 30days
<i>tadalafil 2.5mg & 5mg</i>	2.5mg: 60 tabs per 30 days; 5mg: 30 tabs per 30 days
<i>tazarotene gel</i>	30gm: 3 tubes per 30 days; 100gm: 1 tube per 30 days
<i>tetrabenazine</i>	12.5mg: 240 tabs per 30 days; 25mg: 120 tabs per 30 days
<i>tolterodine tartrate er</i>	30 caps per 30 days
TRADJENTA	30 tabs per 30 days
<i>tramadol & acetaminophen tabs 37.5-325mg</i>	240 tabs 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>tramadol er tabs</i>	30 tabs per 30 days
<i>tramadol ir tab 100mg</i>	120 tabs per 30 days
TRELEGY ELLIPTA	60 blisters per 30 days
TREMFYA INJ	2mL per 30 days
TRIJARDY XR	5-2.5-1000mg & 12.5-2.5-1000mg: 60 tabs per 30 days; 25-5-1000mg & 10-5-1000mg: 30 tabs per 30 days
TRULICITY INJ	2mL per 30 days
<i>wixela inhub</i>	60 blisters per 30 days
XARELTO ORAL SUSP & TABS	oral susp: 775mL per 30 days; 2.5mg: 60 tabs per 30 days; 10mg, 15mg & 20mg: 30 tabs per 30 days
XARELTO STARTER PACK	51 tabs per 180 days
XDEMVI	10mL per 42 days
XELJANZ	tabs: 60 tabs per 30 days; soln: 300mL per 30 days
XELJANZ XR	30 tabs per 30 days
XIGDUO XR	5-500mg, 5-1000mg & 2.5-1000mg: 60 tabs per 30 days; 10-500mg & 10-1000mg: 30 tabs per 30 days
XOLAIR INJ	150mg/mL & 300mg/2mL: 8mL per 28 days; 75mg/0.5mL: 1mL per 28 days
<i>zafirlukast</i>	60 tabs per 30 days
<i>zenzedi</i>	5mg: 120 tabs per 30 days 10mg: 180 tabs per 30 days
<i>zolmitriptan</i>	2.5mg: 12 tabs per 30 days 5mg: 6 tabs per 30 days

- abacavir & lamivudine*, 49
abacavir soln & tabs, 49
 ABELCET INJ, 44
 ABILIFY ASIMTUFII INJ, 48
 ABILIFY MAINTENA INJ, 48
abiraterone acetate, 45
 ABRYSSVO INJ, 64
acamprosate calcium dr, 39
acarbose, 50
accutane, 56
acebutolol, 53
acetaminophen & codeine, 38, 70
acetazolamide er caps, 67
acetazolamide tabs, 67
acetic acid & hydrocortisone, 67
acetylcysteine nebulizer soln, 68
acitretin, 56
 ACTHIB INJ, 64
 ACTIMMUNE INJ, 63
acyclovir caps & tabs, 49
acyclovir cream, 70
acyclovir cream & oint 5%, 57
acyclovir inj, 49
acyclovir ointment, 70
acyclovir oral susp, 49
 ADACEL INJ, 64
adapalene cream 0.1%, 56
adapalene gel 0.3%, 56
adefovir dipivoxil, 48
 ADEMPAS, 68
 ADVAIR HFA, 69
 AIMOVIG INJ, 44
 AKEEGA, 45
albendazole, 47
albuterol sulfate hfa 6.7gm inhaler, 68, 70
albuterol sulfate hfa 8.5gm inhaler, 68, 70
albuterol sulfate nebulizer, 68
albuterol sulfate syrup, 68
albuterol sulfate tabs, 68
alclometasone dipropionate, 56
alcohol pads, 65
 ALECENSA, 45
alendronate tabs, 65
alfuzosin hcl er, 59
aliskiren, 53
allopurinol tabs 100mg & 300mg, 44
alose tron hcl tab 0.5mg, 58
alose tron hcl tab 1mg, 58
alprazolam ir tabs, 50, 70
altavera, 60
 ALTRENO, 56
 ALUNBRIG, 45
 ALUNBRIG INITIATION PACK, 45
alyacen 1/35, 60
alyq, 68
amantadine, 50
 AMBISOME INJ, 44
ambrisentan, 68
amikacin inj, 39
amiloride, 54
amiloride & hydrochlorothiazide, 53
amiodarone tabs, 53
amitriptyline, 43
amlodipine, 53
amlodipine & valsartan & hydrochlorothiazide tabs, 53
amlodipine & atorvastatin, 53
amlodipine & benazepril, 53
ammonium lactate, 56
amnestem caps, 56
amoxapine, 43
amoxicillin, 40
amoxicillin & clavulanate potassium chew tabs 400-57mg, 40

amoxicillin & clavulanate potassium er, 40
amoxicillin & clavulanate potassium oral susp & tabs, 40
amphetamine & dextroamphetamine, 70
amphetamine & dextroamphetamine tabs, 55
amphotericin b inj, 44
amphotericin b liposome inj, 44
ampicillin & sulbactam inj 10-5gm, 2-1gm & 1-0.5gm, 40
ampicillin inj, 40
ampicillin oral, 40
anagrelide, 52
anastrozole, 45
 ANORO ELLIPTA, 69
apomorphine hydrochloride inj, 47
aprepitant caps 80mg & 125mg, 44
aprepitant pack, 44
apri, 60
 APTIOM, 42
 APTIVUS CAPS, 50
aranelle, 60
 ARCALYST INJ, 63
 AREXVY INJ, 64
arformoterol tartrate nebulizer, 68
 ARIKAYCE, 39
aripiprazole odt 10mg, 48
aripiprazole odt 15mg, 48
aripiprazole soln, 48
aripiprazole tabs, 48
 ARISTADA INITIO INJ, 48
 ARISTADA INJ, 48
armodafinil, 69
 ARNUITY ELLIPTA, 67
asenapine maleate sublingual, 48
 ASMANEX HFA, 67
 ASMANEX TWISTHALER, 67
 ASTAGRAF XL, 63
atazanavir sulfate caps, 50
atenolol, 53
atenolol & chlorthalidone, 53
atomoxetine, 55
atorvastatin, 54
atovaquone susp, 47
atovaquone/proguanil, 47
atropine sulfate soln, 66
 ATROVENT HFA, 68, 70
aubra eq, 60
 AUGTYRO, 45
 AUSTEDO, 55, 70
 AUSTEDO XR 18MG, 30MG, 36MG, 42MG & 48MG, 55, 70
 AUSTEDO XR 6MG, 12MG & 24MG, 55, 70
 AUSTEDO XR PATIENT TITRATION KIT, 55, 70
 AUVELITY, 43
aviane, 60
 AVONEX INJ, 55
 AVONEX PEN INJ, 55
 AYVAKIT, 45
 AZASAN, 63
 AZASITE, 66
azathioprine tabs 50mg, 63
azathioprine tabs 75mg & 100mg, 63
azelastine 0.05%, 66
azelastine nasal 0.1%, 67
azithromycin inj, 41
azithromycin tabs & oral susp bottle, 41
aztreonam inj, 39
azurette, 60
bacitracin & polymyxin b ointment, 66
bacitracin ophthalmic ointment, 66
baclofen tabs, 48
balsalazide, 65
 BALVERSA, 45
 BARACLUDGE ORAL SOLN 0.05MG/ML, 48
 BCG INJ, 64
bd insulin syringe safetyglide, 65
bd insulin syringe ultrafine, 65
bd pen needle ultrafine, 65
benazepril, 52
benazepril & hydrochlorothiazide, 53
 BENLYSTA INJ, 63
benztropine tabs, 47

