

# 2025 年 處方集

(承保藥物清單，或簡稱為「藥物  
清單」)

wellcare

TM

Wellcare Dual Access (HMO D-SNP)、  
Wellcare Dual Access (HMO-POS D-SNP)、  
Wellcare Dual Access Open (PPO D-SNP)、  
Wellcare Dual Liberty (HMO D-SNP)、  
Wellcare Dual Liberty (HMO-POS D-SNP)、  
Wellcare Dual Liberty Nurture (HMO-POS D-SNP)、  
Wellcare Dual Liberty Open (PPO D-SNP)、  
Wellcare Dual Reserve (HMO D-SNP)、  
Wellcare Dual Reserve (HMO-POS D-SNP)、  
Wellcare Dual Select (HMO-POS D-SNP)、  
Wellcare Fidelis Dual Access (HMO D-SNP)、  
Wellcare 'Ohana Dual Liberty (HMO-POS D-SNP)

02



**請閱讀：**本文件包含我們在本計劃中所承保的藥物資訊

**HPMS 核准處方集檔案提交 ID 25040**

本處方集於 **10/15/2024 更新**。如需最新資訊或有其他問題，請撥打本處方集封面內頁和封底所列計劃的電話號碼或網站至 Wellcare 會員服務部與我們聯絡，在 10 月 1 日至 3 月 31 日期間，代表的服務時間為一週七天，上午 8 點至晚上 8 點，在 4 月 1 日至 9 月 30 日期間，代表的服務時間為週一至週五，上午 8 點至晚上 8 點。

## Arizona

HMO D-SNP

**1-844-796-6811 (TTY : 711)**

**[wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ)**

## Arkansas

Wellcare Dual Liberty Nurture (HMO-POS D-SNP)

**1-833-444-9089 (TTY : 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

Wellcare Dual Access (HMO-POS D-SNP)

**1-844-796-6811 (TTY : 711)**

**[wellcare.com/allwellAR](https://www.wellcare.com/allwellAR)**

## Connecticut

HMO-POS D-SNP

**1-866-892-8340 (TTY : 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Florida

HMO D-SNP

**1-833-444-9089 (TTY : 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Georgia

HMO-POS D-SNP

**1-866-892-8340 (TTY : 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Hawaii

HMO-POS D-SNP

**1-877-457-7621 (TTY : 711)**

**[wellcare.com/ohana](https://www.wellcare.com/ohana)**

## Iowa

HMO-POS D-SNP

**1-833-444-9089 (TTY : 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Kentucky

HMO-POS D-SNP、PPO D-SNP

**1-833-444-9089 (TTY : 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Louisiana

HMO-POS D-SNP

**1-833-444-9089 (TTY : 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Maine

HMO-POS D-SNP

**1-833-444-9089 (TTY : 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Mississippi

HMO-POS D-SNP

**1-833-444-9089 (TTY : 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Nevada

HMO-POS D-SNP

**1-844-796-6811 (TTY : 711)**

**[wellcare.com/allwellNV](https://www.wellcare.com/allwellNV)**

## **New York**

Wellcare Dual Access (HMO D-SNP)、  
Wellcare Dual Access Open (PPO D-SNP)

**1-833-444-9089 (TTY : 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

Wellcare Fidelis Dual Access (HMO D-SNP)

**1-800-247-1447 (TTY : 711)**

**[wellcare.com/fidelisNY](https://wellcare.com/fidelisNY)**

## **Oregon**

HMO-POS D-SNP

**1-844-867-1156 (TTY : 711)**

**[wellcare.com/trilliumOR](https://wellcare.com/trilliumOR)**

## **Pennsylvania**

HMO D-SNP

**1-844-796-6811 (TTY : 711)**

**[wellcare.com/allwellPA](https://wellcare.com/allwellPA)**

## **South Carolina**

HMO-POS D-SNP、PPO D-SNP

**1-866-892-8340 (TTY : 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Tennessee**

HMO-POS D-SNP

**1-833-444-9089 (TTY : 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Texas**

HMO D-SNP

**1-833-444-9089 (TTY : 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Washington**

HMO-POS D-SNP

**1-833-444-9089 (TTY : 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Wisconsin**

HMO-POS D-SNP

**1-844-796-6811 (TTY : 711)**

**[wellcare.com/allwellWI](https://wellcare.com/allwellWI)**

**現有會員請注意：**此處方集自去年起已變更。請查看本文件，確認其仍包含您所服用的藥物。

當此藥物清單 (處方集) 提及「我們」或「我們的」，即表示 Wellcare。當提及「計劃」或「我們的計劃」時，即是指 Wellcare Dual Access (HMO D-SNP)、Wellcare Dual Access (HMO-POS D-SNP)、Wellcare Dual Access Open (PPO D-SNP)、Wellcare Dual Liberty (HMO D-SNP)、Wellcare Dual Liberty (HMO-POS D-SNP)、Wellcare Dual Liberty Nurture (HMO-POS D-SNP)、Wellcare Dual Liberty Open (PPO D-SNP)、Wellcare Dual Reserve (HMO D-SNP)、Wellcare Dual Reserve (HMO-POS D-SNP)、Wellcare Dual Select (HMO-POS D-SNP)、Wellcare Fidelis Dual Access (HMO D-SNP)、Wellcare 'Ohana Dual Liberty (HMO-POS D-SNP)。

本文件包含我們計劃的藥物清單 (處方集)，為截至 10/15/2024 之最新版本。如需更新的藥物清單 (處方集)，請聯絡我們。我們的聯絡資訊以及上次更新藥物清單 (處方集) 的日期會顯示在封面內頁和封底頁面上。

一般而言，您必須使用網路藥房來使用您的處方藥福利。福利、處方集、藥房網路和/或共付額/共同保險金可能會在 2025 年 1 月 1 日變更，以及於當年內不定時間變更。

什麼是 Wellcare Dual Access (HMO D-SNP)、Wellcare Dual Access (HMO-POS D-SNP)、Wellcare Dual Access Open (PPO D-SNP)、Wellcare Dual Liberty (HMO D-SNP)、Wellcare Dual Liberty (HMO-POS D-SNP)、Wellcare Dual Liberty Nurture (HMO-POS D-SNP)、Wellcare Dual Liberty Open (PPO D-SNP)、Wellcare Dual Reserve (HMO D-SNP)、Wellcare Dual Reserve (HMO-POS D-SNP)、Wellcare Dual Select (HMO-POS D-SNP)、Wellcare Fidelis Dual Access (HMO D-SNP)、Wellcare ‘Ohana Dual Liberty (HMO-POS D-SNP) 處方集？

在本文件中，我們所使用的藥物清單和處方集等詞彙係指同一文件。處方集為我們計劃所選擇的承保藥物清單，經過與健康護理服務提供者團隊的諮詢，代表其為一般認為是優質治療計劃中必要的處方療法。我們的計劃通常會承保處方集中列出的藥物，只要藥物有醫療上的必要性、在計劃的網絡內藥房配取處方藥以及遵守其他計劃規定。如需進一步瞭解如何配取您的處方藥，請查閱您的「承保證明」。

### 處方集是否可以變更？

大部分藥物承保的變更都發生於1月1日，但我們可能會在當年新增或移除處方集上的藥物，將藥物移至不同分攤費用層級，或是增加新的限制。在進行這些變更時，我們必須遵循 Medicare 規定。處方集的更新每月會發布至我們的網站，該網站有列在封面內頁和封底頁面。

今年對您產生影響的變更：在以下情況中，您將會受到該年度的承保變更所影響：

- **特定新版本的原廠藥和原生物製劑之立即替代品。**如果我們將其替換為該藥物具相同或更少限制的特定新版本，我們可能會立即從處方集移除該藥物。當我們將新版本的藥物新增至處方集時，我們可能會決定在處方集中保留原廠藥或原生物製劑，但會立即增加新限制。

只有在我們新增已列在處方集中的原廠藥之新副廠版本或原生物製劑之生物相似藥特定新版本時(例如，新增可互換的生物相似藥，其無須經藥房開立新處方即可替代原生物製劑)，我們才可以立即進行這些變更。

如果您目前使用的是該原廠藥或原生物製劑，我們可能不會在立即變更進行前通知您，但之後會提供特定變更的相關資訊給您。

如果我們進行了此等變更，您或您的處方開立者可請我們作出例外處理，繼續為您承保受到變更的藥物。如需更多資訊，請參閱下方標題為「Wellcare Dual Access (HMO D-SNP)、Wellcare Dual Access (HMO-POS D-SNP)、Wellcare Dual Access Open (PPO D-SNP)、Wellcare Dual Liberty (HMO D-SNP)、Wellcare Dual Liberty (HMO-POS D-SNP)、Wellcare Dual Liberty Nurture (HMO-POS D-SNP)、Wellcare Dual Liberty Open (PPO D-SNP)、Wellcare Dual Reserve (HMO D-SNP)、Wellcare Dual Reserve (HMO-POS D-SNP)、Wellcare Dual Select (HMO-POS D-SNP)、Wellcare Fidelis Dual Access (HMO D-SNP)、Wellcare 'Ohana Dual Liberty (HMO-POS D-SNP) 處方集的例外處理該如何申請？」的章節

其中一些藥物類型對您來說可能是新的。如需更多資訊，請參閱以下標題為「什麼是原生物製劑？其與生物相似藥有何關聯？」的章節

- **藥物退出市場。**如果製造商或 Food and Drug Administration (FDA) 決定基於安全或有效性的原因將某種藥物退出銷售，我們可能會立即從處方集中移除該藥物，並於稍後通知服用該藥物的會員。
- **其他變更。**我們可能會做出其他會對目前服用藥物的會員造成影響的變更。舉例來說，當新增副廠等同品時，我們可能會從處方集中移除原廠藥，或在新增生物相似藥時，移除原生物製劑。我們也可能對原廠藥或原生物製劑施加新限制，或將其移至不同的分攤費用層級，或者兩者並行。我們可能會根據新的臨床準則做出變更。如果我們從處方集移除藥物，或新增藥物的事先授權、供藥量限制和 / 或循序用藥限制，我們必須在變更生效的至少 30 日前通知受影響的會員。或者，當會員要求續配藥物時，他們可能會收到 30 天藥量，以及變更通知。

如果我們做出了這些其他變更，您或您的處方開立者可請我們為您作出例外處理，繼續承保您一直在服用的藥物。在提供給您的通知中也將包含如何申請例外處理的資訊，您也可以在下標題為「Wellcare Dual Access (HMO D-SNP)、Wellcare Dual Access (HMO-POS D-SNP)、Wellcare Dual Access Open (PPO D-SNP)、Wellcare Dual Liberty (HMO D-SNP)、Wellcare Dual Liberty (HMO-POS D-SNP)、Wellcare Dual Liberty Nurture (HMO-POS D-SNP)、Wellcare Dual Liberty Open (PPO D-SNP)、Wellcare Dual Reserve (HMO D-SNP)、Wellcare Dual Reserve (HMO-POS D-SNP)、Wellcare Dual Select (HMO-POS D-SNP)、Wellcare Fidelis Dual Access (HMO D-SNP)、Wellcare 'Ohana Dual Liberty (HMO-POS D-SNP) 處方集的例外處理該如何申請？」的章節找到此資訊。

**不會對您目前服用藥物造成影響的變更。**一般而言，如果您正服用我們 2025 年處方集上的藥物，並在年初便受到承保，則除非發生以上說明狀況，我們在 2025 年承保期間不會停止或減少該藥物的承保。這表示正在服用這些藥物的會員，在該承保年度剩下的期間，可持續以相同的分攤費用以及沒有新限制的情況下繼續取得藥物。若任何變更不會對您造成任何影響，今年您將不會收到相關通知。然而，此等變更會在明年的 1 月 1 日對您造成影響，請務必查看新福利年度的處方集，以瞭解任何對藥物所做的變更。

隨附的處方集為截至 10/15/2024 日的最新版本。若要取得有關我們計劃承保之藥物的更新資訊，請與我們聯絡。我們的聯絡資訊載列於處方集內頁和封底。

處方集每月更新並發布於我們的網站上。若要取得更新的書面處方集，或取得計劃承保藥物的相關資訊，請造訪我們的網站，或透過處方集內頁和封底的聯絡資訊致電會員服務部。

## 如何使用處方集？

在處方集中找到您的藥物的方法有兩個：

### 醫療病症

本處方集從第 1 頁開始。本處方集的藥物是依據適用醫療狀況之類型劃分為不同類別。舉例來說，用於治療心臟疾病的藥物會列在「心血管、高血壓 / 血脂」類別下。如果您知道您的藥物用途，請在第 1 頁開始的清單中尋找類別名稱。然後在該類別名稱下尋找您的藥物。

### 字母順序列表

如果您不確定要查看哪個類別，您應在從第 INDEX-1 頁開始的索引中尋找您的藥物。此索引提供此文件涵蓋的所有藥物的字母順序列表。索引中列出了原廠藥和副廠藥。請查看索引，尋找您的藥物。您的藥物旁會有一個頁碼，您可在該頁找到承保資訊。翻到索引中列出的頁面，在此列表的第一欄找出您的藥物名稱。



## 副廠藥是什麼？

我們的計劃承保了原廠藥和副廠藥。副廠藥是經 FDA 批准，與原廠藥具相同有效成分的藥物。一般而言，副廠藥的作用與原廠藥一樣且費用通常較低。許多原廠藥都有副廠藥代替藥物。視各州法律而定，副廠藥通常無須經藥房開立新處方即可替代原廠藥。

## 什麼是原生物製劑？其與生物相似藥有何關聯？

在處方集上，我們提到「藥物」時，可能是指藥物或生物製劑。生物製劑是比典型藥物更為複雜的藥物。由於生物製劑比典型藥物更為複雜，而非具有副廠藥形式，它們是稱為生物相似藥的替代藥品。一般來說，生物相似藥和原生物製劑的作用一樣，而且費用可能較低。某些原生物製劑有生物相似藥的替代藥品。有些生物相似藥是可互換的生物相似藥，視各州法律而定，可能無須經藥房開立新處方即可替代原生物製劑，就像副廠藥能替代原廠藥一樣。

- 關於藥物類型的討論，請參閱《承保證明》第 5 章第 3.1 節「『藥物清單』告訴您哪些 D 部分藥物可獲得承保」。

## 我的承保範圍有什麼限制嗎？

一些承保藥物在承保範圍上可能有其他要求或限制。這些要求和限制可能包括：

- **事先授權：**對於某些藥物，我們的計劃要求您或您的處方開立者獲得事先授權。這意味著您將需要得到我們計劃的批准，才可以領取處方藥。若您未取得核准，我們的計劃可能不給付藥物。
- **供藥量限制：**對於某些藥物，我們的計劃對承保數量有限制。例如 rizatriptan 5mg，我們的計劃對每個處方只提供 18 錠。這可能不包括一個月或三個月的標準供應量。
- **循序用藥：**在某些情況下，在為您的疾病承保另一種藥物之前，我們的計劃會要求您嘗試某些藥物進行治療。例如，如果藥物 A 和藥物 B 均可用於治療您的疾病，如果您不先嘗試使用藥物 A，我們的計劃可能不會承保藥物 B。如果藥物 A 對您無療效，那麼我們的計劃將會承保藥物 B。

您可以在從第 1 頁起的處方集查看您的藥物是否須遵守其他要求或限制。您也可以造訪我們的網站，進一步瞭解特定承保藥物適用的限制。我們已發布線上文件，說明我們的事先授權和循序用藥的限制。您也可以要求我們寄一份副本給您。我們的聯絡資訊以及上次更新處方集的日期會顯示在封面內頁和封底頁面上。

您可以要求我們的計劃針對這些約束或限制，或對可能用來治療您的醫療狀況的其他、相似藥物清單做出例外處理。請參閱第 VIII 頁的「Wellcare Dual Access (HMO D-SNP)、Wellcare Dual Access (HMO-POS D-SNP)、Wellcare Dual Access Open (PPO D-SNP)、Wellcare Dual Liberty (HMO D-SNP)、Wellcare Dual Liberty (HMO-POS D-SNP)、Wellcare Dual Liberty Nurture (HMO-POS D-SNP)、Wellcare Dual Liberty Open (PPO D-SNP)、Wellcare Dual Reserve (HMO D-SNP)、Wellcare Dual Reserve (HMO-POS D-SNP)、Wellcare Dual Select (HMO-POS D-SNP)、Wellcare Fidelis Dual Access (HMO D-SNP)、Wellcare 'Ohana Dual Liberty (HMO-POS D-SNP) 處方集的例外處理該如何申請？」一節，以取得如何申請例外處理的資訊。

## 如果我的藥物不在處方集上，該怎麼辦？

若您的藥物不在此處方集 (承保藥物清單) 中，您應先聯絡會員服務部，並詢問您的藥物是否受到承保。

如果您發現我們的計劃並未承保您的藥物，您有兩個選擇：

- 您可以向會員服務部索取計劃承保的類似藥物清單。收到清單後，請讓醫師看過此清單，並請醫師開立我們計劃承保的相似藥物。
- 您也可以申請計劃例外處理，承保您的藥物。請參閱下方以取得如何申請例外處理的資訊。

**Wellcare Dual Access (HMO D-SNP)、 Wellcare Dual Access (HMO-POS D-SNP)、 Wellcare Dual Access Open (PPO D-SNP)、 Wellcare Dual Liberty (HMO D-SNP)、 Wellcare Dual Liberty (HMO-POS D-SNP)、 Wellcare Dual Liberty Nurture (HMO-POS D-SNP)、 Wellcare Dual Liberty Open (PPO D-SNP)、 Wellcare Dual Reserve (HMO D-SNP)、 Wellcare Dual Reserve (HMO-POS D-SNP)、 Wellcare Dual Select (HMO-POS D-SNP)、 Wellcare Fidelis Dual Access (HMO D-SNP)、 Wellcare ‘Ohana Dual Liberty (HMO-POS D-SNP) 處方集的例外處理該如何申請？**

您可以要求計劃就我們的處方藥承保規則做出例外處理。可以申請例外處理的情況有幾種類型。

- 您可以請我們承保不在處方集的藥物。若經核准，該藥物將會以預先決定好的分攤費用層級進行承保，且您將無法要求我們以更低的分攤費用層級提供此藥物。
- 您可以要求我們免除承保限制，包括對您藥物的事先授權、循序用藥或供藥量限制。舉例來說，計劃對某些藥物的承保數量設有限制。如果您的藥物有供藥量限制，您可以要求我們豁免該限制，並承保更高的金額。

一般而言，僅本計劃中處方集中的替代藥物或適用限制對於您的成效不佳，及 / 或可能為您帶來不利效果時，我們才會核准您所申請的例外處理。

您或您的處方開立者應與我們聯絡，以要求處方集例外處理，包括承保限制例外處理。**當您要求例外處理時，您的處方開立者將需解釋您需要進行例外處理的醫療理由。**一般而言，我們必須在收到您處方開立者的支持聲明後 72 小時內做出決定。若您認為且我們亦認同等待決定的 72 小時期間可能會對您的健康造成嚴重傷害，您可以申請加速 (快速) 決定。如果我們認同，或者若您的處方開立者要求快速決定，則我們必須在收到您處方開立者的支持聲明後 24 小時內給您決定答覆。

