

Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Sapphire (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO),以及 Health Net Violet 4 (PPO)

2021 年處方一覽表 (承保藥品清單)

請閱讀：本文件內含

本計畫承保藥品的相關資訊

HPMS 核准的處方一覽表檔案遞交 ID 21566, 版本編號 18

本處方一覽表更新於 12/01/2021。若需更多最新資訊或有其他疑問，請聯絡 Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Sapphire (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO),以及 Health Net Violet 4 (PPO)。電話：

州	計畫	電話號碼
California	Health Net Jade (HMO C-SNP), Health Net Sapphire (HMO)	1-800-431-9007
California	所有其他計畫	1-800-275-4737
Oregon/Washington	所有計畫	1-888-445-8913

或者，若為聽障專線使用者，則請撥打 711。服務時間從 10 月 1 日至 3 月 31 日，每週七天上午 8 點至晚上 8 點；從 4 月 1 日至 9 月 30 日，每週一至週五上午 8 點至晚上 8 點。在非營業時間、週末及聯邦法定假日，我們將會使用留言系統，或請瀏覽：

州	網址
California	ca.healthnetadvantage.com
Oregon/Washington	or.healthnetadvantage.com

既有會員請注意：本處方一覽表自去年以來已有變動。請查閱本文件以確定您所服用的藥品仍包含在內。

當本藥品清單（處方一覽表）提到「我們」或「我們的」時，其所指的是 Health Net of California, Inc., Health Net Life Insurance Company 以及 Health Net Health Plan of Oregon。當其提到「計畫」或「我們的計畫」時，其所指的是 Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Sapphire (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), 以及 Health Net Violet 4 (PPO)。

本文件包含我們的計畫之藥品清單（處方一覽表），其最近更新日期為 12/01/2021。若需要更新的處方一覽表，請與我們聯絡。我們的聯絡資訊與處方一覽表的最近更新日期都列於封面與封底。

通常，您必須使用網絡藥房才能享用您的處方藥福利。福利、處方一覽表、藥房網絡和(或)共付額 / 共同保險金可能在 2022 年 1 月 1 日變更，並在年度當中不定時變動。

什麼是 Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Sapphire (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), 和 Health Net Violet 4 (PPO) 處方一覽表？

處方一覽表是我們的計畫諮詢醫療保健服務提供者後選出的承保藥品清單，涵蓋所有我們認為高品質治療方案之處方治療所必須的藥品。只要藥品為醫療所必需、於計畫網絡藥房領取處方以及遵守其他計畫規定，我們通常承保在我們的處方一覽表中列出的藥品。若需有關如何獲得處方藥的更多資訊，請查閱您的**承保範圍證明**。

處方一覽表（藥品清單）可以變更嗎？

藥品承保範圍的大多數變更均發生在 1 月 1 日，但我們可能會在年度當中新增或移除藥品清單上的藥品、將其移至不同的費用分攤層級，或新增限制。進行這些變更時，我們必須遵循 Medicare 規定。

今年可能影響您的變更：在下述情況下，承保範圍變更會在該年度當中對您造成影響：

- **新的普通牌藥品。**如果我們以列於相同或更低分攤費用層級、且限制相同或更低的新的普通牌藥品替換，我們可能立即將藥品清單上的品牌藥品移除。此外，在增加新的普通牌藥

品時，我們可能決定保留藥品清單上的品牌藥品，但立即將其移至不同的費用分攤層級或新增限制。如果您目前正在使用該品牌藥品，我們可能未在進行變更前事先告知，但我們之後會提供您我們所做具體變更的相關資訊。

- 如果我們做出這類變更，您或您的開立處方者可要求我們為您進行例外處理，繼續為您承保該品牌藥品。我們提供您的通知也將包含如何申請例外處理的資訊，且您也可在下方的章節找到資訊，標題為「我如何要求 Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Sapphire (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO) 以及 Health Net Violet 4 (PPO) 處方一覽表的例外情況處理？」
- **藥品遭下架。**若食品藥物管理局 (Food and Drug Administration, FDA) 認為我們的處方一覽表上的某藥品不安全或製藥商將此藥品下架，我們將立刻將此藥品從我們的處方一覽表上除名，並通知服用此藥品的會員。
- **其他變更。**我們可能實施會影響目前用藥之會員的其他變更。例如，我們可能增加不是新上市的普通牌藥品，以取代目前在處方一覽表上的品牌藥品；或對品牌藥品增加新的限制或移到不同的費用分攤層級，或兩者一併實施。或者，我們可能基於新的臨床準則進行變更。若我們從我們的處方一覽表除去藥品，或對某藥品新增事先授權、數量限制和 (或) 階段療法限制 (或將某藥品轉移到較高的費用分攤層級)，我們必須在變更生效至少 30 天前，或在會員要求續配該藥品處方時，通知受影響的會員，且在續配處方時，該會員可拿到此藥品 30 天的用量。
 - 如果我們做出這類其他變更，您或您的開立處方者可要求我們為您進行例外處理，繼續為您承保該品牌藥品。我們提供您的通知也將包含如何申請例外處理的資訊，且您也可在下方的章節找到資訊，標題為「我如何要求 Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Sapphire (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO) 以及 Health Net Violet 4 (PPO) 處方一覽表的例外處理？」

如果您目前正在使用該藥物，變更就不會對您造成影響。通常，若您使用我們 2021 年處方一覽表上在年初受承保的藥品，我們將不會在 2021 承保年度終止或減低承保，但上述情況除外。也就是說，對於在剩餘承保年度中繼續使用此藥品的會員，這些藥物的分攤費用將維持不變，且無

新的限制。若變更不會對您造成影響，您今年就不會直接收到變更通知。但是，下一年的 1 月 1 日，此類變更會影響到您，因此請務必在新福利年度的「藥品清單」中查清是否有藥品變更。

隨附處方一覽表，最近更新日期為 12/01/2021。若要取得我們計畫承保藥品的更新資訊，請聯絡我們。我們的聯絡資訊列於封面與封底。

如果我們對您在使用的藥品做出任何其他負面變更，我們將透過信件通知您。我們也將於我們的網站上公告該變更。

我要如何使用處方一覽表？

有兩個方法可以在處方一覽表中找到您的藥品：

醫療狀況

處方一覽表從第 1 頁開始。本處方一覽表中藥品的分類方式，是按藥品用以治療的醫療狀況類型而分為類別。例如，用於治療心臟病症的藥品列於「CARDIOVASCULAR.」類別底下。如果您知道藥品的用途，請從第 1 頁開始的清單中尋找其類別名稱。然後在此類別名稱下找出您的藥品。

按英文字母順序排列的清單

若您不確定要查找哪個類別，則應在第 Index 1 頁開始的索引中查找您的藥名。該索引依英文字母順序列出本文件所包含的所有藥品。品牌藥品及普通牌藥品都列在此索引中。在索引中找出您的藥品。您將在您的藥品旁看到頁碼，此頁碼引導您找到此藥品的承保資訊。翻到索引所標示的頁數，在清單的第一欄找到您的藥品名稱。

什麼是普通牌藥品？

我們的計畫同時承保品牌藥品和普通牌藥品。普通牌藥品是經 FDA 核准，認可為與品牌藥品具備相同活性成分的藥品。通常，普通藥品的費用低於品牌藥品。

我的承保是否有任何限制？

某些承保藥品可能在承保方面有額外要求或限制。這些要求和限制可能包括：

- **事先授權**：我們的計畫要求您或您的醫師針對特定藥品取得事先授權。這表示您拿處方箋配藥前，需得到我們的核准。如果您未獲得核准，本計畫可能無法承保該藥品。
- **藥量限制**：對於某些藥品，我們的計畫限制對此藥品所承保的數量。例如，我們的計畫提供每份 *simvastatin oral tablet 40 mg* 處方箋每日一錠。這可能是對標準一個月或三個月供應量之外所提供的額外量。
- **階段療法**：某些情況下，我們的計畫要求您在我們承保治療相同病況的其他藥品前，先試用某些藥品治療您的醫療狀況。例如，如果藥品 A 及藥品 B 均可治療您的醫療狀況，我們可能要求您首先嘗試藥品 A 後，才會承保藥品 B。如果藥品 A 對您無效，我們之後才會承保藥品 B。

您可以在從第 1 頁開始的處方一覽表中找出您的藥品是否有任何額外要求或限制。您也可以瀏覽我們的網站，得到對特定承保藥品所加限制的更多資訊。我們已在網站上發布了解釋我們的事先授權及階段療法限制的文件。您也可要求我們將這些文件的複本寄給您。我們的聯絡資訊與處方一覽表的最近更新日期都列於封面與封底。

您可以要求我們針對這些藥品的限制或限額，或對可能治療您健康狀況之其他、類似藥品清單做出例外情況處理。請參閱「我如何要求 Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Sapphire (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), 以及 Health Net Violet 4 (PPO) 處方一覽表的例外情況處理？」一節（第 v 頁），以了解如何要求例外情況處理。

如果我的藥品不在處方一覽表上呢？

如果您的藥品不包含在此處方一覽表（承保藥品清單）中，您應首先與會員服務部聯絡，詢問該藥品是否承保。

如果您被告知我們的計畫不承保此藥品，您有兩個選項：

- 您可向會員服務部索取我們的計畫承保之類似藥品的清單。您收到此清單後，請將清單拿給您的醫師並請其開立我們所承保之類似藥品的處方。

- 您可要求我們做出例外情況處理並承保您的藥品。請參閱下列資訊瞭解如何要求例外情況處理。

我如何要求 Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Sapphire (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), 以及 Health Net Violet 4 (PPO) 處方一覽表的例外情況處理？

您可要求我們針對我們的承保規定進行例外情況處理。有數種類型的例外情況您可以要求我們做出處理。

- 您可以要求我們承保某藥品，即便此藥品不在我們的處方一覽表上。若經核准，此藥品將以預先決定的費用分攤層級承保，您不得要求我們以更低的費用分攤層級提供此藥品。
- 若處方一覽表上某藥品不屬於專科層級，您可以要求以更低的費用分攤層級來承保此藥品。若經核准，這將會降低您必須對您的藥品付出的金額。
- 您可以要求我們取消對您藥品的承保限制或限額。例如：對於某些藥品，我們的計畫限制對此藥品所承保的數量。若您的藥品有數量上的限制，可以要求我們取消此限制並承保較大的數量。

通常，我們將只在下列情況下才會核准您所要求的例外情況：若該計畫處方一覽表上包括數種替代藥品、費用分攤較低藥品或額外的使用限制會對治療您的病況無效和(或)可能對您造成不良的醫療效果。

您應該聯絡我們取得關於處方一覽表或使用限制例外情況的最初承保決定。**您要求處方一覽表或使用限制的例外情況時，應遞交佐證您要求的開立處方者或醫師所提供的聲明。**通常，我們必須在收到您的開立處方者之支援聲明 72 小時內做出決定。若您或您的醫師認為等候 72 小時才做決定對您的健康可能造成嚴重危害，您可以要求加快(快速)例外情況審核。若您的加快要求得到准許，我們必須在收到您醫師或其他開立處方者的支援聲明後 24 小時內告知您我們的決定。

在與自己的醫師討論變更我自己的藥品或要求例外情況之前，我該做什麼？

身為我們計畫的全新或續保會員，您可能正在服用未包含在我們處方一覽表上的藥品。或者，您可能正在服用我們處方一覽表所包含的藥品，但您取得該藥時收到限制。例如，您可能需取得我們的事先授權，才能領取您的處方藥。您應該洽詢您的醫師，決定您是否應該改用我們承保的適合藥品，或要求處方一覽表例外情況處理以便我們承保您服用的藥品。與您的醫師討論並決定對您來說正確的行動時，我們可能在特定情況下，在您成為我們的計畫會員最初的 90 天內承保您的藥品。

針對您的每個非我們處方一覽表中的藥品，或您對此藥品的取得受到限制時，我們將承保暫時性的 30 天用藥量。如果您處方開立的天數較短，我們將允許您多次續配處方，直到我們為您提供的藥量達到 30 天份量上限為止。您最初 30 天的份量用完後，我們將不再對這些藥品付費，即便您成為該計畫的會員不到 90 天。

如果您是長期照護機構的住民，且需要未含在我們處方一覽表上的藥品或如果您取得藥品的能力受到限制，但您已成為我們的計畫會員超過 90 天，在您申請處方一覽表例外情況期間，我們將支付該藥品 31 天的緊急情況用量。

照護層級變更

如果您的照護層級有所變更，我們將會為您承保您藥品的過渡藥量。當您從醫院出院，或遷入或遷出長期照護機構時，就會發生照護層級變更。

- 如果您自長期照護機構或醫院遷返家中並需要過渡藥量，我們將會為您承保一次 30 天份的藥量。如果您處方開立的天數較短，則我們將會允許您多次續配處方，直到我們為您提供的總藥量達到 30 天份為止。
- 如果您從自家或醫院遷入長期照護機構並需要過渡藥量，我們將會為您承保一次 31 天份的藥量。如果您處方開立的天數較短，則我們將會允許您多次續配處方，直到我們為您提供的總藥量達到 31 天份為止。

瞭解更多資訊

欲獲得有關您計畫的處方藥品承保的更多詳細資訊，請參閱您的 *承保範圍證明* 及其他計畫材料。

如果您有關於我們計畫的疑問，請聯絡我們。我們的聯絡資訊與處方一覽表的最近更新日期都列於封面與封底。

若您對 Medicare 處方藥品承保有任何一般性疑問，請致電 1-800-MEDICARE (1-800-633-4227) 聯絡 Medicare，每天 24 小時，每週 7 天提供服務。聽障專線使用者應撥打 1-877-486-2048。或瀏覽 <http://www.medicare.gov>。

Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Sapphire (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), 以及 Health Net Violet 4 (PPO) 處方一覽表

第 1 頁開始的處方一覽表提供有關我們的計畫所承保藥品的承保資訊。如果您在該清單中找不到您的藥品，您可翻到索引，從第 Index 1 頁開始查閱。

表格第一欄所列的是藥品名稱。品牌藥品以大寫字母表示 (如 ELIQUIS ORAL TABLETS)，普通牌藥品則以斜體小寫字母表示 (如 *warfarin sodium oral tablet*)。

要求 / 限制欄位的資訊告訴您，我們的計畫對您藥品的承保是否有任何特殊要求。

縮寫

處方一覽表上可能會出現以下縮寫。

縮寫	定義	說明
B/D	Medicare B 部份相對於 D 部份	此藥品可能視情況屬於 Medicare B 部分或 D 部分的承保範圍。可能需要提交資訊，說明該藥品的使用和設置情況，以做出決定。
GC	額外缺口承保	僅適用於在 <i>Los Angeles</i>、<i>Orange</i>、<i>Riverside</i> 和 <i>San Bernardino</i> 等縣之 Health Net Healthy Heart (HMO) 計畫，以及在 <i>Kern</i>、<i>Los Angeles</i> 和 <i>Orange</i> 等縣之 Health Net Jade (HMO C-SNP) 計畫： 我們提供承保缺口中此類處方藥的額外承保。若需此類承保的更多資訊，請參閱您的 <i>承保範圍證明</i> 。
GC*	額外缺口承保	僅適用於 Health Net Gold Select (HMO) 計畫： 我們提供承保缺口中此類處方藥的額外承保。若需此類承保的更多資訊，請參閱您的 <i>承保範圍證明</i> 。
LA	取得來源有限	該處方可能只能在特定的藥房取得。如需更多資訊，請查閱您的 <i>醫療服務提供者與藥房名錄</i> ，或致電會員服務部，服務時間：從 10 月 1 日至 3 月 31 日，每週七天，每天上午 8 點至晚上 8 點；從 4 月 1 日至 9 月 30 日，週一至週五上午 8 點至晚上 8 點。我們的聯絡資訊列於封面與封底。聽障專線使用者請致電 711。
NM	郵購	我們的郵購藥房不提供此藥品。