BESREMI INJ, 63
betaine anhydrous, 59
betamethasone dipropionate, 56
betamethasone dipropionate augmented, 56
betamethasone valerate cream, oint & lotion,
 56
 BETASERON INJ, 55
betaxolol soln, 67
bethanechol, 59
 BETHKIS, 68
 BEVESPI AEROSPHERE, 69
bexarotene, 47
 BEXSERO INJ, 64
bicalutamide, 45
 BICILLIN L-A INJ, 40
 BIKTARVY, 49
bisoprolol, 53
bisoprolol & hydrochlorothiazide, 53
blisovi fe 1.5/30, 60
 BOOSTRIX INJ, 64
bosentan tabs 62.5mg & 125mg, 68
 BOSULIF, 45
 BRAFTOVI, 45
 BREO ELLIPTA, 69
breyana, 69, 70
 BREZTRI AEROSPHERE, 69, 70
briellyn, 60
 BRILINTA, 52
brimonidine & timolol maleate, 66
brimonidine tartrate soln 0.15% & 0.1%, 67
brimonidine tartrate soln 0.2%, 67
 BRIVIACT ORAL SOLN, 41
 BRIVIACT TABS, 41
bromfenac ophthalmic soln 0.07% & 0.075%,
 67
bromfenac ophthalmic soln 0.09%, 67
bromocriptine, 47
 BROVANA NEBULIZER, 68
 BRUKINSA, 45
budesonide ec caps, 65
budesonide er tabs 9mg, 65
budesonide nebulizer, 67
budesonide-formoterol fumarate dihydrate,
 69, 70
bumetanide inj, 54
bumetanide tabs, 54
buprenorphine & naloxone sublingual film, 39
buprenorphine & naloxone sublingual tabs, 39
buprenorphine sublingual tabs, 39
bupropion, 43
bupropion sr, 43
bupropion sr 150mg, 39
bupropion xl 150mg & 300mg, 43
bupropion xl 450mg, 43
bupirone, 50
butorphanol tartrate nasal, 38, 70
 BYDUREON BCISE INJ, 50, 70
cabergoline, 62
 CABOMETYX, 45
caffeine-ergotamine, 44
calcipotriene cream, 70
calcipotriene cream & oint, 57
calcipotriene oint, 70
calcipotriene soln, 57
calcitonin-salmon nasal, 65
calcitriol caps, 65
 CALQUENCE, 45
candesartan, 52
 CAPLYTA, 48
 CAPRELSA, 45
captopril, 52
carbamazepine er tabs & caps, 42
*carbamazepine tabs, chewable tabs & oral
 susp*, 42
carbidopa, 47
carbidopa & levodopa, 47
carbidopa & levodopa & entacapone, 47
carglumic acid, 57
carisoprodol tabs 350mg, 69
carteolol, 67
cartia xt, 53
carvedilol, 53
caspofungin inj, 44

CAYSTON, 68
cefaclor, 40
cefaclor er, 40
cefadroxil caps & tabs, 40
cefazolin inj, 40
cefdinir, 40
cefepime inj, 40
cefixime caps, 40
cefixime susp, 40
cefoxitin sodium, 40
cefpodoxime tabs, 40
cefprozil, 40
ceftazidime inj, 40
ceftriaxone inj, 40
cefuroxime inj, 40
cefuroxime oral, 40
celecoxib, 38
 CELLCEPT CAPS, 63
 CELLCEPT ORAL SUSPENSION & TABS, 63
cephalexin caps 250mg & 500mg, 40
cephalexin oral susp, 40
 CERDELGA, 59
cevimeline, 55
chlorhexidine gluconate, 55
chloroquine, 47
chlorpromazine oral, 47
chlorthalidone, 54
chlorzoxazone tabs 500mg, 69
cholestyramine, 54
cholestyramine light, 54
ciclopirox cream, gel, nail soln, shampoo & susp, 57
cilastatin/imipenem inj, 40
cilostazol, 52
 CIMDUO, 49
cimetidine tabs, 59
cinacalcet tab 30mg & 60mg, 65
cinacalcet tab 90mg, 65
 CINRYZE INJ, 63
 CIPRO HC, 67
ciprofloxacin & dexamethasone otic susp, 67
ciprofloxacin in d5w inj, 41
ciprofloxacin ophthalmic soln 0.3%, 66
ciprofloxacin tabs immediate-release 250mg, 500mg & 750mg, 41
citalopram oral soln, 43
citalopram tabs, 43
claravis, 56
clarithromycin, 41
clarithromycin er, 41
 CLEOCIN VAGINAL SUPP, 39
clindamycin gel 1%, 57
clindamycin lotion & soln, 57
clindamycin oral, 39
clindamycin phosphate inj, 39
clindamycin phosphate/dextrose inj, 39
clindamycin swab, 39
clindamycin vaginal cream, 39
 CLINISOL SF INJ, 57
clobazam, 41
clobetasol propionate cream, foam, gel, oint & soln, 56
clobetasol propionate emollient, 56
clomipramine, 43
clonazepam, 41
clonazepam odt, 41
clonidine er 0.1mg, 55
clonidine patches, 52
clonidine tabs immediate-release, 52
clopidogrel tabs 75mg, 52
clorazepate, 50
clotrimazole & betamethasone, 57
clotrimazole cream 1%, 44
clotrimazole topical soln 1%, 44
clotrimazole troche, 44
clozapine, 48
clozapine odt, 48
 COARTEM, 47
codeine sulfate, 38
colchicine tabs, 44, 70
colesevelam, 54
colestipol pack, 54

colestipol tabs, 54
colistimethate inj, 39
 COMBIVENT RESPIMAT, 69, 70
 COMETRIQ, 45
 COMPLERA, 49
compro, 43
constulose soln, 58
 COPAXONE INJ 40MG/ML, 55
 COPIKTRA, 45
 CORLANOR TABS, 53
 COSENTYX INJ, 63, 70
 COSENTYX SENSOREADY PEN INJ, 63, 70
 COSENTYX UNOREADY PEN INJ, 63, 70
 COTELLIC, 45
 CREON DR, 59
cromolyn sodium nebulizer soln, 68
cromolyn sodium ophthalmic soln, 66
cromolyn sodium oral, 59
cyclobenzaprine hcl ir, 69
cyclophosphamide caps & tabs, 45
cyclosporine caps, 63
cyclosporine emulsion 0.05%, 66
cyclosporine modified, 63
cyproheptadine, 67
cyred eq, 60
 CYSTAGON, 59
 CYSTARAN, 66
 CYTOMEL, 62
dabigatran etexilate, 51, 70
dalfampridine er, 55
danazol, 60
dapsone tabs, 45
 DAPTACEL INJ, 64
daptomycin inj, 40
darunavir tab 600mg, 50
darunavir tab 800mg, 50
 DAURISMO, 46
deblitane, 62
deferasirox granule pack, tabs & tabs for soln, 57
deferiprone, 57
 DELSTRIGO, 49
demeclocycline, 41
 DEPO-SUBQ PROVERA 104 INJ, 62
 DESCOVY, 49
desipramine, 43
desloratadine tabs, 67
desmopressin acetate nasal, 60
desmopressin acetate oral, 60
desogestrel & ethinyl estradiol, 60
desonide lotion, oint & cream, 56, 70
desoximetasone topical cream & oint 0.25%, 56, 70
desoximetasone topical cream, gel & oint 0.05%, 56, 71
 DESVENLAFAXINE ER, 43
desvenlafaxine succinate er, 43
dexamethasone dose pack, 59
dexamethasone elixir, 59
dexamethasone ophthalmic soln, 67
dexamethasone tabs, 60
dexmethylphenidate ir tabs, 55
dextroamphetamine sulfate, 71
dextroamphetamine sulfate er, 55, 71
dextroamphetamine sulfate tabs 5mg & 10mg, 55
dextrose (10%, 5% or 2.5%) & sodium chloride inj, 57
dextrose inj, 57
 DIACOMIT, 42
 DIAZEPAM RECTAL GEL, 42
diazepam soln, 50
diazepam tabs, 50
diazoxide, 51
diclofenac potassium tab 50mg, 38
diclofenac sodium dr, 38
diclofenac sodium er, 38
diclofenac sodium gel 3%, 57
diclofenac sodium ophthalmic soln 0.1%, 67
diclofenac sodium soln 1.5%, 38, 71
diclofenac sodium soln 2%, 38, 71
dicloxacillin sodium, 40