## 如果我的藥物不在處方集上或有所限制，該怎麼辦？

身為計劃的新會員或持續會員，您可能正在服用不在處方集上的藥物。或者，您可能正在服用我們處方集上的藥物，但其具有承保限制，例如事先授權。您應該與您的處方開立者討論申請承保決定，以顯示您符合核准標準、切換到我們所承保的替代藥物，或要求處方集例外處理，以便我們承保您服用的藥物。當您與您的醫師決定適合您的行動方案時，我們可能會在您成為我們計劃的會員前 90 天期間，在特定情況下承保您的藥物。

若您的藥物不在我們的處方集上，或有承保限制時，我們會對每一種藥物提供 30 天的臨時供藥。如果您的處方天數較少，我們允許最多配取 30 天藥量。若承保未被核准，在您第一次配取 30 天藥量後，我們將不會繼續為這些藥物支付費用，即使您成為此計劃會員尚未滿 90 天。

如果您住在長期護理設施中，且您需要的藥物不在我們的處方集中，或是您取得藥物的能力有限，但您已經過了我們計劃會員資格的前 90 天，若您申請處方集例外處理，我們將會承保該藥物 31 天的緊急藥物供應。

若您有某種程度的照護變更 (如離開或入住長期護理設施)，您的醫師或藥房可致電我們的服務提供者服務中心，申請一次性的例外。此一次性例外最多可提供 30 天藥量 (除非您的處方天數較少)。

## 更多資訊

如需更多關於您計劃中的處方藥物承保詳細資訊，請查看您的「承保證明」以及其他計劃資料。

若您對計劃有任何的問題，請聯絡我們。我們的聯絡資訊以及上次更新處方集的日子會顯示在封面內頁和封底頁面上。

如果您對 Medicare 處方藥承保有任何一般性問題，請撥打 Medicare 電話：

1-800-MEDICARE (1-800-633-4227) 服務時間為每週 7 天，每天 24 小時。TTY 使用者請致電 1-877-486-2048。或是造訪 <http://www.medicare.gov>。

## 我們計劃的處方集

以下處方集提供了計劃承保藥物的承保資訊。如果您在此清單中找不到您的藥物，請翻到從第 INDEX-1 頁開始的索引。

圖表的第一欄中列出藥物名稱。原廠藥物使用大寫 (例如 ELIQUIS)，而副廠藥則均以小寫斜體列出 (例如 *simvastatin*)。

「要求/限制」欄位中的資訊，可讓您知道計劃在您的藥物承保上是否有任何特殊要求。

- **NM** 表示該藥物無法使用您的每月郵寄服務福利取得。此點會註記在您處方集的「要求/限制」欄位中。您可能可以透過郵寄服務，以降低的分攤費用，獲得處方集裡大部分藥物超過一個月的供應量。如需更多資訊，請參閱《承保證明》第 5 章。
- **PA** 代表事先授權：詳細資訊請參閱第 VII 頁。
- **PA-NS** 代表首次用藥者的事先授權：這表示如果此藥物為您的新藥物，在配取處方藥前，必須先取得我們的核准。如果您在投保當時正服用此藥物，您將不需要符合核准條件。
- **B/D** 代表 Medicare B 或 D 承保：此類藥品可能符合 Medicare Part B 或 Part D 支付的資格。在您領取此藥品處方之前，您 (或您的醫師) 必須取得我們的事先授權，以判斷此種藥品是否屬於 Medicare Part D 承保範圍。未取得事先核准，我們可能無法承保此藥物。
- **QL** 代表供藥量限制：詳細資訊請參閱第 VII 頁。
- **LA** 代表有限存取藥物。此處方藥僅能於特定藥房取得。如需更多資訊，請查閱您的《藥房名錄》，或撥打本處方集封面內頁和封底所列的電話號碼致電會員服務部，在 10 月 1 日至 3 月 31 日期間，代表的服務時間為每週七天，上午 8 點至晚上 8 點，在 4 月 1 日至 9 月 30 日期間，代表的服務時間為週一至週五，上午 8 點至晚上 8 點。
- **ST** 代表循序用藥：詳細資訊請參閱第 VII 頁。
- **^** 代表藥物可能最多僅提供 30 天藥量。

## 藥物層級共付額 / 共同保險金金額

處方藥物會劃分至一個層級。若要瞭解您藥物的所在層級，請查看從第1頁起的處方集的「藥物層級」欄位。如需更多關於您處方自費費用的詳細資訊(包括可能適用的自付額)，請參閱您的承保證明和其他的計劃資料。

- **第1級(單一層級)** 包括所有副廠藥和原廠藥。
  - 共付額：\$0

請參閱您的承保證明或給付概要，以瞭解您適用的共付額/共同保險金以及金額。



## Table of Contents

免疫學，疫苗/生物技術.....	3
內分泌/糖尿病.....	7
其他用品.....	14
呼吸和過敏.....	14
心血管，高血壓/血脂.....	18
抗感染藥物.....	27
抗腫瘤藥物/免疫抑制劑藥物.....	39
泌尿學藥物.....	51
產科/婦科.....	52
皮膚學/外用治療.....	59
眼科學.....	64
維他命，補血劑/電解質.....	67
耳鼻/喉藥物.....	70
肌肉骨骼/風濕病學.....	70
胃腸學.....	74
自律/中樞神經系統藥物，神經學/精神科.....	77
診斷/其他藥物.....	97





**藥品名稱****藥物層級 規定／上限****免疫學，疫苗/生物技術****生物技術藥物**

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (1)	PA; LA; ^
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 (1)	PA; LA; ^
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	\$0 (1)	PA-NS; LA; ^
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (1)	PA; QL (14 EA per 28 days); ^
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 (1)	PA; ^
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 (1)	PA; ^
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 (1)	PA; ^
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 (1)	PA; ^
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	\$0 (1)	PA; ^
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (1)	PA; QL (4 ML per 28 days); ^
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 (1)	PA; QL (2 ML per 28 days); ^
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0 (1)	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0 (1)	PA; ^

**疫苗/其他免疫學藥物**

ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 (1)	NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (1)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (1)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (1)	NM

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 (1)	NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (1)	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (1)	NM
BIVIGAM INTRAVENOUS SOLUTION 10 %	\$0 (1)	PA; NM; LA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (1)	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (1)	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (1)	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 (1)	B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (1)	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (1)	B/D; NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (1)	PA; NM; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 (1)	PA; NM; ^
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (1)	PA; NM; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 (1)	PA; NM; LA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 (1)	PA; NM; LA; ^
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (1)	PA; NM; ^
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (1)	NM
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (1)	NM

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 (1)	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0 (1)	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (1)	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 (1)	NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0 (1)	NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (1)	NM
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 (1)	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (1)	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 (1)	NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 (1)	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (1)	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 (1)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (1)	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 (1)	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 (1)	NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 (1)	PA; NM; ^
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	\$0 (1)	PA; NM; ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 (1)	NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 (1)	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 (1)	NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	\$0 (1)	NM
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0 (1)	B/D; NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 (1)	NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 (1)	PA; NM; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 (1)	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	\$0 (1)	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (1)	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (1)	NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 (1)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (1)	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0 (1)	NM
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 (1)	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (1)	NM

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 (1)	NM; A third dose may be considered in post-transplant members (PA required).; QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 (1)	NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 (1)	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (1)	NM
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	\$0 (1)	B/D; NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	\$0 (1)	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (1)	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (1)	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (1)	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (1)	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (1)	NM
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 (1)	NM
<b>內分泌/糖尿病</b>		
<b>其他荷爾蒙</b>		
cabergoline oral tablet 0.5 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	\$0 (1)	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	\$0 (1)	
calcitriol oral solution 1 mcg/ml	\$0 (1)	
cinacalcet oral tablet 30 mg, 60 mg	\$0 (1)	QL (60 EA per 30 days)
cinacalcet oral tablet 90 mg	\$0 (1)	QL (120 EA per 30 days); ^
danazol oral capsule 100 mg, 200 mg, 50 mg	\$0 (1)	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	\$0 (1)	
desmopressin oral tablet 0.1 mg, 0.2 mg	\$0 (1)	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	\$0 (1)	
KORLYM ORAL TABLET 300 MG	\$0 (1)	PA; LA; ^
mifepristone oral tablet 300 mg	\$0 (1)	PA; ^
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	\$0 (1)	
sapropterin oral powder in packet 100 mg, 500 mg	\$0 (1)	PA; ^
sapropterin oral tablet,soluble 100 mg	\$0 (1)	PA; ^
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (1)	PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	\$0 (1)	
testosterone enanthate intramuscular oil 200 mg/ml	\$0 (1)	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	\$0 (1)	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	\$0 (1)	PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	\$0 (1)	PA; QL (300 GM per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	\$0 (1)	PA; ^
<b>抗甲狀腺藥物</b>		
methimazole oral tablet 10 mg, 5 mg	\$0 (1)	
propylthiouracil oral tablet 50 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

**藥品名稱****藥物層級 規定／上限****甲狀腺素**

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	\$0 (1)
--	---------

levothyroxine 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	\$0 (1)
--	---------

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	\$0 (1)
---	---------

liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	\$0 (1)
--	---------

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	\$0 (1)
--	---------

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	\$0 (1)
--	---------

**糖尿病治療**

acarbose oral tablet 100 mg	\$0 (1)	QL (90 EA per 30 days)
-----------------------------	---------	------------------------

acarbose oral tablet 25 mg	\$0 (1)	QL (360 EA per 30 days)
----------------------------	---------	-------------------------

acarbose oral tablet 50 mg	\$0 (1)	QL (180 EA per 30 days)
----------------------------	---------	-------------------------

alcohol pads topical pads, medicated	\$0 (1)	
--------------------------------------	---------	--

BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	\$0 (1)	PA; QL (3.4 ML per 28 days)
--	---------	-----------------------------

diazoxide oral suspension 50 mg/ml	\$0 (1)	^
------------------------------------	---------	---

FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
---------------------------------	---------	------------------------

glimepiride oral tablet 1 mg	\$0 (1)	QL (240 EA per 30 days)
------------------------------	---------	-------------------------

glimepiride oral tablet 2 mg	\$0 (1)	QL (120 EA per 30 days)
------------------------------	---------	-------------------------

glimepiride oral tablet 4 mg	\$0 (1)	QL (60 EA per 30 days)
------------------------------	---------	------------------------

glipizide oral tablet 10 mg	\$0 (1)	QL (120 EA per 30 days)
-----------------------------	---------	-------------------------

glipizide oral tablet 5 mg	\$0 (1)	QL (240 EA per 30 days)
----------------------------	---------	-------------------------

glipizide oral tablet extended release 24hr 10 mg	\$0 (1)	QL (60 EA per 30 days)
---	---------	------------------------

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
glipizide oral tablet extended release 24hr 2.5 mg	\$0 (1)	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 5 mg	\$0 (1)	QL (120 EA per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	\$0 (1)	QL (240 EA per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	\$0 (1)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (1)	QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 (1)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0 (1)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	\$0 (1)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (1)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 (1)	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (1)	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	\$0 (1)	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 (1)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0 (1)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (1)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
metformin oral tablet 1,000 mg	\$0 (1)	QL (75 EA per 30 days)
metformin oral tablet 500 mg	\$0 (1)	QL (150 EA per 30 days)
metformin oral tablet 850 mg	\$0 (1)	QL (90 EA per 30 days)
metformin oral tablet extended release 24 hr 500 mg	\$0 (1)	Generic for Glucophage XR; QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	\$0 (1)	Generic for Glucophage XR; QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	\$0 (1)	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg	\$0 (1)	QL (90 EA per 30 days)
nateglinide oral tablet 60 mg	\$0 (1)	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (1)	(brand RELION not covered)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (1)	(brand RELION not covered)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	(brand RELION not covered)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	(brand RELION not covered)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0 (1)	PA; QL (3 ML per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	\$0 (1)	QL (30 EA per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	\$0 (1)	QL (30 EA per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	\$0 (1)	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg	\$0 (1)	QL (960 EA per 30 days)
repaglinide oral tablet 1 mg	\$0 (1)	QL (480 EA per 30 days)
repaglinide oral tablet 2 mg	\$0 (1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (1)	PA; QL (30 EA per 30 days)
saxagliptin oral tablet 2.5 mg, 5 mg	\$0 (1)	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 (1)	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	\$0 (1)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0 (1)	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (1)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	\$0 (1)	QL (30 EA per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	\$0 (1)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	\$0 (1)	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0 (1)	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	\$0 (1)	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	\$0 (1)	QL (15 ML per 30 days)
<b>腎上腺素</b>		
dexamethasone oral solution 0.5 mg/5 ml	\$0 (1)	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	\$0 (1)	
fludrocortisone oral tablet 0.1 mg	\$0 (1)	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	\$0 (1)	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	\$0 (1)	B/D
methylprednisolone oral tablets,dose pack 4 mg	\$0 (1)	
prednisolone oral solution 15 mg/5 ml	\$0 (1)	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	\$0 (1)	
prednisone intensol oral concentrate 5 mg/ml	\$0 (1)	
prednisone oral solution 5 mg/5 ml	\$0 (1)	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	\$0 (1)	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限	
<b>其他用品</b>		
<b>其他用品</b>		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (1)	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (1)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	\$0 (1)	BD Preferred
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	\$0 (1)	BD Preferred
<b>呼吸和過敏</b>		
<b>抗組織胺/抗過敏藥物</b>		
cetirizine oral solution 1 mg/ml	\$0 (1)	
cyproheptadine oral tablet 4 mg	\$0 (1)	PA
desloratadine oral tablet 5 mg	\$0 (1)	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	\$0 (1)	QL (4 EA per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	\$0 (1)	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	\$0 (1)	PA
levocetirizine oral solution 2.5 mg/5 ml	\$0 (1)	
levocetirizine oral tablet 5 mg	\$0 (1)	
promethazine oral syrup 6.25 mg/5 ml	\$0 (1)	PA
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	\$0 (1)	PA
<b>肺部藥物</b>		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	\$0 (1)	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (1)	PA; LA; QL (90 EA per 30 days); ^
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 (1)	QL (12 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	\$0 (1)	8.5 gm inhaler; QL (17 GM per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	\$0 (1)	6.7 gm inhaler; QL (13.4 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	\$0 (1)	B/D
albuterol sulfate oral syrup 2 mg/5 ml	\$0 (1)	
albuterol sulfate oral tablet 2 mg, 4 mg	\$0 (1)	
alyq oral tablet 20 mg	\$0 (1)	PA; QL (60 EA per 30 days); ^
ambrisentan oral tablet 10 mg, 5 mg	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (1)	QL (60 EA per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	\$0 (1)	B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (1)	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (1)	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	\$0 (1)	QL (10.7 GM per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	\$0 (1)	QL (60 EA per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	\$0 (1)	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	\$0 (1)	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	\$0 (1)	B/D