縮寫	定義	說明
NT	Non-TrOOP (不屬於 D 部分)	<p>僅適用於 <i>Fresno</i> 縣之 Health Net Gold Select (HMO), Health Net Healthy Heart (HMO) · <i>San Francisco</i> 及 <i>Yolo</i> 等縣之 Health Net Ruby Select (HMO) · <i>Oregon</i> 之 Health Net Ruby (HMO) · Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), 以及 Health Net Violet 4 (PPO) 等計畫：此類處方藥通常不屬於 Medicare 處方藥計畫承保範圍。您在為此類藥品領取處方藥時所支付的費用將不計入您的總藥品費用中 (也就是說, 您所支付的費用對您取得重大傷病承保範圍資格並沒有幫助)。此外, 如果您正在接受額外協助來支付您的處方藥費用, 您將不會得到任何支付此類藥品費用的任何額外協助。藥量限制可能適用。</p>
PA	事先授權	<p>此類藥品需要事先授權。這表示您或您的開立處方者必須先取得我們的核准後, 您才可以獲得處方藥。如果您未獲得核准, 本計畫可能無法承保該藥品。</p>
PA-NS	開始使用新藥的事先授權	<p>此藥品需要事先授權才能開始使用。這表示如果這種藥品對您來說是新藥, 您拿處方箋配藥前, 需得到我們的核准。如果您在投保時正使用此藥品, 您就不需要符合核准的條件。</p>
QL	藥量限制	<p>我們針對此類藥品設有承保藥量限制。例如, 我們對每張 <i>simvastatin oral tablet 40 mg.</i> 處方箋承保每天一錠, 而這可能是標準一個月或三個月藥量的增補。</p>
ST	階段療法	<p>此類藥品需要遵守階段療法規定。這表示您必須先嘗試使用特定藥品治療您的醫療狀況, 然後我們才會為該病況承保另一種藥品。</p> <p>例如, 如果藥品 A 及藥品 B 均可治療您的醫療狀況, 我們可能要求您首先嘗試藥品 A 後, 才會承保藥品 B。如果藥品 A 對您無效, 我們之後才會承保藥品 B。</p>
^	不提供延長天數藥量	<p>此處方藥最多只可供應一個月。請致電會員服務部, 詢問藥品是否提供延長天數藥量。</p>

處方一覽表層級說明

處方藥物分類為以下六個層級之一。如欲查詢您的藥品屬於哪個層級，請查閱處方一覽表從第 1 頁開始的藥物層級欄位。欲獲得有關您處方藥品自費額的更多詳細資訊，包括任何可能適用的自付額，請參閱您的承保範圍證明及其他計畫材料。

下表列出標準零售 30 天份藥量的共付額或共同保險費用（即您將在初始承保階段支付的藥品費用分攤），另有註明者除外：

州	計畫名稱	層級 1 首選普通牌藥品 (包括首選普通牌藥品)	層級 2 普通牌藥品 (包括普通牌藥品)	層級 3 首選品牌藥品 (包括首選品牌藥品，也可能包括部分普通牌藥品)	層級 4 非首選藥品 (包括非首選品牌藥品和非首選普通牌藥品)	層級 5 專科 ¹ (包括高價品牌和普通牌藥品)	層級 6 特選保健藥品 (包括部分普通牌藥品，也可能包括部分用於治療特定慢性病況的品牌藥品)
CA	Health Net Gold Select (HMO)	\$0 ²	\$1 ²	\$42 ²	\$95 ²	33%	\$0
CA	<i>Fresno</i> 縣之 Health Net Healthy Heart (HMO)	\$0 ²	\$3 ²	\$42 ²	\$95 ²	33%	\$0
CA	<i>San Francisco</i> 縣之 Health Net Healthy Heart (HMO)	\$0 ²	\$5 ²	\$42 ²	\$95 ²	33%	\$0
CA	<i>Los Angeles</i> 、 <i>Orange</i> 、 <i>Riverside</i> 和 <i>San Bernardino</i> 等縣之 Health Net Healthy Heart (HMO)	\$1 ²	\$8 ²	\$42 ²	\$95 ²	33%	\$0

州	計畫名稱	層級 1 首選普通 牌藥品 (包括首 選普通牌 藥品)	層級 2 普通牌藥 品 (包括普 通牌藥 品)	層級 3 首選品牌 藥品 (包括首 選品牌藥 品 · 也可 能包括部 分普通牌 藥品)	層級 4 非首選藥 品 (包括非 首選品牌 藥品和非 首選普通 牌藥品)	層級 5 專科 ¹ (包括高 價品牌和 普通牌藥 品)	層級 6 特選保健藥 品 (包括部分 普通牌藥 品 · 也可 能包括部 分用於治 療特定慢 性病況的 品牌藥品)
CA	<i>Imperial</i> 縣之 Health Net Healthy Heart (HMO)	\$3 ²	\$8 ²	\$42 ²	\$95 ²	33%	\$0
CA	<i>Placer</i> 和 <i>Sacramento</i> 等縣之 Health Net Healthy Heart (HMO)	\$3 ²	\$11 ²	\$42 ²	\$95 ²	33%	\$0
CA	<i>San Diego</i> 縣之 Health Net Healthy Heart (HMO)	\$5 ²	\$10 ²	\$42 ²	\$95 ²	33%	\$0
CA	<i>Alameda</i> 和 <i>Stanislaus</i> 等縣之 Health Net Healthy Heart (HMO)	\$5 ²	\$13 ²	\$42 ²	\$95 ²	28%	\$0
CA	<i>Yolo</i> 縣之 Health Net Healthy Heart (HMO)	\$7 ²	\$10 ²	\$42 ²	\$95 ²	33%	\$0
CA	<i>Fresno</i> 和 <i>San Francisco</i> 等縣之 Health Net Jade (HMO C-SNP)	\$0 ²	\$0 ²	\$10 ²	\$75 ²	33%	\$0

州	計畫名稱	層級 1 首選普通 牌藥品 (包括首 選普通牌 藥品)	層級 2 普通牌藥 品 (包括普 通牌藥 品)	層級 3 首選品牌 藥品 (包括首 選品牌藥 品 · 也可 能包括部 分普通牌 藥品)	層級 4 非首選藥 品 (包括非 首選品牌 藥品和非 首選普通 牌藥品)	層級 5 專科 ¹ (包括高 價品牌和 普通牌藥 品)	層級 6 特選保健藥 品 (包括部分 普通牌藥 品 · 也可 能包括部 分用於治 療特定慢 性病況的 品牌藥品)
CA	<i>Kern</i> 、 <i>Los Angeles</i> 和 <i>Orange</i> 等縣之 Health Net Jade (HMO C-SNP)	\$0 ²	\$8 ²	\$42 ²	\$95 ²	33%	\$0
CA	<i>San Diego</i> 縣之 Health Net Jade (HMO C-SNP)	\$0	\$10 ²	\$42 ²	\$95 ²	33%	\$0
CA	<i>Kern</i> 縣之 Health Net Ruby (HMO)	\$0 ²	\$13 ²	\$42 ²	\$95 ²	33%	\$0
CA	<i>Santa Clara</i> 和 <i>Stanislaus</i> 等縣之 Health Net Ruby (HMO)	\$5 ²	\$8 ²	\$42 ²	\$95 ²	33%	\$0
OR	Health Net Ruby (HMO)	\$3 ²	\$8 ²	\$37 ²	\$90 ²	30%	\$0
CA	<i>Fresno</i> 縣之 Health Net Ruby Select (HMO)	\$0 ²	\$3 ²	\$35 ²	\$75 ²	33%	\$0
CA	<i>San Francisco</i> 和 <i>Yolo</i> 等縣之 Health Net Ruby Select (HMO)	\$0 ²	\$3 ²	\$42 ²	\$95 ²	33%	\$0

州	計畫名稱	層級 1 首選普通 牌藥品 (包括首 選普通牌 藥品)	層級 2 普通牌藥 品 (包括普 通牌藥 品)	層級 3 首選品牌 藥品 (包括首 選品牌藥 品，也可 能包括部 分普通牌 藥品)	層級 4 非首選藥 品 (包括非 首選品牌 藥品和非 首選普通 牌藥品)	層級 5 專科 ¹ (包括高 價品牌和 普通牌藥 品)	層級 6 特選保健藥 品 (包括部分 普通牌藥 品，也可 能包括部 分用於治 療特定慢 性病況的 品牌藥品)
CA	<i>Alameda</i> 縣之 Health Net Ruby Select (HMO)	\$0 ²	\$5 ²	\$42 ²	\$95 ²	33%	\$0
CA	<i>Placer</i> 和 <i>Sacramento</i> 等縣之 Health Net Ruby Select (HMO)	\$5 ²	\$8 ²	\$42 ²	\$95 ²	33%	\$0
CA	Health Net Sapphire (HMO)	\$0	\$20	\$47	46%	25%	\$0
OR	Health Net Violet 1 (PPO)	\$5 ²	\$10 ²	\$37 ²	\$90 ²	31%	\$0
OR	Health Net Violet 2 (PPO)	\$5 ²	\$15 ²	\$37 ²	\$90 ²	30%	\$0
OR	Health Net Violet 3 (PPO)	\$5 ²	\$15 ²	\$37 ²	\$90 ²	29%	\$0
OR	Health Net Violet 4 (PPO)	\$3 ²	\$8 ²	\$37 ²	\$90 ²	30%	\$0

¹ 此層級的藥品不符合資格按更低層級價位付費的例外情況處理。

² 此為首選零售 30 天份藥量共付額或共同保險金額。請參閱您的 *醫療服務提供者與藥房名錄*，以查詢提供首選分攤費用的藥房。

Section 1557 Non-Discrimination Language Notice of Non-Discrimination

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- 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).
- 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 Health Net's Member Services telephone number listed for your state on the Member Services Telephone Numbers by State Chart. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Health Net 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 by calling the number in the chart below and telling them you need help filing a grievance; Health Net's 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, DC 20201, 1-800-368-1019 (TTY: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Member Services Telephone Numbers by State Chart

State	Telephone Number and Plan Type
California	1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (all other HMO); (TTY: 711)
Oregon	1-888-445-8913 (HMO and PPO); (TTY: 711)

English: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, please call the number above.

Español (Spanish): Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número de arriba.

简体中文(Chinese): 可以免费为您提供语言协助服务、辅助用具和服务以及其他格式。如有需要，请拨打上述电话号码。

Tiếng Việt (Vietnamese): Các dịch vụ trợ giúp ngôn ngữ, các trợ cụ và dịch vụ phụ thuộc, và các dạng thức thay thế khác hiện có miễn phí cho quý vị. Để có được những điều này, xin gọi số điện thoại nêu trên.

Tagalog (Tagalog): Mayroon kang makukuhang libreng tulong sa wika, auxiliary aids at mga serbisyo, at iba pang mga alternatibong format. Upang makuha ito, mangyaring tawagan ang numerong nakasulat sa itaas.

한국어(Korean): 언어 지원 서비스, 보조적 지원 및 서비스, 기타 형식의 자료를 무료로 이용하실 수 있습니다. 이용을 원하시면 상기 전화번호로 연락해 주십시오.

Armenian: Ուժեղացված լեզվաբանական և տեղաբանական ծախսերի օգնություններ

فارسي (Persian): خدمات ترجمه، حمایت های؛ خدمات کمکی و سایر انواع دیگر به صورت رایگان در اختیار شما قرار می گیرند. برای به دست یابی به این خدمات، لطفاً با شماره تلفن بالا تماس بگیرید.

Русский язык (Russian): Вам могут быть бесплатно предоставлены услуги по переводу, вспомогательные средства и услуги, а также материалы в других, альтернативных, форматах. Чтобы получить их, позвоните, пожалуйста, по указанному выше номеру телефона.

日本語 (Japanese): 言語支援サービス、補助器具と補助サービス、その他のオプション形式を無料でご利用いただけます。ご利用をお考えの方は、上記の番号にお電話ください。

(Arabic): خدمات المساعدة اللغوية والمعينات والخدمات الإضافية وغيرها من الأشكال البديلة متاحة لك مجاناً. للحصول عليها، يرجى الاتصال بالرقم أعلاه.

ਪੰਜਾਬੀ (Panjabi): ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਅਤੇ ਦੂਜੇ ਬਦਲਵੇਂ ਫਾਰਮੈਟ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਇਹਨਾਂ ਦੇ ਲਈ ਵਿਰਧਾ ਕਰਕੇ ਉੱਪਰ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Mon-Khmer, Cambodian): សេវាកម្មជំនួយភាសា ជំនួយជំនួស និងសេវាកម្មនានា នឹងទប់ ដែលមានជម្រើស លើសសេវាផ្សេងទៀត ដែលសេវាកម្មកអាចរកបានសោយឥតគិតថ្លៃ។ សេវាទាំងនេះ អាចមានសេវា ០០១ ម៉ោងរួចមកវិញ។

Ntawv Hmoob (Hmong): Muaj kev pab txhais lus, khoom pab mloog txhais lus thiab lwm yam kev pab pub dawb rau koj. Xav tau tej no, thov hu rau tus nab npawb saum toj saud.

हिंदी (Hindi): भाषा सहायता सेवाएं, सहायक उपकरण और सेवाएं, और अयि वैकल्पिक फस आपके लरि निः शुल्क उपलब्ध हैं। इहैं प्राप्त करने क्लरि, कृपया उपरोक्त नंबर पर कॉल करें।

ไทย Thai): การช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม รวมทั้งรูปแบบทางเลือกอื่น ๆ มีให้ท่านใช้ได้โดยไม่เสียค่าใช้จ่าย หากต้องการขอรับบริการเหล่านี้ กรุณาติดต่อ

Українська мова (Ukrainian): Вам можуть бути безкоштовно надані послуги з перекладу, допоміжні засоби та послуги, а також матеріали в інших, альтернативних, форматах. Щоб одержати їх, зателефонуйте, будь ласка, за номером телефону, який зазначений вище.

Română (Romanian): Servicii de asistență lingvistică, ajutoare și servicii auxiliare, precum și alte formate alternative vă stau la dispoziție în mod gratuit. Pentru a le obține, apălați numărul de mai sus.

Cushite (Cushite): Tajaajila qarqaarsa afaanii, qarqaarsa deeggarsaa fi tajaajilaa, fi qarqaarsi akkaataa biroo bilisaan siif laataama. Tajaajila kanniin argachuuf maaloo lakkoofsa asii olii bilbili.

Deutsch (German): Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer.

Français (French) : Des services gratuits d'assistance linguistique, ainsi que des services d'assistance supplémentaires et d'autres formats sont à votre disposition. Pour y accéder, veuillez appeler le numéro ci-dessus.