dicyclomine, 58
 DIFICID, 41
diflunisal, 38
difluprednate, 67
digoxin oral soln, 53
digoxin tabs 125mcg & 250mcg, 53
dihydroergotamine mesylate nasal, 44, 71
 DILANTIN CAPS, 42
 DILANTIN INFATABS, 42
 DILANTIN SUSP, 42
diltiazem er caps, 53
diltiazem tabs, 53
dilt-xr, 53
dimethyl fumarate caps, 55
dimethyl fumarate starter pack, 55
diphenoxylate & atropine oral soln, 58
diphenoxylate & atropine tabs, 58
 DIPHThERIA & TETANUS TOXOIDS
 PEDIATRIC INJ, 64
dipyridamole er & aspirin, 52
dipyridamole oral, 52
disopyramide phosphate, 53
disulfiram, 39
divalproex sodium dr, 42
divalproex sodium er, 42
dofetilide, 53
donepezil odt, 42
donepezil tabs 5mg & 10mg, 42
dorzolamide, 67
dorzolamide & timolol maleate, 66
dotti, 61
 DOVATO, 49
doxazosin, 59
doxepin caps, 43
doxepin oral soln, 43
doxercalciferol oral, 65
doxy 100 inj, 41
doxycycline hyclate immediate-release caps
 50mg & 100mg, 41
doxycycline hyclate immediate-release tabs
 100mg, 41
doxycycline hyclate immediate-release tabs
 20mg, 56
doxycycline monohydrate immediate-release
 tabs, caps & oral susp, 41
 DRIZALMA SPRINKLE, 43
dronabinol, 44
drospirenone & ethinyl estradiol
 3mg/0.02mg, 61
droxidopa, 52
 DUAVEE, 62
 DULERA, 69
duloxetine hcl, 55
 DUPIXENT INJ, 63, 71
dutasteride, 59
dutasteride & tamsulosin, 59
ec-naproxen, 38
econazole nitrate, 44
 EDURANT, 49
efavirenz & lamivudine & tenofovir disoproxil
 fumarate tabs, 49
efavirenz tabs, 49
efavirenz & emtricitabine & tenofovir disoproxil
 fumarate tabs, 49
 ELIGARD INJ, 62
 ELIQUIS STARTER PACK & TABS, 51, 71
 ELMIRON, 59
eluryng, 61
 EMGALITY INJ, 44
 EMSAM, 43
emtricitabine & tenofovir disoproxil fumarate
 tabs 100mg-150mg, 133mcg-200mg &
 167mg-250mg, 49
emtricitabine & tenofovir disoproxil fumarate
 tabs 200mg-300mg, 49
emtricitabine caps 200mg, 49
 EMTRIVA SOLN, 49
enalapril & hydrochlorothiazide, 53
enalapril tabs, 52
 ENBREL INJ, 63, 71
 ENBREL MINI, 63, 71
 ENBREL SURECLICK INJ, 63, 71

ENDARI, 59
endocet, 38
endocet tabs 2.5-325mg, 5-325mg, 7.5-325mg & 10-325mg, 71
 ENGERIX-B INJ, 64
enilloring, 61
enoxaparin inj syringe, 51
enpresse-28, 61
enskyce, 61
entacapone, 47
entecavir tabs, 48
 ENTRESTO TABS, 53, 71
enulose, 58
 ENVARSUS XR, 63
 EPCLUSA, 48
 EPIDIOLEX, 41
 EPINEPHRINE AUTO-INJECTOR
 0.15MG/0.3ML & 0.3MG/0.3ML, 68
epitol, 42
eplerenone, 54
 EPRONTIA, 44
ergoloid mesylates, 42
 ERIVEDGE, 46
 ERLEADA, 45
erlotinib, 46
ertapenem inj, 40
 ERYTHROCIN LACTOBIONATE INJ, 41
erythromycin caps & tabs, 41
erythromycin dr, 41
erythromycin ophthalmic oint, 66
erythromycin topical gel & soln, 57
escitalopram, 43
esomeprazole magnesium dr caps, 59
estarylla, 61
estradiol & norethindrone acetate 0.5mg/0.1mg & 1mg/0.5mg, 61
estradiol oral, 61
estradiol patches, 61
estradiol vaginal cream, 61
estradiol vaginal tabs, 61
 ESTRING, 61
ethambutol, 45
ethinyl estradiol & ethynodiol, 61
ethinyl estradiol & norethindrone acetate 5mcg/1mg & 2.5mcg-0.5mg, 61
ethosuximide, 41
etodolac, 38
etodolac er, 38
etonogestrel & ethinyl estradiol ring, 61
etravirine tabs 100mg, 49
etravirine tabs 200mg, 49
everolimus 0.25mg, 63
everolimus 0.5mg, 0.75mg, 1mg, 63
everolimus tabs 2.5mg, 5mg, 7.5mg & 10mg, 46
everolimus tabs for suspension 2mg, 3mg & 5mg, 46
 EVOTAZ, 50
exemestane, 45
ezetimibe, 54
ezetimibe & simvastatin, 54
falmina, 61
famciclovir, 49
famotidine tabs, 59
 FANAPT, 48
 FANAPT TITRATION PACK, 48
 FARXIGA, 54, 71
 FASENRA INJ, 69, 71
febuxostat, 44
felbamate oral susp 600mg/5ml, 41
felbamate tabs 400mg, 41
felbamate tabs 600mg, 41
felodipine er, 53
fenofibrate caps 43mg & 130mg, 54
fenofibrate micronized caps 67mg, 134mg & 200mg, 54
fenofibrate tabs 48mg, 54mg, 145mg & 160mg, 54
fenofibric acid dr caps, 54
fentanyl citrate lozenges 200mcg, 38
fentanyl citrate lozenges 400mcg, 600mcg, 800mcg, 1200mcg & 1600mcg, 38