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (1)	QL (8 GM per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	\$0 (1)	B/D
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	\$0 (1)	QL (50 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	\$0 (1)	QL (16 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	\$0 (1)	QL (60 EA per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	\$0 (1)	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 (1)	PA; LA; QL (20 EA per 30 days); ^
icatibant subcutaneous syringe 30 mg/3 ml	\$0 (1)	PA; QL (27 ML per 30 days); ^
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	\$0 (1)	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	\$0 (1)	B/D
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	\$0 (1)	B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	\$0 (1)	PA; QL (56 EA per 28 days); ^
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	\$0 (1)	B/D
mometasone nasal spray,non-aerosol 50 mcg/actuation	\$0 (1)	QL (34 GM per 30 days)
montelukast oral granules in packet 4 mg	\$0 (1)	
montelukast oral tablet 10 mg	\$0 (1)	
montelukast oral tablet,chewable 4 mg, 5 mg	\$0 (1)	
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (1)	PA; LA; QL (112 EA per 28 days); ^
pirfenidone oral capsule 267 mg	\$0 (1)	PA; QL (270 EA per 30 days); ^
pirfenidone oral tablet 267 mg	\$0 (1)	PA; QL (270 EA per 30 days); ^
pirfenidone oral tablet 801 mg	\$0 (1)	PA; QL (90 EA per 30 days); ^
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (1)	B/D; ^
roflumilast oral tablet 250 mcg, 500 mcg	\$0 (1)	QL (30 EA per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	\$0 (1)	PA; LA; QL (27 ML per 30 days); ^
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 (1)	QL (60 EA per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	\$0 (1)	PA; generic for Revatio; QL (90 EA per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
tadalafil (pulm. hypertension) oral tablet 20 mg	\$0 (1)	PA; generic for Adcirca; QL (60 EA per 30 days); ^
terbutaline oral tablet 2.5 mg, 5 mg	\$0 (1)	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (1)	
theophylline oral solution 80 mg/15 ml	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	\$0 (1)	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	\$0 (1)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	\$0 (1)	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	\$0 (1)	PA; QL (56 EA per 28 days); ^
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	\$0 (1)	PA; LA; QL (84 EA per 28 days); ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (1)	QL (36 GM per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	\$0 (1)	PA; QL (1 ML per 28 days); ^
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (1)	PA; LA; QL (8 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
zafirlukast oral tablet 10 mg, 20 mg	\$0 (1)	
<b>心血管，高血壓/血脂</b>		
<b>其他心血管藥物</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (1)	QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (1)	QL (60 EA per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	\$0 (1)	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	\$0 (1)	QL (60 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (1)	QL (60 EA per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	\$0 (1)	QL (60 EA per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	\$0 (1)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	\$0 (1)	PA
<b>凝血治療</b>		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	\$0 (1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (1)	
cilostazol oral tablet 100 mg, 50 mg	\$0 (1)	
clopidogrel oral tablet 75 mg	\$0 (1)	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	\$0 (1)	QL (60 EA per 30 days)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	\$0 (1)	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	\$0 (1)	PA; LA; ^
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	\$0 (1)	PA; LA; ^
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	\$0 (1)	PA; LA; ^
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 (1)	QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (1)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (1)	QL (74 EA per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	\$0 (1)	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	\$0 (1)	^
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	\$0 (1)	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	\$0 (1)	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	\$0 (1)	
pentoxifylline oral tablet extended release 400 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
prasugrel oral tablet 10 mg, 5 mg	\$0 (1)	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	\$0 (1)	PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL POWDER IN PACKET 25 MG	\$0 (1)	PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	\$0 (1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	\$0 (1)	QL (51 EA per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	\$0 (1)	QL (775 ML per 28 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (1)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (1)	QL (60 EA per 30 days)
<b>抗心律失常藥物</b>		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	\$0 (1)	
disopyramide phosphate oral capsule 100 mg, 150 mg	\$0 (1)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	\$0 (1)	
flecainide oral tablet 100 mg, 150 mg, 50 mg	\$0 (1)	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	\$0 (1)	
MULTAQ ORAL TABLET 400 MG	\$0 (1)	
pacerone oral tablet 100 mg, 200 mg, 400 mg	\$0 (1)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	\$0 (1)	
propafenone oral tablet 150 mg, 225 mg, 300 mg	\$0 (1)	
quinidine sulfate oral tablet 200 mg, 300 mg	\$0 (1)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	\$0 (1)	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	\$0 (1)	
<b>抗高血壓治療</b>		
acebutolol oral capsule 200 mg, 400 mg	\$0 (1)	
aliskiren oral tablet 150 mg, 300 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
amiloride oral tablet 5 mg	\$0 (1)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	\$0 (1)	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	\$0 (1)	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	\$0 (1)	QL (30 EA per 30 days)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	\$0 (1)	QL (30 EA per 30 days)
amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	\$0 (1)	QL (30 EA per 30 days)
atenolol oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	\$0 (1)	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (1)	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	\$0 (1)	
betaxolol oral tablet 10 mg, 20 mg	\$0 (1)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	\$0 (1)	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	\$0 (1)	
bumetanide injection solution 0.25 mg/ml	\$0 (1)	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)	
candesartan oral tablet 16 mg, 4 mg, 8 mg	\$0 (1)	QL (60 EA per 30 days)
candesartan oral tablet 32 mg	\$0 (1)	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	\$0 (1)	QL (60 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	\$0 (1)	QL (30 EA per 30 days)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	\$0 (1)	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	\$0 (1)	
chlorthalidone oral tablet 25 mg, 50 mg	\$0 (1)	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	\$0 (1)	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	\$0 (1)	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	\$0 (1)	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	\$0 (1)	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	\$0 (1)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	\$0 (1)	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (1)	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	\$0 (1)	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	\$0 (1)	
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (1)	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (1)	QL (30 EA per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	\$0 (1)	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	\$0 (1)	
eplerenone oral tablet 25 mg, 50 mg	\$0 (1)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	\$0 (1)	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	\$0 (1)	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
furosemide injection solution 10 mg/ml	\$0	(1)
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	\$0	(1)
furosemide oral tablet 20 mg, 40 mg, 80 mg	\$0	(1)
guanfacine oral tablet 1 mg, 2 mg	\$0	(1)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	\$0	(1)
hydrochlorothiazide oral capsule 12.5 mg	\$0	(1)
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	\$0	(1)
indapamide oral tablet 1.25 mg, 2.5 mg	\$0	(1)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	\$0	(1) QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	\$0	(1) QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	\$0	(1) QL (30 EA per 30 days)
isradipine oral capsule 2.5 mg, 5 mg	\$0	(1)
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0	(1) QL (30 EA per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	\$0	(1)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	\$0	(1)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	\$0	(1)
losartan oral tablet 100 mg	\$0	(1) QL (30 EA per 30 days)
losartan oral tablet 25 mg, 50 mg	\$0	(1) QL (60 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	\$0	(1) QL (30 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	\$0	(1) QL (60 EA per 30 days)
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0	(1)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	\$0	(1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	\$0 (1)	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	\$0 (1)	
metyrosine oral capsule 250 mg	\$0 (1)	PA; ^
minoxidil oral tablet 10 mg, 2.5 mg	\$0 (1)	
moexipril oral tablet 15 mg, 7.5 mg	\$0 (1)	
nadolol oral tablet 20 mg, 40 mg, 80 mg	\$0 (1)	
nebivolol oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
nebivolol oral tablet 20 mg	\$0 (1)	QL (60 EA per 30 days)
nicardipine oral capsule 20 mg, 30 mg	\$0 (1)	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	\$0 (1)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	\$0 (1)	
nimodipine oral capsule 30 mg	\$0 (1)	
olmesartan oral tablet 20 mg, 40 mg	\$0 (1)	QL (30 EA per 30 days)
olmesartan oral tablet 5 mg	\$0 (1)	QL (60 EA per 30 days)
olmesartan-amlodipin-hcthiaizid 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	\$0 (1)	QL (30 EA per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	\$0 (1)	QL (30 EA per 30 days)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	\$0 (1)	
pindolol oral tablet 10 mg, 5 mg	\$0 (1)	
prazosin oral capsule 1 mg, 2 mg, 5 mg	\$0 (1)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	\$0 (1)	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	\$0 (1)	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (1)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	\$0 (1)	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	\$0 (1)	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	\$0 (1)	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	\$0 (1)	QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	\$0 (1)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	\$0 (1)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	\$0 (1)	QL (60 EA per 30 days)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	\$0 (1)	
tiadyt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (1)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	\$0 (1)	
torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	\$0 (1)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	\$0 (1)	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	\$0 (1)	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	\$0 (1)	
valsartan oral tablet 160 mg, 40 mg, 80 mg	\$0 (1)	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	\$0 (1)	QL (30 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	\$0 (1)	QL (30 EA per 30 days)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	\$0 (1)	
verapamil oral tablet 120 mg, 40 mg, 80 mg	\$0 (1)	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	\$0 (1)	
<b>硝酸鹽</b>		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	\$0 (1)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	\$0 (1)	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	\$0 (1)	
nitro-bid transdermal ointment 2 %	\$0 (1)	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	\$0 (1)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	\$0 (1)	
<b>降血脂/膽固醇藥物</b>		
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	\$0 (1)	QL (30 EA per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	\$0 (1)	QL (30 EA per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	\$0 (1)	
cholestyramine light oral powder in packet 4 gram	\$0 (1)	
colesevelam oral powder in packet 3.75 gram	\$0 (1)	
colesevelam oral tablet 625 mg	\$0 (1)	
colestipol oral packet 5 gram	\$0 (1)	
colestipol oral tablet 1 gram	\$0 (1)	
ezetimibe oral tablet 10 mg	\$0 (1)	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	\$0 (1)	QL (30 EA per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	\$0 (1)	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	\$0 (1)	
fenofibrate oral tablet 160 mg, 54 mg	\$0 (1)	
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	\$0 (1)	
fluvastatin oral capsule 20 mg, 40 mg	\$0 (1)	QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	\$0 (1)	QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	\$0 (1)	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	\$0 (1)	QL (60 EA per 30 days)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	\$0 (1)	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	\$0 (1)	QL (30 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 (1)	PA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	\$0 (1)	QL (30 EA per 30 days)
prevalite oral powder in packet 4 gram	\$0 (1)	
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	\$0 (1)	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	\$0 (1)	
<b>抗感染藥物</b>		
<b>其他抗感染藥物</b>		
albendazole oral tablet 200 mg	\$0 (1)	^
amikacin injection solution 500 mg/2 ml	\$0 (1)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	\$0 (1)	PA; LA; ^
atovaquone oral suspension 750 mg/5 ml	\$0 (1)	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
aztreonam injection recon soln 1 gram, 2 gram	\$0 (1)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (1)	PA; LA; QL (84 ML per 56 days); ^
chloroquine phosphate oral tablet 250 mg, 500 mg	\$0 (1)	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	\$0 (1)	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	\$0 (1)	
clindamycin phosphate injection solution 150 mg/ml	\$0 (1)	
COARTEM ORAL TABLET 20-120 MG	\$0 (1)	
colistin (colistimethate na) injection recon soln 150 mg	\$0 (1)	QL (30 EA per 10 days)
dapsone oral tablet 100 mg, 25 mg	\$0 (1)	
daptomycin intravenous recon soln 500 mg	\$0 (1)	^
EMVERM ORAL TABLET,CHEWABLE 100 MG	\$0 (1)	^
ertapenem injection recon soln 1 gram	\$0 (1)	QL (14 EA per 14 days)
ethambutol oral tablet 100 mg, 400 mg	\$0 (1)	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	\$0 (1)	
gentamicin injection solution 40 mg/ml	\$0 (1)	
hydroxychloroquine oral tablet 200 mg	\$0 (1)	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	\$0 (1)	
isoniazid oral solution 50 mg/5 ml	\$0 (1)	
isoniazid oral tablet 100 mg, 300 mg	\$0 (1)	
ivermectin oral tablet 3 mg	\$0 (1)	PA; QL (20 EA per 30 days)
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	\$0 (1)	
linezolid oral suspension for reconstitution 100 mg/5 ml	\$0 (1)	QL (1800 ML per 30 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
linezolid oral tablet 600 mg	\$0 (1)	QL (60 EA per 30 days)
mefloquine oral tablet 250 mg	\$0 (1)	
meropenem intravenous recon soln 1 gram	\$0 (1)	QL (30 EA per 10 days)
meropenem intravenous recon soln 500 mg	\$0 (1)	QL (10 EA per 10 days)
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	\$0 (1)	
metronidazole oral tablet 250 mg, 500 mg	\$0 (1)	
neomycin oral tablet 500 mg	\$0 (1)	
nitazoxanide oral tablet 500 mg	\$0 (1)	QL (12 EA per 30 days); ^
pentamidine inhalation recon soln 300 mg	\$0 (1)	B/D; QL (1 EA per 28 days)
pentamidine injection recon soln 300 mg	\$0 (1)	
praziquantel oral tablet 600 mg	\$0 (1)	
PRIFTIN ORAL TABLET 150 MG	\$0 (1)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	\$0 (1)	
pyrazinamide oral tablet 500 mg	\$0 (1)	
pyrimethamine oral tablet 25 mg	\$0 (1)	PA; ^
quinine sulfate oral capsule 324 mg	\$0 (1)	PA
rifabutin oral capsule 150 mg	\$0 (1)	
rifampin intravenous recon soln 600 mg	\$0 (1)	
rifampin oral capsule 150 mg, 300 mg	\$0 (1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (1)	PA; LA; ^
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	\$0 (1)	QL (60 EA per 30 days)
tigecycline intravenous recon soln 50 mg	\$0 (1)	^
tinidazole oral tablet 250 mg, 500 mg	\$0 (1)	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	\$0 (1)	PA; QL (280 ML per 28 days); ^
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	\$0 (1)	
TRECTOR ORAL TABLET 250 MG	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
vancomycin intravenous recon soln 1,000 mg	\$0 (1)	QL (20 EA per 10 days)
vancomycin intravenous recon soln 10 gram	\$0 (1)	QL (2 EA per 10 days)
vancomycin intravenous recon soln 500 mg	\$0 (1)	QL (10 EA per 10 days)
vancomycin intravenous recon soln 750 mg	\$0 (1)	QL (27 EA per 10 days)
vancomycin oral capsule 125 mg	\$0 (1)	QL (40 EA per 10 days)
vancomycin oral capsule 250 mg	\$0 (1)	QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 550 MG	\$0 (1)	PA; QL (90 EA per 30 days); ^
<b>喹諾酮類抗生素</b>		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	\$0 (1)	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	\$0 (1)	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	\$0 (1)	
levofloxacin oral solution 250 mg/10 ml	\$0 (1)	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	\$0 (1)	
moxifloxacin oral tablet 400 mg	\$0 (1)	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	\$0 (1)	
<b>四環素</b>		
demeclocycline oral tablet 150 mg, 300 mg	\$0 (1)	
doxy-100 intravenous recon soln 100 mg	\$0 (1)	
doxycycline hyclate oral capsule 100 mg, 50 mg	\$0 (1)	
doxycycline hyclate oral tablet 100 mg, 20 mg	\$0 (1)	
doxycycline monohydrate oral capsule 100 mg, 50 mg	\$0 (1)	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	\$0 (1)	
minocycline oral capsule 100 mg, 50 mg, 75 mg	\$0 (1)	
minocycline oral tablet 100 mg, 50 mg, 75 mg	\$0 (1)	
tetracycline oral capsule 250 mg, 500 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

## 藥品名稱

## 藥物層級 規定／上限

## 抗病毒藥物

abacavir oral solution 20 mg/ml	\$0 (1)	
abacavir oral tablet 300 mg	\$0 (1)	
abacavir-lamivudine oral tablet 600-300 mg	\$0 (1)	
acyclovir oral capsule 200 mg	\$0 (1)	
acyclovir oral suspension 200 mg/5 ml	\$0 (1)	
acyclovir oral tablet 400 mg, 800 mg	\$0 (1)	
acyclovir sodium intravenous solution 50 mg/ml	\$0 (1)	B/D
adefovir oral tablet 10 mg	\$0 (1)	
amantadine hcl oral capsule 100 mg	\$0 (1)	
amantadine hcl oral solution 50 mg/5 ml	\$0 (1)	
amantadine hcl oral tablet 100 mg	\$0 (1)	
APTIVUS ORAL CAPSULE 250 MG	\$0 (1)	^
atazanavir oral capsule 150 mg, 200 mg, 300 mg	\$0 (1)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (1)	^
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (1)	^
CIMDUO ORAL TABLET 300-300 MG	\$0 (1)	^
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (1)	^
darunavir oral tablet 600 mg	\$0 (1)	QL (60 EA per 30 days); ^
darunavir oral tablet 800 mg	\$0 (1)	QL (30 EA per 30 days); ^
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (1)	^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (1)	QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	\$0 (1)	^
EDURANT ORAL TABLET 25 MG	\$0 (1)	^
efavirenz oral tablet 600 mg	\$0 (1)	
efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg	\$0 (1)	^
efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg	\$0 (1)	^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
emtricitabine oral capsule 200 mg	\$0 (1)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	\$0 (1)	QL (30 EA per 30 days); ^
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	\$0 (1)	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (1)	
entecavir oral tablet 0.5 mg, 1 mg	\$0 (1)	
etravirine oral tablet 100 mg, 200 mg	\$0 (1)	^
EVOTAZ ORAL TABLET 300-150 MG	\$0 (1)	^
famciclovir oral tablet 125 mg, 250 mg, 500 mg	\$0 (1)	
fosamprenavir oral tablet 700 mg	\$0 (1)	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 (1)	^
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (1)	^
INTELENCE ORAL TABLET 25 MG	\$0 (1)	
ISENTRESS HD ORAL TABLET 600 MG	\$0 (1)	^
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 (1)	^
ISENTRESS ORAL TABLET 400 MG	\$0 (1)	^
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	\$0 (1)	^
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	\$0 (1)	
JULUCA ORAL TABLET 50-25 MG	\$0 (1)	^
lamivudine oral solution 10 mg/ml	\$0 (1)	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	\$0 (1)	
lamivudine-zidovudine oral tablet 150-300 mg	\$0 (1)	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	\$0 (1)	PA; QL (28 EA per 28 days); ^
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (1)	
LIVTENCITY ORAL TABLET 200 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^
lopinavir-ritonavir oral solution 400-100 mg/5 ml	\$0 (1)	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	\$0 (1)	
maraviroc oral tablet 150 mg, 300 mg	\$0 (1)	^
nevirapine oral suspension 50 mg/5 ml	\$0 (1)	
nevirapine oral tablet 200 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
nevirapine oral tablet extended release 24 hr 400 mg	\$0 (1)	
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 (1)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (1)	^
oseltamivir oral capsule 30 mg	\$0 (1)	QL (168 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	\$0 (1)	QL (84 EA per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	\$0 (1)	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	\$0 (1)	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0 (1)	QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	\$0 (1)	^
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (1)	^
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (1)	QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	\$0 (1)	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (1)	QL (480 EA per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 (1)	QL (120 EA per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (1)	^
ribavirin oral capsule 200 mg	\$0 (1)	
ribavirin oral tablet 200 mg	\$0 (1)	
rimantadine oral tablet 100 mg	\$0 (1)	
ritonavir oral tablet 100 mg	\$0 (1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 (1)	^
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (1)	^
SELZENTRY ORAL TABLET 25 MG	\$0 (1)	
SELZENTRY ORAL TABLET 75 MG	\$0 (1)	^
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	\$0 (1)	PA; QL (28 EA per 28 days); ^
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (1)	^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	\$0 (1)	^
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (1)	
tenofovir disoproxil fumarate oral tablet 300 mg	\$0 (1)	
TIVICAY ORAL TABLET 10 MG	\$0 (1)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (1)	^
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0 (1)	^
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (1)	^
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	\$0 (1)	
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0 (1)	^
valacyclovir oral tablet 1 gram, 500 mg	\$0 (1)	
valganciclovir oral recon soln 50 mg/ml	\$0 (1)	^
valganciclovir oral tablet 450 mg	\$0 (1)	
VEMLIDY ORAL TABLET 25 MG	\$0 (1)	^
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (1)	^
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (1)	^
VIREAD ORAL TABLET 150 MG, 250 MG	\$0 (1)	^
VIREAD ORAL TABLET 200 MG	\$0 (1)	
zidovudine oral capsule 100 mg	\$0 (1)	
zidovudine oral syrup 10 mg/ml	\$0 (1)	
zidovudine oral tablet 300 mg	\$0 (1)	
<b>抗真菌藥物</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (1)	B/D
amphotericin b injection recon soln 50 mg	\$0 (1)	B/D
casprofungin intravenous recon soln 50 mg, 70 mg	\$0 (1)	
clotrimazole mucous membrane troche 10 mg	\$0 (1)	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	\$0 (1)	PA; ^
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	\$0 (1)	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	\$0 (1)	
flucytosine oral capsule 250 mg, 500 mg	\$0 (1)	PA; ^
griseofulvin microsize oral suspension 125 mg/5 ml	\$0 (1)	
griseofulvin microsize oral tablet 500 mg	\$0 (1)	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	\$0 (1)	
itraconazole oral capsule 100 mg	\$0 (1)	PA; QL (120 EA per 30 days)
ketoconazole oral tablet 200 mg	\$0 (1)	PA
micafungin intravenous recon soln 100 mg, 50 mg	\$0 (1)	
nystatin oral suspension 100,000 unit/ml	\$0 (1)	
nystatin oral tablet 500,000 unit	\$0 (1)	
posaconazole oral tablet, delayed release (dr/ec) 100 mg	\$0 (1)	PA; QL (96 EA per 30 days); ^
terbinafine hcl oral tablet 250 mg	\$0 (1)	
voriconazole intravenous recon soln 200 mg	\$0 (1)	PA; ^
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	\$0 (1)	PA; ^
voriconazole oral tablet 200 mg	\$0 (1)	PA; QL (120 EA per 30 days)
voriconazole oral tablet 50 mg	\$0 (1)	PA; QL (480 EA per 30 days)
<b>泌尿道藥物</b>		
methenamine hippurate oral tablet 1 gram	\$0 (1)	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	\$0 (1)	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	\$0 (1)	
trimethoprim oral tablet 100 mg	\$0 (1)	
<b>磺胺類藥物/相關藥物</b>		
sulfadiazine oral tablet 500 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	\$0	(1)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	\$0	(1)
<b>紅黴素/其他巨環類藥物</b>		
azithromycin intravenous recon soln 500 mg	\$0	(1)
azithromycin oral packet 1 gram	\$0	(1)
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	\$0	(1)
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	\$0	(1)
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	\$0	(1)
clarithromycin oral tablet 250 mg, 500 mg	\$0	(1)
clarithromycin oral tablet extended release 24 hr 500 mg	\$0	(1)
DIFICID ORAL TABLET 200 MG	\$0	(1) QL (20 EA per 10 days); ^
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	\$0	(1)
erythrocin (as stearate) oral tablet 250 mg	\$0	(1)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0	(1)
erythromycin oral capsule, delayed release (dr/ec) 250 mg	\$0	(1)
erythromycin oral tablet 250 mg, 500 mg	\$0	(1)
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg	\$0	(1)
<b>青黴素類藥物</b>		
amoxicillin oral capsule 250 mg, 500 mg	\$0	(1)
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	\$0	(1)
amoxicillin oral tablet 500 mg, 875 mg	\$0	(1)
amoxicillin oral tablet, chewable 125 mg, 250 mg	\$0	(1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	\$0 (1)
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	\$0 (1)
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	\$0 (1)
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	\$0 (1)
ampicillin oral capsule 500 mg	\$0 (1)
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	\$0 (1)
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	\$0 (1)
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 (1)
dicloxacillin oral capsule 250 mg, 500 mg	\$0 (1)
nafcillin injection recon soln 1 gram, 2 gram	\$0 (1)
nafcillin injection recon soln 10 gram	\$0 (1) ^
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	\$0 (1)
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	\$0 (1)
penicillin g potassium injection recon soln 20 million unit	\$0 (1)
penicillin g sodium injection recon soln 5 million unit	\$0 (1)
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	\$0 (1)
penicillin v potassium oral tablet 250 mg, 500 mg	\$0 (1)
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	\$0 (1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