Drug Name	Drug Tier	Requirements/Limits
中樞神經系統		
偏頭痛		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)
dihydroergotamine mesylate injection solution 1 mg/ml	5^	
dihydroergotamine mesylate nasal solution 4 mg/ml	5^	PA; QL (8 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	3	
frovatriptan succinate oral tablet 2.5 mg	4	QL (18 EA per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	3	QL (12 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	3	QL (18 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	3	QL (18 EA per 30 days)
sumatriptan nasal solution 20 mg/act	4	QL (12 EA per 30 days)
sumatriptan nasal solution 5 mg/act	4	QL (24 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	GC*; QL (12 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	4	QL (9 ML per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	4	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	4	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	4	QL (9 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	4	QL (6 ML per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	5^	PA; QL (16 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	4	QL (12 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	4	QL (12 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
其他		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5^	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5^	PA; QL (60 EA per 30 days)
GRALISE ORAL TABLET 300 MG	4	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET 600 MG	4	PA; QL (90 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5^	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5^	PA; QL (28 EA per 28 days)
lithium carbonate er oral tablet extended release 300 mg, 450 mg	2	GC*
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	GC, GC*
lithium carbonate oral tablet 300 mg	2	GC*
LITHIUM ORAL SOLUTION 8 MEQ/5ML	4	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG	3	PA; QL (60 EA per 30 days)
NUDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 EA per 30 days)
pyridostigmine bromide oral tablet 60 mg	3	
riluzole oral tablet 50 mg	4	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	4	PA
tetrabenazine oral tablet 12.5 mg	5^	PA; QL (90 EA per 30 days)
tetrabenazine oral tablet 25 mg	5^	PA; QL (120 EA per 30 days)
多發性硬化症藥物		
BETASERON SUBCUTANEOUS KIT 0.3 MG	5^	PA-NS; QL (14 EA per 28 days)
dalfampridine er oral tablet extended release 12 hour 10 mg	3	PA
GILENYA ORAL CAPSULE 0.5 MG	5^	PA-NS; QL (28 EA per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5 [^]	PA-NS; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5 [^]	PA-NS; QL (12 ML per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	5 [^]	PA-NS; QL (30 ML per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	5 [^]	PA-NS; QL (12 ML per 28 days)
TECFIDERA ORAL 120 & 240 MG	5 [^]	PA-NS; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5 [^]	PA-NS; LA; QL (14 EA per 7 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5 [^]	PA-NS; LA; QL (60 EA per 30 days)
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG	5 [^]	PA-NS
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5 [^]	PA-NS; QL (120 EA per 30 days)
安眠藥		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	3	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5 [^]	PA; LA
temazepam oral capsule 15 mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (60 EA per 30 days)
temazepam oral capsule 30 mg	4	PA; PA if 65 years and older; QL (30 EA per 30 days)
temazepam oral capsule 7.5 mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
zolpidem tartrate oral tablet 10 mg, 5 mg	2	PA; GC*; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
心理治療-各類		
acamprosate calcium oral tablet delayed release 333 mg	4	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	3	PA; QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	4	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	4	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	2	GC*; QL (90 EA per 30 days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	3	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	4	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	4	
disulfiram oral tablet 250 mg, 500 mg	3	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	2	GC*
naloxone hcl injection solution cartridge 0.4 mg/ml	2	GC*
naloxone hcl injection solution prefilled syringe 2 mg/2ml	2	GC*
naltrexone hcl oral tablet 50 mg	3	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	
NICOTROL INHALATION INHALER 10 MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG	4	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5^	
抗失智症		
donepezil hcl oral tablet 10 mg	2	GC*
donepezil hcl oral tablet 5 mg	2	GC*; QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg	2	GC*
donepezil hcl oral tablet dispersible 5 mg	2	GC*; QL (30 EA per 30 days)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	3	QL (30 EA per 30 days)
galantamine hydrobromide oral solution 4 mg/ml	4	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	3	QL (60 EA per 30 days)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	4	PA; PA if < 30 yrs
memantine hcl oral solution 2 mg/ml	4	PA; PA if < 30 yrs
memantine hcl oral tablet 10 mg, 5 mg	3	PA; PA if < 30 yrs
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	4	QL (90 EA per 30 days)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	4	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	4	QL (30 EA per 30 days)
抗帕金森藥物		
amantadine hcl oral capsule 100 mg	3	QL (120 EA per 30 days)
amantadine hcl oral solution 50 mg/5ml	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
amantadine hcl oral syrup 50 mg/5ml	2	GC*
amantadine hcl oral tablet 100 mg	3	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5^	PA; LA; QL (60 ML per 30 days)
benztropine mesylate injection solution 1 mg/ml	4	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	4	PA; PA if 70 years and older
bromocriptine mesylate oral capsule 5 mg	4	
bromocriptine mesylate oral tablet 2.5 mg	4	
carbidopa oral tablet 25 mg	4	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	3	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	GC*
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	4	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	4	
entacapone oral tablet 200 mg	4	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5^	PA; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	4	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	GC, GC*
rasagiline mesylate oral tablet 0.5 mg	4	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
rasagiline mesylate oral tablet 1 mg	4	QL (30 EA per 30 days)
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	4	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	GC*
selegiline hcl oral capsule 5 mg	4	
selegiline hcl oral tablet 5 mg	3	
trihexyphenidyl hcl oral solution 0.4 mg/ml	3	PA; PA if 70 years and older
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	3	PA; PA if 70 years and older
抗抑鬱藥物		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	2	GC*
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	3	
bupropion hcl oral tablet 100 mg, 75 mg	3	
citalopram hydrobromide oral solution 10 mg/5ml	3	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	GC, GC*
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	4	PA-NS
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	4	PA-NS; QL (30 EA per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	3	
doxepin hcl oral capsule 150 mg	4	
doxepin hcl oral concentrate 10 mg/ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	PA-NS; QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	GC*; QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5^	PA-NS; QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	4	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	GC, GC*
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	4	PA-NS; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	4	PA-NS; QL (60 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	PA-NS
fluoxetine hcl oral capsule 10 mg, 20 mg	1	GC, GC*
fluoxetine hcl oral capsule 40 mg	2	GC*
fluoxetine hcl oral solution 20 mg/5ml	3	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	GC*
MARPLAN ORAL TABLET 10 MG	4	QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	2	GC*
mirtazapine oral tablet 7.5 mg	3	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	3	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	2	GC*
nortriptyline hcl oral solution 10 mg/5ml	4	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	4	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl oral suspension 10 mg/5ml	4	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	2	GC*
PAXIL ORAL SUSPENSION 10 MG/5ML	4	QL (900 ML per 30 days)
phenelzine sulfate oral tablet 15 mg	3	
protriptyline hcl oral tablet 10 mg, 5 mg	4	
sertraline hcl oral concentrate 20 mg/ml	3	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	GC, GC*
tranylcypromine sulfate oral tablet 10 mg	4	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	GC, GC*
trimipramine maleate oral capsule 100 mg	4	QL (60 EA per 30 days)
trimipramine maleate oral capsule 25 mg	4	QL (240 EA per 30 days)
trimipramine maleate oral capsule 50 mg	4	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	QL (120 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	2	GC*
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
抗焦慮		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	GC*; QL (150 EA per 30 days)
bupirone hcl oral tablet 10 mg, 15 mg, 5 mg	1	GC, GC*
bupirone hcl oral tablet 30 mg, 7.5 mg	3	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
lorazepam intensol oral concentrate 2 mg/ml	3	QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	3	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	GC*; QL (150 EA per 30 days)
抗精神病藥物		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5^	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5^	QL (1 EA per 28 days)
aripiprazole oral solution 1 mg/ml	5^	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	4	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	5^	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5^	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5^	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5^	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5^	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5^	QL (3.2 ML per 28 days)
CAPLYTA ORAL CAPSULE 42 MG	4	QL (30 EA per 30 days)
CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML, 50 MG/2ML	4	
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML, 30 MG/ML	4	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
clozapine oral tablet 100 mg	4	QL (270 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
clozapine oral tablet 200 mg	4	QL (135 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	3	
clozapine oral tablet dispersible 100 mg	4	PA-NS; QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg, 25 mg	4	PA-NS
clozapine oral tablet dispersible 150 mg	5^	PA-NS; QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	5^	PA-NS; QL (135 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5^	PA-NS; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA-NS
fluphenazine decanoate injection solution 25 mg/ml	4	
fluphenazine hcl injection solution 2.5 mg/ml	4	
fluphenazine hcl oral concentrate 5 mg/ml	4	
fluphenazine hcl oral elixir 2.5 mg/5ml	4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	3	
haloperidol lactate injection solution 5 mg/ml	3	
haloperidol lactate oral concentrate 2 mg/ml	3	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5^	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5^	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5^	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5^	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	5^	QL (0.875 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	5^	QL (1.315 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5^	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	5^	QL (2.625 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	3	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	4	
NUPLAZID ORAL CAPSULE 34 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	4	QL (3 EA per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	2	GC*; QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	2	GC*; QL (30 EA per 30 days)
olanzapine oral tablet dispersible 10 mg	4	QL (60 EA per 30 days)
olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg	4	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	4	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	4	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5^	QL (1 EA per 30 days)
pimozide oral tablet 1 mg, 2 mg	4	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	4	PA-NS; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	4	PA-NS; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	4	QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5^	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	3	QL (240 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	GC*
risperidone oral tablet dispersible 0.25 mg, 0.5 mg	4	QL (90 EA per 30 days)
risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg, 4 mg	4	QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	4	QL (30 EA per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	3	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	4	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5 [^]	PA-NS; QL (600 ML per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5 [^]	PA-NS; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5 [^]	PA-NS; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	PA-NS
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	4	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	4	QL (6 EA per 3 days)
ZYPREXA RELPREV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	5 [^]	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5 [^]	PA-NS; QL (1 EA per 28 days)
抗驚厥藥物		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5 [^]	QL (60 EA per 30 days)
BANZEL ORAL TABLET 200 MG, 400 MG	5 [^]	PA-NS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	4	PA-NS
BRIVIACT ORAL SOLUTION 10 MG/ML	5 [^]	PA-NS; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5 [^]	PA-NS; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	4	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	4	
carbamazepine oral suspension 100 mg/5ml	4	
carbamazepine oral tablet 200 mg	3	
carbamazepine oral tablet chewable 100 mg	3	
CELONTIN ORAL CAPSULE 300 MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
clobazam oral suspension 2.5 mg/ml	4	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	4	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	2	GC*; QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	2	GC*; QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	3	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	3	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	4	PA-NS; PA if 65 years and older; QL (180 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5^	PA-NS; LA
DIACOMIT ORAL PACKET 250 MG, 500 MG	5^	PA-NS; LA
diazepam injection solution 5 mg/ml	4	
diazepam oral concentrate 5 mg/ml	3	PA-NS; PA if 65 years and older; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	3	PA-NS; PA if 65 years and older; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	PA-NS; GC*; PA if 65 years and older; QL (120 EA per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	4	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	4	
DILANTIN ORAL SUSPENSION 125 MG/5ML	4	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	3	
divalproex sodium oral capsule delayed release sprinkle 125 mg	4	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	3	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5^	PA-NS; LA; QL (600 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
epitol oral tablet 200 mg	3	
ethosuximide oral capsule 250 mg	4	
ethosuximide oral solution 250 mg/5ml	3	
felbamate oral suspension 600 mg/5ml	5^	
felbamate oral tablet 400 mg, 600 mg	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5^	PA-NS; LA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5^	PA-NS; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5^	PA-NS; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA-NS; QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5^	PA-NS; QL (60 EA per 30 days)
gabapentin oral capsule 100 mg	2	GC*; QL (1080 EA per 30 days)
gabapentin oral capsule 300 mg	2	GC*; QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	2	GC*; QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5ml	3	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	2	GC*; QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	2	GC*; QL (120 EA per 30 days)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	4	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	GC, GC*
lamotrigine oral tablet chewable 25 mg, 5 mg	3	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	4	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	3	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	4	
levetiracetam intravenous solution 500 mg/5ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
levetiracetam oral solution 100 mg/ml	3	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	3	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	
oxcarbazepine oral suspension 300 mg/5ml	4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	3	
PEGANONE ORAL TABLET 250 MG	4	
phenobarbital oral elixir 20 mg/5ml	4	PA-NS; PA if 70 years and older
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	3	PA-NS; PA if 70 years and older
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	4	PA-NS; PA if 70 years and older
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
phenytoin oral suspension 125 mg/5ml	3	
phenytoin oral tablet chewable 50 mg	3	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	3	
phenytoin sodium injection solution 50 mg/ml	3	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	3	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	3	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	3	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	4	QL (900 ML per 30 days)
primidone oral tablet 250 mg, 50 mg	2	GC*
roweepra oral tablet 500 mg	3	
rufinamide oral suspension 40 mg/ml	5^	PA-NS
rufinamide oral tablet 200 mg, 400 mg	5^	PA-NS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	GC, GC*
SYMPAZAN ORAL FILM 10 MG, 20 MG	5^	PA-NS; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA-NS; QL (60 EA per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	4	
topiramate oral capsule sprinkle 15 mg, 25 mg	3	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	GC*
valproate sodium intravenous solution 100 mg/ml	4	
valproic acid oral capsule 250 mg	3	
valproic acid oral solution 250 mg/5ml	3	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	
vigabatrin oral packet 500 mg	5^	PA-NS; LA; QL (180 EA per 30 days)
vigabatrin oral tablet 500 mg	5^	PA-NS; LA; QL (180 EA per 30 days)
vigadrone oral packet 500 mg	5^	PA-NS; LA; QL (180 EA per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	5^	
VIMPAT ORAL SOLUTION 10 MG/ML	5^	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5^	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	4	QL (120 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG	5^	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5^	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	5^	QL (60 EA per 30 days)
XCOPRI ORAL TABLET 50 MG	5^	QL (90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5^	QL (28 EA per 28 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	GC*
注意力缺陷多动症		
amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	4	PA; QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	3	PA; QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 20 mg	3	PA; QL (90 EA per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	4	QL (120 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	4	QL (30 EA per 30 days)
atomoxetine hcl oral capsule 40 mg	4	QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg	3	PA; QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	3	PA; QL (120 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	3	PA; PA if 70 years and older; QL (30 EA per 30 days)
metadate er oral tablet extended release 20 mg	4	PA; QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	PA; QL (90 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	4	PA; QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	4	PA; QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 5 mg	3	PA; QL (180 EA per 30 days)
methylphenidate hcl oral tablet 20 mg	3	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	4	PA; QL (180 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	4	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	4	PA; QL (30 EA per 30 days)
發作性嗜睡症／猝倒		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	3	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	3	PA; QL (90 EA per 30 days)
modafinil oral tablet 100 mg	4	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	4	PA; QL (60 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5 [^]	PA; LA; QL (540 ML per 30 days)
肌肉骨骼治療藥物		
baclofen oral tablet 10 mg, 20 mg	3	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	2	PA; GC*; PA if 70 years and older
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	4	
tizanidine hcl oral tablet 2 mg, 4 mg	2	GC*
免疫藥劑		
免疫抑制劑		
azathioprine oral tablet 50 mg	3	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	5 [^]	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5 [^]	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5 [^]	PA
cyclosporine intravenous solution 50 mg/ml	4	B/D
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified oral solution 100 mg/ml	4	B/D
cyclosporine oral capsule 100 mg, 25 mg	4	B/D
everolimus oral tablet 0.25 mg	4	B/D
everolimus oral tablet 0.5 mg, 0.75 mg	5^	B/D
engraf oral capsule 100 mg, 25 mg	4	B/D
engraf oral solution 100 mg/ml	4	B/D
mycophenolate mofetil oral capsule 250 mg	3	B/D
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	5^	B/D
mycophenolate mofetil oral tablet 500 mg	3	B/D
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	4	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5^	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B/D
REZUROCK ORAL TABLET 200 MG	5^	PA-NS; LA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	B/D
sirolimus oral solution 1 mg/ml	5^	B/D
sirolimus oral tablet 0.5 mg, 1 mg	4	B/D
sirolimus oral tablet 2 mg	5^	B/D
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	4	B/D
ZORTRESS ORAL TABLET 1 MG	5^	B/D
免疫球蛋白		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5^	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5^	PA
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5 [^]	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5 [^]	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5 [^]	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5 [^]	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5 [^]	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	5 [^]	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5 [^]	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5 [^]	PA
免疫調節劑		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5 [^]	PA-NS; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5 [^]	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5 [^]	B/D
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5 [^]	B/D

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

Drug Name	Drug Tier	Requirements/Limits
疫苗		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NM
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	NM
BCG VACCINE INJECTION INJECTABLE	3	NM
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	NM
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	NM
DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	3	B/D; NM
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	B/D; NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML	3	NM
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	NM
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	B/D; NM
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	NM
IPOL INJECTION INJECTABLE	3	NM
IXIARO INTRAMUSCULAR SUSPENSION	3	NM
KINRIX INTRAMUSCULAR SUSPENSION	3	NM

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

Drug Name	Drug Tier	Requirements/Limits
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	NM
MENACTRA INTRAMUSCULAR INJECTABLE	3	NM
MENACTRA INTRAMUSCULAR SOLUTION	3	NM
MENQUADFI INTRAMUSCULAR INJECTABLE	3	NM
MENQUADFI INTRAMUSCULAR SOLUTION	3	NM
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NM
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	NM
PEDIARIX INTRAMUSCULAR SUSPENSION	3	NM
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	NM
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	NM
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NM
QUADRACEL INTRAMUSCULAR SUSPENSION	3	NM
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	B/D; NM
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	3	B/D; NM
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	NM
ROTATEQ ORAL SOLUTION	3	NM
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	NM; QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	B/D; NM
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	B/D; NM
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM

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

Drug Name	Drug Tier	Requirements/Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	NM
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NM
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	NM
YF-VAX SUBCUTANEOUS INJECTABLE	3	NM
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	NM; QL (1 EA per 999 days)
疾病修飾抗風濕病藥物 (DMARDS)		
hydroxychloroquine sulfate oral tablet 200 mg	2	GC*
leflunomide oral tablet 10 mg, 20 mg	3	QL (30 EA per 30 days)
methotrexate oral tablet 2.5 mg	1	GC, GC*
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	B/D
XATMEP ORAL SOLUTION 2.5 MG/ML	4	B/D
自體免疫藥劑		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5^	PA; QL (8.16 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5^	PA; QL (16 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5^	PA; QL (8 ML per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5^	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5^	PA; QL (6 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5^	PA; QL (4 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5^	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5^	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5^	PA
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5^	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5^	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5^	PA; QL (6 EA per 28 days)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5^	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5^	PA; LA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5^	PA; QL (30 EA per 30 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5^	PA; QL (7 EA per 365 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5^	PA; QL (7 ML per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5 [^]	PA; QL (7 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5 [^]	PA; LA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5 [^]	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5 [^]	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	5 [^]	PA; LA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5 [^]	PA; LA; QL (3 ML per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	5 [^]	PA; QL (240 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5 [^]	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5 [^]	PA; QL (30 EA per 30 days)
內分泌及代謝		
其他		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	5 [^]	PA; LA
cabergoline oral tablet 0.5 mg	3	
CARBAGLU ORAL TABLET 200 MG	5 [^]	PA; LA
CERDELGA ORAL CAPSULE 84 MG	5 [^]	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5 [^]	PA; LA
cinacalcet hcl oral tablet 30 mg	4	B/D; QL (120 EA per 30 days)
cinacalcet hcl oral tablet 60 mg	5 [^]	B/D; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	5 [^]	B/D; QL (120 EA per 30 days)
CYSTADANE ORAL POWDER	5 [^]	LA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA
desmopressin ace spray refrig nasal solution 0.01 %	4	