fentanyl patches, 71
fentanyl patches 12mcg/hr, 25mcg/hr, 50mcg/hr & 75mcg/hr, 100mcg/hr, 38
fesoterodine fumarate er, 59
 FETZIMA, 43
 FETZIMA TITRATION PACK, 43
finasteride tabs 5mg, 59
ingolimod hcl, 55
 FINTEPLA, 41
flecainide acetate, 53
fluconazole in sodium chloride inj, 44
fluconazole oral, 44
flucytosine, 44
fludrocortisone acetate, 60
flunisolide nasal, 67, 71
fluocinolone acetonide cream, oint, soln, 56
fluocinolone acetonide otic soln, 67
fluocinolone acetonide scalp oil, 56
fluocinonide cream 0.05%, gel & oint, 56
fluocinonide cream, gel & ointment, 71
fluocinonide emulsified base cream, 56
fluocinonide soln, 56
fluorometholone, 67
fluorouracil topical 2% and 5%, 57
fluoxetine hcl caps 10mg, 20mg & 40mg, 43
fluoxetine hcl oral soln, 43
fluoxetine hcl tabs 10mg & 20mg, 43
fluphenazine decanoate inj, 47
fluphenazine inj, 47
fluphenazine oral, 47
fluticasone propionate cream & oint, 56
fluticasone propionate nasal, 67, 71
fluticasone propionate/salmeterol diskus 100mcg-50mcg, 250mcg-50mcg & 500mcg-50mcg, 69, 71
fluvoxamine, 43
fondaparinux inj 2.5mg/0.5ml & 5mg/0.4ml, 52
fondaparinux inj 7.5mg/0.6ml & 10mg/0.8ml, 52
formoterol fumarate nebulizer, 68
fosamprenavir tabs, 50
fosfomycin pack, 40
fosinopril, 52
fosinopril & hydrochlorothiazide, 53
 FOTIVDA, 46
 FRUZAQLA, 46
furosemide inj, 54
furosemide oral, 54
 FUZEON INJ, 50
fyavolv, 61
 FYCOMPA, 41
gabapentin caps, ir tabs & oral soln, 42
galantamine, 42, 71
galantamine er caps, 42, 71
galantamine soln, 42, 71
galantamine tabs, 42, 71
 GAMMAGARD INJ, 63
 GAMUNEX-C INJ, 63
 GARDASIL 9 INJ, 64
gauze pads 2, 65
gavilyte-c, 58
gavilyte-g, 58
gavilyte-n, 58
 GAVRETO, 46
gefitinib, 46
gemfibrozil, 54
 GEMTESA, 59
generlac, 58
gengraf, 63
 GENOTROPIN INJ, 60
 GENOTROPIN MINISQUICK INJ 0.2MG, 0.4MG, 0.6MG & 0.8MG, 60
 GENOTROPIN MINISQUICK INJ 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG & 2MG, 60
gentamicin cream 0.1% & oint 0.1%, 39
gentamicin inj 40mg/ml, 39
gentamicin ophthalmic soln 0.3%, 66
 GENVOYA, 49
 GILOTRIF, 46
glatiramer acetate inj, 55
glatopa inj, 55
 GLEOSTINE CAPS, 45

glimepiride, 50
glimepiride & pioglitazone, 50, 71
glipizide & metformin tabs, 50
glipizide er, 50
glipizide tabs 5mg & 10mg, 50
 GLUCAGON EMERGENCY KIT INJ, 51
glycopyrrolate tabs 1mg & 2mg, 58
 GLYXAMBI, 50, 71
granisetron oral, 44
griseofulvin microsize, 44
guanfacine ir, 52
 GVOKE INJ, 51
halobetasol propionate cream & ointment, 56
haloette, 61
haloperidol decanoate inj, 47
haloperidol lactate inj, 47
haloperidol oral, 47
 HARVONI, 48
 HAVRIX INJ, 64
heather tabs, 62
 HEMADY, 60
heparin inj vials 1000u/ml, 5000u/ml, 10000u/ml & 20000u/ml, 52
 HEPLISAV-B INJ, 64
 HIBERIX INJ, 64
 HUMALOG CARTRIDGE INJ, 51
 HUMALOG JUNIOR KWIKPEN INJ, 51
 HUMALOG KWIKPEN INJ, 51
 HUMALOG MIX 50/50 KWIKPEN INJ, 51
 HUMALOG MIX 75/25 KWIKPEN INJ, 51
 HUMALOG MIX 75/25 VIAL INJ, 51
 HUMALOG VIAL INJ, 51
 HUMATROPE INJ CARTRIDGE 12MG & 24MG, 60
 HUMATROPE INJ CARTRIDGE 6MG, 60
 HUMIRA INJ, 63, 72
 HUMIRA PEN INJ, 64, 72
 HUMIRA PEN-CD/UC/HS STARTER INJ, 64, 72
 HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ, 64, 72
 HUMIRA PEN-PS/UV STARTER INJ, 64, 72
 HUMULIN 70/30 KWIKPEN INJ, 51
 HUMULIN 70/30 VIAL INJ, 51
 HUMULIN N KWIKPEN INJ, 51
 HUMULIN N VIAL INJ, 51
 HUMULIN R U-500 (CONCENTRATED) KWIKPEN INJ, 51
 HUMULIN R U-500 (CONCENTRATED) VIAL INJ, 51
 HUMULIN R VIAL INJ, 51
hydralazine oral, 54
hydrochlorothiazide, 54
hydrocodone & acetaminophen soln, 72
hydrocodone & acetaminophen soln 7.5-325mg/15ml, 38
hydrocodone & acetaminophen tabs, 72
hydrocodone & acetaminophen tabs 5-325mg, 7.5-325mg & 10-325mg, 38
hydrocodone & ibuprofen tabs 7.5-200mg, 72
hydrocodone & ibuprofen tabs 7.5-200mg, 39
hydrocortisone butyrate cream & soln, 56
hydrocortisone cream 2.5%, 65
hydrocortisone enema, 65
hydrocortisone lotion & oint 2.5%, 56
hydrocortisone oral, 60
hydrocortisone valerate, 56
hydromorphone immediate-release oral soln & tabs, 39
hydroxychloroquine tab 200mg, 47
hydroxyurea, 45
hydroxyzine hcl tabs, 67
hydroxyzine pamoate caps, 67
ibandronate oral, 65
 IBRANCE, 46
ibu, 38
ibuprofen, 38
icatibant inj, 63, 72
 ICLUSIG, 46
icosapent ethyl, 54
 IDHIFA, 46
imatinib, 46
 IMBRUVICA, 46

imipramine hcl tabs, 43
imiquimod cream 5%, 57
 IMOVAX RABIES INJ, 64
 IMURAN TABS, 64
 IMVEXXY PACK, 61
incassia, 62
 INCRELEX INJ, 60
indapamide, 54
indomethacin er, 38
indomethacin ir caps, 38
 INFANRIX INJ, 64
 INLYTA, 46
 INQOVI, 46
 INREBIC, 45
 INSULIN LISPRO VIAL INJ, 51
 INTELENCE TAB 25MG, 49
 INTRALIPID INJ, 65
introvale, 61
 INVEGA HAFYERA INJ, 48
 INVEGA SUSTENNA INJ 39MG, 48
 INVEGA SUSTENNA INJ 78MG, 117MG,
 156MG & 234MG, 48
 INVEGA TRINZA INJ, 48
 IPOL INACTIVATED IPV INJ, 64
*ipratropium bromide & albuterol sulfate
 nebulizer*, 69
ipratropium bromide nasal, 68, 72
ipratropium bromide nebulizer, 68
irbesartan, 52
irbesartan hct, 53
 ISENTRESS 100MG CHEW TABS, 49
 ISENTRESS CHEW TABS 25MG, 49
 ISENTRESS HD TABS, 49
 ISENTRESS ORAL POWDER, 49
 ISENTRESS TABS, 49
isibloom, 61
isoniazid, 45
*isosorbide dinitrate tabs 5mg, 10mg, 20mg &
 30mg*, 55
isosorbide mononitrate, 55
isosorbide mononitrate er, 55
isotretinoin caps 10mg, 20mg, 30mg & 40mg,
 56
isradipine, 53
itraconazole, 44
ivabradine, 53
ivermectin tabs, 47
 IWILFIN, 45
 IXCHIQ INJ, 64
 IXIARO INJ, 64
 JAKAFI, 46
jantoven, 52
 JANUMET, 50, 72
 JANUMET XR, 51, 72
 JANUVIA, 51, 72
 JARDIANCE, 54, 72
jasmiel, 61
 JAYPIRCA TABS, 46
 JENTADUETO, 51, 72
 JENTADUETO XR, 51, 72
jinteli, 61
juleber, 61
 JULUCA, 49
junel 21 day, 61
junel fe 1/20, 61
 JYLAMVO SOLN, 64
 JYNNEOS INJ, 64
 KALYDECO, 68
kariva, 61
kelnor 1/35, 1/50, 61
 KERENDIA, 54
ketoconazole cream, shampoo & tabs, 44
ketorolac oral tabs, 38
ketorolac soln 0.4% & 0.5%, 67
 KINRIX INJ, 64
kionex susp, 58
 KISQALI, 46
 KISQALI FEMARA CO-PACK, 46
 KITABIS NEBULIZER, 68
klor-con pack, 57
klor-con tabs, 57
 KLOXXADO, 39
 KOSELUGO, 46