**藥品名稱****藥物層級 規定／上限****頭孢菌素**

cefaclor oral capsule 250 mg, 500 mg	\$0 (1)
cefaclor oral suspension for reconstitution 250 mg/5 ml	\$0 (1)
cefadroxil oral capsule 500 mg	\$0 (1)
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	\$0 (1)
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	\$0 (1)
cefdinir oral capsule 300 mg	\$0 (1)
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	\$0 (1)
cefepime injection recon soln 1 gram, 2 gram	\$0 (1)
cefixime oral capsule 400 mg	\$0 (1)
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	\$0 (1)
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	\$0 (1)
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	\$0 (1)
cefpodoxime oral tablet 100 mg, 200 mg	\$0 (1)
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	\$0 (1)
cefprozil oral tablet 250 mg, 500 mg	\$0 (1)
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	\$0 (1)
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	\$0 (1)
cefuroxime axetil oral tablet 250 mg, 500 mg	\$0 (1)
cefuroxime sodium injection recon soln 750 mg	\$0 (1)
cefuroxime sodium intravenous recon soln 1.5 gram	\$0 (1)
cephalexin oral capsule 250 mg, 500 mg	\$0 (1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	\$0 (1)	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	\$0 (1)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (1)	^
<b>抗腫瘤藥物/免疫抑制劑藥物</b>		
<b>抗腫瘤藥物/免疫抑制劑藥物</b>		
abiraterone oral tablet 250 mg	\$0 (1)	PA-NS; QL (120 EA per 30 days)
abiraterone oral tablet 500 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ALECENSA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ALUNBRIG ORAL TABLET 30 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	\$0 (1)	PA-NS; LA; QL (30 EA per 180 days); ^
anastrozole oral tablet 1 mg	\$0 (1)	
AUGTYRO ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; QL (240 EA per 30 days); ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
azathioprine oral tablet 50 mg	\$0 (1)	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (1)	PA-NS; LA; ^
bexarotene oral capsule 75 mg	\$0 (1)	PA-NS; ^
bexarotene topical gel 1 %	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
bicalutamide oral tablet 50 mg	\$0 (1)	
BOSULIF ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
BOSULIF ORAL CAPSULE 50 MG	\$0 (1)	PA-NS; QL (330 EA per 30 days); ^
BOSULIF ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
BRUKINSA ORAL CAPSULE 80 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CALQUENCE ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 300 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0 (1)	PA-NS; LA; QL (112 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0 (1)	PA-NS; LA; QL (84 EA per 28 days); ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
COTELLIC ORAL TABLET 20 MG	\$0 (1)	PA-NS; LA; QL (63 EA per 28 days); ^
cyclophosphamide oral capsule 25 mg, 50 mg	\$0 (1)	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	\$0 (1)	B/D
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	\$0 (1)	B/D
cyclosporine modified oral solution 100 mg/ml	\$0 (1)	B/D
cyclosporine oral capsule 100 mg, 25 mg	\$0 (1)	B/D

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
DAURISMO ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
DAURISMO ORAL TABLET 25 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (1)	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 (1)	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 (1)	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 (1)	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 (1)	PA-NS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (1)	B/D
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 240 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 60 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
erlotinib oral tablet 100 mg, 150 mg	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
erlotinib oral tablet 25 mg	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 2 mg	\$0 (1)	PA-NS; QL (150 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 3 mg	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 5 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
everolimus (immunosuppressive) oral tablet 0.25 mg	\$0 (1)	B/D

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	\$0 (1)	B/D; ^
exemestane oral tablet 25 mg	\$0 (1)	
EXKIVITY ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0 (1)	PA-NS; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0 (1)	PA-NS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (1)	PA-NS; QL (84 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (1)	PA-NS; QL (21 EA per 28 days); ^
GAVRETO ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
gefitinib oral tablet 250 mg	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
gengraf oral capsule 100 mg, 25 mg	\$0 (1)	B/D
gengraf oral solution 100 mg/ml	\$0 (1)	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0 (1)	
GLEOSTINE ORAL CAPSULE 100 MG	\$0 (1)	^
hydroxyurea oral capsule 500 mg	\$0 (1)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
imatinib oral tablet 100 mg	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
imatinib oral tablet 400 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (1)	PA-NS; LA; QL (324 ML per 30 days); ^
IMBRUVICA ORAL TABLET 420 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
INQOVI ORAL TABLET 35-100 MG	\$0 (1)	PA-NS; LA; QL (5 EA per 28 days); ^
INREBIC ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
IWILFIN ORAL TABLET 192 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0 (1)	PA-NS; QL (49 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	\$0 (1)	PA-NS; QL (70 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	\$0 (1)	PA-NS; QL (91 EA per 28 days); ^
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (1)	PA-NS; QL (21 EA per 28 days); ^
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0 (1)	PA-NS; QL (42 EA per 28 days); ^
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0 (1)	PA-NS; QL (63 EA per 28 days); ^
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	\$0 (1)	PA; ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
KRAZATI ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
lapatinib oral tablet 250 mg	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
letrozole oral tablet 2.5 mg	\$0 (1)	
LEUKERAN ORAL TABLET 2 MG	\$0 (1)	^
leuprolide subcutaneous kit 1 mg/0.2 ml	\$0 (1)	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (1)	PA-NS; LA; ^
LORBRENA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LORBRENA ORAL TABLET 25 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LUMAKRAS ORAL TABLET 120 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
LUMAKRAS ORAL TABLET 320 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	\$0 (1)	PA-NS; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
LYSODREN ORAL TABLET 500 MG	\$0 (1)	^
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	\$0 (1)	PA-NS; QL (84 EA per 28 days); ^
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	\$0 (1)	PA-NS; QL (112 EA per 28 days); ^
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	\$0 (1)	PA-NS; QL (140 EA per 28 days); ^
MATULANE ORAL CAPSULE 50 MG	\$0 (1)	LA; ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	\$0 (1)	PA
megestrol oral tablet 20 mg, 40 mg	\$0 (1)	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	\$0 (1)	PA-NS; QL (1200 ML per 30 days); ^
MEKINIST ORAL TABLET 0.5 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
MEKINIST ORAL TABLET 2 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
MEKTOVI ORAL TABLET 15 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
mercaptopurine oral tablet 50 mg	\$0 (1)	
methotrexate sodium (pf) injection solution 25 mg/ml	\$0 (1)	B/D
methotrexate sodium injection solution 25 mg/ml	\$0 (1)	B/D
methotrexate sodium oral tablet 2.5 mg	\$0 (1)	
mycophenolate mofetil oral capsule 250 mg	\$0 (1)	B/D
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	\$0 (1)	B/D; ^
mycophenolate mofetil oral tablet 500 mg	\$0 (1)	B/D
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg	\$0 (1)	B/D
mycophenolic acid dr 180 mg tb	\$0 (1)	B/D; mycophenolate sodium = mycophenolic acid
mycophenolic acid dr 360 mg tb	\$0 (1)	B/D; mycophenolate sodium = mycophenolic acid
NERLYNX ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
nilutamide oral tablet 150 mg	\$0 (1)	^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; QL (3 EA per 28 days); ^
NUBEQA ORAL TABLET 300 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	\$0 (1)	PA; ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	\$0 (1)	PA
ODOMZO ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; QL (56 EA per 28 days); ^
OGSIVEO ORAL TABLET 50 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	\$0 (1)	PA-NS; QL (96 ML per 28 days); ^
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	\$0 (1)	PA-NS; QL (16 EA per 28 days); ^
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	\$0 (1)	PA-NS; QL (20 EA per 28 days); ^
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	\$0 (1)	PA-NS; QL (24 EA per 28 days); ^
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 28 days); ^
ORSERDU ORAL TABLET 345 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ORSERDU ORAL TABLET 86 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
pazopanib oral tablet 200 mg	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (1)	PA-NS; QL (28 EA per 28 days); ^
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0 (1)	PA-NS; QL (56 EA per 28 days); ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (1)	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (1)	^
QINLOCK ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
RETEVMO ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
RETEVMO ORAL CAPSULE 80 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
RETEVMO ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
REZUROCK ORAL TABLET 200 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (150 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	\$0 (1)	PA-NS; QL (336 EA per 28 days); ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RYDAPT ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; QL (224 EA per 28 days); ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (1)	B/D
SCEMBLIX ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
SCEMBLIX ORAL TABLET 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
SCEMBLIX ORAL TABLET 40 MG	\$0 (1)	PA-NS; QL (300 EA per 30 days); ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 (1)	PA; LA; ^
sirolimus oral solution 1 mg/ml	\$0 (1)	B/D; ^
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 (1)	
sorafenib oral tablet 200 mg	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
SPRYCEL ORAL TABLET 20 MG, 70 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
STIVARGA ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (84 EA per 28 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	\$0 (1)	PA-NS; QL (28 EA per 28 days); ^
TABLOID ORAL TABLET 40 MG	\$0 (1)	
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (1)	PA-NS; ^
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	\$0 (1)	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	\$0 (1)	PA-NS; QL (840 EA per 28 days); ^
TAGRISSE ORAL TABLET 40 MG, 80 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
tamoxifen oral tablet 10 mg, 20 mg	\$0 (1)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 (1)	PA-NS; QL (112 EA per 28 days); ^
TASIGNA ORAL CAPSULE 50 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
TAZVERIK ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; ^
TEPMETKO ORAL TABLET 225 MG	\$0 (1)	PA-NS; LA; ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
TIBSOVO ORAL TABLET 250 MG	\$0 (1)	PA-NS; LA; ^
toremifene oral tablet 60 mg	\$0 (1)	
tretinoin (antineoplastic) oral capsule 10 mg	\$0 (1)	^
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0 (1)	PA-NS; QL (64 EA per 28 days); ^
TUKYSA ORAL TABLET 150 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
TUKYSA ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (300 EA per 30 days); ^
TURALIO ORAL CAPSULE 125 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (1)	PA-NS; QL (56 EA per 28 days); ^
VENCLEXTA ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (14 EA per 7 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VENCLEXTA ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (7 EA per 7 days); ^
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 (1)	PA-NS; LA; QL (42 EA per 180 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
VITRAKVI ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
VITRAKVI ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (1)	PA-NS; LA; QL (300 ML per 30 days); ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
VONJO ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
WELIREG ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
XALKORI ORAL PELLETT 150 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
XALKORI ORAL PELLETT 20 MG, 50 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (1)	
XERMELO ORAL TABLET 250 MG	\$0 (1)	PA; LA; QL (84 EA per 28 days); ^
XOSPATA ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	\$0 (1)	PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	\$0 (1)	PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	\$0 (1)	PA-NS; LA; QL (32 EA per 28 days); ^
XTANDI ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 80 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 200 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
ZOLINZA ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ZYKADIA ORAL TABLET 150 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
<b>輔助性藥物</b>		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	\$0 (1)	
MESNEX ORAL TABLET 400 MG	\$0 (1)	^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (1)	B/D; ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
<b>泌尿學藥物</b>		
<b>其他泌尿學藥物</b>		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	\$0 (1)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (1)	PA; LA
ELMIRON ORAL CAPSULE 100 MG	\$0 (1)	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	\$0 (1)	
tadalafil oral tablet 2.5 mg	\$0 (1)	PA; QL (60 EA per 30 days)
tadalafil oral tablet 5 mg	\$0 (1)	PA; QL (30 EA per 30 days)
<b>抗膽鹼藥物/解痙藥物</b>		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	\$0 (1)	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	\$0 (1)	
oxybutynin chloride oral tablet 5 mg	\$0 (1)	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	\$0 (1)	QL (60 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	\$0 (1)	QL (30 EA per 30 days)
solifenacin oral tablet 10 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	\$0 (1)	QL (30 EA per 30 days)
tolterodine oral tablet 1 mg, 2 mg	\$0 (1)	QL (60 EA per 30 days)
tropium oral tablet 20 mg	\$0 (1)	QL (60 EA per 30 days)
<b>良性前列腺增生症 (BPH) 治療</b>		
alfuzosin oral tablet extended release 24 hr 10 mg	\$0 (1)	
dutasteride oral capsule 0.5 mg	\$0 (1)	QL (30 EA per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	\$0 (1)	QL (30 EA per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限
finasteride oral tablet 5 mg	\$0 (1)
tamsulosin oral capsule 0.4 mg	\$0 (1)
<b>產科/婦科</b>	
<b>其他產科/婦科</b>	
clindamycin phosphate vaginal cream 2 %	\$0 (1)
eluryng vaginal ring 0.12-0.015 mg/24 hr	\$0 (1)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	\$0 (1)
haloette vaginal ring 0.12-0.015 mg/24 hr	\$0 (1)
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 (1)
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	\$0 (1)
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 (1)
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	\$0 (1)
terconazole vaginal cream 0.4 %, 0.8 %	\$0 (1)
terconazole vaginal suppository 80 mg	\$0 (1)
tranexamic acid oral tablet 650 mg	\$0 (1)
xulane transdermal patch weekly 150-35 mcg/24 hr	\$0 (1)
zafemy transdermal patch weekly 150-35 mcg/24 hr	\$0 (1)
<b>口服避孕藥/相關藥物</b>	
altavera (28) oral tablet 0.15-0.03 mg	\$0 (1)
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (1)
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	\$0 (1)
apri oral tablet 0.15-0.03 mg	\$0 (1)
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	\$0 (1)
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	\$0 (1)
aubra eq oral tablet 0.1-20 mg-mcg	\$0 (1)
aviane oral tablet 0.1-20 mg-mcg	\$0 (1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (1)
balziva (28) oral tablet 0.4-35 mg-mcg	\$0 (1)
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (1)
briellyn oral tablet 0.4-35 mg-mcg	\$0 (1)
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	\$0 (1)
cryselle (28) oral tablet 0.3-30 mg-mcg	\$0 (1)
cyred eq oral tablet 0.15-0.03 mg	\$0 (1)
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (1)
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	\$0 (1)
dolishale oral tablet 90-20 mcg (28)	\$0 (1)
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	\$0 (1)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	\$0 (1)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0 (1)
enskyce oral tablet 0.15-0.03 mg	\$0 (1)
estarylla oral tablet 0.25-35 mg-mcg	\$0 (1)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	\$0 (1)
falmina (28) oral tablet 0.1-20 mg-mcg	\$0 (1)
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	\$0 (1)
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (1)
isibloom oral tablet 0.15-0.03 mg	\$0 (1)
jasmiel (28) oral tablet 3-0.02 mg	\$0 (1)
juleber oral tablet 0.15-0.03 mg	\$0 (1)
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	\$0 (1)
junel 1/20 (21) oral tablet 1-20 mg-mcg	\$0 (1)
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (1)
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (1)
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	\$0 (1)
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (1)
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (1)
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	\$0 (1)
kurvelo (28) oral tablet 0.15-0.03 mg	\$0 (1)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)	\$0 (1)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	\$0 (1)
larin 1/20 (21) oral tablet 1-20 mg-mcg	\$0 (1)
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (1)
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (1)
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	\$0 (1)
lessina oral tablet 0.1-20 mg-mcg	\$0 (1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0 (1)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	\$0 (1)
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (1)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0 (1)
levora-28 oral tablet 0.15-0.03 mg	\$0 (1)
loryna (28) oral tablet 3-0.02 mg	\$0 (1)
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	\$0 (1)
lutera (28) oral tablet 0.1-20 mg-mcg	\$0 (1)
marlissa (28) oral tablet 0.15-0.03 mg	\$0 (1)
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24)/75 mg (4)	\$0 (1)
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	\$0 (1)
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	\$0 (1)
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (1)
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (1)
mili oral tablet 0.25-35 mg-mcg	\$0 (1)
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	\$0 (1)
nikki (28) oral tablet 3-0.02 mg	\$0 (1)
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	\$0 (1)
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	\$0 (1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)	\$0 (1)
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	\$0 (1)
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	\$0 (1)
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	\$0 (1)
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	\$0 (1)
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (1)
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	\$0 (1)
nylia 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (1)
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	\$0 (1)
nymyo oral tablet 0.25-35 mg-mcg	\$0 (1)
ocella oral tablet 3-0.03 mg	\$0 (1)
pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (1)
portia 28 oral tablet 0.15-0.03 mg	\$0 (1)
reclipsen (28) oral tablet 0.15-0.03 mg	\$0 (1)
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	\$0 (1)
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (1)
sprintec (28) oral tablet 0.25-35 mg-mcg	\$0 (1)
sronyx oral tablet 0.1-20 mg-mcg	\$0 (1)
syeda oral tablet 3-0.03 mg	\$0 (1)
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (1)
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	\$0 (1)
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	\$0 (1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	\$0 (1)
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0 (1)
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0 (1)
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	\$0 (1)
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	\$0 (1)
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	\$0 (1)
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0 (1)
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0 (1)
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	\$0 (1)
turqoz (28) oral tablet 0.3-30 mg-mcg	\$0 (1)
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	\$0 (1)
vestura (28) oral tablet 3-0.02 mg	\$0 (1)
vienva oral tablet 0.1-20 mg-mcg	\$0 (1)
vyfemla (28) oral tablet 0.4-35 mg-mcg	\$0 (1)
vylibra oral tablet 0.25-35 mg-mcg	\$0 (1)
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	\$0 (1)
zovia 1-35 (28) oral tablet 1-35 mg-mcg	\$0 (1)
<b>雌激素/孕激素</b>	
camila oral tablet 0.35 mg	\$0 (1)
deblitane oral tablet 0.35 mg	\$0 (1)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 (1)
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	\$0 (1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級 規定／上限
errin oral tablet 0.35 mg	\$0 (1)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	\$0 (1)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	\$0 (1)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	\$0 (1)
estradiol vaginal tablet 10 mcg	\$0 (1)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	\$0 (1)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	\$0 (1)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	\$0 (1)
heather oral tablet 0.35 mg	\$0 (1)
incassia oral tablet 0.35 mg	\$0 (1)
jinteli oral tablet 1-5 mg-mcg	\$0 (1)
lyleq oral tablet 0.35 mg	\$0 (1)
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	\$0 (1)
lyza oral tablet 0.35 mg	\$0 (1)
medroxyprogesterone intramuscular suspension 150 mg/ml	\$0 (1)
medroxyprogesterone intramuscular syringe 150 mg/ml	\$0 (1)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)
mimvey oral tablet 1-0.5 mg	\$0 (1)
nora-be oral tablet 0.35 mg	\$0 (1)
norethindrone (contraceptive) oral tablet 0.35 mg	\$0 (1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
norethindrone acetate oral tablet 5 mg	\$0 (1)	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	\$0 (1)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (1)	
progesterone micronized oral capsule 100 mg, 200 mg	\$0 (1)	
sharobel oral tablet 0.35 mg	\$0 (1)	
yuvaferm vaginal tablet 10 mcg	\$0 (1)	
<b>皮膚學/外用治療</b>		
<b>其他皮膚學藥物</b>		
ammonium lactate topical cream 12 %	\$0 (1)	
ammonium lactate topical lotion 12 %	\$0 (1)	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	\$0 (1)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 (1)	PA; QL (1.34 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	\$0 (1)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
fluorouracil topical cream 5 %	\$0 (1)	QL (40 GM per 30 days)
fluorouracil topical solution 2 %, 5 %	\$0 (1)	QL (10 ML per 30 days)
imiquimod topical cream in packet 5 %	\$0 (1)	QL (24 EA per 28 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	\$0 (1)	QL (50 ML per 30 days)
lidocaine topical adhesive patch,medicated 5 %	\$0 (1)	PA; QL (90 EA per 30 days)
lidocaine topical ointment 5 %	\$0 (1)	QL (50 GM per 30 days)
lidocaine viscous mucous membrane solution 2 %	\$0 (1)	
lidocaine-prilocaine topical cream 2.5-2.5 %	\$0 (1)	QL (30 GM per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
lidocan iii topical adhesive patch,medicated 5 %	\$0 (1)	PA; QL (90 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
pimecrolimus topical cream 1 %	\$0 (1)	QL (100 GM per 30 days)
podofilox topical solution 0.5 %	\$0 (1)	QL (7 ML per 28 days)
REGRANEX TOPICAL GEL 0.01 %	\$0 (1)	QL (15 GM per 30 days); ^
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (1)	QL (180 GM per 30 days)
silver sulfadiazine topical cream 1 %	\$0 (1)	
ssd topical cream 1 %	\$0 (1)	
tacrolimus topical ointment 0.03 %, 0.1 %	\$0 (1)	QL (100 GM per 30 days)
tridacaine ii topical adhesive patch,medicated 5 %	\$0 (1)	PA; QL (90 EA per 30 days)
tridacaine topical adhesive patch,medicated 5 %	\$0 (1)	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	\$0 (1)	PA-NS; LA; QL (60 GM per 30 days); ^