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

Drug Name	Drug Tier	Requirements/Limits
desmopressin acetate injection solution 4 mcg/ml	5 [^]	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	3	
desmopressin acetate pf injection solution 4 mcg/ml	5 [^]	
desmopressin acetate spray nasal solution 0.01 %	4	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	5 [^]	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5 [^]	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG	5 [^]	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5 [^]	PA; LA
KORLYM ORAL TABLET 300 MG	5 [^]	PA; LA
levocarnitine oral solution 1 gm/10ml	4	B/D
levocarnitine oral tablet 330 mg	4	B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5 [^]	PA; LA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	5 [^]	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	5 [^]	PA
miglustat oral capsule 100 mg	5 [^]	PA; QL (90 EA per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	5 [^]	PA; LA
nitisinone oral capsule 10 mg, 2 mg, 5 mg	5 [^]	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	5 [^]	PA

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

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	4	PA
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	5^	PA
OSPHENA ORAL TABLET 60 MG	3	PA
raloxifene hcl oral tablet 60 mg	3	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	5^	PA
sapropterin dihydrochloride oral tablet 100 mg	5^	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5^	PA; LA
sodium phenylbutyrate oral powder 3 gm/tsp	5^	PA
sodium phenylbutyrate oral tablet 500 mg	5^	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5^	PA-NS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5^	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5^	PA; LA
STIMATE NASAL SOLUTION 1.5 MG/ML	5^	
子宮內膜異位症		
danazol oral capsule 100 mg, 200 mg, 50 mg	4	
SYNAREL NASAL SOLUTION 2 MG/ML	5^	
抗糖尿病藥物，胰島素		
NEEDLES, INSULIN DISP., SAFETY	2	GC*
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	2	GC*
GAUZE PADS 2" X 2"	3	
INSULIN PEN NEEDLE	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
ALCOHOL SWABS	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	5 [^]	B/D
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	5 [^]	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	(brand RELION not covered)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
OMNIPOD 5 PACK	4	PA; QL (10 EA per 30 days)
OMNIPOD DASH 5 PACK PODS	4	PA; QL (10 EA per 30 days)
OMNIPOD STARTER KIT	4	PA; QL (1 EA per 365 days)
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	GC*
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	GC*
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (30 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
V-GO 20 KIT	4	PA; QL (30 EA per 30 days)
V-GO 30 KIT	4	PA; QL (30 EA per 30 days)
V-GO 40 KIT	4	PA; QL (30 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	QL (15 ML per 30 days)
抗糖尿病藥物		
acarbose oral tablet 100 mg, 25 mg, 50 mg	6	GC, GC*
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	3	QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	4	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	4	QL (1.2 ML per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg	6	GC, GC*; QL (90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
glimepiride oral tablet 4 mg	6	GC, GC*; QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	6	GC, GC*; QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg	6	GC, GC*; QL (90 EA per 30 days)
glipizide oral tablet 10 mg	6	GC, GC*; QL (120 EA per 30 days)
glipizide oral tablet 5 mg	6	GC, GC*; QL (240 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	6	GC, GC*; QL (60 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg	6	GC, GC*; QL (90 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	6	GC, GC*; QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	6	GC, GC*; QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG	3	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
metformin hcl er oral tablet extended release 24 hour 500 mg	6	GC, GC*; (generic of GLUCOPHAGE XR); QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	6	GC, GC*; (generic of GLUCOPHAGE XR); QL (60 EA per 30 days)
metformin hcl oral tablet 1000 mg	6	GC, GC*; QL (75 EA per 30 days)
metformin hcl oral tablet 500 mg	6	GC, GC*; QL (150 EA per 30 days)
metformin hcl oral tablet 850 mg	6	GC, GC*; QL (90 EA per 30 days)
nateglinide oral tablet 120 mg, 60 mg	6	GC, GC*; QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	3	QL (3 ML per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	6	GC, GC*; QL (30 EA per 30 days)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	6	GC, GC*; QL (30 EA per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	6	GC, GC*; QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	6	GC, GC*; QL (120 EA per 30 days)
repaglinide oral tablet 2 mg	6	GC, GC*; QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
甲狀腺藥物		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	GC, GC*
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	GC, GC*
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	GC, GC*
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	GC, GC*
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	3	
methimazole oral tablet 10 mg, 5 mg	1	GC, GC*
propylthiouracil oral tablet 50 mg	3	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	

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

Drug Name	Drug Tier	Requirements/Limits
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	GC, GC*
磷酸鹽結合劑藥物		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	5^	PA; QL (360 EA per 30 days)
calcium acetate (phos binder) oral capsule 667 mg	3	QL (360 EA per 30 days)
calcium acetate (phos binder) oral tablet 667 mg	4	QL (360 EA per 30 days)
sevelamer carbonate oral packet 0.8 gm	5^	QL (540 EA per 30 days)
sevelamer carbonate oral packet 2.4 gm	5^	QL (180 EA per 30 days)
sevelamer carbonate oral tablet 800 mg	4	QL (540 EA per 30 days)
維生素 D 類似物		
calcitriol intravenous solution 1 mcg/ml	4	B/D
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	B/D; GC*
calcitriol oral solution 1 mcg/ml	4	B/D
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	4	B/D
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	4	B/D
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5^	
螯合劑		
CHEMET ORAL CAPSULE 100 MG	4	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	5^	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	5^	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	5^	PA
LOKELMA ORAL PACKET 10 GM, 5 GM	3	
penicillamine oral tablet 250 mg	5^	
sodium polystyrene sulfonate oral powder	3	
sps oral suspension 15 gm/60ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
trientine hcl oral capsule 250 mg	5^	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	PA
血糖升高藥物		
diazoxide oral suspension 50 mg/ml	5^	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
避孕劑		
afirmelle oral tablet 0.1-20 mg-mcg	2	GC*
altavera oral tablet 0.15-30 mg-mcg	2	GC*
alyacen 1/35 oral tablet 1-35 mg-mcg	2	GC*
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	GC*
apri oral tablet 0.15-30 mg-mcg	2	GC*
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	3	
aubra eq oral tablet 0.1-20 mg-mcg	2	GC*
aurovela 1/20 oral tablet 1-20 mg-mcg	3	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	GC*
aurovela fe 1/20 oral tablet 1-20 mg-mcg	2	GC*
aviane oral tablet 0.1-20 mg-mcg	2	GC*
ayuna oral tablet 0.15-30 mg-mcg	2	GC*
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	3	
balziva oral tablet 0.4-35 mg-mcg	3	
bekyree oral tablet 0.15-0.02/0.01 mg (21/5)	3	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	GC*
briellyn oral tablet 0.4-35 mg-mcg	3	
camila oral tablet 0.35 mg	2	GC*
caziant oral tablet 0.1/0.125/0.15 -0.025 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
chateal oral tablet 0.15-30 mg-mcg	2	GC*
cryselle-28 oral tablet 0.3-30 mg-mcg	2	GC*
cyclafem 1/35 oral tablet 1-35 mg-mcg	2	GC*
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	GC*
cyred eq oral tablet 0.15-30 mg-mcg	2	GC*
dasetta 1/35 oral tablet 1-35 mg-mcg	2	GC*
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	GC*
deblitane oral tablet 0.35 mg	2	GC*
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	3	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	2	GC*
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	3	
elinest oral tablet 0.3-30 mg-mcg	2	GC*
ELLA ORAL TABLET 30 MG	3	
eluryng vaginal ring 0.12-0.015 mg/24hr	4	
emoquette oral tablet 0.15-30 mg-mcg	2	GC*
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	2	GC*
enskyce oral tablet 0.15-30 mg-mcg	2	GC*
errin oral tablet 0.35 mg	2	GC*
estarylla oral tablet 0.25-35 mg-mcg	2	GC*
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	3	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	4	
falmina oral tablet 0.1-20 mg-mcg	2	GC*
femynor oral tablet 0.25-35 mg-mcg	2	GC*
gianvi oral tablet 3-0.02 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	3	
heather oral tablet 0.35 mg	2	GC*
iclevia oral tablet 0.15-0.03 mg	3	
incassia oral tablet 0.35 mg	2	GC*
introvale oral tablet 0.15-0.03 mg	3	
isibloom oral tablet 0.15-30 mg-mcg	2	GC*
jasmiel oral tablet 3-0.02 mg	3	
jolessa oral tablet 0.15-0.03 mg	3	
juleber oral tablet 0.15-30 mg-mcg	2	GC*
junel 1.5/30 oral tablet 1.5-30 mg-mcg	3	
junel 1/20 oral tablet 1-20 mg-mcg	3	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	GC*
junel fe 1/20 oral tablet 1-20 mg-mcg	2	GC*
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	3	
kelnor 1/35 oral tablet 1-35 mg-mcg	3	
kelnor 1/50 oral tablet 1-50 mg-mcg	3	
kurvelo oral tablet 0.15-30 mg-mcg	2	GC*
larin 1.5/30 oral tablet 1.5-30 mg-mcg	3	
larin 1/20 oral tablet 1-20 mg-mcg	3	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	GC*
larin fe 1/20 oral tablet 1-20 mg-mcg	2	GC*
larissia oral tablet 0.1-20 mg-mcg	2	GC*
leena oral tablet 0.5/1/0.5-35 mg-mcg	3	
lessina oral tablet 0.1-20 mg-mcg	2	GC*
levonest oral tablet 50-30/75-40/ 125-30 mcg	2	GC*
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	2	GC*
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	2	GC*
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	2	GC*
lillow oral tablet 0.15-30 mg-mcg	2	GC*
loestrin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	3	
loestrin 1/20 (21) oral tablet 1-20 mg-mcg	3	
loestrin fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	GC*
loestrin fe 1/20 oral tablet 1-20 mg-mcg	2	GC*
loryna oral tablet 3-0.02 mg	3	
low-ogestrel oral tablet 0.3-30 mg-mcg	2	GC*
lutera oral tablet 0.1-20 mg-mcg	2	GC*
lyleq oral tablet 0.35 mg	2	GC*
lyza oral tablet 0.35 mg	2	GC*
marlissa oral tablet 0.15-30 mg-mcg	2	GC*
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	3	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	3	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	3	
microgestin 1/20 oral tablet 1-20 mg-mcg	3	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	GC*
microgestin fe 1/20 oral tablet 1-20 mg-mcg	2	GC*
mili oral tablet 0.25-35 mg-mcg	2	GC*
mono-lynyah oral tablet 0.25-35 mg-mcg	2	GC*
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	3	
nikki oral tablet 3-0.02 mg	3	
nora-be oral tablet 0.35 mg	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	2	GC*
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	3	
norethindrone oral tablet 0.35 mg	2	GC*
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	GC*
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	2	GC*
norlyroc oral tablet 0.35 mg	2	GC*
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	3	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	2	GC*
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	2	GC*
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	GC*
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	GC*
nymyo oral tablet 0.25-35 mg-mcg	2	GC*
ocella oral tablet 3-0.03 mg	3	
orsythia oral tablet 0.1-20 mg-mcg	2	GC*
philith oral tablet 0.4-35 mg-mcg	3	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	3	
pirmella 1/35 oral tablet 1-35 mg-mcg	2	GC*
portia-28 oral tablet 0.15-30 mg-mcg	2	GC*
previfem oral tablet 0.25-35 mg-mcg	2	GC*
reclipsen oral tablet 0.15-30 mg-mcg	2	GC*
setlakin oral tablet 0.15-0.03 mg	3	
sharobel oral tablet 0.35 mg	2	GC*
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	3	
sprintec 28 oral tablet 0.25-35 mg-mcg	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
sronyx oral tablet 0.1-20 mg-mcg	2	GC*
syeda oral tablet 3-0.03 mg	3	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	2	GC*
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	3	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	2	GC*
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	3	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	2	GC*
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	2	GC*
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	2	GC*
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	2	GC*
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	2	GC*
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	2	GC*
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	2	GC*
tulana oral tablet 0.35 mg	2	GC*
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	3	
vestura oral tablet 3-0.02 mg	3	
vienva oral tablet 0.1-20 mg-mcg	2	GC*
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	3	
vyfemla oral tablet 0.4-35 mg-mcg	3	
vylibra oral tablet 0.25-35 mg-mcg	2	GC*
wera oral tablet 0.5-35 mg-mcg	3	
xulane transdermal patch weekly 150-35 mcg/24hr	4	

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

Drug Name	Drug Tier	Requirements/Limits
zafemy transdermal patch weekly 150-35 mcg/24hr	4	
zarah oral tablet 3-0.03 mg	3	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	3	
zumandimine oral tablet 3-0.03 mg	3	
糖皮質類固醇		
cortisone acetate oral tablet 25 mg	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	4	
dexamethasone oral elixir 0.5 mg/5ml	3	
dexamethasone oral solution 0.5 mg/5ml	3	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	3	
dexamethasone sod phosphate pf injection solution 10 mg/ml	3	
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	3	
fludrocortisone acetate oral tablet 0.1 mg	2	GC*
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	3	
methylprednisolone oral tablet therapy pack 4 mg	2	GC*
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	3	
prednisolone oral solution 15 mg/5ml	2	GC*
prednisolone sodium phosphate oral solution 15 mg/5ml	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml	3	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
prednisone oral solution 5 mg/5ml	4	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	2	GC*
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	3	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	4	
鈣調節藥		
alendronate sodium oral solution 70 mg/75ml	4	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	GC, GC*
calcitonin (salmon) nasal solution 200 unit/act	3	B/D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	5^	PA
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	4	ST
ibandronate sodium intravenous solution 3 mg/3ml	4	B/D; QL (3 ML per 90 days)
ibandronate sodium oral tablet 150 mg	2	B/D; GC*
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5^	PA
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	3	B/D
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	B/D
pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg	3	B/D

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

Drug Name	Drug Tier	Requirements/Limits
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	4	
risedronate sodium oral tablet delayed release 35 mg	4	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5^	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5^	PA
zoledronic acid intravenous concentrate 4 mg/5ml	4	B/D
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	4	B/D
雄性素		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	4	PA; QL (30 EA per 30 days)
oxandrolone oral tablet 10 mg	4	PA; QL (60 EA per 30 days)
oxandrolone oral tablet 2.5 mg	3	PA; QL (120 EA per 30 days)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	3	
testosterone enanthate intramuscular solution 200 mg/ml	3	
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	4	PA; QL (300 GM per 30 days)
雌激素		
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	
estradiol vaginal cream 0.1 mg/gm	3	
estradiol vaginal tablet 10 mcg	4	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	4	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	3	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
jinteli oral tablet 1-5 mg-mcg	3	
lopreeza oral tablet 1-0.5 mg	3	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	
mimvey oral tablet 1-0.5 mg	3	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	
yuvaferm vaginal tablet 10 mcg	4	
黃體素		
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	GC, GC*
megestrol acetate oral suspension 40 mg/ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
megestrol acetate oral suspension 625 mg/5ml	4	PA
norethindrone acetate oral tablet 5 mg	3	
呼吸的		
B 致效劑		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	3	(generic of Proair HFA); QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	3	(generic of Ventolin HFA); QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	2	B/D; GC*
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	3	B/D
albuterol sulfate oral syrup 2 mg/5ml	2	GC*
albuterol sulfate oral tablet 2 mg, 4 mg	4	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	5^	B/D
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	5^	B/D
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	5^	B/D
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	4	B/D
levalbuterol tartrate inhalation aerosol 45 mcg/act	3	QL (30 GM per 30 days)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	5^	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	3	QL (48 GM per 30 days)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
其他		
acetylcysteine inhalation solution 10 %, 20 %	3	B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5^	PA; LA
cromolyn sodium inhalation nebulization solution 20 mg/2ml	3	B/D
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	
epinephrine injection solution 0.3 mg/0.3ml	3	(generic of Adrenaclick)
epinephrine injection solution auto-injector 0.15 mg/0.15ml	3	(generic of Adrenaclick)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	3	(generic of EpiPen)
ESBRIET ORAL CAPSULE 267 MG	5^	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	5^	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	5^	PA; QL (90 EA per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5^	PA; LA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5^	PA; LA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5^	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5^	PA; QL (60 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5^	PA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5^	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5^	PA; QL (112 EA per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5^	PA; LA