kourzeq, 56
 KRAZATI, 46
kurvelo, 61
labetalol oral, 53
lacosamide oral, 42
lactulose soln 10g/15ml, 58
lamivudine & zidovudine, 49
lamivudine soln, 49
lamivudine tabs 100mg, 48
lamivudine tabs 150mg & 300mg, 49
lamotrigine chewable tabs, 50
lamotrigine immediate-release tabs, 50
lamotrigine odt, 50
 LANOXIN ORAL, 53
lansoprazole dr caps, 59
 LANTUS SOLOSTAR PEN INJ, 51
 LANTUS VIAL INJ, 51
lapatinib, 46
larin, 61
larin fe, 61
latanoprost, 67
 LEDIPASVIR/SOFOSBUVIR, 48
leena, 61
leflunomide, 64, 72
lenalidomide, 45
 LENVIMA, 46
letrozole, 45
leucovorin oral, 47
leuprolide acetate inj kit 1mg/0.2ml, 62
levalbuterol nebulizer, 68
 LEVALBUTEROL TARTRATE HFA, 68
levetiracetam er, 41
levetiracetam oral, 41
levobunolol, 67
levocarnitine oral, 65
levocetirizine, 67
levofloxacin in d5w inj, 41
levofloxacin oral soln, 41
levofloxacin tabs, 41
levonest, 61
levonorgestrel & ethinyl estradiol 0.1-0.02mg & 0.15-0.03mg & triphasic packs, 61
levonorgestrel & ethinyl estradiol and ethinyl estradiol 0.1/0.02mg-0.01mg packs, 61
levora, 61
levothyroxine tabs, 62
levoxyl, 62
L-glutamine, 59
 LIBERVANT, 42
lidocaine & prilocaine, 72
lidocaine & prilocaine cream, 39
lidocaine ointment, 39, 72
lidocaine patch, 39
lidocaine topical soln, 39, 72
lidocaine viscous soln, 56
lidocan III, 39
 LILETTA, 62
linezolid inj, 40
linezolid oral susp and tabs, 40
 LINZESS, 58
liothyronine tabs, 62
lisinopril, 52
lisinopril & hydrochlorothiazide, 53
lithium carbonate, 50
lithium carbonate er, 50
lithium oral soln, 50
 LIVTENCITY, 48, 72
 LODINE TABS, 38
 LOKELMA, 58
 LONSURF, 45
loperamide caps 2mg, 58
lopinavir & ritonavir, 50
lorazepam soln & tabs, 50
 LORBRENA, 46
loryna, 61
losartan, 52
losartan hct, 53
 LOTEMAX OINT, 67
 LOTEMAX SM GEL 0.38%, 67
lovastatin, 54
low-ogestrel, 61

loxapine, 47
lubiprostone, 58
LUMAKRAS, 46
LUMIGAN, 67
LUPRON DEPOT INJ, 62
LUPRON DEPOT-PED (1-MONTH & 3-MONTH) INJ, 62
LUPRON DEPOT-PED (6-MONTH) INJ, 60
lurasidone hcl tabs, 48
lyleq, 62
lyllana, 61
LYNPARZA, 46
LYSODREN, 45
LYTGOBI TABS, 46
LYUMJEV KWIKPEN INJ, 51
LYUMJEV VIAL INJ, 51
lyza, 62
magnesium sulfate inj, 57
malathion, 57
maraviroc, 50
marlissa 28 day, 61
MARPLAN, 43
MATULANE, 45
meclizine, 43
MEDROL TABS, 60
medroxyprogesterone acetate inj, 62
medroxyprogesterone acetate tabs, 62
mefloquine, 47
megestrol acetate oral susp 40mg/ml, 62
megestrol tabs, 62
MEKINIST, 46
MEKTOVI, 46
meloxicam tabs, 38
memantine hcl immediate release, 42
memantine hcl soln, 42
memantine hcl titration pack, 42
MENACTRA INJ, 64
MENEST, 61
MENQUADFI INJ, 64
MENVEO-A/C/Y/W-135 INJ, 64
meprobamate, 50
mercaptopurine, 45
meropenem inj, 40
mesalamine dr, 65
mesalamine enema, 65
mesalamine er caps, 65, 72
mesalamine rectal suppository, 65
MESNEX TABS, 47
metformin er uncoated tabs 500mg & 750mg, 51
metformin tabs, 51
methadone oral, 38
methazolamide, 67
methenamine hippurate, 40
methimazole, 63
methocarbamol tabs, 69
methotrexate inj 50mg/2ml, 64
methotrexate oral, 64
methoxsalen, 57
methsuximide, 41
methylphenidate er tabs 10mg & 20mg, 55
methylphenidate ir tabs 5mg, 10mg & 20mg, 55
methylprednisolone dose pack, 60
methylprednisolone oral, 60
metoclopramide oral tablets & soln, 58
metolazone, 54
metoprolol & hydrochlorothiazide, 54
metoprolol succinate er, 53
metoprolol tartrate tabs 25mg, 50mg & 100mg, 53
metronidazole inj, 40
metronidazole oral, 40
metronidazole topical, 56
metronidazole vagina gel, 40
metyrosine caps, 54
mexiletine, 53
microgestin 1/20 & 1.5/30, 61
microgestin 24 fe, 61
microgestin fe 1/20 & 1.5/30, 61
midodrine tabs, 52
mifepristone tabs 300mg, 62
miglustat, 59

mili, 61
mimvey, 61
minocycline ir, 41
minoxidil, 54
mirtazapine, 43
mirtazapine odt, 43
misoprostol, 59
M-M-R II INJ, 64
modafinil, 69
moexipril, 52
molindone, 47
mometasone cream, oint & soln, 57
mometasone furoate nasal, 67
mometasone furoate nasal, 72
montelukast, 68
morphine sulfate er tabs, 38, 72
morphine sulfate oral, 39
MOUNJARO INJ, 51, 72
MOVANTIK, 58
moxifloxacin hcl ophthalmic, 66
moxifloxacin inj, 41
moxifloxacin oral, 41
MRESVIA INJ, 64
MULTAQ, 53
mupirocin cream, 57, 72
mupirocin ointment, 57
mycophenolate mofetil caps & tabs, 64
mycophenolate mofetil oral susp, 64
mycophenolic acid dr, 64
MYFORTIC, 64
MYHIBBIN, 64
MYRBETRIQ, 59
nabumetone, 38
nadolol, 53
nafcillin sodium inj, 40
naloxone inj, 39
naloxone nasal, 39
naltrexone, 39
naproxen sodium ir tabs, 38
naproxen tabs 250mg, 375mg & 500mg, 38
naratriptan, 44, 72
nateglinide, 51
NAYZILAM, 41
nebivolol hcl, 53
NEBUPENT NEBULIZER, 47
necon, 61
nefazodone, 43
neomycin & polymyxin & bacitracin, 66
neomycin & polymyxin & bacitracin & hydrocortisone, 66
neomycin & polymyxin & dexamethasone, 66
neomycin & polymyxin & gramicidin ophthalmic, 66
neomycin & polymyxin & hydrocortisone, 66, 67
neomycin sulfate oral, 39
neo-polycin hc ophthalmic ointment, 66
neo-polycin ophthalmic ointment, 66
NEORAL, 64
NERLYNX, 46
NEUPRO PATCH, 47, 72
nevirapine er & susp, 49
nevirapine tabs, 49
NEXPLANON, 62
niacin er tabs, 54, 72
nicardipine caps, 53
NICOTROL INHALER, 39
NICOTROL NASAL, 39
nifedipine caps, 53
nifedipine er, 53
nikki, 61
nilutamide, 45
nimodipine, 53
NINLARO, 46
nitazoxanide, 47
nitisinone, 59
nitro-bid oint, 55
nitrofurantoin caps, 40
nitroglycerin lingual, 55
nitroglycerin patches, 55
nitroglycerin rectal oint, 58
nitroglycerin sublingual, 55