#### 外用抗真菌藥物

ciclopirox topical cream 0.77 %	\$0 (1)	QL (90 GM per 28 days)
ciclopirox topical gel 0.77 %	\$0 (1)	QL (100 GM per 28 days)
ciclopirox topical suspension 0.77 %	\$0 (1)	QL (60 ML per 28 days)
clotrimazole topical cream 1 %	\$0 (1)	QL (45 GM per 28 days)
clotrimazole topical solution 1 %	\$0 (1)	QL (30 ML per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	\$0 (1)	QL (45 GM per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	\$0 (1)	QL (60 ML per 28 days)
ketoconazole topical cream 2 %	\$0 (1)	QL (60 GM per 28 days)
ketoconazole topical shampoo 2 %	\$0 (1)	QL (120 ML per 28 days)
naftifine topical cream 1 %	\$0 (1)	QL (90 GM per 28 days)
naftifine topical cream 2 %	\$0 (1)	QL (60 GM per 28 days)
naftifine topical gel 2 %	\$0 (1)	QL (60 GM per 28 days)
nyamyc topical powder 100,000 unit/gram	\$0 (1)	QL (120 GM per 30 days)
nystatin topical cream 100,000 unit/gram	\$0 (1)	QL (30 GM per 28 days)
nystatin topical ointment 100,000 unit/gram	\$0 (1)	QL (30 GM per 28 days)
nystatin topical powder 100,000 unit/gram	\$0 (1)	QL (120 GM per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
nystop topical powder 100,000 unit/gram	\$0 (1)	QL (120 GM per 30 days)
<b>外用抗菌劑</b>		
gentamicin topical cream 0.1 %	\$0 (1)	QL (30 GM per 30 days)
gentamicin topical ointment 0.1 %	\$0 (1)	QL (30 GM per 30 days)
mupirocin topical ointment 2 %	\$0 (1)	QL (44 GM per 30 days)
sulfacetamide sodium (acne) topical suspension 10 %	\$0 (1)	
<b>外用滅疥癬/滅虱藥物</b>		
malathion topical lotion 0.5 %	\$0 (1)	
permethrin topical cream 5 %	\$0 (1)	QL (60 GM per 30 days)
<b>外用皮質類固醇</b>		
ala-cort topical cream 1 %, 2.5 %	\$0 (1)	
alclometasone topical cream 0.05 %	\$0 (1)	QL (120 GM per 30 days)
alclometasone topical ointment 0.05 %	\$0 (1)	QL (120 GM per 30 days)
betamethasone dipropionate topical cream 0.05 %	\$0 (1)	QL (135 GM per 30 days)
betamethasone dipropionate topical lotion 0.05 %	\$0 (1)	QL (120 ML per 30 days)
betamethasone dipropionate topical ointment 0.05 %	\$0 (1)	QL (135 GM per 30 days)
betamethasone valerate topical cream 0.1 %	\$0 (1)	QL (135 GM per 30 days)
betamethasone valerate topical lotion 0.1 %	\$0 (1)	QL (120 ML per 30 days)
betamethasone valerate topical ointment 0.1 %	\$0 (1)	QL (135 GM per 30 days)
betamethasone, augmented topical cream 0.05 %	\$0 (1)	QL (150 GM per 30 days)
betamethasone, augmented topical gel 0.05 %	\$0 (1)	QL (150 GM per 30 days)
betamethasone, augmented topical lotion 0.05 %	\$0 (1)	QL (120 ML per 30 days)
betamethasone, augmented topical ointment 0.05 %	\$0 (1)	QL (150 GM per 30 days)
clobetasol scalp solution 0.05 %	\$0 (1)	QL (100 ML per 28 days)
clobetasol topical cream 0.05 %	\$0 (1)	QL (120 GM per 28 days)
clobetasol topical gel 0.05 %	\$0 (1)	QL (60 GM per 28 days)
clobetasol topical ointment 0.05 %	\$0 (1)	QL (120 GM per 28 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
clobetasol topical shampoo 0.05 %	\$0 (1)	QL (118 ML per 28 days)
clobetasol-emollient topical cream 0.05 %	\$0 (1)	QL (120 GM per 28 days)
clodan topical shampoo 0.05 %	\$0 (1)	QL (118 ML per 28 days)
desonide topical lotion 0.05 %	\$0 (1)	QL (118 ML per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	\$0 (1)	QL (118.28 ML per 30 days)
fluocinolone topical cream 0.01 %, 0.025 %	\$0 (1)	QL (120 GM per 30 days)
fluocinolone topical ointment 0.025 %	\$0 (1)	QL (120 GM per 30 days)
fluocinolone topical solution 0.01 %	\$0 (1)	QL (120 ML per 30 days)
fluocinonide topical cream 0.05 %	\$0 (1)	QL (120 GM per 30 days)
fluocinonide topical gel 0.05 %	\$0 (1)	QL (120 GM per 30 days)
fluocinonide topical ointment 0.05 %	\$0 (1)	QL (120 GM per 30 days)
fluocinonide topical solution 0.05 %	\$0 (1)	QL (120 ML per 30 days)
fluocinonide-emollient topical cream 0.05 %	\$0 (1)	QL (120 GM per 30 days)
fluticasone propionate topical cream 0.05 %	\$0 (1)	
halobetasol propionate topical cream 0.05 %	\$0 (1)	QL (100 GM per 30 days)
halobetasol propionate topical ointment 0.05 %	\$0 (1)	QL (100 GM per 30 days)
hydrocortisone topical cream 1 %	\$0 (1)	
hydrocortisone topical lotion 2 %, 2.5 %	\$0 (1)	
hydrocortisone topical ointment 2.5 %	\$0 (1)	
mometasone topical cream 0.1 %	\$0 (1)	
mometasone topical ointment 0.1 %	\$0 (1)	
mometasone topical solution 0.1 %	\$0 (1)	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	\$0 (1)	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	\$0 (1)	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	\$0 (1)	
triderm topical cream 0.5 %	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

**藥品名稱****藥物層級 規定／上限****抗銀屑病/抗脂溢性皮炎藥物**

acitretin oral capsule 10 mg, 17.5 mg, 25 mg	\$0 (1)	
calcipotriene scalp solution 0.005 %	\$0 (1)	QL (120 ML per 30 days)
calcipotriene topical ointment 0.005 %	\$0 (1)	QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (1)	PA; QL (2.5 ML per 28 days); ^
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	\$0 (1)	PA; QL (10 ML per 28 days); ^
selenium sulfide topical lotion 2.5 %	\$0 (1)	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	\$0 (1)	PA; QL (1 ML per 28 days); ^
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (1)	PA; QL (2 ML per 28 days); ^
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 (1)	PA; QL (2 ML per 28 days); ^

**痤瘡治療**

accutane oral capsule 10 mg, 20 mg, 40 mg	\$0 (1)	
adapalene topical cream 0.1 %	\$0 (1)	QL (45 GM per 30 days)
adapalene topical gel 0.3 %	\$0 (1)	QL (45 GM per 30 days)
amnestem oral capsule 10 mg, 20 mg, 40 mg	\$0 (1)	
azelaic acid topical gel 15 %	\$0 (1)	QL (50 GM per 30 days)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (1)	
clindamycin phosphate topical gel 1 %	\$0 (1)	QL (75 GM per 30 days)
clindamycin phosphate topical gel, once daily 1 %	\$0 (1)	QL (75 ML per 30 days)
clindamycin phosphate topical lotion 1 %	\$0 (1)	QL (60 ML per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
clindamycin phosphate topical solution 1 %	\$0 (1)	QL (60 ML per 30 days)
clindamycin phosphate topical swab 1 %	\$0 (1)	QL (60 EA per 30 days)
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	\$0 (1)	QL (45 GM per 30 days)
clindamycin-benzoyl peroxide topical gel 1-5 %	\$0 (1)	QL (50 GM per 30 days)
ery pads topical swab 2 %	\$0 (1)	QL (60 EA per 30 days)
erythromycin with ethanol topical solution 2 %	\$0 (1)	QL (60 ML per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	\$0 (1)	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	\$0 (1)	
metronidazole topical cream 0.75 %	\$0 (1)	QL (45 GM per 30 days)
metronidazole topical gel 0.75 %	\$0 (1)	QL (45 GM per 30 days)
metronidazole topical lotion 0.75 %	\$0 (1)	QL (59 ML per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	\$0 (1)	QL (45 GM per 30 days)
tazarotene topical cream 0.1 %	\$0 (1)	PA; QL (60 GM per 30 days)
tazarotene topical gel 0.05 %, 0.1 %	\$0 (1)	PA
tretinoin microspheres topical gel 0.04 %, 0.1 %	\$0 (1)	PA; QL (50 GM per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	\$0 (1)	PA; QL (45 GM per 30 days)
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	\$0 (1)	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (1)	

## 眼科學

### B-阻斷劑

betaxolol ophthalmic (eye) drops 0.5 %	\$0 (1)	
carteolol ophthalmic (eye) drops 1 %	\$0 (1)	
levobunolol ophthalmic (eye) drops 0.5 %	\$0 (1)	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	\$0 (1)	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
<b>併用類固醇抗生素</b>		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	\$0	(1)
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	\$0	(1)
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	\$0	(1)
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	\$0	(1)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0	(1)
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	\$0	(1)
<b>其他眼科學藥物</b>		
atropine ophthalmic (eye) drops 1 %	\$0	(1)
azelastine ophthalmic (eye) drops 0.05 %	\$0	(1)
cromolyn ophthalmic (eye) drops 4 %	\$0	(1)
cyclosporine ophthalmic (eye) dropperette 0.05 %	\$0	(1) QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0	(1) PA; LA; ^
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	\$0	(1)
sulfacetamide sodium ophthalmic (eye) drops 10 %	\$0	(1)
sulfacetamide sodium ophthalmic (eye) ointment 10 %	\$0	(1)
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	\$0	(1)
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	\$0	(1) PA; QL (10 ML per 42 days); ^
<b>其他青光眼藥物</b>		
brinzolamide ophthalmic (eye) drops,suspension 1 %	\$0	(1)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0	(1)
dorzolamide ophthalmic (eye) drops 2 %	\$0	(1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	\$0 (1)
latanoprost ophthalmic (eye) drops 0.005 %	\$0 (1)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 (1)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 (1)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	\$0 (1)
travoprost ophthalmic (eye) drops 0.004 %	\$0 (1)
<b>抗生素</b>	
bacitracin ophthalmic (eye) ointment 500 unit/gram	\$0 (1)
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	\$0 (1)
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	\$0 (1)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	\$0 (1)
gatifloxacin ophthalmic (eye) drops 0.5 %	\$0 (1)
gentamicin ophthalmic (eye) drops 0.3 %	\$0 (1)
moxifloxacin ophthalmic (eye) drops 0.5 %	\$0 (1)
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 (1)
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	\$0 (1)
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	\$0 (1)
ofloxacin ophthalmic (eye) drops 0.3 %	\$0 (1)
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	\$0 (1)
tobramycin ophthalmic (eye) drops 0.3 %	\$0 (1)
<b>抗病毒藥物</b>	
trifluridine ophthalmic (eye) drops 1 %	\$0 (1)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
<b>擬交感神經藥物</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0	(1)
apraclonidine ophthalmic (eye) drops 0.5 %	\$0	(1)
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	\$0	(1)
<b>青光眼口服藥物</b>		
acetazolamide oral capsule, extended release 500 mg	\$0	(1)
acetazolamide oral tablet 125 mg, 250 mg	\$0	(1)
methazolamide oral tablet 25 mg, 50 mg	\$0	(1)
<b>非類固醇抗發炎藥物</b>		
bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %	\$0	(1)
diclofenac sodium ophthalmic (eye) drops 0.1 %	\$0	(1)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	\$0	(1)
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	\$0	(1)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0	(1)
<b>類固醇</b>		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	\$0	(1)
difluprednate ophthalmic (eye) drops 0.05 %	\$0	(1)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	\$0	(1)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	\$0	(1)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	\$0	(1)
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	\$0	(1)
<b>維他命，補血劑/電解質</b>		
<b>其他營養品</b>		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0	(1) B/D

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (1)	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	B/D
electrolyte-148 intravenous parenteral solution	\$0 (1)	
intralipid intravenous emulsion 20 %	\$0 (1)	B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 (1)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 (1)	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 (1)	B/D
premasol 10 % intravenous parenteral solution 10 %	\$0 (1)	B/D
travasol 10 % intravenous parenteral solution 10 %	\$0 (1)	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (1)	B/D
<b>維他命/補血劑</b>		
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	\$0 (1)	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	\$0 (1)	
<b>電解質</b>		
klor-con 10 oral tablet extended release 10 meq	\$0 (1)	
klor-con 8 oral tablet extended release 8 meq	\$0 (1)	
klor-con m10 oral tablet,er particles/crystals 10 meq	\$0 (1)	
klor-con m15 oral tablet,er particles/crystals 15 meq	\$0 (1)	
klor-con m20 oral tablet,er particles/crystals 20 meq	\$0 (1)	
klor-con oral packet 20 meq	\$0 (1)	
magnesium sulfate injection solution 500 mg/ml (50 %)	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限
magnesium sulfate injection syringe 500 mg/ml (50 %)	\$0 (1)
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	\$0 (1)
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	\$0 (1)
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	\$0 (1)
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	\$0 (1)
potassium chloride oral capsule, extended release 10 meq, 8 meq	\$0 (1)
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	\$0 (1)
potassium chloride oral packet 20 meq	\$0 (1)
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	\$0 (1)
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	\$0 (1)
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	\$0 (1)
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	\$0 (1)
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	\$0 (1)
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	\$0 (1)
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	\$0 (1)
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	\$0 (1)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限	
<b>耳鼻/喉藥物</b>		
<b>其他耳用製劑</b>		
acetic acid otic (ear) solution 2 %	\$0 (1)	
flac otic oil otic (ear) drops 0.01 %	\$0 (1)	
fluocinolone acetonide oil otic (ear) drops 0.01 %	\$0 (1)	
ofloxacin otic (ear) drops 0.3 %	\$0 (1)	
<b>其他藥物</b>		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	\$0 (1)	QL (60 ML per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	\$0 (1)	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	\$0 (1)	QL (30 ML per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	\$0 (1)	QL (45 ML per 30 days)
kourzeq dental paste 0.1 %	\$0 (1)	
olopatadine nasal spray,non-aerosol 0.6 %	\$0 (1)	
periogard mucous membrane mouthwash 0.12 %	\$0 (1)	
triamcinolone acetonide dental paste 0.1 %	\$0 (1)	
<b>耳用類固醇/抗生素</b>		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	\$0 (1)	QL (7.5 ML per 7 days)
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	\$0 (1)	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	\$0 (1)	
<b>肌肉骨骼/風濕病學</b>		
<b>其他風濕病學</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 (1)	PA; QL (3.6 ML per 28 days); ^
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 (1)	PA; QL (3.6 ML per 28 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (6 EA per 180 days); ^
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 180 days); ^
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 (1)	PA; QL (8 ML per 28 days); ^
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 180 days); ^
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 180 days); ^
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (2 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
leflunomide oral tablet 10 mg, 20 mg	\$0 (1)	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	\$0 (1)	PA; QL (55 EA per 180 days); ^
penicillamine oral tablet 250 mg	\$0 (1)	^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	\$0 (1)	PA; QL (84 EA per 180 days); ^
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (1)	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 (1)	QL (55 EA per 180 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0 (1)	PA; QL (3 EA per 180 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
<b>痛風治療</b>		
allopurinol oral tablet 100 mg, 300 mg	\$0 (1)	
colchicine oral capsule 0.6 mg	\$0 (1)	QL (120 EA per 30 days)
colchicine oral tablet 0.6 mg	\$0 (1)	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	\$0 (1)	
probenecid oral tablet 500 mg	\$0 (1)	
probenecid-colchicine oral tablet 500-0.5 mg	\$0 (1)	
<b>骨質疏鬆症治療</b>		
alendronate oral solution 70 mg/75 ml	\$0 (1)	QL (300 ML per 28 days)
alendronate oral tablet 10 mg	\$0 (1)	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	\$0 (1)	QL (4 EA per 28 days)
ibandronate oral tablet 150 mg	\$0 (1)	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (1)	QL (1 ML per 180 days)
raloxifene oral tablet 60 mg	\$0 (1)	
risedronate oral tablet 150 mg	\$0 (1)	QL (1 EA per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	\$0 (1)	QL (4 EA per 28 days)
risedronate oral tablet 5 mg	\$0 (1)	QL (30 EA per 30 days)
risedronate oral tablet, delayed release (dr/ec) 35 mg	\$0 (1)	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	\$0 (1)	PA; Only Teriparatide NDC 47781065289 is covered; QL (2.48 ML per 28 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