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

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5 [^]	PA; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML	5 [^]	PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5 [^]	PA; LA; QL (56 EA per 28 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	4	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	4	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	4	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	3	
theophylline oral solution 80 mg/15ml	4	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5 [^]	PA; LA; QL (84 EA per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5 [^]	PA; LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5 [^]	PA; LA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5 [^]	PA; LA
抗組織胺藥物		
azelastine hcl nasal solution 0.1 %, 0.15 %	3	
cetirizine hcl oral solution 1 mg/ml	2	GC*
cyproheptadine hcl oral syrup 2 mg/5ml	3	PA; PA if 70 years and older
cyproheptadine hcl oral tablet 4 mg	3	PA; PA if 70 years and older
desloratadine oral tablet 5 mg	3	
diphenhydramine hcl injection solution 50 mg/ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	4	PA; PA if 70 years and older
hydroxyzine hcl oral syrup 10 mg/5ml	3	PA; PA if 70 years and older
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	PA; GC*; PA if 70 years and older
hydroxyzine pamoate oral capsule 25 mg, 50 mg	2	PA; GC*; PA if 70 years and older
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	4	
levocetirizine dihydrochloride oral tablet 5 mg	2	GC*
olopatadine hcl nasal solution 0.6 %	4	
抗膽鹼／B 致效劑複合物		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT	3	Institutional Pack (5.9g inhaler containing 28 inhalations); QL (23.6 GM per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	3	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
抗膽鹼劑		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	3	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	2	B/D; GC*
ipratropium bromide nasal solution 0.03 %, 0.06 %	3	
白三烯調節器		
montelukast sodium oral packet 4 mg	4	
montelukast sodium oral tablet 10 mg	1	GC, GC*
montelukast sodium oral tablet chewable 4 mg, 5 mg	2	GC*
zafirlukast oral tablet 10 mg, 20 mg	3	
類固醇／B 致效劑複合物		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	QL (10.2 GM per 30 days)
類固醇吸入劑		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	4	B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST	3	QL (180 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	4	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	4	QL (3 EA per 30 days)
鼻用類固醇		
flunisolide nasal solution 25 mcg/act (0.025%)	3	QL (75 ML per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	2	GC*; QL (16 GM per 30 days)
mometasone furoate nasal suspension 50 mcg/act	4	QL (34 GM per 30 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	4	QL (12.5 GM per 30 days)
外用的		
口腔／咽喉／牙齒藥物		
cevimeline hcl oral capsule 30 mg	4	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	GC, GC*
clotrimazole mouth/throat troche 10 mg	4	QL (150 EA per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %	2	GC*
nystatin mouth/throat suspension 100000 unit/ml	3	
paroex mouth/throat solution 0.12 %	1	GC, GC*
periogard mouth/throat solution 0.12 %	1	GC, GC*
pilocarpine hcl oral tablet 5 mg, 7.5 mg	4	
triamcinolone acetonide mouth/throat paste 0.1 %	3	
皮膚病，傷口護理藥物		
REGRANEX EXTERNAL GEL 0.01 %	5^	PA; QL (30 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
sodium chloride irrigation solution 0.9 %	3	
sterile water for irrigation irrigation solution	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
皮膚病，其他皮膚和黏膜		
ammonium lactate external cream 12 %	2	GC*
ammonium lactate external lotion 12 %	3	
azelaic acid external gel 15 %	4	QL (50 GM per 30 days)
diclofenac sodium external gel 1 %	3	QL (1000 GM per 30 days)
FINACEA EXTERNAL FOAM 15 %	4	QL (50 GM per 30 days)
fluorouracil external cream 5 %	4	QL (40 GM per 30 days)
fluorouracil external solution 2 %, 5 %	3	QL (10 ML per 30 days)
hydrocortisone (perianal) external cream 2.5 %	3	
imiquimod external cream 5 %	3	QL (24 EA per 30 days)
metronidazole external cream 0.75 %	4	
metronidazole external gel 0.75 %	3	
metronidazole external lotion 0.75 %	4	
NORITATE EXTERNAL CREAM 1 %	5^	QL (60 GM per 30 days)
PANRETIN EXTERNAL GEL 0.1 %	5^	PA-NS; QL (60 GM per 30 days)
PICATO EXTERNAL GEL 0.015 %	4	QL (3 EA per 30 days)
PICATO EXTERNAL GEL 0.05 %	4	QL (2 EA per 30 days)
podofilox external solution 0.5 %	3	
procto-med hc external cream 2.5 %	3	
procto-pak external cream 1 %	3	
proctosol hc external cream 2.5 %	3	
proctozone-hc external cream 2.5 %	3	
RECTIV RECTAL OINTMENT 0.4 %	4	QL (30 GM per 30 days)
rosadan external cream 0.75 %	4	
tacrolimus external ointment 0.03 %, 0.1 %	4	QL (100 GM per 30 days)
TARGRETIN EXTERNAL GEL 1 %	5^	PA-NS; QL (60 GM per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	5^	PA-NS; LA; QL (60 GM per 30 days)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	5^	QL (15 GM per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
皮膚病，局部麻醉藥物		
glydo external prefilled syringe 2 %	3	PA; QL (60 ML per 30 days)
lidocaine external ointment 5 %	4	PA; QL (50 GM per 30 days)
lidocaine external patch 5 %	3	PA; QL (3 EA per 1 day)
lidocaine hcl external solution 4 %	3	PA; QL (50 ML per 30 days)
lidocaine hcl urethral/mucosal external gel 2 %	3	PA; QL (30 ML per 30 days)
lidocaine-prilocaine external cream 2.5-2.5 %	3	PA; QL (30 GM per 30 days)
皮膚病，抗乾癬劑		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	PA
calcipotriene external cream 0.005 %	4	PA; QL (120 GM per 30 days)
calcipotriene external ointment 0.005 %	4	PA; QL (120 GM per 30 days)
calcipotriene external solution 0.005 %	4	PA; QL (120 ML per 30 days)
calcitrene external ointment 0.005 %	4	PA; QL (120 GM per 30 days)
tazarotene external cream 0.1 %	3	PA; QL (60 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; QL (60 GM per 30 days)
皮膚病，抗生素		
gentamicin sulfate external cream 0.1 %	4	QL (30 GM per 30 days)
gentamicin sulfate external ointment 0.1 %	3	
mupirocin calcium external cream 2 %	2	GC*; QL (30 GM per 30 days)
mupirocin external ointment 2 %	2	GC*; QL (220 GM per 30 days)
silver sulfadiazine external cream 1 %	2	GC*
ssd external cream 1 %	2	GC*
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	
皮膚病，抗真菌藥		
ciclopirox olamine external cream 0.77 %	3	QL (90 GM per 30 days)
ciclopirox olamine external suspension 0.77 %	3	QL (60 ML per 30 days)
clotrimazole external cream 1 %	3	QL (45 GM per 30 days)
clotrimazole external solution 1 %	2	GC*; QL (30 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
clotrimazole-betamethasone external cream 1-0.05 %	3	QL (45 GM per 30 days)
ketoconazole external cream 2 %	3	QL (60 GM per 30 days)
nyamyc external powder 100000 unit/gm	3	QL (60 GM per 30 days)
nystatin external cream 100000 unit/gm	3	QL (30 GM per 30 days)
nystatin external ointment 100000 unit/gm	3	QL (30 GM per 30 days)
nystatin external powder 100000 unit/gm	3	QL (60 GM per 30 days)
nystop external powder 100000 unit/gm	3	QL (60 GM per 30 days)
皮膚病，抗脂溢性皮炎		
ketoconazole external shampoo 2 %	2	GC*; QL (120 ML per 30 days)
selenium sulfide external lotion 2.5 %	2	GC*
皮膚病，滅疥癬和滅虱藥物		
malathion external lotion 0.5 %	4	
permethrin external cream 5 %	3	
皮膚病，痤瘡		
accutane oral capsule 20 mg, 30 mg, 40 mg	4	PA
amnestem oral capsule 10 mg, 20 mg, 40 mg	4	PA
avita external cream 0.025 %	4	PA; QL (45 GM per 30 days)
avita external gel 0.025 %	4	PA; QL (45 GM per 30 days)
benzoyl peroxide-erythromycin external gel 5-3 %	4	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
clindamycin phosphate external gel 1 %	3	QL (75 GM per 30 days)
clindamycin phosphate external lotion 1 %	3	QL (60 ML per 30 days)
clindamycin phosphate external solution 1 %	3	QL (60 ML per 30 days)
ery external pad 2 %	3	
erythromycin external solution 2 %	3	QL (60 ML per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (acne) external lotion 10 %	4	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	4	PA; QL (45 GM per 30 days)
tretinoin external gel 0.01 %, 0.025 %	4	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
皮膚病，皮質類固醇		
ala-cort external cream 1 %	1	GC, GC*
ala-cort external cream 2.5 %	2	GC*
alclometasone dipropionate external cream 0.05 %	3	
alclometasone dipropionate external ointment 0.05 %	3	
betamethasone dipropionate aug external cream 0.05 %	3	
betamethasone dipropionate aug external gel 0.05 %	4	
betamethasone dipropionate aug external lotion 0.05 %	4	
betamethasone dipropionate aug external ointment 0.05 %	4	
betamethasone dipropionate external cream 0.05 %	3	
betamethasone dipropionate external lotion 0.05 %	3	
betamethasone dipropionate external ointment 0.05 %	4	
betamethasone valerate external cream 0.1 %	3	
betamethasone valerate external lotion 0.1 %	3	
betamethasone valerate external ointment 0.1 %	3	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	5 [^]	PA; QL (400 GM per 28 days)
clobetasol prop emollient base external cream 0.05 %	3	QL (60 GM per 30 days)
clobetasol propionate e external cream 0.05 %	3	QL (60 GM per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate external cream 0.05 %	3	QL (60 GM per 30 days)
clobetasol propionate external gel 0.05 %	4	QL (60 GM per 30 days)
clobetasol propionate external ointment 0.05 %	3	QL (60 GM per 30 days)
clobetasol propionate external shampoo 0.05 %	4	QL (118 ML per 30 days)
clobetasol propionate external solution 0.05 %	3	QL (50 ML per 30 days)
clodan external shampoo 0.05 %	4	QL (118 ML per 30 days)
desonide external cream 0.05 %	2	GC*; QL (60 GM per 30 days)
desonide external ointment 0.05 %	2	GC*; QL (60 GM per 30 days)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	4	PA; QL (120 GM per 30 days)
fluocinolone acetonide body external oil 0.01 %	4	
fluocinolone acetonide external cream 0.01 %, 0.025 %	3	
fluocinolone acetonide external ointment 0.025 %	3	
fluocinolone acetonide external solution 0.01 %	4	QL (90 ML per 30 days)
fluocinolone acetonide scalp external oil 0.01 %	4	
fluocinonide emulsified base external cream 0.05 %	3	QL (120 GM per 30 days)
fluocinonide external cream 0.05 %	3	QL (120 GM per 30 days)
fluocinonide external gel 0.05 %	4	QL (60 GM per 30 days)
fluocinonide external ointment 0.05 %	4	QL (60 GM per 30 days)
fluocinonide external solution 0.05 %	3	QL (60 ML per 30 days)
fluticasone propionate external cream 0.05 %	3	
fluticasone propionate external ointment 0.005 %	3	
halobetasol propionate external cream 0.05 %	4	QL (50 GM per 30 days)
halobetasol propionate external ointment 0.05 %	4	QL (50 GM per 30 days)
hydrocortisone external cream 1 %	1	GC, GC*
hydrocortisone external cream 2.5 %	2	GC*
hydrocortisone external lotion 2.5 %	2	GC*
hydrocortisone external ointment 2.5 %	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate external cream 0.1 %	3	
mometasone furoate external ointment 0.1 %	3	
mometasone furoate external solution 0.1 %	3	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	4	
triamcinolone acetonide external cream 0.025 %, 0.5 %	2	GC*
triamcinolone acetonide external cream 0.1 %	2	GC*; QL (454 GM per 30 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	3	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	GC*
triderm external cream 0.5 %	2	GC*
耳部		
acetic acid otic solution 2 %	3	
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	3	
flac otic oil 0.01 %	2	GC*
fluocinolone acetonide otic oil 0.01 %	2	GC*
neomycin-polymyxin-hc otic solution 1 %	3	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	3	
ofloxacin otic solution 0.3 %	4	
心血管		
ACE 抑制劑		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	6	GC, GC*
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	6	GC, GC*
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	6	GC, GC*