NIVESTYM INJ, 52
norelgestromin/ethinyl estradiol patch, 61
norethindrone, 62
norethindrone, ethinyl estradiol, ferrous fumarate 0.4mg/0.035mg, 61
norethindrone, ethinyl estradiol, ferrous fumarate 20mcg/75mg/1mg, 61
norgestimate-ethinyl estradiol, 61
nortriptyline, 43
 NORVIR POWDER, 50
 NUBEQA, 45
 NUEDEXTA, 55
 NUPLAZID, 48
 NURTEC ODT, 44
nyamyc, 44
nylia 7/7/7 & 1/35, 61
nymyo, 62
nystatin, 44
nystatin & triamcinolone, 57
nystop, 44
octreotide inj 1000mcg/ml, 63
octreotide inj 50mcg/ml, 100mcg/ml, 200mcg/ml & 500mcg/ml, 63
 ODEFSEY, 49
 ODOMZO, 46
 OFEV, 68, 72
ofloxacin ophthalmic, 66
ofloxacin oral, 41
ofloxacin otic, 67
 OGSIVEO, 45
 OHTUVAYRE NEBULIZER, 68
 OJEMDA, 46
 OJJAARA, 46
olanzapine inj & tabs, 48
olanzapine odt, 48
olmesartan, 52
olmesartan & amlodipine, 54
olmesartan hct, 54
olmesartan medoxomil & amlodipine & hydrochlorothiazide tabs, 54
omega-3-acid ethyl esters, 54
omeprazole caps, 59
ondansetron odt, 44
ondansetron oral soln, 44
ondansetron tabs 4mg & 8mg, 44
 ONUREG, 45
 OPSUMIT, 68
 OPVEE, 39
 ORAPRED ODT, 60
 ORENCIA INJ, 63, 72
 ORGOVYX, 63
 ORKAMBI, 68
 ORSERDU TABS, 45
oseltamivir caps, 50
oseltamivir susp, 50
 OTEZLA, 57, 72
 OTEZLA STARTER, 63, 73
oxcarbazepine susp, 42
oxcarbazepine tabs, 42
oxybutynin er, 59
oxybutynin ir, 59
oxycodone & acetaminophen, 73
oxycodone & acetaminophen 2.5-325mg, 5-325mg, 7.5-325mg & 10-325mg, 39
 OXYCODONE ER TABS, 38
 OXYCODONE ER TABS 10MG & 20MG, 73
oxycodone immediate-release, 39
oxycodone oral soln, 39
 OZEMPIC INJ, 51, 73
pacerone tabs, 53
paliperidone er tabs, 48
 PANRETIN, 47
pantoprazole tabs, 59
paricalcitol caps, 65
paroxetine hcl er, 43
paroxetine hcl ir tabs, 43
paroxetine hcl susp, 43
 PAXLOVID, 50
pazopanib, 46
 PEDIARIX INJ, 64
 PEDVAX HIB INJ, 65
peg 3350 & electrolytes, 58

peg 3350 & sodium chloride & sodium bicarbonate & potassium chloride, 58
peg 3350 & sodium sulfate & sodium chloride & potassium chloride & sodium ascorbate & ascorbic, 58
 PEGASYS SYRINGE INJ, 64
 PEGASYS VIAL INJ, 63
 PEMAZYRE, 46
 PENBRAYA INJ, 65
penicillamine tabs, 57
penicillin g inj 5 million units & 20 million units, 40
penicillin v potassium, 40
pentamidine inhalation soln, 47
pentamidine inj, 47
pentoxifylline er, 54
 PERFOROMIST NEBULIZER, 68
perindopril, 52
periogard, 56
permethrin cream, 57
perphenazine, 47
perphenazine & amitriptyline, 43
 PETACEL INJ, 65
phenelzine, 43
phenobarbital elixir & tabs, 42
phenytek, 42
phenytoin er, 42
phenytoin oral susp & chewable tabs, 42
 PIFELTRO, 49
pilocarpine soln, 67
pilocarpine tabs, 56
pimecrolimus, 57, 73
pimozide, 47
pimtree, 62
pindolol, 53
pioglitazone, 51
pioglitazone & metformin, 51
piperacillin/tazobactam inj, 40
 PIQRAY, 46
pirfenidone, 68, 73
piroxicam, 38
plenamine inj, 57
 PLENVU, 58
pmdd fluoxetine hcl tabs 10mg & 20mg, 43
podofilox soln, 57
polycin ophthalmic ointment, 66
polymyxin b sulfate & trimethoprim sulfate ophthalmic soln, 66
 POMALYST, 45
posaconazole dr tabs, 44
posaconazole suspension, 44
potassium chloride & dextrose & lactated ringers inj, 58
potassium chloride & dextrose & sodium chloride inj 10mEq/5%/0.45%, 20mEq/5%/0.2%, 20mEq/5%/0.45%, 20mEq/5%/0.9%, 30mEq/5%/0.45% 40mEq/5%/0.9% & 40mEq/5%/0.45%, 58
potassium chloride & dextrose 20mEq/5% inj, 58
potassium chloride er & cr, 57
potassium chloride inj, 57
potassium chloride oral soln, 57
potassium chloride pack 20meq, 57
potassium citrate er, 58
pramipexole ir, 47
prasugrel, 52
pravastatin, 54
praziquantel tabs, 47
prazosin, 59
 PRED MILD, 67
prednisolone acetate, 67
prednisolone odt, 60
prednisolone oral soln, 60
prednisolone sodium phosphate, 67
prednisolone tablet 5mg, 60
 PREDNISON INTENSOL, 60
prednisone oral soln, 60
prednisone tab pack, 60
prednisone tabs, 60
pregabalin, 42
 PREHEVBRIO INJ, 65