## 藥品名稱

## 藥物層級 規定／上限

## 胃腸學

## 其他胃腸道藥物

alosetron oral tablet 0.5 mg	\$0 (1)	PA; QL (60 EA per 30 days)
alosetron oral tablet 1 mg	\$0 (1)	PA; QL (60 EA per 30 days); ^
aprepitant oral capsule 125 mg, 40 mg, 80 mg	\$0 (1)	B/D
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	\$0 (1)	B/D
balsalazide oral capsule 750 mg	\$0 (1)	
betaine oral powder 1 gram/scoop	\$0 (1)	LA; ^
budesonide oral capsule,delayed,extend.release 3 mg	\$0 (1)	
budesonide oral tablet,delayed and ext.release 9 mg	\$0 (1)	PA; QL (30 EA per 30 days); ^
compro rectal suppository 25 mg	\$0 (1)	
constulose oral solution 10 gram/15 ml	\$0 (1)	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	\$0 (1)	
cromolyn oral concentrate 100 mg/5 ml	\$0 (1)	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	\$0 (1)	B/D; QL (60 EA per 30 days)
enulose oral solution 10 gram/15 ml	\$0 (1)	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (1)	PA; LA; ^
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	\$0 (1)	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	\$0 (1)	
generlac oral solution 10 gram/15 ml	\$0 (1)	
granisetron hcl oral tablet 1 mg	\$0 (1)	B/D
hydrocortisone rectal enema 100 mg/60 ml	\$0 (1)	
hydrocortisone topical cream with perineal applicator 2.5 %	\$0 (1)	
lactulose oral solution 10 gram/15 ml	\$0 (1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (1)	QL (30 EA per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
lubiprostone oral capsule 24 mcg, 8 mcg	\$0 (1)	QL (60 EA per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	\$0 (1)	
mesalamine oral capsule (with del rel tablets) 400 mg	\$0 (1)	
mesalamine oral capsule,extended release 24hr 0.375 gram	\$0 (1)	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	\$0 (1)	
mesalamine rectal enema 4 gram/60 ml	\$0 (1)	
mesalamine rectal suppository 1,000 mg	\$0 (1)	
metoclopramide hcl oral solution 5 mg/5 ml	\$0 (1)	
metoclopramide hcl oral tablet 10 mg, 5 mg	\$0 (1)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	QL (30 EA per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	\$0 (1)	QL (30 GM per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ondansetron hcl oral solution 4 mg/5 ml	\$0 (1)	
ondansetron hcl oral tablet 4 mg, 8 mg	\$0 (1)	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	\$0 (1)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	\$0 (1)	
peg-electrolyte soln oral recon soln 420 gram	\$0 (1)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 (1)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	\$0 (1)	
prochlorperazine rectal suppository 25 mg	\$0 (1)	
procto-med hc topical cream with perineal applicator 2.5 %	\$0 (1)	
proctosol hc topical cream with perineal applicator 2.5 %	\$0 (1)	
proctozone-hc topical cream with perineal applicator 2.5 %	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (1)	QL (30 GM per 30 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	\$0 (1)	PA; QL (10 EA per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	\$0 (1)	PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	\$0 (1)	PA; QL (2.4 ML per 56 days); ^
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	\$0 (1)	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	\$0 (1)	PA; ^
sulfasalazine oral tablet 500 mg	\$0 (1)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	\$0 (1)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 (1)	
TRULANCE ORAL TABLET 3 MG	\$0 (1)	QL (30 EA per 30 days)
ursodiol oral capsule 300 mg	\$0 (1)	
ursodiol oral tablet 250 mg, 500 mg	\$0 (1)	
VOWST ORAL CAPSULE	\$0 (1)	PA; LA; ^
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	\$0 (1)	
<b>止瀉藥/解痙藥物</b>		
dicyclomine oral capsule 10 mg	\$0 (1)	
dicyclomine oral solution 10 mg/5 ml	\$0 (1)	
dicyclomine oral tablet 20 mg	\$0 (1)	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
diphenoxylate-atropine oral tablet 2.5-0.025 mg	\$0 (1)	
glycopyrrolate oral tablet 1 mg, 2 mg	\$0 (1)	
loperamide oral capsule 2 mg	\$0 (1)	
<b>潰瘍治療</b>		
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	\$0 (1)	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	\$0 (1)	QL (60 EA per 30 days)
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	\$0 (1)	
famotidine oral tablet 20 mg, 40 mg	\$0 (1)	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	\$0 (1)	QL (60 EA per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	\$0 (1)	
nizatidine oral capsule 150 mg, 300 mg	\$0 (1)	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	\$0 (1)	QL (60 EA per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	\$0 (1)	QL (60 EA per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	\$0 (1)	QL (60 EA per 30 days)
sucralfate oral suspension 100 mg/ml	\$0 (1)	
sucralfate oral tablet 1 gram	\$0 (1)	
<b>自律/中樞神經系統藥物，神經學/精神科</b>		
<b>偏頭痛/叢發性頭痛治療</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (1)	PA; QL (1 ML per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	\$0 (1)	PA; QL (8 ML per 28 days)
ergotamine-caffeine oral tablet 1-100 mg	\$0 (1)	QL (40 EA per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg	\$0 (1)	QL (18 EA per 28 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	\$0 (1)	PA; QL (16 EA per 30 days); ^
rizatriptan oral tablet 10 mg, 5 mg	\$0 (1)	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	\$0 (1)	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	\$0 (1)	QL (18 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	QL (18 EA per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	\$0 (1)	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	\$0 (1)	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	\$0 (1)	QL (8 ML per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	\$0 (1)	QL (18 EA per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	\$0 (1)	QL (18 EA per 28 days)
<b>其他神經學治療</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	\$0 (1)	PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	\$0 (1)	PA; QL (90 EA per 30 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	\$0 (1)	PA; QL (28 EA per 180 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	\$0 (1)	PA; QL (42 EA per 28 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
dalfampridine oral tablet extended release 12 hr 10 mg	\$0 (1)	PA; QL (60 EA per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	\$0 (1)	PA; QL (14 EA per 7 days); ^
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	\$0 (1)	PA; QL (120 EA per 180 days); ^
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	\$0 (1)	PA; QL (60 EA per 30 days); ^
donepezil oral tablet 10 mg, 5 mg	\$0 (1)	
donepezil oral tablet 23 mg	\$0 (1)	QL (30 EA per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	\$0 (1)	
fingolimod oral capsule 0.5 mg	\$0 (1)	PA; QL (30 EA per 30 days); ^
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	\$0 (1)	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	\$0 (1)	
galantamine oral tablet 12 mg, 4 mg, 8 mg	\$0 (1)	QL (60 EA per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	\$0 (1)	PA; QL (30 ML per 30 days); ^
glatiramer subcutaneous syringe 40 mg/ml	\$0 (1)	PA; QL (12 ML per 28 days); ^
glatopa subcutaneous syringe 20 mg/ml	\$0 (1)	PA; QL (30 ML per 30 days); ^
glatopa subcutaneous syringe 40 mg/ml	\$0 (1)	PA; QL (12 ML per 28 days); ^
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	\$0 (1)	PA
memantine oral solution 2 mg/ml	\$0 (1)	PA
memantine oral tablet 10 mg, 5 mg	\$0 (1)	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	\$0 (1)	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (1)	
NUDEXTA ORAL CAPSULE 20-10 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	\$0 (1)	PA; ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	\$0 (1)	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	\$0 (1)	QL (30 EA per 30 days)
teriflunomide oral tablet 14 mg, 7 mg	\$0 (1)	PA; QL (30 EA per 30 days); ^
tetrabenazine oral tablet 12.5 mg	\$0 (1)	PA; QL (90 EA per 30 days); ^
tetrabenazine oral tablet 25 mg	\$0 (1)	PA; QL (120 EA per 30 days); ^
<b>心理治療藥物</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	\$0 (1)	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	\$0 (1)	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	\$0 (1)	QL (150 EA per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	\$0 (1)	
aripiprazole oral solution 1 mg/ml	\$0 (1)	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	\$0 (1)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 (1)	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (1)	QL (3.9 ML per 56 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 (1)	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 (1)	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 (1)	QL (3.2 ML per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	\$0 (1)	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	\$0 (1)	PA; QL (60 EA per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	QL (60 EA per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	\$0 (1)	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	\$0 (1)	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45- 105 MG	\$0 (1)	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	\$0 (1)	
bupropion hcl oral tablet extended release 24 hr 150 mg	\$0 (1)	QL (90 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	\$0 (1)	QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	\$0 (1)	QL (60 EA per 30 days)
bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	\$0 (1)	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (1)	QL (30 EA per 30 days)
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	\$0 (1)	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)	
citalopram oral solution 10 mg/5 ml	\$0 (1)	
citalopram oral tablet 10 mg, 20 mg, 40 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
clomipramine oral capsule 25 mg, 50 mg, 75 mg	\$0 (1)	PA-NS
clorazepate dipotassium oral tablet 15 mg	\$0 (1)	PA-NS; QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	\$0 (1)	PA-NS; QL (90 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	\$0 (1)	PA-NS; QL (360 EA per 30 days)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)	
clozapine oral tablet,disintegrating 100 mg	\$0 (1)	QL (270 EA per 30 days)
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	\$0 (1)	
clozapine oral tablet,disintegrating 150 mg	\$0 (1)	QL (180 EA per 30 days)
clozapine oral tablet,disintegrating 200 mg	\$0 (1)	QL (120 EA per 30 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	\$0 (1)	QL (30 EA per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	\$0 (1)	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	\$0 (1)	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	\$0 (1)	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg	\$0 (1)	QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	\$0 (1)	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	\$0 (1)	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	\$0 (1)	QL (90 EA per 30 days)
diazepam intensol oral concentrate 5 mg/ml	\$0 (1)	PA-NS; QL (240 ML per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
diazepam oral solution 5 mg/5 ml (1 mg/ml)	\$0 (1)	PA-NS; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	\$0 (1)	PA-NS; QL (120 EA per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	
doxepin oral concentrate 10 mg/ml	\$0 (1)	
doxepin oral tablet 3 mg, 6 mg	\$0 (1)	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (1)	
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	\$0 (1)	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 (1)	QL (30 EA per 30 days); ^
escitalopram oxalate oral solution 5 mg/5 ml	\$0 (1)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	\$0 (1)	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	ST; QL (60 EA per 30 days); ^
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	\$0 (1)	ST; QL (8 EA per 180 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (1)	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (1)	QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	\$0 (1)	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	\$0 (1)	
fluphenazine decanoate injection solution 25 mg/ml	\$0 (1)	
fluphenazine hcl injection solution 2.5 mg/ml	\$0 (1)	
fluphenazine hcl oral concentrate 5 mg/ml	\$0 (1)	
fluphenazine hcl oral elixir 2.5 mg/5 ml	\$0 (1)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	\$0 (1)	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	\$0 (1)	QL (30 EA per 30 days)
guanfacine oral tablet extended release 24 hr 3 mg	\$0 (1)	QL (60 EA per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	\$0 (1)	
haloperidol lactate injection solution 5 mg/ml	\$0 (1)	
haloperidol lactate oral concentrate 2 mg/ml	\$0 (1)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	\$0 (1)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	\$0 (1)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	\$0 (1)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	\$0 (1)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0 (1)	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0 (1)	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0 (1)	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0 (1)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0 (1)	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	\$0 (1)	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	\$0 (1)	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0 (1)	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	\$0 (1)	QL (2.63 ML per 90 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg	\$0 (1)	QL (60 EA per 30 days)
lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg	\$0 (1)	QL (30 EA per 30 days)
lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg	\$0 (1)	QL (60 EA per 30 days)
lisdexamfetamine oral tablet, chewable 40 mg, 50 mg, 60 mg	\$0 (1)	QL (30 EA per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	\$0 (1)	
lithium carbonate oral tablet 300 mg	\$0 (1)	
lithium carbonate oral tablet extended release 300 mg, 450 mg	\$0 (1)	
lithium citrate oral solution 8 meq/5 ml	\$0 (1)	
lorazepam intensol oral concentrate 2 mg/ml	\$0 (1)	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)	QL (150 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	\$0 (1)	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	\$0 (1)	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	\$0 (1)	QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (1)	
methylphenidate hcl oral solution 10 mg/5 ml	\$0 (1)	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	\$0 (1)	QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	\$0 (1)	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	\$0 (1)	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)	\$0 (1)	QL (30 EA per 30 days)
methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg	\$0 (1)	QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	\$0 (1)	
modafinil oral tablet 100 mg	\$0 (1)	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	\$0 (1)	PA; QL (60 EA per 30 days)
molindone oral tablet 10 mg, 25 mg, 5 mg	\$0 (1)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	\$0 (1)	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	
nortriptyline oral solution 10 mg/5 ml	\$0 (1)	
NUPLAZID ORAL CAPSULE 34 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
NUPLAZID ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
olanzapine intramuscular recon soln 10 mg	\$0 (1)	QL (3 EA per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	\$0 (1)	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 10 mg	\$0 (1)	QL (60 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	\$0 (1)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	\$0 (1)	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	\$0 (1)	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	\$0 (1)	QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg	\$0 (1)	QL (60 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	\$0 (1)	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	\$0 (1)	
phenelzine oral tablet 15 mg	\$0 (1)	
pimozide oral tablet 1 mg, 2 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
protriptyline oral tablet 10 mg, 5 mg	\$0 (1)	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	\$0 (1)	
QUETIAPINE ORAL TABLET 150 MG	\$0 (1)	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	\$0 (1)	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	\$0 (1)	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1)	QL (30 EA per 30 days); ^
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	\$0 (1)	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	\$0 (1)	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	\$0 (1)	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg	\$0 (1)	QL (90 EA per 30 days)
risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg	\$0 (1)	QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 4 mg	\$0 (1)	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 (1)	QL (30 EA per 30 days)
sertraline oral concentrate 20 mg/ml	\$0 (1)	
sertraline oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	\$0 (1)	PA; LA; QL (540 ML per 30 days); ^
temazepam oral capsule 15 mg	\$0 (1)	PA; QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	\$0 (1)	PA; QL (30 EA per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	\$0 (1)	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	\$0 (1)	
tranylcypromine oral tablet 10 mg	\$0 (1)	
trazodone oral tablet 100 mg, 150 mg, 50 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	\$0 (1)	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	\$0 (1)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	\$0 (1)	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	\$0 (1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (1)	PA-NS; QL (600 ML per 30 days); ^
vilazodone oral tablet 10 mg, 20 mg, 40 mg	\$0 (1)	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (1)	QL (30 EA per 30 days); ^
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	\$0 (1)	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	\$0 (1)	
zolpidem oral tablet 10 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (1)	PA-NS; QL (28 EA per 365 days); ^
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (1)	PA-NS; QL (14 EA per 365 days); ^
ZYPREXA RELPREV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (1)	PA-NS; QL (2 EA per 28 days)
<b>抗帕金森氏症藥物</b>		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)	PA
bromocriptine oral capsule 5 mg	\$0 (1)	
bromocriptine oral tablet 2.5 mg	\$0 (1)	
carbidopa oral tablet 25 mg	\$0 (1)	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	\$0 (1)	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	\$0 (1)	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
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	\$0 (1)	
entacapone oral tablet 200 mg	\$0 (1)	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	\$0 (1)	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	\$0 (1)	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg	\$0 (1)	
rasagiline oral tablet 0.5 mg, 1 mg	\$0 (1)	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	\$0 (1)	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	\$0 (1)	
selegiline hcl oral capsule 5 mg	\$0 (1)	
selegiline hcl oral tablet 5 mg	\$0 (1)	
trihexyphenidyl oral tablet 2 mg, 5 mg	\$0 (1)	PA
<b>抗驚厥藥物</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	\$0 (1)	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	\$0 (1)	QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (1)	QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (1)	QL (60 EA per 30 days); ^
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	\$0 (1)	
carbamazepine oral suspension 100 mg/5 ml	\$0 (1)	
carbamazepine oral tablet 200 mg	\$0 (1)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	\$0 (1)	
carbamazepine oral tablet, chewable 100 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
clobazam oral suspension 2.5 mg/ml	\$0 (1)	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	\$0 (1)	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	\$0 (1)	QL (300 EA per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	\$0 (1)	QL (90 EA per 30 days)
clonazepam oral tablet,disintegrating 2 mg	\$0 (1)	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 250 MG	\$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 500 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	\$0 (1)	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0 (1)	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	\$0 (1)	
DILANTIN ORAL CAPSULE 30 MG	\$0 (1)	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	\$0 (1)	
divalproex oral capsule, delayed rel sprinkle 125 mg	\$0 (1)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	\$0 (1)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	\$0 (1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (1)	PA-NS; LA
epitol oral tablet 200 mg	\$0 (1)	
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (1)	PA-NS
ethosuximide oral capsule 250 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
ethosuximide oral solution 250 mg/5 ml	\$0 (1)	
felbamate oral suspension 600 mg/5 ml	\$0 (1)	
felbamate oral tablet 400 mg, 600 mg	\$0 (1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (1)	PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (1)	QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	\$0 (1)	QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 400 mg	\$0 (1)	QL (270 EA per 30 days)
gabapentin oral capsule 300 mg	\$0 (1)	QL (360 EA per 30 days)
gabapentin oral solution 250 mg/5 ml	\$0 (1)	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	\$0 (1)	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	\$0 (1)	QL (120 EA per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	\$0 (1)	PA; QL (180 EA per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	\$0 (1)	PA; QL (90 EA per 30 days)
lacosamide oral solution 10 mg/ml	\$0 (1)	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	\$0 (1)	QL (60 EA per 30 days)
lacosamide oral tablet 50 mg	\$0 (1)	QL (120 EA per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	\$0 (1)	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	\$0 (1)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	\$0 (1)	
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)	
levetiracetam oral solution 100 mg/ml	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	\$0 (1)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	\$0 (1)	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	\$0 (1)	PA-NS; QL (10 EA per 30 days); ^
methsuximide oral capsule 300 mg	\$0 (1)	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (1)	PA-NS; QL (10 EA per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	\$0 (1)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	\$0 (1)	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	\$0 (1)	PA-NS
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	\$0 (1)	PA-NS
phenytoin oral suspension 125 mg/5 ml	\$0 (1)	
phenytoin oral tablet, chewable 50 mg	\$0 (1)	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	\$0 (1)	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	\$0 (1)	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	\$0 (1)	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	\$0 (1)	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	\$0 (1)	
primidone oral tablet 250 mg, 50 mg	\$0 (1)	
roweepra oral tablet 500 mg	\$0 (1)	
rufinamide oral suspension 40 mg/ml	\$0 (1)	PA-NS; QL (2400 ML per 30 days); ^
rufinamide oral tablet 200 mg	\$0 (1)	PA-NS; QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	\$0 (1)	PA-NS; QL (240 EA per 30 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
SYMPAZAN ORAL FILM 5 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	\$0 (1)	
topiramate oral capsule, sprinkle 15 mg, 25 mg	\$0 (1)	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	\$0 (1)	
valproic acid oral capsule 250 mg	\$0 (1)	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0 (1)	PA-NS; QL (10 EA per 30 days)
vigabatrin oral powder in packet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigabatrin oral tablet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigadrone oral powder in packet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigadrone oral tablet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigpoder oral powder in packet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0 (1)	QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (1)	QL (60 EA per 30 days); ^
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	\$0 (1)	QL (28 EA per 180 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