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

Drug Name	Drug Tier	Requirements/Limits
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	6	GC, GC*
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	6	GC, GC*
moexipril hcl oral tablet 15 mg, 7.5 mg	6	GC, GC*
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	6	GC, GC*
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	6	GC, GC*
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	6	GC, GC*
trandolapril oral tablet 1 mg, 2 mg, 4 mg	6	GC, GC*
ACE 抑制組合劑		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	6	GC, GC*; QL (30 EA per 30 days)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	6	GC, GC*
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	6	GC, GC*
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	6	GC, GC*
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	6	GC, GC*
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	6	GC, GC*
A 受體阻斷劑		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	2	GC*
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	3	
terazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	GC, GC*
terazosin hcl oral capsule 10 mg	2	GC*
B-阻斷劑／利尿劑組合藥物		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	2	GC*
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	3	
B-阻斷劑		
acebutolol hcl oral capsule 200 mg, 400 mg	2	GC*
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	GC, GC*
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	GC*
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	QL (30 EA per 30 days)
BYSTOLIC ORAL TABLET 20 MG	4	QL (60 EA per 30 days)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	GC, GC*
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	2	GC*
metoprolol tartrate intravenous solution 5 mg/5ml	3	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	GC, GC*
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	GC*
pindolol oral tablet 10 mg, 5 mg	3	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	3	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	3	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	GC*
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	3	
其他		
ADRENALIN INJECTION SOLUTION 1 MG/ML	4	
aliskiren fumarate oral tablet 150 mg, 300 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	6	GC, GC*
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	GC, GC*
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	2	GC*
CORLANOR ORAL SOLUTION 5 MG/5ML	4	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	
digitek oral tablet 125 mcg, 250 mcg	2	GC*; QL (30 EA per 30 days)
digox oral tablet 125 mcg, 250 mcg	2	GC*; QL (30 EA per 30 days)
digoxin injection solution 0.25 mg/ml	4	
digoxin oral solution 0.05 mg/ml	4	
digoxin oral tablet 125 mcg, 250 mcg	2	GC*; QL (30 EA per 30 days)
droxidopa oral capsule 100 mg	5^	PA; QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	5^	PA; QL (180 EA per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg	3	PA; PA if 70 years and older
hydralazine hcl injection solution 20 mg/ml	4	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	GC*
methyldopa oral tablet 250 mg, 500 mg	2	PA; GC*; PA if 70 years and older
metyrosine oral capsule 250 mg	5^	PA
midodrine hcl oral tablet 10 mg	4	
midodrine hcl oral tablet 2.5 mg, 5 mg	3	
minoxidil oral tablet 10 mg, 2.5 mg	2	GC*
NORTHERA ORAL CAPSULE 100 MG	5^	PA; LA; QL (90 EA per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	5^	PA; LA; QL (180 EA per 30 days)
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
其他抗高血脂藥物		
cholestyramine light oral packet 4 gm	3	
cholestyramine light oral powder 4 gm/dose	3	
cholestyramine oral packet 4 gm	3	
cholestyramine oral powder 4 gm/dose	3	
colesevelam hcl oral packet 3.75 gm	4	
colesevelam hcl oral tablet 625 mg	4	
colestipol hcl oral granules 5 gm	4	
colestipol hcl oral packet 5 gm	4	
colestipol hcl oral tablet 1 gm	3	
ezetimibe oral tablet 10 mg	3	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	6	GC, GC*
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5^	PA; LA
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	3	QL (60 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	4	PA
prevalite oral packet 4 gm	3	
prevalite oral powder 4 gm/dose	3	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	4	
利尿劑		
acetazolamide er oral capsule extended release 12 hour 500 mg	4	
acetazolamide oral tablet 125 mg, 250 mg	4	
amiloride hcl oral tablet 5 mg	2	GC*
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	GC*
bumetanide injection solution 0.25 mg/ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	3	
chlorthalidone oral tablet 25 mg, 50 mg	2	GC*
furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	2	GC*
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	GC, GC*
hydrochlorothiazide oral capsule 12.5 mg	1	GC, GC*
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	GC, GC*
indapamide oral tablet 1.25 mg, 2.5 mg	2	GC*
methazolamide oral tablet 25 mg, 50 mg	4	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	3	
spironolactone-hctz oral tablet 25-25 mg	3	
toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	GC*
triamterene-hctz oral capsule 37.5-25 mg	1	GC, GC*
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	GC, GC*
抗心律不整劑		
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	2	GC*
amiodarone hcl oral tablet 100 mg, 400 mg	4	
amiodarone hcl oral tablet 200 mg	1	GC, GC*
disopyramide phosphate oral capsule 100 mg, 150 mg	4	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	4	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	3	
MULTAQ ORAL TABLET 400 MG	4	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	
pacerone oral tablet 100 mg, 400 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
pacerone oral tablet 200 mg	1	GC, GC*
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	4	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	3	
quinidine sulfate oral tablet 200 mg, 300 mg	2	GC*
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	GC*
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	2	GC*
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	GC*
抗高血脂藥物，HMG-COA 還原酶抑制劑		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	5^	ST; QL (60 EA per 30 days)
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG	5^	ST; QL (30 EA per 30 days)
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	6	GC, GC*; QL (30 EA per 30 days)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 EA per 30 days)
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	6	GC, GC*; QL (30 EA per 30 days)
fluvastatin sodium oral capsule 20 mg, 40 mg	6	GC, GC*; QL (60 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	6	GC, GC*; QL (60 EA per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	6	GC, GC*; QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	6	GC, GC*; QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	6	GC, GC*; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	4	ST; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
抗高血脂藥物，纖維酸衍生物		
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	
fenofibrate micronized oral capsule 200 mg, 67 mg	3	
fenofibrate oral capsule 134 mg	3	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	3	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	3	
gemfibrozil oral tablet 600 mg	1	GC, GC*
硝酸鹽		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	3	
isosorbide dinitrate oral tablet 40 mg	5^	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	GC, GC*
isosorbide mononitrate oral tablet 10 mg, 20 mg	2	GC*
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	3	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	3	
肺動脈高血壓		
ADCIRCA ORAL TABLET 20 MG	5^	PA-NS; QL (60 EA per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
alyq oral tablet 20 mg	5^	PA-NS; QL (60 EA per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	5^	PA-NS; LA; QL (30 EA per 30 days)
bosentan oral tablet 125 mg	5^	PA-NS; LA; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
bosentan oral tablet 62.5 mg	5^	PA-NS; LA; QL (120 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
sildenafil citrate oral tablet 20 mg	3	PA-NS; QL (90 EA per 30 days)
tadalafil (pah) oral tablet 20 mg	5^	PA-NS; QL (60 EA per 30 days)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	5^	PA-NS; LA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5^	PA-NS
血管緊張素 II 受體拮抗劑		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	6	GC, GC*; QL (60 EA per 30 days)
candesartan cilexetil oral tablet 32 mg	6	GC, GC*; QL (30 EA per 30 days)
EDARBI ORAL TABLET 40 MG, 80 MG	4	QL (30 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	6	GC, GC*; QL (30 EA per 30 days)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	6	GC, GC*
olmesartan medoxomil oral tablet 20 mg, 40 mg	6	GC, GC*; QL (30 EA per 30 days)
olmesartan medoxomil oral tablet 5 mg	6	GC, GC*; QL (60 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	6	GC, GC*; QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	6	GC, GC*; QL (60 EA per 30 days)
valsartan oral tablet 320 mg	6	GC, GC*; QL (30 EA per 30 days)
血管緊張素 II 受體拮抗劑組合藥物		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	6	GC, GC*; QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	6	GC, GC*; QL (30 EA per 30 days)
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	6	GC, GC*; QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet 16-12.5 mg	6	GC, GC*; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	6	GC, GC*; QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	QL (30 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	6	GC, GC*; QL (30 EA per 30 days)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	6	GC, GC*
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	6	GC, GC*; QL (30 EA per 30 days)
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	6	GC, GC*; QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	6	GC, GC*; QL (30 EA per 30 days)
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	6	GC, GC*; QL (30 EA per 30 days)
telmisartan-hctz oral tablet 80-12.5 mg	6	GC, GC*; QL (60 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	6	GC, GC*; QL (30 EA per 30 days)
醛固酮受體拮抗劑		
eplerenone oral tablet 25 mg, 50 mg	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	GC, GC*
鈣離子通道阻斷劑		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	GC, GC*
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	GC*
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	GC*
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	4	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	4	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	3	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	GC*
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	3	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	2	GC*
isradipine oral capsule 2.5 mg, 5 mg	3	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
nicardipine hcl oral capsule 20 mg, 30 mg	4	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	3	
nimodipine oral capsule 30 mg	4	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	4	
NYMALIZE ORAL SOLUTION 6 MG/ML	5^	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	GC*
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	4	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	3	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	2	GC*
verapamil hcl intravenous solution 2.5 mg/ml	4	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	GC, GC*
抗惡性腫瘤藥物		
免疫調節劑		
POMALYST ORAL CAPSULE 1 MG, 2 MG	5^	PA-NS; LA; QL (21 EA per 21 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5^	PA-NS; LA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5^	PA-NS; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5^	PA-NS; QL (56 EA per 28 days)
其他		
bexarotene oral capsule 75 mg	5^	PA-NS
hydroxyurea oral capsule 500 mg	2	GC*
INQOVI ORAL TABLET 35-100 MG	5^	PA-NS; LA
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	4	B/D
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS

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

Drug Name	Drug Tier	Requirements/Limits
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5^	PA-NS
MATULANE ORAL CAPSULE 50 MG	5^	LA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
tretinoin oral capsule 10 mg	5^	
WELIREG ORAL TABLET 40 MG	5^	PA-NS; LA
分子標靶藥劑		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	5^	PA-NS; QL (150 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	5^	PA-NS; QL (90 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5^	PA-NS; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	5^	PA-NS; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5^	PA-NS; LA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5^	PA-NS; LA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5^	PA-NS; LA
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5^	PA-NS; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5^	PA-NS; LA
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5^	PA-NS
BRAFTOVI ORAL CAPSULE 75 MG	5^	PA-NS; LA
BRUKINSA ORAL CAPSULE 80 MG	5^	PA-NS; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5^	PA-NS; LA
CAPRELSA ORAL TABLET 100 MG, 300 MG	5^	PA-NS; LA

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

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5 [^]	PA-NS; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5 [^]	PA-NS; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5 [^]	PA-NS; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5 [^]	PA-NS; LA
COTELLIC ORAL TABLET 20 MG	5 [^]	PA-NS; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	5 [^]	PA-NS; LA
ERIVEDGE ORAL CAPSULE 150 MG	5 [^]	PA-NS; LA
erlotinib hcl oral tablet 100 mg, 150 mg	5 [^]	PA-NS; QL (30 EA per 30 days)
erlotinib hcl oral tablet 25 mg	5 [^]	PA-NS; QL (90 EA per 30 days)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5 [^]	PA-NS; QL (30 EA per 30 days)
everolimus oral tablet soluble 2 mg	5 [^]	PA-NS; QL (150 EA per 30 days)
everolimus oral tablet soluble 3 mg	5 [^]	PA-NS; QL (90 EA per 30 days)
everolimus oral tablet soluble 5 mg	5 [^]	PA-NS; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	5 [^]	PA-NS; LA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5 [^]	PA-NS; LA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5 [^]	PA-NS; LA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5 [^]	PA-NS; LA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5 [^]	PA-NS; LA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	5 [^]	PA-NS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5 [^]	PA-NS
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5 [^]	PA-NS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5 [^]	PA-NS; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5 [^]	PA-NS; LA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG	5 [^]	PA-NS; LA; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG ORAL TABLET 30 MG, 45 MG	5 [^]	PA-NS; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5 [^]	PA-NS; LA; QL (30 EA per 30 days)
imatinib mesylate oral tablet 100 mg	5 [^]	PA-NS; QL (90 EA per 30 days)
imatinib mesylate oral tablet 400 mg	5 [^]	PA-NS; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5 [^]	PA-NS; LA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5 [^]	PA-NS; LA; QL (56 EA per 28 days)
IMBRUVICA ORAL TABLET 140 MG	5 [^]	PA-NS; LA; QL (112 EA per 28 days)
IMBRUVICA ORAL TABLET 280 MG	5 [^]	PA-NS; LA; QL (56 EA per 28 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5 [^]	PA-NS; LA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5 [^]	PA-NS; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5 [^]	PA-NS; LA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5 [^]	PA-NS; LA
IRESSA ORAL TABLET 250 MG	5 [^]	PA-NS; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5 [^]	PA-NS; LA; QL (60 EA per 30 days)
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	5 [^]	B/D
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5 [^]	PA-NS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5 [^]	PA-NS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5 [^]	PA-NS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5 [^]	PA-NS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5 [^]	PA-NS
lapatinib ditosylate oral tablet 250 mg	5 [^]	PA-NS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5 [^]	PA-NS; LA

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5 [^]	PA-NS; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5 [^]	PA-NS; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5 [^]	PA-NS; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5 [^]	PA-NS; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5 [^]	PA-NS; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5 [^]	PA-NS; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5 [^]	PA-NS; LA
LORBRENA ORAL TABLET 100 MG, 25 MG	5 [^]	PA-NS; LA
LUMAKRAS ORAL TABLET 120 MG	5 [^]	PA-NS; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5 [^]	PA-NS; LA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5 [^]	PA-NS; LA
MEKTOVI ORAL TABLET 15 MG	5 [^]	PA-NS; LA
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5 [^]	PA-NS; LA
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5 [^]	PA-NS; LA
NERLYNX ORAL TABLET 40 MG	5 [^]	PA-NS; LA
NEXAVAR ORAL TABLET 200 MG	5 [^]	PA-NS; LA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5 [^]	PA-NS
ODOMZO ORAL CAPSULE 200 MG	5 [^]	PA-NS; LA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5 [^]	PA-NS

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

Drug Name	Drug Tier	Requirements/Limits
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5^	PA-NS; LA
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	5^	PA-NS; LA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5^	PA-NS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5^	PA-NS
QINLOCK ORAL TABLET 50 MG	5^	PA-NS; LA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5^	PA-NS; LA
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS; LA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	5^	PA-NS; LA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5^	PA-NS; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5^	PA-NS; LA
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS
RYDAPT ORAL CAPSULE 25 MG	5^	PA-NS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5^	PA-NS
STIVARGA ORAL TABLET 40 MG	5^	PA-NS; LA
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	5^	PA-NS; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5 [^]	PA-NS; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5 [^]	PA-NS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5 [^]	PA-NS; LA
TAGRISSE ORAL TABLET 40 MG, 80 MG	5 [^]	PA-NS; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5 [^]	PA-NS; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5 [^]	PA-NS
TAZVERIK ORAL TABLET 200 MG	5 [^]	PA-NS; LA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	5 [^]	PA-NS; LA
TEPMETKO ORAL TABLET 225 MG	5 [^]	PA-NS; LA
TIBSOVO ORAL TABLET 250 MG	5 [^]	PA-NS; LA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5 [^]	PA-NS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5 [^]	PA-NS; LA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5 [^]	PA-NS; LA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5 [^]	PA-NS; LA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5 [^]	PA-NS; LA
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5 [^]	PA-NS
TUKYSA ORAL TABLET 150 MG, 50 MG	5 [^]	PA-NS; LA
TURALIO ORAL CAPSULE 200 MG	5 [^]	PA-NS; LA
UKONIQ ORAL TABLET 200 MG	5 [^]	PA-NS; LA
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	5 [^]	PA-NS
VENCLEXTA ORAL TABLET 10 MG	4	PA-NS; LA; QL (112 EA per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 100 MG	5 [^]	PA-NS; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5 [^]	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5 [^]	PA-NS; LA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5 [^]	PA-NS; LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5 [^]	PA-NS; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	5 [^]	PA-NS; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5 [^]	PA-NS; LA
VOTRIENT ORAL TABLET 200 MG	5 [^]	PA-NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5 [^]	PA-NS; LA
XOSPATA ORAL TABLET 40 MG	5 [^]	PA-NS; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	5 [^]	PA-NS; LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5 [^]	PA-NS; LA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5 [^]	PA-NS; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	5 [^]	PA-NS; LA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5 [^]	PA-NS; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5 [^]	PA-NS; LA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5 [^]	PA-NS; LA
ZEJULA ORAL CAPSULE 100 MG	5 [^]	PA-NS; LA
ZELBORAF ORAL TABLET 240 MG	5 [^]	PA-NS; LA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5 [^]	PA-NS

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

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE 100 MG	5 [^]	PA-NS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5 [^]	PA-NS; LA
ZYKADIA ORAL TABLET 150 MG	5 [^]	PA-NS; LA
抗代謝藥物		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5 [^]	B/D
azacitidine injection suspension reconstituted 100 mg	5 [^]	B/D
cytarabine injection solution 20 mg/ml	3	B/D
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	3	B/D
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	4	B/D
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg	4	B/D
mercaptopurine oral tablet 50 mg	3	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	3	B/D
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	3	B/D
methotrexate sodium injection solution reconstituted 1 gm	3	B/D
ONUREG ORAL TABLET 200 MG, 300 MG	5 [^]	PA-NS; LA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5 [^]	
TABLOID ORAL TABLET 40 MG	4	
抗生素		
adriamycin intravenous solution 2 mg/ml	4	B/D
doxorubicin hcl intravenous solution 2 mg/ml	4	B/D
doxorubicin hcl liposomal intravenous injectable 2 mg/ml	5 [^]	B/D

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

Drug Name	Drug Tier	Requirements/Limits
epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	4	B/D
核分裂抑制劑		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5^	B/D
DOCETAXEL CONCENTRATE 160 MG/8ML INTRAVENOUS 160 MG/8ML	5^	B/D
DOCETAXEL CONCENTRATE 80 MG/4ML INTRAVENOUS 80 MG/4ML	5^	B/D
docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml	5^	B/D
docetaxel intravenous concentrate 20 mg/ml	4	B/D
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	5^	B/D
DOCETAXEL SOLUTION 160 MG/16ML INTRAVENOUS 160 MG/16ML	5^	B/D
DOCETAXEL SOLUTION 20 MG/2ML INTRAVENOUS 20 MG/2ML	5^	B/D
DOCETAXEL SOLUTION 80 MG/8ML INTRAVENOUS 80 MG/8ML	5^	B/D
etoposide intravenous solution 100 mg/5ml, 500 mg/25ml	3	B/D
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	4	B/D
toposar intravenous solution 1 gm/50ml, 100 mg/5ml	3	B/D
vincristine sulfate intravenous solution 1 mg/ml	2	B/D; GC*
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	4	B/D
激素抗惡性腫瘤藥物		
abiraterone acetate oral tablet 250 mg, 500 mg	5^	PA-NS

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

Drug Name	Drug Tier	Requirements/Limits
anastrozole oral tablet 1 mg	1	GC, GC*
bicalutamide oral tablet 50 mg	2	GC*
EMCYT ORAL CAPSULE 140 MG	4	
ERLEADA ORAL TABLET 60 MG	5^	PA-NS; LA
exemestane oral tablet 25 mg	4	
flutamide oral capsule 125 mg	3	
fulvestrant intramuscular solution 250 mg/5ml	5^	B/D
letrozole oral tablet 2.5 mg	2	GC*
leuprolide acetate injection kit 1 mg/0.2ml	4	PA-NS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5^	PA-NS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5^	PA-NS
LYSODREN ORAL TABLET 500 MG	5^	
megestrol acetate oral tablet 20 mg, 40 mg	3	
nilutamide oral tablet 150 mg	5^	
NUBEQA ORAL TABLET 300 MG	5^	PA-NS; LA
ORGOVYX ORAL TABLET 120 MG	5^	PA-NS; LA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5^	
tamoxifen citrate oral tablet 10 mg, 20 mg	2	GC*
toremifene citrate oral tablet 60 mg	5^	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	5^	PA-NS
XTANDI ORAL CAPSULE 40 MG	5^	PA-NS; LA
XTANDI ORAL TABLET 40 MG, 80 MG	5^	PA-NS; LA
ZYTIGA ORAL TABLET 500 MG	5^	PA-NS; LA
烷化劑		
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	5^	B/D