PREMARIN ORAL, 62
 PREMARIN VAGINAL CREAM, 62
 PREMPHASE, 62
 PREMPRO, 62
prenatal multi-vitamin, 58
prevalite, 54
 PREVYMIS, 48, 73
 PREZCOBIX, 50
 PREZISTA SUSP 100MG/ML, 50
 PREZISTA TABS 75MG & 150MG, 50
 PRIFTIN, 45
 PRIMAQUINE, 47
 PRIMIDONE TABS 125MG, 42
primidone tabs 50mg & 250mg, 42
 PRIORIX INJ, 65
 PROAIR RESPICLICK, 68
probenecid, 44
probenecid & colchicine, 44
prochlorperazine oral, 43
prochlorperazine supp, 43
 PROCRT INJ 20000UNIT/ML &
 40000UNIT/ML, 52
 PROCRT INJ 2000UNIT/ML, 3000UNIT/ML,
 4000UNIT/ML & 10000UNIT/ML, 52
procto-med hc, 65
proctosol hc, 65
proctozone-hc, 65
progesterone caps, 62
 PROGRAF CAPS, 64
 PROGRAF PACK, 64
 PROLASTIN C INJ, 59
 PROLIA INJ, 65
 PROMACTA, 52, 73
promethazine supp, 43
promethazine syrup, 43
promethazine tabs, 43
promethegan supp, 43
propafenone tabs, 53
propranolol er caps, 53
propranolol ir tabs, 53
propranolol oral soln, 53
propylthiouracil, 63
 PROQUAD INJ, 65
 PROSOL INJ, 58
protriptyline, 43
 PULMICORT NEBULIZER, 68
 PULMOZYME, 68
 PURIXAN, 45
pyrazinamide, 45
pyridostigmine er tabs 180mg, 45
pyridostigmine soln, 45
pyridostigmine tabs 60mg, 45
pyrimethamine, 47
 QINLOCK, 46
 QUADRACEL INJ, 65
quetiapine er tabs, 48
*quetiapine fumarate 25mg, 50mg, 100mg,
 200mg, 300mg & 400mg tabs*, 48
quinapril, 52
quinidine gluconate cr, 53
quinidine sulfate, 53
quinine sulfate caps, 47
 QVAR REDIHALER, 68
 RABAVERT INJ, 65
rabeprazole sodium, 59
raloxifene hcl, 62
ramelteon, 69, 73
ramipril, 52
ranolazine er, 54
 RAPAMUNE SOLN, 64
 RAPAMUNE TABS, 64
rasagiline, 47
 RAYALDEE, 65
reclipsen, 62
 RECOMBIVAX HB INJ, 65
 REGRANEX, 57, 73
 RELENZA DISKHALER, 50
 RELEUKO INJ, 52
 RELISTOR INJ, 58
 RELISTOR TABS, 58
repaglinide, 51
 REPATHA INJ, 54

RETACRIT INJ 20000UNIT/ML &
 40000UNIT/ML, 52
 RETACRIT INJ 2000UNIT/ML, 3000UNIT/ML,
 4000UNIT/ML,10000UNIT/ML &
 20000UNIT/2ML, 52
 RETEVMO, 46
 REVLIMID, 45
 REXULTI, 48
 REYATAZ ORAL POWDER, 50
 REZLIDHIA CAPS, 46
 RHOPRESSA, 67
ribavirin, 48
 RIDAURA, 63
rifabutin, 45
rifampin oral and inj, 45
riluzole, 55
rimantadine, 50
 RINVOQ, 63, 73
risedronate sodium, 65
risedronate sodium dr, 65
risperidone, 48
risperidone er inj 12.5mg & 25mg, 48
risperidone er inj 37.5mg & 50mg, 48
risperidone odt, 48
ritonavir tabs, 50
rivastigmine caps, 42, 73
rivastigmine patches, 42, 73
rizatriptan, 44
rizatriptan odt, 44
 ROCKLATAN, 66
roflumilast tabs, 68
ropinirole ir, 47
rosuvastatin, 54
 ROTARIX, 65
 ROTATEQ, 65
roweepra 500mg, 41
 ROZLYTREK, 46
 RUBRACA, 46
rufinamide, 42
 RUKOBIA, 50
 RYBELSUS, 51, 73
 RYDAPT, 46
sajazir inj, 63
 SANDIMMUNE CAPS 25MG & 100MG, 64
 SANTYL, 57, 73
sapropterin, 59
 SAVELLA, 55
 SAVELLA TITRATION PACK, 55
 SCEMBLIX, 46
scopolamine patch, 43
 SECUADO, 48
selegiline, 47
selenium sulfide lotion, 57
 SELZENTRY 25MG & 75MG, 50
 SELZENTRY SOLN, 50
 SEREVENT DISKUS, 68
sertraline oral soln, 43
sertraline tabs, 43
setlakin, 62
sharobel, 62
 SHINGRIX INJ, 65
 SIGNIFOR INJ, 63
sildenafil tab 20mg, 68
silver sulfadiazine, 57
 SIMBRINZA, 66
simvastatin, 54
sirolimus soln, 64
sirolimus tabs, 64
 SIRTURO, 45
 SIVEXTRO TABS & INJ, 40
 SKYRIZI INJ, 63, 73
sodium chloride inj, 58
sodium chloride irrigation soln, 65
sodium phenylbutyrate powder & tabs, 59
sodium polystyrene sulfonate powder, 58
*sodium sulfate, potassium sulfate and
 magnesium sulfate*, 59
 SOFOSBUVIR/VELPATASVIR, 49
solifenacin succinate, 59
 SOLIQUA INJ, 51
 SOLTAMOX, 45
 SOMAVERT INJ, 63

sorafenib, 46
sorine, 53
sotalol tabs, 53
 SPIRIVA RESPIMAT, 68, 73
spironolactone & hydrochlorothiazide, 54
spironolactone tabs, 54
 SPRITAM, 41
 SPRYCEL, 46
sps suspension, 58
ssd, 57
 STELARA INJ, 63, 73
 STIOLTO RESPIMAT, 69
 STIVARGA, 46
streptomycin inj, 39
 STRIBILD, 49
 STRIVERDI RESPIMAT, 68
subvenite tabs, 50
sucrafate tabs, 59
sulfacetamide sodium & prednisolone sodium phosphate ophthalmic, 66
sulfacetamide sodium ophthalmic oint & soln 10%, 66
sulfacetamide sodium topical lotion 10%, 41
sulfadiazine tabs, 41
sulfamethoxazole & trimethoprim ds tabs, 41
sulfamethoxazole & trimethoprim oral susp, 41
sulfamethoxazole & trimethoprim tabs, 41
sulfasalazine, 65
sulindac, 38
sumatriptan nasal, 44
sumatriptan succinate inj, 45
sumatriptan succinate tabs, 45
sunitinib malate, 46
 SUNLENCA, 50
 SYMLINPEN INJ, 51
 SYMPAZAN 10MG & 20MG, 42
 SYMPAZAN 5MG, 42
 SYMTUZA, 50
 SYNAREL, 63
 SYNJARDY, 51, 73
 SYNJARDY XR, 51, 73
 SYNTHROID, 62
 TABRECTA, 46
tacrolimus caps 0.5mg & 1mg, 64
tacrolimus caps 5mg, 64
tacrolimus oint, 57, 73
tadalafil 2.5mg & 5mg, 59, 73
tadalafil tab 20mg, 68
 TAFINLAR, 46
 TAGRISSO, 46
 TALZENNA, 46
tamoxifen, 45
tamsulosin, 59
tarina fe 1/20 eq, 62
 TASIGNA, 46
tasimelteon caps, 69
tazarotene cream, 56
tazarotene gel, 56, 73
tazicef inj, 40
 TAZVERIK, 46
 TDVAX INJ, 65
 TEFLARO INJ, 40
 TEGRETOL, 42
 TEGRETOL XR, 42
telmisartan, 52
temazepam caps, 69
 TENIVAC INJ, 65
tenofovir disoproxil fumarate, 49
 TEPMETKO, 46
terazosin, 59
terbinafine, 44
terbutaline sulfate oral, 68
terconazole, 44
teriflunomide tabs, 55
 TERIPARATIDE INJ, 65
testosterone cypionate inj, 60
testosterone enanthate inj, 60
testosterone gel 1% & 1.62%, 60
testosterone gel 25mg/2.5g, 20.25mg/1.25g, 40.5mg/2.5g & 50mg/5g, 60
tetrabenazine, 73
tetrabenazine, 55