藥品名稱	藥物層級	規定／上限
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0 (1)	QL (28 EA per 180 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5 ML	\$0 (1)	PA-NS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	\$0 (1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (1)	PA-NS; QL (1100 ML per 30 days); ^
<b>肌肉鬆弛劑/解痙治療</b>		
baclofen oral tablet 10 mg, 20 mg	\$0 (1)	
cyclobenzaprine oral tablet 10 mg, 5 mg	\$0 (1)	PA
dantrolene oral capsule 100 mg, 25 mg, 50 mg	\$0 (1)	
pyridostigmine bromide oral tablet 60 mg	\$0 (1)	
tizanidine oral tablet 2 mg, 4 mg	\$0 (1)	
<b>非麻醉鎮痛劑</b>		
buprenorphine-naloxone sublingual film 12-3 mg	\$0 (1)	QL (60 EA per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	\$0 (1)	QL (90 EA per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	\$0 (1)	QL (90 EA per 30 days)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	\$0 (1)	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	\$0 (1)	QL (30 EA per 30 days)
diclofenac potassium oral tablet 50 mg	\$0 (1)	
diclofenac sodium oral tablet extended release 24 hr 100 mg	\$0 (1)	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	\$0 (1)	
diclofenac sodium topical gel 1 %	\$0 (1)	QL (1000 GM per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	\$0 (1)	QL (224 GM per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	\$0 (1)	
diflunisal oral tablet 500 mg	\$0 (1)	
etodolac oral capsule 200 mg, 300 mg	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級 規定／上限	
etodolac oral tablet 400 mg, 500 mg	\$0 (1)	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	\$0 (1)	
flurbiprofen oral tablet 100 mg	\$0 (1)	
ibu oral tablet 600 mg, 800 mg	\$0 (1)	
ibuprofen oral suspension 100 mg/5 ml	\$0 (1)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	\$0 (1)	
meloxicam oral tablet 15 mg	\$0 (1)	QL (30 EA per 30 days)
meloxicam oral tablet 7.5 mg	\$0 (1)	
nabumetone oral tablet 500 mg, 750 mg	\$0 (1)	
naloxone injection solution 0.4 mg/ml	\$0 (1)	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	\$0 (1)	
naloxone nasal spray,non-aerosol 4 mg/actuation	\$0 (1)	
naltrexone oral tablet 50 mg	\$0 (1)	
naproxen oral tablet 250 mg, 375 mg, 500 mg	\$0 (1)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	\$0 (1)	QL (120 EA per 30 days)
naproxen sodium oral tablet 275 mg, 550 mg	\$0 (1)	
oxaprozin oral tablet 600 mg	\$0 (1)	
piroxicam oral capsule 10 mg, 20 mg	\$0 (1)	
sulindac oral tablet 150 mg, 200 mg	\$0 (1)	
tramadol oral tablet 50 mg	\$0 (1)	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	\$0 (1)	QL (240 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	\$0 (1)	
<b>麻醉鎮痛劑</b>		
acetaminophen-codeine oral solution 120-12 mg/5 ml	\$0 (1)	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	\$0 (1)	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	\$0 (1)	QL (180 EA per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
buprenorphine hcl sublingual tablet 2 mg, 8 mg	\$0 (1)	PA; QL (90 EA per 30 days)
endocet oral tablet 10-325 mg	\$0 (1)	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	\$0 (1)	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	\$0 (1)	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	\$0 (1)	PA; QL (120 EA per 30 days); ^
fentanyl citrate buccal lozenge on a handle 200 mcg	\$0 (1)	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	\$0 (1)	PA; QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	\$0 (1)	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	\$0 (1)	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	\$0 (1)	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	\$0 (1)	QL (150 EA per 30 days)
hydromorphone oral liquid 1 mg/ml	\$0 (1)	QL (600 ML per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	\$0 (1)	QL (180 EA per 30 days)
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	\$0 (1)	PA; QL (450 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	\$0 (1)	PA; QL (90 EA per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	\$0 (1)	QL (180 ML per 30 days)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	\$0 (1)	QL (900 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	\$0 (1)	QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	\$0 (1)	PA; QL (90 EA per 30 days)
oxycodone oral capsule 5 mg	\$0 (1)	QL (180 EA per 30 days)
oxycodone oral concentrate 20 mg/ml	\$0 (1)	QL (180 ML per 30 days)
oxycodone oral solution 5 mg/5 ml	\$0 (1)	QL (900 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	\$0 (1)	QL (180 EA per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
oxycodone-acetaminophen oral tablet 10-325 mg	\$0 (1)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	\$0 (1)	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	\$0 (1)	QL (240 EA per 30 days)
<b>診斷/其他藥物</b>		
<b>其他藥物</b>		
acamprosate oral tablet, delayed release (dr/ec) 333 mg	\$0 (1)	
anagrelide oral capsule 0.5 mg, 1 mg	\$0 (1)	
carglumic acid oral tablet, dispersible 200 mg	\$0 (1)	PA; LA; ^
cevimeline oral capsule 30 mg	\$0 (1)	
CHEMET ORAL CAPSULE 100 MG	\$0 (1)	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (1)	B/D
d10 %-0.45 % sodium chloride intravenous parenteral solution	\$0 (1)	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	\$0 (1)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	\$0 (1)	
d5 %-0.45 % sodium chloride intravenous parenteral solution	\$0 (1)	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	\$0 (1)	PA; ^
deferasirox oral tablet 180 mg, 360 mg, 90 mg	\$0 (1)	PA
deferasirox oral tablet, dispersible 125 mg	\$0 (1)	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	\$0 (1)	PA; ^
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	\$0 (1)	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
dextrose 5 % in water (d5w) intravenous piggyback 5 %	\$0 (1)	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	\$0 (1)	
disulfiram oral tablet 250 mg, 500 mg	\$0 (1)	
droxidopa oral capsule 100 mg	\$0 (1)	PA; QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	\$0 (1)	PA; QL (180 EA per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 (1)	PA; LA; ^
glutamine (sickle cell) oral powder in packet 5 gram	\$0 (1)	PA; ^
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (1)	PA; LA; ^
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	\$0 (1)	
levocarnitine (with sugar) oral solution 100 mg/ml	\$0 (1)	
levocarnitine oral tablet 330 mg	\$0 (1)	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 (1)	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	\$0 (1)	PA; ^
pilocarpine hcl oral tablet 5 mg, 7.5 mg	\$0 (1)	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	\$0 (1)	PA; LA; ^
riluzole oral tablet 50 mg	\$0 (1)	
risedronate oral tablet 30 mg	\$0 (1)	QL (30 EA per 30 days)
sodium chloride 0.9 % intravenous parenteral solution	\$0 (1)	
sodium chloride irrigation solution 0.9 %	\$0 (1)	
sodium phenylbutyrate oral powder 0.94 gram/gram	\$0 (1)	PA; ^
sodium phenylbutyrate oral tablet 500 mg	\$0 (1)	PA; ^
sodium polystyrene sulfonate oral powder	\$0 (1)	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

藥品名稱	藥物層級	規定／上限
trientine oral capsule 250 mg	\$0 (1)	PA; ^
<b>戒菸</b>		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	\$0 (1)	
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (1)	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 (1)	
varenicline oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	\$0 (1)	
varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)	\$0 (1)	

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已更新  
10/15/2024



## 藥物索引

<i>abacavir</i> .....	31	<i>amantadine hcl</i> .....	31	<i>atenolol-chlorthalidone</i> .....	21
<i>abacavir-lamivudine</i> .....	31	<i>ambrisentan</i> .....	15	<i>atomoxetine</i> .....	81
ABELCET.....	34	<i>amethia</i> .....	52	<i>atorvastatin</i> .....	26
ABILIFY ASIMTUFIL.....	80	<i>amikacin</i> .....	27	<i>atovaquone</i> .....	27
ABILIFY MAINTENA.....	80	<i>amiloride</i> .....	21	<i>atovaquone-proguanil</i> .....	27
<i>abiraterone</i> .....	39	<i>amiloride-hydrochlorothiazide</i> ...	21	<i>atropine</i> .....	65
ABRYSVO (PF).....	3	<i>amiodarone</i> .....	20	ATROVENT HFA.....	15
<i>acamprosate</i> .....	97	<i>amitriptyline</i> .....	80	<i>aubra eq</i> .....	52
<i>acarbose</i> .....	9	<i>amlodipine</i> .....	21	AUGTYRO.....	39
<i>accutane</i> .....	63	<i>amlodipine-atorvastatin</i> .....	26	AUSTEDO.....	78
<i>acebutolol</i> .....	20	<i>amlodipine-benazepril</i> .....	21	AUSTEDO XR.....	78
<i>acetaminophen-codeine</i> .....	95	<i>amlodipine-olmesartan</i> .....	21	AUSTEDO XR TITRATION	
<i>acetazolamide</i> .....	67	<i>amlodipine-valsartan</i> .....	21	KT(WK1-4).....	78
<i>acetic acid</i> .....	70	<i>amlodipine-valsartan-hcthiazid</i> ..	21	AUVELITY.....	81
<i>acetylcysteine</i> .....	14	<i>ammonium lactate</i> .....	59	<i>aviane</i> .....	52
<i>acitretin</i> .....	63	<i>amnestem</i> .....	63	AYVAKIT.....	39
ACTEMRA.....	70	<i>amoxapine</i> .....	80	<i>azathioprine</i> .....	39
ACTEMRA ACTPEN.....	70	<i>amoxicillin</i> .....	36	<i>azelaic acid</i> .....	63
ACTHIB (PF).....	3	<i>amoxicillin-pot clavulanate</i> .....	37	<i>azelastine</i> .....	65, 70
ACTIMMUNE.....	3	<i>amphotericin b</i> .....	34	<i>azithromycin</i> .....	36
<i>acyclovir</i> .....	31	<i>ampicillin</i> .....	37	<i>aztreonam</i> .....	28
<i>acyclovir sodium</i> .....	31	<i>ampicillin sodium</i> .....	37	<i>azurette (28)</i> .....	53
ADACEL(TDAP		<i>ampicillin-sulbactam</i> .....	37	<i>bacitracin</i> .....	66
ADOLESN/ADULT)(PF).....	3	<i>anagrelide</i> .....	97	<i>bacitracin-polymyxin b</i> .....	66
<i>adapalene</i> .....	63	<i>anastrozole</i> .....	39	<i>baclofen</i> .....	94
<i>adefovir</i> .....	31	ANORO ELLIPTA.....	15	<i>balsalazide</i> .....	74
ADEMPAS.....	14	<i>apraclonidine</i> .....	67	BALVERSA.....	39
ADVAIR HFA.....	14	<i>aprepitant</i> .....	74	<i>balziva (28)</i> .....	53
AIMOVIG AUTOINJECTOR.....	77	<i>apri</i> .....	52	BARACLUDGE.....	31
AKEEGA.....	39	APTIOM.....	89	BCG VACCINE, LIVE (PF).....	4
<i>ala-cort</i> .....	61	APTIVUS.....	31	BELSOMRA.....	81
<i>albendazole</i> .....	27	<i>aranelle (28)</i> .....	52	<i>benazepril</i> .....	21
<i>albuterol sulfate</i> .....	14, 15	ARCALYST.....	3	<i>benazepril-hydrochlorothiazide</i> ..	21
<i>alclometasone</i> .....	61	AREXVY (PF).....	4	BENLYSTA.....	71
<i>alcohol pads</i> .....	9	<i>arformoterol</i> .....	15	<i>benztropine</i> .....	88
ALECENSA.....	39	ARIKAYCE.....	27	BESREMI.....	3
<i>alendronate</i> .....	73	<i>aripiprazole</i> .....	80	<i>betaine</i> .....	74
<i>alfuzosin</i> .....	51	ARISTADA.....	80, 81	<i>betamethasone dipropionate</i> .....	61
<i>aliskiren</i> .....	20	ARISTADA INITIO.....	80	<i>betamethasone valerate</i> .....	61
<i>allopurinol</i> .....	73	<i>armodafinil</i> .....	81	<i>betamethasone, augmented</i> .....	61
<i>alosetron</i> .....	74	ARNUITY ELLIPTA.....	15	BETASERON.....	3
ALPHAGAN P.....	67	<i>asenapine maleate</i> .....	81	<i>betaxolol</i> .....	21, 64
<i>alprazolam</i> .....	80	<i>ashlyna</i> .....	52	<i>bethanechol chloride</i> .....	51
<i>altavera (28)</i> .....	52	<i>aspirin-dipyridamole</i> .....	19	BEVESPI AEROSPHERE.....	15
ALUNBRIG.....	39	ASSURE ID INSULIN SAFETY.....	14	<i>bexarotene</i> .....	39
<i>alyacen 1/35 (28)</i> .....	52	<i>atazanavir</i> .....	31	BEXSERO.....	4
<i>alyq</i> .....	15	<i>atenolol</i> .....	21	<i>bicalutamide</i> .....	39

10/15/2024

BICILLIN L-A.....	37	<i>carbidopa-levodopa-</i>	CLINIMIX 5%/D15W SULFITE
BIKTARVY.....	31	<i>entacapone</i> .....	FREE.....
<i>bisoprolol fumarate</i> .....	21	<i>carglumic acid</i> .....	CLINIMIX 4.25%/D10W SULF
<i>bisoprolol-hydrochlorothiazide</i> ...	21	<i>carteolol</i> .....	FREE.....
BIVIGAM.....	4	<i>cartia xt</i> .....	CLINIMIX 4.25%/D5W SULFIT
<i>blisovi 24 fe</i> .....	53	<i>carvedilol</i> .....	FREE.....
<i>blisovi fe 1.5/30 (28)</i> .....	53	<i>caspofungin</i> .....	CLINIMIX 5%-D20W(SULFITE-
BOOSTRIX TDAP.....	4	CAYSTON.....	FREE).....
<i>bosentan</i> .....	15	<i>cefaclor</i> .....	<i>clobazam</i> .....
BOSULIF.....	39, 40	<i>cefadroxil</i> .....	<i>clobetasol</i> .....
BRAFTOVI.....	40	<i>cefazolin</i> .....	<i>clobetasol-emollient</i> .....
BREO ELLIPTA.....	15	<i>cefdinir</i> .....	<i>clodan</i> .....
<i>breyana</i> .....	15	<i>cefepime</i> .....	<i>clomipramine</i> .....
BREZTRI AEROSPHERE.....	15	<i>cefixime</i> .....	<i>clonazepam</i> .....
<i>briellyn</i> .....	53	<i>cefoxitin</i> .....	<i>clonidine</i> .....
BRILINTA.....	19	<i>cefpodoxime</i> .....	<i>clonidine hcl</i> .....
<i>brimonidine</i> .....	67	<i>cefprozil</i> .....	<i>clopidogrel</i> .....
<i>brinzolamide</i> .....	65	<i>ceftazidime</i> .....	<i>clorazepate dipotassium</i> .....
BRIVIACT.....	89	<i>ceftriaxone</i> .....	<i>clotrimazole</i> .....
<i>bromfenac</i> .....	67	<i>cefuroxime axetil</i> .....	<i>clotrimazole-betamethasone</i> .....
<i>bromocriptine</i> .....	88	<i>cefuroxime sodium</i> .....	<i>clozapine</i> .....
BRUKINSA.....	40	<i>celecoxib</i> .....	COARTEM.....
<i>budesonide</i> .....	15, 74	<i>cephalexin</i> .....	<i>colchicine</i> .....
<i>bumetanide</i> .....	21	<i>cetirizine</i> .....	<i>colesevelam</i> .....
<i>buprenorphine hcl</i> .....	96	<i>cevimeline</i> .....	<i>colestipol</i> .....
<i>buprenorphine-naloxone</i> .....	94	CHEMET.....	<i>colistin (colistimethate na)</i> .....
<i>bupropion hcl</i> .....	81	<i>chlorhexidine gluconate</i> .....	COMBIGAN.....
<i>bupropion hcl (smoking deter)</i> ...	99	<i>chloroquine phosphate</i> .....	COMBIVENT RESPIMAT.....
<i>bupirone</i> .....	81	<i>chlorpromazine</i> .....	COMETRIQ.....
BYDUREON BCISE.....	9	<i>chlorthalidone</i> .....	COMPLERA.....
<i>cabergoline</i> .....	7	<i>cholestyramine (with sugar)</i> .....	<i>compro</i> .....
CABOMETYX.....	40	<i>cholestyramine light</i> .....	<i>constulose</i> .....
<i>calcipotriene</i> .....	63	<i>ciclopirox</i> .....	COPIKTRA.....
<i>calcitonin (salmon)</i> .....	8	<i>cilostazol</i> .....	CORLANOR.....
<i>calcitriol</i> .....	8	CIMDUO.....	COSENTYX.....
CALQUENCE.....	40	<i>cinacalcet</i> .....	COSENTYX (2 SYRINGES).....
CALQUENCE (ACALABRUTINIB		<i>ciprofloxacin hcl</i> .....	COSENTYX PEN (2 PENS).....
MAL).....	40	<i>ciprofloxacin in 5 % dextrose</i> .....	COSENTYX UNOREADY PEN.....
<i>camila</i> .....	57	<i>ciprofloxacin-dexamethasone</i> .....	COTELLIC.....
<i>camrese lo</i> .....	53	<i>citalopram</i> .....	CREON.....
<i>candesartan</i> .....	21	<i>claravis</i> .....	CRESEMBA.....
<i>candesartan-hydrochlorothiazid</i> .....	21	<i>clarithromycin</i> .....	<i>cromolyn</i> .....
CAPLYTA.....	81	<i>clindamycin hcl</i> .....	<i>cryselle (28)</i> .....
CAPRELSA.....	40	<i>clindamycin in 5 % dextrose</i> .....	<i>cyclobenzaprine</i> .....
<i>captopril</i> .....	21	<i>clindamycin phosphate</i>	<i>cyclophosphamide</i> .....
<i>carbamazepine</i> .....	89	.....	CYCLOPHOSPHAMIDE.....
<i>carbidopa</i> .....	88	.....	<i>cyclosporine</i> .....
<i>carbidopa-levodopa</i> .....	88	<i>clindamycin-benzoyl peroxide</i> .....	<i>cyclosporine modified</i> .....