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

Drug Name	Drug Tier	Requirements/Limits
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	3	B/D
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	3	B/D
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	5^	B/D
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	5^	B/D
cyclophosphamide oral capsule 25 mg, 50 mg	3	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	4	B/D
LEUKERAN ORAL TABLET 2 MG	5^	
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	4	B/D
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	5^	B/D
paraplatin intravenous solution 1000 mg/100ml	3	B/D
防護藥物		
leucovorin calcium injection solution 500 mg/50ml	4	B/D
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	4	B/D
leucovorin calcium oral tablet 10 mg, 5 mg	3	
leucovorin calcium oral tablet 15 mg, 25 mg	4	
MESNEX ORAL TABLET 400 MG	5^	
抗感染藥物		
其他抗感染藥物		
albendazole oral tablet 200 mg	5^	
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	4	
atovaquone oral suspension 750 mg/5ml	5^	

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

Drug Name	Drug Tier	Requirements/Limits
aztreonam injection solution reconstituted 1 gm, 2 gm	4	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5 [^]	PA; LA
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	GC*
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	4	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	4	
CLINDAMYCIN PHOSPHATE IN NAACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	4	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml, 9000 mg/60ml	3	
colistimethate sodium (cba) injection solution reconstituted 150 mg	4	
dapsone oral tablet 100 mg, 25 mg	3	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	5 [^]	
daptomycin intravenous solution reconstituted 500 mg	5 [^]	
daptomycin solution reconstituted 350 mg intravenous 350 mg	5 [^]	
EMVERM ORAL TABLET CHEWABLE 100 MG	5 [^]	QL (12 EA per 365 days)
ertapenem sodium injection solution reconstituted 1 gm	4	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	3	

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

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	3	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	4	
ivermectin oral tablet 3 mg	3	PA-NS
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	4	
linezolid intravenous solution 600 mg/300ml	4	
linezolid oral suspension reconstituted 100 mg/5ml	5^	QL (1800 ML per 30 days)
linezolid oral tablet 600 mg	4	QL (60 EA per 30 days)
meropenem intravenous solution reconstituted 1 gm, 500 mg	4	
methenamine hippurate oral tablet 1 gm	3	
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%	3	
metronidazole oral tablet 250 mg, 500 mg	2	GC*
neomycin sulfate oral tablet 500 mg	2	GC*
nitazoxanide oral tablet 500 mg	5^	QL (6 EA per 30 days)
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	
nitrofurantoin monohyd macro oral capsule 100 mg	3	
paromomycin sulfate oral capsule 250 mg	4	
pentamidine isethionate inhalation solution reconstituted 300 mg	4	B/D
pentamidine isethionate injection solution reconstituted 300 mg	4	
praziquantel oral tablet 600 mg	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5^	
SIVEXTRO ORAL TABLET 200 MG	5^	

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

Drug Name	Drug Tier	Requirements/Limits
streptomycin sulfate intramuscular solution reconstituted 1 gm	5 [^]	
SULFADIAZINE ORAL TABLET 500 MG	4	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	GC, GC*
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	5 [^]	
tobramycin inhalation nebulization solution 300 mg/5ml	5 [^]	PA
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	3	
trimethoprim oral tablet 100 mg	2	GC*
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%	4	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg	4	
vancomycin hcl oral capsule 125 mg	4	QL (80 EA per 180 days)
vancomycin hcl oral capsule 250 mg	4	QL (160 EA per 180 days)
四環素		
doxy 100 intravenous solution reconstituted 100 mg	4	
doxycycline hyclate intravenous solution reconstituted 100 mg	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	3	
doxycycline hyclate oral tablet 100 mg, 20 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	GC*
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	3	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	3	
mondoxylene nl oral capsule 100 mg	2	GC*
tetracycline hcl oral capsule 250 mg, 500 mg	4	PA
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5^	
tigecycline solution reconstituted 50 mg intravenous 50 mg	5^	
抗病毒藥物		
acyclovir oral capsule 200 mg	2	GC*
acyclovir oral suspension 200 mg/5ml	4	
acyclovir oral tablet 400 mg, 800 mg	2	GC*
acyclovir sodium intravenous solution 50 mg/ml	4	B/D
adefovir dipivoxil oral tablet 10 mg	5^	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5^	
entecavir oral tablet 0.5 mg, 1 mg	4	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5^	PA
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	3	
ganciclovir sodium intravenous solution reconstituted 500 mg	4	B/D
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	5^	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5^	PA
lamivudine oral tablet 100 mg	4	
MAVYRET ORAL TABLET 100-40 MG	5^	PA
oseltamivir phosphate oral capsule 30 mg	3	QL (168 EA per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate oral capsule 45 mg, 75 mg	3	QL (84 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	3	QL (1080 ML per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	5^	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5^	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (120 EA per 365 days)
ribavirin oral capsule 200 mg	3	
ribavirin oral tablet 200 mg	4	
rimantadine hcl oral tablet 100 mg	4	
SOVALDI ORAL TABLET 400 MG	5^	PA
valacyclovir hcl oral tablet 1 gm, 500 mg	3	
valganciclovir hcl oral solution reconstituted 50 mg/ml	3	
valganciclovir hcl oral tablet 450 mg	3	
VEMLIDY ORAL TABLET 25 MG	5^	PA
VOSEVI ORAL TABLET 400-100-100 MG	5^	PA

抗瘧疾藥物

atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	4	
chloroquine phosphate oral tablet 250 mg, 500 mg	3	
COARTEM ORAL TABLET 20-120 MG	4	
mefloquine hcl oral tablet 250 mg	3	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	3	
primaquine phosphate tablet 26.3 (15 base) mg oral 26.3 (15 base) mg	3	
quinine sulfate oral capsule 324 mg	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
抗真菌藥物		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5^	B/D
amphotericin b intravenous solution reconstituted 50 mg	4	B/D
casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg	5^	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	3	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	3	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	3	
fluconazole oral tablet 150 mg	2	GC*
flucytosine oral capsule 250 mg, 500 mg	5^	
griseofulvin microsize oral suspension 125 mg/5ml	4	
griseofulvin microsize oral tablet 500 mg	4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	
itraconazole oral capsule 100 mg	4	PA
ketoconazole oral tablet 200 mg	3	PA
miconazole sodium intravenous solution reconstituted 100 mg, 50 mg	5^	
NOXAFIL ORAL SUSPENSION 40 MG/ML	5^	QL (630 ML per 30 days)
nystatin oral tablet 500000 unit	3	
posaconazole oral tablet delayed release 100 mg	5^	QL (93 EA per 30 days)
terbinafine hcl oral tablet 250 mg	1	GC, GC*; QL (90 EA per 365 days)
voriconazole intravenous solution reconstituted 200 mg	5^	PA

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

Drug Name	Drug Tier	Requirements/Limits
voriconazole oral suspension reconstituted 40 mg/ml	5 [^]	PA
voriconazole oral tablet 200 mg	4	PA; QL (120 EA per 30 days)
voriconazole oral tablet 50 mg	4	PA; QL (480 EA per 30 days)
抗結核藥物		
cycloserine oral capsule 250 mg	5 [^]	
ethambutol hcl oral tablet 100 mg, 400 mg	3	
isoniazid oral syrup 50 mg/5ml	4	
isoniazid oral tablet 100 mg, 300 mg	1	GC, GC*
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	4	
rifabutin oral capsule 150 mg	4	
rifampin intravenous solution reconstituted 600 mg	4	
rifampin oral capsule 150 mg, 300 mg	3	
SIRTURO ORAL TABLET 100 MG, 20 MG	5 [^]	PA; LA
TRECTOR ORAL TABLET 250 MG	4	
抗逆轉錄病毒組合藥物		
abacavir sulfate-lamivudine oral tablet 600-300 mg	3	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	5 [^]	
BIKTARVY ORAL TABLET 50-200-25 MG	5 [^]	
CIMDUO ORAL TABLET 300-300 MG	5 [^]	
COMPLERA ORAL TABLET 200-25-300 MG	5 [^]	
DELSTRIGO ORAL TABLET 100-300-300 MG	5 [^]	
DESCOVY ORAL TABLET 200-25 MG	5 [^]	
DOVATO ORAL TABLET 50-300 MG	5 [^]	
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	5 [^]	

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

Drug Name	Drug Tier	Requirements/Limits
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	5^	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	5^	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5^	
GENVOYA ORAL TABLET 150-150-200-10 MG	5^	
JULUCA ORAL TABLET 50-25 MG	5^	
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5^	
lamivudine-zidovudine oral tablet 150-300 mg	4	
lopinavir-ritonavir oral solution 400-100 mg/5ml	4	
lopinavir-ritonavir oral tablet 100-25 mg	4	
lopinavir-ritonavir oral tablet 200-50 mg	5^	
ODEFSEY ORAL TABLET 200-25-25 MG	5^	
PREZCOBIX ORAL TABLET 800-150 MG	5^	
STRIBILD ORAL TABLET 150-150-200-300 MG	5^	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5^	
TEMIXYS ORAL TABLET 300-300 MG	5^	
TRIUMEQ ORAL TABLET 600-50-300 MG	5^	
抗逆轉錄病毒藥物		
abacavir sulfate oral solution 20 mg/ml	4	
abacavir sulfate oral tablet 300 mg	3	
APTIVUS ORAL CAPSULE 250 MG	5^	
APTIVUS ORAL SOLUTION 100 MG/ML	5^	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	4	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
EDURANT ORAL TABLET 25 MG	5^	
efavirenz oral capsule 200 mg, 50 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
efavirenz oral tablet 600 mg	4	
emtricitabine oral capsule 200 mg	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
etravirine oral tablet 100 mg, 200 mg	5^	
fosamprenavir calcium oral tablet 700 mg	5^	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5^	
INTELENCE ORAL TABLET 100 MG, 200 MG	5^	
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5^	
ISENTRESS HD ORAL TABLET 600 MG	5^	
ISENTRESS ORAL PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5^	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5^	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
lamivudine oral solution 10 mg/ml	3	
lamivudine oral tablet 150 mg, 300 mg	3	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	4	
nevirapine oral suspension 50 mg/5ml	4	
nevirapine oral tablet 200 mg	3	
NORVIR ORAL PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
PIFELTRO ORAL TABLET 100 MG	5^	
PREZISTA ORAL SUSPENSION 100 MG/ML	5^	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5^	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5^	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5^	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5^	
ritonavir oral tablet 100 mg	3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5^	
SELZENTRY ORAL SOLUTION 20 MG/ML	5^	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5^	
SELZENTRY ORAL TABLET 25 MG	3	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	4	
tenofovir disoproxil fumarate oral tablet 300 mg	3	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5^	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	3	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	5^	LA
TYBOST ORAL TABLET 150 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5^	
VIREAD ORAL POWDER 40 MG/GM	5^	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5^	
zidovudine oral capsule 100 mg	4	
zidovudine oral syrup 50 mg/5ml	4	
zidovudine oral tablet 300 mg	3	
氟喹諾酮類藥物		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	4	
ciprofloxacin hcl oral tablet 100 mg	4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	GC, GC*

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

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	3	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	3	
levofloxacin intravenous solution 25 mg/ml	4	
levofloxacin oral solution 25 mg/ml	4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	GC, GC*
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	4	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	4	
moxifloxacin hcl oral tablet 400 mg	4	
紅黴素／大環內酯類藥物		
azithromycin intravenous solution reconstituted 500 mg	3	
azithromycin oral packet 1 gm	3	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	3	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1	GC, GC*
clarithromycin er oral tablet extended release 24 hour 500 mg	3	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	4	
clarithromycin oral tablet 250 mg, 500 mg	3	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5^	
DIFICID ORAL TABLET 200 MG	5^	
e.e.s. 400 oral tablet 400 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
ery-tab oral tablet delayed release 250 mg, 333 mg, 500 mg	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
erythrocin stearate oral tablet 250 mg	4	
erythromycin base oral capsule delayed release particles 250 mg	4	
erythromycin base oral tablet 250 mg, 500 mg	4	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	4	
erythromycin ethylsuccinate oral tablet 400 mg	4	
青黴素類藥物		
amoxicillin oral capsule 250 mg, 500 mg	1	GC, GC*
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	GC, GC*
amoxicillin oral tablet 500 mg, 875 mg	1	GC, GC*
amoxicillin oral tablet chewable 125 mg, 250 mg	2	GC*
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	4	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	3	
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	4	
amoxicillin-pot clavulanate oral tablet 250-125 mg	4	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	2	GC*
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	4	
ampicillin oral capsule 500 mg	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	4	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
dicloxacillin sodium oral capsule 250 mg, 500 mg	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4	
NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	5 [^]	
nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm	4	
nafcillin sodium intravenous solution reconstituted 10 gm	5 [^]	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	4	
oxacillin sodium intravenous solution reconstituted 10 gm	5 [^]	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	4	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	4	
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	4	

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

Drug Name	Drug Tier	Requirements/Limits
penicillin g sodium injection solution reconstituted 5000000 unit	4	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	2	GC*
penicillin v potassium oral tablet 250 mg, 500 mg	1	GC, GC*
pfizerpen injection solution reconstituted 20000000 unit, 5000000 unit	4	
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	4	
頭孢菌素		
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG	4	
cefaclor oral capsule 250 mg, 500 mg	3	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	4	
cefadroxil oral capsule 500 mg	2	GC*
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	3	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	3	
cefazolin sodium intravenous solution reconstituted 1 gm	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	4	
cefdinir oral capsule 300 mg	2	GC*
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
cefepime hcl injection solution reconstituted 1 gm, 2 gm	4	

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

Drug Name	Drug Tier	Requirements/Limits
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	4	
cefoxitin sodium injection solution reconstituted 10 gm	4	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4	
cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	4	
cefepodoxime proxetil oral tablet 100 mg, 200 mg	3	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
cefprozil oral tablet 250 mg, 500 mg	3	
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	4	
ceftazidime injection solution reconstituted 1 gm, 6 gm	4	
ceftazidime intravenous solution reconstituted 2 gm	4	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	4	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4	
cefuroxime axetil oral tablet 250 mg, 500 mg	3	
cefuroxime sodium injection solution reconstituted 750 mg	3	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	3	
cephalexin oral capsule 250 mg, 500 mg	1	GC, GC*
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
tazicef injection solution reconstituted 1 gm, 6 gm	4	

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

Drug Name	Drug Tier	Requirements/Limits
tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm	4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5 [^]	
營養／補充劑		
電解質/礦物質，注射		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	4	
dextrose in lactated ringers intravenous solution 5 %	3	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 5-0.3 %	3	
dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	3	
dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.225 %, 5-0.3 %	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S INTRAVENOUS SOLUTION	4	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	3	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	4	
lactated ringers intravenous solution	3	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	3	
MAGNESIUM SULFATE IN D5W SOLUTION 1-5 GM/100ML-% INTRAVENOUS 1-5 GM/100ML-%	3	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	3	