tetracycline, 41
 THALOMID, 45
theophylline er tabs, 68
thioridazine, 47
thiothixene, 47
tiadylt er, 53
tiagabine, 42
 TIBSOVO, 46
 TICOVAC INJ, 65
tigecycline inj, 40
timolol ophth soln 12 hours 0.25% & 0.5% multi-use bottles, 67
timolol ophthalmic gel forming, 67
timolol oral, 44
tinidazole tabs, 40
tiopronin, 59
 TIVICAY PD, 49
 TIVICAY TAB 10MG, 49
 TIVICAY TABS 25MG & 50MG, 49
tizanidine caps, 48
tizanidine tabs, 48
 TOBI PODHALER, 68
 TOBI SOLN, 68
 TOBRADEX OINT, 66
tobramycin & dexamethasone ophthalmic suspension, 66
tobramycin nebulizer, 68
tobramycin ophthalmic solution, 66
tobramycin sulfate inj, 39
tolterodine tartrate er, 59, 73
topiramate immediate-release, 44
toremifene citrate, 45
torpenz, 46
toremide, 54
 TOUJEO MAX SOLOSTAR INJ, 51
 TOUJEO SOLOSTAR INJ, 51
 TPN ELECTROLYTES INJ, 58
 TRACLEER 32MG, 68
 TRADJENTA, 51, 73
tramadol & acetaminophen, 39, 73
tramadol er tabs, 38, 74
tramadol ir tab 100mg, 39, 74
tramadol tab 50mg, 39
trandolapril, 52
tranexamic acid tabs, 52
tranylcypromine, 43
 TRAVASOL INJ, 58
travoprost, 67
trazodone, 43
 TRECATOR, 45
 TRELEGY ELLIPTA, 69, 74
 TRELSTAR MIXJECT INJ, 63
 TREMFYA INJ, 63, 74
 TRESIBA FLEXTOUCH INJ, 51
 TRESIBA VIAL INJ, 51
tretinoin caps, 47
tretinoin cream, 56
tretinoin gel 0.01%, 0.025% & 0.05%, 56
triamcinolone acetonide topical cream & lotion, 57
triamcinolone acetonide topical oint 0.025%, 0.1% & 0.5%, 57
triamcinolone dental paste, 56
triamterene & hydrochlorothiazide, 54
tridacaine ii patch, 39
triderm cream 0.1%, 57
trientine cap 250mg, 57
tri-estarylla, 62
trifluoperazine, 47
trifluridine, 66
trihexyphenidyl elixir & tabs, 47
 TRIJARDY XR, 51, 74
 TRILEPTAL, 42
tri-lo-estarylla, 62
tri-lo-sprintec, 62
trimethoprim, 40
tri-mili, 62
trimipramine maleate, 43
 TRINTELLIX, 43
tri-nymyo, 62
tri-sprintec, 62
 TRIUMEQ, 49

TRIUMEQ PD, 49
trivora-28, 62
tri-vylibra, 62
tri-vylibra lo, 62
trospium ir, 59
 TRULICITY INJ, 51, 74
 TRUMENBA INJ, 65
 TRUQAP, 46
 TUKYSA, 46
 TURALIO, 46
turqoz, 62
 TWINRIX INJ, 65
 TYBOST, 50
 TYMLOS INJ, 65
 TYPHIM VI INJ, 65
 UBRELVY, 44
 UDENYCA INJ, 52
unithroid, 62
 UPTRAVI, 68
ursodiol cap 300mg & tabs 250mg & 500mg,
 59
 UZEDY INJ, 48
valacyclovir, 49
 VALCHLOR, 45
valganciclovir oral soln, 48
valganciclovir tabs, 48
valproic acid oral caps & soln, 41
valsartan & amlodipine, 54
valsartan hct, 54
valsartan tabs, 52
 VALTOCO, 42
vancomycin caps, 40
vancomycin inj 500mg, 750mg, 1gm & 10gm,
 40
vancomycin oral soln 250mg/5ml, 40
vandazole, 40
 VANFLYTA, 46
 VAQTA INJ, 65
varenicline starting month box, 39
varenicline tartrate, 39
 VARIVAX INJ, 65
 VASCEPA CAPS, 54
 VAXCHORA INJ, 65
velivet, 62
 VELTASSA, 58
 VEMLIDY, 48
 VENCLEXTA STARTING PACK, 46
 VENCLEXTA TABS 100MG, 46
 VENCLEXTA TABS 10MG & 50MG, 46
venlafaxine hcl er caps, 43
venlafaxine ir tabs, 43
verapamil er, 53
verapamil ir, 53
verapamil sr, 53
 VERQUVO, 55
 VERSACLOZ, 48
 VERZENIO, 46
vestura, 62
vienva, 62
vigabatrin, 42
vigadrone, 42
 VIGAFYDE, 42
vigpoder, 42
vilazodone, 43
 VIRACEPT, 50
 VIREAD POWDER, 50
 VIREAD TABS 150MG, 200MG & 250MG, 50
 VITRAKVI, 46
 VIZIMPRO, 46
 VONJO, 45
voriconazole inj, 44
voriconazole oral suspension, 44
voriconazole tabs, 44
 VOSEVI, 49
 VOWST, 59
 VRAYLAR, 48
 VUMERITY, 55
vyfemla, 62
vylibra, 62
 VYZULTA, 67
warfarin, 52
 WELIREG, 59
wixela inhub, 69, 74

wymzya fe, 62
 XALKORI, 46
 XARELTO ORAL SUSP & TABS, 52, 74
 XARELTO STARTER PACK, 52, 74
 XCOPRI MAINTENANCE PACK, 42
 XCOPRI TABS, 42
 XCOPRI TITRATION PACK 50-100MG, & 150-
 200MG, 42
 XCOPRI TITRATION PACK 12.5MG/25MG, 42
 XDEMVY, 66, 74
 XELJANZ, 63, 74
 XELJANZ XR, 63, 74
 XERMELO, 58
 XGEVA INJ, 65
 XIFAXAN TABS 200MG, 59
 XIFAXAN TABS 550MG, 59
 XIGDUO XR, 51, 74
 XIIDRA, 66
 XOFLUZA, 50
 XOLAIR INJ, 63, 74
 XOSPATA, 46
 XPOVIO, 46
 XTANDI, 45
xulane, 62
 XYWAV, 69
 YF-VAX INJ, 65
 YONSA, 45
 YUPELRI, 68
yuvafem, 62
zafemy, 62
zafirlukast, 74
zafirlukast, 68
 ZEGALOGUE INJ, 51
 ZEJULA TABS, 47
 ZELBORAF, 47
zenatane, 56
zenzedi, 74
zenzedi tabs 5mg & 10mg, 55
zidovudine, 50
ziprasidone inj, 48
ziprasidone oral, 48
 ZIRGAN, 66
 ZOLINZA, 47
zolmitriptan, 74
zolmitriptan odt, 45
zolmitriptan tabs, 45
zolpidem ir tabs 5mg & 10mg, 69
 ZONISADE, 42
zonisamide, 42
 ZOSYN INJ, 40
zovia, 62
 ZTALMY SUSP, 42
 ZURZUVAE, 43
 ZYDELIG, 47
 ZYKADIA TABS, 47
 ZYPREXA RELPREVV INJ 210MG, 48

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.
- Electronically: Send an email to 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。
- 電子方式：傳送電郵至 CivilRights@dhcs.ca.gov

- Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة لديك تتعلق بخططنا 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, ພາຍໃຈໃຫ້ພວກເຮົາທີ່ເບີ 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 ਦੁਬਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਬਾਸ਼ੀਆ 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 panggamot. 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.