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

Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	3	
MAGNESIUM SULFATE SOLUTION 2 GM/50ML INTRAVENOUS 2 GM/50ML	3	
MAGNESIUM SULFATE SOLUTION 20 GM/500ML INTRAVENOUS 20 GM/500ML	3	
MAGNESIUM SULFATE SOLUTION 4 GM/100ML INTRAVENOUS 4 GM/100ML	3	
MAGNESIUM SULFATE SOLUTION 4 GM/50ML INTRAVENOUS 4 GM/50ML	3	
MAGNESIUM SULFATE SOLUTION 40 GM/1000ML INTRAVENOUS 40 GM/1000ML	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	3	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	3	
POTASSIUM CHLORIDE IN NACL SOLUTION 20-0.45 MEQ/L-% INTRAVENOUS 20-0.45 MEQ/L-%	3	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML	4	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	3	
sodium chloride injection solution 2.5 meq/ml	3	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	3	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
電解質/礦物質/維生素，口服		
klor-con 10 oral tablet extended release 10 meq	2	GC*
klor-con m10 oral tablet extended release 10 meq	2	GC*
klor-con m15 oral tablet extended release 15 meq	2	GC*
klor-con m20 oral tablet extended release 20 meq	2	GC*
klor-con oral packet 20 meq	4	
klor-con oral tablet extended release 8 meq	2	GC*
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
PNV FOLIC ACID + IRON ORAL TABLET 27-1 MG	3	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	2	GC*
potassium chloride er oral capsule extended release 10 meq, 8 meq	3	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	2	GC*
potassium chloride oral packet 20 meq	4	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	4	
PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	3	
PRENATAL PLUS ORAL TABLET 27-1 MG	3	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG	3	
sodium fluoride chew, tab, 1.1 (0.5 f) mg/ml soln	2	GC*
TRICARE ORAL TABLET	3	
靜脈輸入營養		
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	4	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	B/D
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	4	B/D
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4	B/D
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4	B/D
clinisol sf intravenous solution 15 %	4	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	B/D
dextrose intravenous solution 10 %, 5 %	3	
dextrose intravenous solution 50 %, 70 %	3	B/D
FREAMINE III INTRAVENOUS SOLUTION 10 %	4	B/D
hepatamine intravenous solution 8 %	4	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	B/D
plenamine intravenous solution 15 %	4	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	4	B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D
生殖泌尿道		
其他		
acetic acid irrigation solution 0.25 %	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	3	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	4	
尿路解痙藥		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	4	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	4	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	QL (30 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	3	QL (60 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	3	QL (30 EA per 30 days)
oxybutynin chloride oral syrup 5 mg/5ml	3	
oxybutynin chloride oral tablet 5 mg	3	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	4	
solifenacin succinate oral tablet 10 mg, 5 mg	3	QL (30 EA per 30 days)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	4	ST; QL (30 EA per 30 days)
tolterodine tartrate oral tablet 1 mg, 2 mg	4	ST; QL (60 EA per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	QL (30 EA per 30 days)
tropium chloride oral tablet 20 mg	3	QL (60 EA per 30 days)
抗陰道感染藥		
clindamycin phosphate vaginal cream 2 %	3	
metronidazole vaginal gel 0.75 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	3	

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

Drug Name	Drug Tier	Requirements/Limits
terconazole vaginal suppository 80 mg	3	
vandazole vaginal gel 0.75 %	3	
良性前列腺增生症		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	2	GC*; QL (30 EA per 30 days)
dutasteride oral capsule 0.5 mg	3	QL (30 EA per 30 days)
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	4	QL (30 EA per 30 days)
finasteride oral tablet 5 mg	1	GC, GC*
silodosin oral capsule 4 mg, 8 mg	3	QL (30 EA per 30 days)
tamsulosin hcl oral capsule 0.4 mg	2	GC*
眼用藥物		
其他		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5^	PA; LA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5^	PA; LA
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
proparacaine hcl ophthalmic solution 0.5 %	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
抗感染／抗發炎		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	4	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	2	GC*
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	4	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	2	GC*
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	4	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	3	
抗感染藥物		
bacitracin ophthalmic ointment 500 unit/gm	3	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	GC*
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	2	GC*
erythromycin ophthalmic ointment 5 mg/gm	2	GC*
gatifloxacin ophthalmic solution 0.5 %	2	GC*
gentak ophthalmic ointment 0.3 %	3	
gentamicin sulfate ophthalmic solution 0.3 %	2	GC*
moxifloxacin hcl ophthalmic solution 0.5 %	3	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	3	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	3	
ofloxacin ophthalmic solution 0.3 %	2	GC*
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	2	GC*

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

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium ophthalmic ointment 10 %	3	
sulfacetamide sodium ophthalmic solution 10 %	3	
tobramycin ophthalmic solution 0.3 %	2	GC*
trifluridine ophthalmic solution 1 %	4	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
抗過敏		
azelastine hcl ophthalmic solution 0.05 %	3	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	3	
cromolyn sodium ophthalmic solution 4 %	1	GC, GC*
LASTACFT OPHTHALMIC SOLUTION 0.25 %	4	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	3	
PAZEO OPHTHALMIC SOLUTION 0.7 %	3	
ZERVIATE OPHTHALMIC SOLUTION 0.24 %	4	
抗青光眼		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
betaxolol hcl ophthalmic solution 0.5 %	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	
brimonidine tartrate ophthalmic solution 0.15 %	4	
brimonidine tartrate ophthalmic solution 0.2 %	1	GC, GC*
carteolol hcl ophthalmic solution 1 %	2	GC*
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
dorzolamide hcl ophthalmic solution 2 %	2	GC*
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	2	GC*
latanoprost ophthalmic solution 0.005 %	2	GC*
levobunolol hcl ophthalmic solution 0.5 %	2	GC*
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	

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

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	3	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	4	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	GC, GC*
timolol maleate ophthalmic solution 0.5 % (daily)	4	
travoprost (bak free) ophthalmic solution 0.004 %	4	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	
消炎藥物		
ALREX OPHTHALMIC SUSPENSION 0.2 %	3	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	4	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	3	
diclofenac sodium ophthalmic solution 0.1 %	2	GC*
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	4	
fluorometholone ophthalmic suspension 0.1 %	3	
flurbiprofen sodium ophthalmic solution 0.03 %	3	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	
ketorolac tromethamine ophthalmic solution 0.4 %	3	
ketorolac tromethamine ophthalmic solution 0.5 %	2	GC*
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	
prednisolone acetate ophthalmic suspension 1 %	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %	3	

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

Drug Name	Drug Tier	Requirements/Limits
PROLENSA OPHTHALMIC SOLUTION 0.07 %	3	
第五型磷酸二酯酶抑制劑		
第五型磷酸二酯酶抑制劑		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	NT; QL (4 EA per 30 days)
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	NT; QL (4 EA per 30 days)
胃腸道		
H2 受體拮抗劑		
famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml	3	
famotidine oral suspension reconstituted 40 mg/5ml	4	QL (300 ML per 30 days)
famotidine oral tablet 20 mg	1	GC, GC*; QL (120 EA per 30 days)
famotidine oral tablet 40 mg	1	GC, GC*; QL (60 EA per 30 days)
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	3	
nizatidine oral capsule 150 mg, 300 mg	3	
其他		
alosetron hcl oral tablet 0.5 mg	4	PA; QL (60 EA per 30 days)
alosetron hcl oral tablet 1 mg	5^	PA; QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG	4	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	4	QL (180 EA per 30 days)
amoxicill-clarithro-lansopraz oral	4	
CARAFATE ORAL SUSPENSION 1 GM/10ML	4	
cromolyn sodium oral concentrate 100 mg/5ml	4	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	3	
GATTEX SUBCUTANEOUS KIT 5 MG	5^	PA; LA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	QL (30 EA per 30 days)
loperamide hcl oral capsule 2 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
lubiprostone oral capsule 24 mcg	4	QL (60 EA per 30 days)
lubiprostone oral capsule 8 mcg	4	QL (180 EA per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	3	
MOVANTIK ORAL TABLET 12.5 MG	3	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	5^	PA
sucralfate oral suspension 1 gm/10ml	4	
sucralfate oral tablet 1 gm	3	
TRULANCE ORAL TABLET 3 MG	4	QL (30 EA per 30 days)
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet 250 mg, 500 mg	4	
XIFAXAN ORAL TABLET 550 MG	5^	PA
止吐藥物		
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	4	B/D
compro rectal suppository 25 mg	4	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	4	B/D
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	3	
granisetron hcl oral tablet 1 mg	4	B/D
meclizine hcl oral tablet 12.5 mg, 25 mg	2	GC*
metoclopramide hcl injection solution 5 mg/ml	3	
metoclopramide hcl oral solution 5 mg/5ml	3	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	GC, GC*

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

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	3	
ondansetron hcl oral solution 4 mg/5ml	4	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	3	
ondansetron oral tablet dispersible 4 mg, 8 mg	3	
prochlorperazine edisylate injection solution 10 mg/2ml	4	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	GC*
prochlorperazine rectal suppository 25 mg	4	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	3	PA; PA if 70 years and older
promethazine hcl oral syrup 6.25 mg/5ml	3	PA; PA if 70 years and older
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	3	PA; PA if 70 years and older
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	5^	QL (4 EA per 28 days)
scopolamine transdermal patch 72 hour 1 mg/3days	4	PA; PA if 70 years and older; QL (10 EA per 30 days)
炎症性腸病		
balsalazide disodium oral capsule 750 mg	3	
budesonide er oral tablet extended release 24 hour 9 mg	5^	
budesonide oral capsule delayed release particles 3 mg	4	
hydrocortisone rectal enema 100 mg/60ml	4	
mesalamine er oral capsule extended release 24 hour 0.375 gm	4	QL (120 EA per 30 days)
mesalamine oral capsule delayed release 400 mg	4	QL (180 EA per 30 days)
mesalamine oral tablet delayed release 1.2 gm, 800 mg	4	
mesalamine rectal enema 4 gm	4	
mesalamine rectal suppository 1000 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
mesalamine-cleanser rectal kit 4 gm	4	
sulfasalazine oral tablet 500 mg	2	GC*
sulfasalazine oral tablet delayed release 500 mg	3	
緩瀉劑		
constulose oral solution 10 gm/15ml	3	
enulose oral solution 10 gm/15ml	3	
gavilyte-c oral solution reconstituted 240 gm	2	GC*
gavilyte-g oral solution reconstituted 236 gm	2	GC*
gavilyte-n with flavor pack oral solution reconstituted 420 gm	2	GC*
generlac oral solution 10 gm/15ml	3	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM	3	
KRISTALOSE ORAL PACKET 10 GM, 20 GM	4	
lactulose encephalopathy oral solution 10 gm/15ml	3	
lactulose oral solution 10 gm/15ml	3	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	3	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	2	GC*
peg-3350/electrolytes oral solution reconstituted 236 gm	2	GC*
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	4	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	
胰蛋白酶		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4	
質子泵抑制劑		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	4	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	4	ST
lansoprazole oral capsule delayed release 15 mg, 30 mg	3	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	4	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	GC, GC*
pantoprazole sodium intravenous solution reconstituted 40 mg	4	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	GC, GC*
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	4	
rabeprazole sodium oral tablet delayed release 20 mg	3	
鎮痙藥物		
dicyclomine hcl oral capsule 10 mg	3	
dicyclomine hcl oral solution 10 mg/5ml	4	
dicyclomine hcl oral tablet 20 mg	3	
glycopyrrolate oral tablet 1 mg, 2 mg	3	
血液學		
其他		
anagrelide hcl oral capsule 0.5 mg, 1 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
BERINERT INTRAVENOUS KIT 500 UNIT	5^	PA; LA; QL (24 EA per 30 days)
cilostazol oral tablet 100 mg, 50 mg	2	GC*
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5^	PA; LA; QL (20 EA per 30 days)
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5^	PA; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ENDARI ORAL PACKET 5 GM	5^	PA; LA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5^	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5^	PA; LA; QL (20 EA per 30 days)
icatibant acetate subcutaneous solution 30 mg/3ml	5^	PA; QL (27 ML per 30 days)
pentoxifylline er oral tablet extended release 400 mg	2	GC*
PROMACTA ORAL PACKET 12.5 MG	5^	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5^	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5^	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5^	PA; LA; QL (60 EA per 30 days)
sajazir subcutaneous solution 30 mg/3ml	5^	PA; QL (27 ML per 30 days)
tranexamic acid intravenous solution 1000 mg/10ml	4	
tranexamic acid oral tablet 650 mg	3	
抗凝血劑		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
enoxaparin sodium injection solution 300 mg/3ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	4	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5 [^]	
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5 [^]	
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML	4	
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	3	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	3	B/D
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	GC, GC*
PRADAXA ORAL CAPSULE 110 MG	4	QL (120 EA per 30 days)
PRADAXA ORAL CAPSULE 150 MG, 75 MG	4	QL (60 EA per 30 days)
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	GC, GC*
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (51 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
血小板聚合抑制劑		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	4	
BRILINTA ORAL TABLET 60 MG, 90 MG	4	
clopidogrel bisulfate oral tablet 75 mg	1	GC, GC*
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	3	PA; PA if 70 years and older
prasugrel hcl oral tablet 10 mg, 5 mg	3	
造血生長因子		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5^	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5^	PA
鎮痛藥		
痛風		
allopurinol oral tablet 100 mg, 300 mg	1	GC, GC*
colchicine oral tablet 0.6 mg	4	QL (120 EA per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg	3	
MITIGARE ORAL CAPSULE 0.6 MG	3	QL (60 EA per 30 days)
probenecid oral tablet 500 mg	3	
非類固醇抗炎藥		
celecoxib oral capsule 100 mg	3	QL (120 EA per 30 days)
celecoxib oral capsule 200 mg	3	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	3	QL (30 EA per 30 days)
celecoxib oral capsule 50 mg	3	QL (240 EA per 30 days)
diclofenac potassium oral tablet 50 mg	3	QL (120 EA per 30 days)
diclofenac sodium er oral tablet extended release 24 hour 100 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	2	GC*
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	4	
diflunisal oral tablet 500 mg	3	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	2	GC*
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	2	GC*
etodolac oral capsule 200 mg, 300 mg	2	GC*
etodolac oral tablet 400 mg, 500 mg	2	GC*
flurbiprofen oral tablet 100 mg	3	
ibu oral tablet 600 mg, 800 mg	1	GC, GC*
ibuprofen oral suspension 100 mg/5ml	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	GC, GC*
meloxicam oral tablet 15 mg, 7.5 mg	1	GC, GC*
nabumetone oral tablet 500 mg, 750 mg	2	GC*
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	GC, GC*
naproxen oral tablet delayed release 375 mg, 500 mg	2	GC*
naproxen sodium oral tablet 275 mg, 550 mg	3	
oxaprozin oral tablet 600 mg	4	
piroxicam oral capsule 10 mg, 20 mg	3	
sulindac oral tablet 150 mg, 200 mg	2	GC*
類鴉片止痛劑，短效		
acetaminophen-codeine #3 oral tablet 300-30 mg	3	QL (360 EA per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5ml	3	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	3	QL (400 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
acetaminophen-codeine oral tablet 300-60 mg	3	QL (180 EA per 30 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	4	
endocet oral tablet 10-325 mg	3	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	3	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	3	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 600 mcg, 800 mcg	5^	PA; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 400 mcg	4	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	4	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	3	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	3	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	3	QL (150 EA per 30 days)
hydromorphone hcl oral liquid 1 mg/ml	4	QL (600 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	3	QL (180 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	3	QL (180 ML per 30 days)
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	4	B/D
morphine sulfate (pf) intravenous solution 10 mg/ml	4	B/D
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 2 MG/ML, 4 MG/ML, 8 MG/ML	4	B/D
MORPHINE SULFATE (PF) SOLUTION 10 MG/ML INTRAVENOUS 10 MG/ML	4	B/D
morphine sulfate intravenous solution 1 mg/ml, 4 mg/ml, 8 mg/ml	4	B/D
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	3	QL (900 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate oral tablet 15 mg, 30 mg	3	QL (180 EA per 30 days)
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	4	
oxycodone hcl oral capsule 5 mg	4	QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	4	QL (180 ML per 30 days)
oxycodone hcl oral solution 5 mg/5ml	4	QL (900 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	3	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	3	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	3	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	3	QL (240 EA per 30 days)
tramadol hcl oral tablet 50 mg	2	GC*; QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	3	QL (240 EA per 30 days)
類鴉片止痛劑，長效		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; QL (10 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
methadone hcl intensol oral concentrate 10 mg/ml	3	PA; QL (90 ML per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	3	PA; QL (450 ML per 30 days)
methadone hcl oral tablet 10 mg, 5 mg	3	PA; QL (90 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	3	PA; QL (90 EA per 30 days)
麻醉藥物		
局部麻醉藥物		
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %	3	B/D
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	3	B/D

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

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本處方一覽表更新於 12/01/2021。若需更多最新資訊或有其他疑問，請聯絡 Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Sapphire (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), 以及 Health Net Violet 4 (PPO) · 電話：

州	計畫	電話號碼
California	Health Net Jade (HMO C-SNP), Health Net Sapphire (HMO)	1-800-431-9007
California	所有其他計畫	1-800-275-4737
Oregon/Washington	所有計畫	1-888-445-8913

或者，若為聽障專線使

用者，則請撥打 711。服務時間從 10 月 1 日至 3 月 31 日，每週七天上午 8 點至晚上 8 點；從 4 月 1 日至 9 月 30 日，每週一至週五上午 8 點至晚上 8 點。在非營業時間、週末及聯邦法定假日，我們將會使用留言系統，或請瀏覽：

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California	ca.healthnetadvantage.com
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