CYLTEZO(CF).....	71	DIACOMIT.....	90	<i>duloxetine</i> .....	83
CYLTEZO(CF) PEN.....	71	<i>diazepam</i> .....	83, 90	DUPIXENT PEN.....	59
CYLTEZO(CF) PEN CROHN'S-UC- HS.....	71	<i>diazepam intensol</i> .....	82	DUPIXENT SYRINGE.....	59
CYLTEZO(CF) PEN PSORIASIS-UV.....	71	<i>diazoxide</i> .....	9	<i>dutasteride</i> .....	51
<i>cyproheptadine</i> .....	14	<i>diclofenac potassium</i> .....	94	<i>dutasteride-tamsulosin</i> .....	51
<i>cyred eq</i> .....	53	<i>diclofenac sodium</i> .....	67, 94	EDARBI.....	22
CYSTAGON.....	51	<i>diclofenac-misoprostol</i> .....	94	EDARBYCLOR.....	22
CYSTARAN.....	65	<i>dicloxacillin</i> .....	37	EDURANT.....	31
<i>d10 %-0.45 % sodium chloride</i> ....	97	<i>dicyclomine</i> .....	76	<i>efavirenz</i> .....	31
<i>d2.5 %-0.45 % sodium chloride</i> ...97		DIFICID.....	36	<i>efavirenz-emtricitabin-tenofov</i> ...31	
<i>d5 % and 0.9 % sodium chloride</i> .....97		<i>diflunisal</i> .....	94	<i>efavirenz-lamivu-tenofov disop</i> ..31	
<i>dabigatran etexilate</i> .....	19	<i>difluprednate</i> .....	67	<i>electrolyte-148</i> .....	68
<i>dalfampridine</i> .....	79	<i>digoxin</i> .....	18	ELIGARD.....	41
<i>danazol</i> .....	8	<i>dihydroergotamine</i> .....	77	ELIGARD (3 MONTH).....	41
<i>dantrolene</i> .....	94	DILANTIN.....	90	ELIGARD (4 MONTH).....	41
<i>dapsone</i> .....	28	DILANTIN EXTENDED.....	90	ELIGARD (6 MONTH).....	41
DAPTACEL (DTAP PEDIATRIC) (PF).....	4	DILANTIN INFATABS.....	90	ELIQUIS.....	19
<i>daptomycin</i> .....	28	DILANTIN-125.....	90	ELIQUIS DVT-PE TREAT 30D START.....	19
<i>darunavir</i> .....	31	<i>diltiazem hcl</i> .....	22	ELMIRON.....	51
DAURISMO.....	41	<i>dilt-xr</i> .....	22	<i>eluryng</i> .....	52
<i>deblitane</i> .....	57	<i>dimethyl fumarate</i> .....	79	EMSAM.....	83
<i>deferasirox</i> .....	97	<i>diphenoxylate-atropine</i> .....	76, 77	<i>emtricitabine</i> .....	32
DELSTRIGO.....	31	<i>dipyridamole</i> .....	19	<i>emtricitabine-tenofovir (tdf)</i> .....	32
<i>demeclocycline</i> .....	30	<i>disopyramide phosphate</i> .....	20	EMTRIVA.....	32
DEPO-SUBQ PROVERA 104.....	57	<i>disulfiram</i> .....	98	EMVERM.....	28
DESCOVY.....	31	<i>divalproex</i> .....	90	<i>enalapril maleate</i> .....	22
<i>desipramine</i> .....	82	<i>dofetilide</i> .....	20	<i>enalapril-hydrochlorothiazide</i> ....22	
<i>desloratadine</i> .....	14	<i>dolishale</i> .....	53	ENBREL.....	71
<i>desmopressin</i> .....	8	<i>donepezil</i> .....	79	ENBREL MINI.....	71
<i>desog-e.estradiol/e.estradiol</i> .....53		DOPTELET (10 TAB PACK).....	19	ENBREL SURECLICK.....	71
<i>desogestrel-ethinyl estradiol</i> .....53		DOPTELET (15 TAB PACK).....	19	ENDARI.....	98
<i>desonide</i> .....	62	DOPTELET (30 TAB PACK).....	19	<i>endocet</i> .....	96
<i>desvenlafaxine succinate</i> .....	82	<i>dorzolamide</i> .....	65	ENGERIX-B (PF).....	4
<i>dexamethasone</i> .....	13	<i>dorzolamide-timolol</i> .....	66	ENGERIX-B PEDIATRIC (PF).....	4
<i>dexamethasone sodium phosphate</i> .....	67	<i>dotti</i> .....	57	<i>enoxaparin</i> .....	19
<i>dexlansoprazole</i> .....	77	DOVATO.....	31	<i>enpresse</i> .....	53
<i>dexmethylphenidate</i> .....	82	<i>doxazosin</i> .....	22	<i>enskyce</i> .....	53
<i>dextroamphetamine sulfate</i> .....	82	<i>doxepin</i> .....	83	<i>entacapone</i> .....	89
<i>dextroamphetamine- amphetamine</i> .....	82	<i>doxercalciferol</i> .....	8	<i>entecavir</i> .....	32
<i>dextrose 10 % and 0.2 % nacl</i> ....	97	<i>doxy-100</i> .....	30	ENTRESTO.....	18
<i>dextrose 10 % in water (d10w)</i> ...97		<i>doxycycline hyclate</i> .....	30	<i>enulose</i> .....	74
<i>dextrose 5 % in water (d5w)</i> .....	98	<i>doxycycline monohydrate</i> .....	30	ENVARUSUS XR.....	41
<i>dextrose 5%-0.2 % sod chloride</i> ..98		DRIZALMA SPRINKLE.....	83	EPIDIOLEX.....	90
		<i>dronabinol</i> .....	74	<i>epinephrine</i> .....	14
		<i>drospirenone-e.estradiol-lm.fa</i> ...53		<i>epitol</i> .....	90
		<i>drospirenone-ethinyl estradiol</i> ...53		<i>eplerenone</i> .....	22
		DROXIA.....	41	EPRONTIA.....	90
		<i>droxidopa</i> .....	98		

<i>ergotamine-caffeine</i> .....	77	<i>fentanyl</i> .....	96	GAMMAGARD S-D (IGA < 1
ERIVEDGE.....	41	<i>fentanyl citrate</i> .....	96	MCG/ML).....
ERLEADA.....	41	FETZIMA.....	83	GAMMAKED.....
<i>erlotinib</i> .....	41	<i>finasteride</i> .....	52	GAMMAPLEX.....
<i>errin</i> .....	58	<i> fingolimod</i> .....	79	GAMMAPLEX (WITH SORBITOL)...
<i>ertapenem</i> .....	28	FINTEPLA.....	91	GAMUNEX-C.....
<i>ery pads</i> .....	64	<i>finzala</i> .....	53	GARDASIL 9 (PF).....
<i>ery-tab</i> .....	36	FIRMAGON KIT W DILUENT		<i>gatifloxacin</i> .....
ERYTHROCIN.....	36	SYRINGE.....	42	GATTEX 30-VIAL.....
<i>erythrocin (as stearate)</i> .....	36	<i>flac otic oil</i> .....	70	GAUZE PAD.....
<i>erythromycin</i> .....	36, 66	<i>flecainide</i> .....	20	<i>gavilyte-c</i> .....
<i>erythromycin with ethanol</i> .....	64	<i>fluconazole</i> .....	35	<i>gavilyte-g</i> .....
<i>erythromycin-benzoyl peroxide</i> ..	64	<i>fluconazole in nacl (iso-osm)</i> .....	34	GAVRETO.....
<i>escitalopram oxalate</i> .....	83	<i>flucytosine</i> .....	35	<i>gefitinib</i> .....
<i>esomeprazole magnesium</i> .....	77	<i>fludrocortisone</i> .....	13	<i>gemfibrozil</i> .....
<i>estarylla</i> .....	53	<i>flunisolide</i> .....	16	<i>gemmily</i> .....
<i>estradiol</i> .....	58	<i>fluocinolone</i> .....	62	<i>generlac</i> .....
<i>estradiol valerate</i> .....	58	<i>fluocinolone acetonide oil</i> .....	70	<i>gengraf</i> .....
<i>estradiol-norethindrone acet</i> .....	58	<i>fluocinolone and shower cap</i> .....	62	<i>gentamicin</i> .....
<i>ethambutol</i> .....	28	<i>fluocinonide</i> .....	62	28, 61, 66
<i>ethosuximide</i> .....	90, 91	<i>fluocinonide-emollient</i> .....	62	<i>gentamicin in nacl (iso-osm)</i> .....
<i>ethynodiol diac-eth estradiol</i> .....	53	<i>fluoride (sodium)</i> .....	68	28
<i>etodolac</i> .....	94, 95	<i>fluorometholone</i> .....	67	GENVOYA.....
<i>etonogestrel-ethinyl estradiol</i> .....	52	<i>fluorouracil</i> .....	59	42
<i>etravirine</i> .....	32	<i>fluoxetine</i> .....	83	<i>glatiramer</i> .....
<i>euthyrox</i> .....	9	<i>fluphenazine decanoate</i> .....	83	79
<i>everolimus (antineoplastic)</i> .....	41	<i>fluphenazine hcl</i> .....	83	<i>glatopa</i> .....
<i>everolimus</i>		<i>flurbiprofen</i> .....	95	79
<i>(immunosuppressive)</i> .....	41, 42	<i>flurbiprofen sodium</i> .....	67	GLEOSTINE.....
EVOTAZ.....	32	<i>fluticasone propionate</i> .....	16, 62	<i>glimepiride</i> .....
<i>exemestane</i> .....	42	<i>fluticasone propion-salmeterol</i> ...	16	9
EXKIVITY.....	42	<i>fluvastatin</i> .....	27	10
<i>ezetimibe</i> .....	26	<i>fluvoxamine</i> .....	83	<i>glipizide-metformin</i> .....
<i>ezetimibe-simvastatin</i> .....	26	<i>fondaparinux</i> .....	19	10
<i>falmina (28)</i> .....	53	<i>formoterol fumarate</i> .....	16	<i>glutamine (sickle cell)</i> .....
<i>famciclovir</i> .....	32	<i>fosamprenavir</i> .....	32	98
<i>famotidine</i> .....	77	<i>fosinopril</i> .....	22	<i>glycopyrrolate</i> .....
FANAPT.....	83	<i>fosinopril-hydrochlorothiazide</i> ...	22	77
FARXIGA.....	9	FOTIVDA.....	42	GLYXAMBI.....
FASENRA.....	16	FRUZAQLA.....	42	10
FASENRA PEN.....	16	<i>furosemide</i> .....	23	<i>granisetron hcl</i> .....
<i>febuxostat</i> .....	73	FUZEON.....	32	74
<i>felbamate</i> .....	91	<i>fyavolv</i> .....	58	<i>griseofulvin microsize</i> .....
<i>felodipine</i> .....	22	FYCOMPA.....	91	35
<i>fenofibrate</i> .....	27	<i>gabapentin</i> .....	91	<i>griseofulvin ultramicrosize</i> .....
<i>fenofibrate micronized</i> .....	27	<i>galantamine</i> .....	79	35
<i>fenofibrate nanocrystallized</i> .....	27	GAMMAGARD LIQUID.....	4	<i>guanfacine</i> .....
<i>fenofibric acid (choline)</i> .....	27			23, 84

HEPLISAV-B (PF).....	5	INREBIC.....	43	JULUCA.....	32
HIBERIX (PF).....	5	INSULIN ASP PRT-INSULIN		<i>junel 1.5/30 (21)</i> .....	54
HUMIRA.....	71	ASPART.....	10	<i>junel 1/20 (21)</i> .....	54
HUMIRA PEN.....	71	INSULIN ASPART U-100.....	10	<i>junel fe 1.5/30 (28)</i> .....	54
HUMIRA PEN PSOR-UVEITS-ADOL HS.....	71	INSULIN DEGLUDEC.....	10	<i>junel fe 1/20 (28)</i> .....	54
HUMIRA(CF).....	72	INSULIN GLARGINE U-300 CONC	10	<i>junel fe 24</i> .....	54
HUMIRA(CF) PEN.....	72	INSULIN GLARGINE-YFGN.....	11	JYNNEOS (PF).....	5
HUMIRA(CF) PEN CROHNS-UC-HS.....	71	INSULIN SYRINGE-NEEDLE U-100.....	14	<i>kaitlib fe</i> .....	54
HUMIRA(CF) PEN PEDIATRIC UC	72	INTELENCE.....	32	KALYDECO.....	16
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	72	<i>intralipid</i> .....	68	<i>kariva (28)</i> .....	54
HUMULIN R U-500 (CONC)		<i>introvale</i> .....	54	<i>kelnor 1/35 (28)</i> .....	54
INSULIN.....	10	INVEGA HAFYERA.....	84	<i>kelnor 1/50 (28)</i> .....	54
HUMULIN R U-500 (CONC)		INVEGA SUSTENNA.....	84	KERENDIA.....	23
KWIKPEN.....	10	INVEGA TRINZA.....	84	<i>ketoconazole</i> .....	35, 60
<i>hydralazine</i> .....	23	IPOL.....	5	<i>ketorolac</i> .....	67
<i>hydrochlorothiazide</i> .....	23	<i>ipratropium bromide</i> .....	16, 70	KINRIX (PF).....	5
<i>hydrocodone-acetaminophen</i> .....	96	<i>ipratropium-albuterol</i> .....	16	<i>kionex (with sorbitol)</i> .....	98
<i>hydrocodone-ibuprofen</i> .....	96	<i>irbesartan</i> .....	23	KISQALI.....	43
<i>hydrocortisone</i> .....	13, 62, 74	<i>irbesartan-hydrochlorothiazide</i> ..	23	KISQALI FEMARA CO-PACK.....	43
<i>hydromorphone</i> .....	96	ISENTRESS.....	32	<i>klor-con</i> .....	68
<i>hydroxychloroquine</i> .....	28	ISENTRESS HD.....	32	<i>klor-con 10</i> .....	68
<i>hydroxyurea</i> .....	42	<i>isibloom</i> .....	54	<i>klor-con 8</i> .....	68
<i>hydroxyzine hcl</i> .....	14	ISOLYTE S PH 7.4.....	68	<i>klor-con m10</i> .....	68
<i>hydroxyzine pamoate</i> .....	14	ISOLYTE-P IN 5 % DEXTROSE.....	68	<i>klor-con m15</i> .....	68
<i>ibandronate</i> .....	73	<i>isoniazid</i> .....	28	<i>klor-con m20</i> .....	68
IBRANCE.....	42	<i>isosorbide dinitrate</i> .....	26	KORLYM.....	8
<i>ibu</i> .....	95	<i>isosorbide mononitrate</i> .....	26	KOSELUGO.....	43
<i>ibuprofen</i> .....	95	<i>isotretinoin</i> .....	64	<i>kourzeq</i> .....	70
<i>icatibant</i> .....	16	<i>isradipine</i> .....	23	KRAZATI.....	44
<i>iclevia</i> .....	53	<i>itraconazole</i> .....	35	<i>kurvelo (28)</i> .....	54
ICLUSIG.....	42	<i>ivabradine</i> .....	18	<i>l norgest/e.estradiol-e.estrad</i> .....	54
IDHIFA.....	42	<i>ivermectin</i> .....	28	<i>labetalol</i> .....	23
<i>imatinib</i> .....	42, 43	IWILFIN.....	43	<i>lacosamide</i> .....	91
IMBRUVICA.....	43	IXCHIQ (PF).....	5	<i>lactulose</i> .....	74
<i>imipenem-cilastatin</i> .....	28	IXIARO (PF).....	5	<i>lamivudine</i> .....	32
<i>imipramine hcl</i> .....	84	JAKAFI.....	43	<i>lamivudine-zidovudine</i> .....	32
<i>imiquimod</i> .....	59	<i>jantoven</i> .....	19	<i>lamotrigine</i> .....	91
IMOVAX RABIES VACCINE (PF).....	5	JANUMET.....	11	<i>lansoprazole</i> .....	77
<i>incassia</i> .....	58	JANUMET XR.....	11	<i>lapatinib</i> .....	44
INCRELEX.....	98	JANUVIA.....	11	<i>larin 1.5/30 (21)</i> .....	54
INCRUSE ELLIPTA.....	16	JARDIANCE.....	11	<i>larin 1/20 (21)</i> .....	54
<i>indapamide</i> .....	23	<i>jasmiel (28)</i> .....	54	<i>larin fe 1.5/30 (28)</i> .....	54
INFANRIX (DTAP) (PF).....	5	JAYPIRCA.....	43	<i>larin fe 1/20 (28)</i> .....	54
INLYTA.....	43	JENTADUETO.....	11	<i>latanoprost</i> .....	66
INQOVI.....	43	JENTADUETO XR.....	11	<i>layolis fe</i> .....	54
		<i>jinteli</i> .....	58	LEDIPASVIR-SOFOSBUVIR.....	32
		<i>juleber</i> .....	54	<i>leflunomide</i> .....	72
				<i>lenalidomide</i> .....	44



LENVIMA.....	44	<i>loteprednol etabonate</i> .....	67	<i>metoclopramide hcl</i> .....	75
<i>lessina</i> .....	54	<i>lovastatin</i> .....	27	<i>metolazone</i> .....	23
<i>letrozole</i> .....	44	<i>low-ogestrel (28)</i> .....	55	<i>metoprolol succinate</i> .....	24
<i>leucovorin calcium</i> .....	50	<i>loxapine succinate</i> .....	85	<i>metoprolol ta-hydrochlorothiaz</i> ..	24
LEUKERAN.....	44	<i>lubiprostone</i> .....	75	<i>metoprolol tartrate</i> .....	24
<i>leuprolide</i> .....	44	LUMAKRAS.....	44	<i>metronidazole</i> .....	29, 52, 64
<i>levabuterol hcl</i> .....	17	LUMIGAN.....	66	<i>metronidazole in nacl (iso-os)</i> .....	29
<i>levetiracetam</i> .....	91, 92	LUPRON DEPOT.....	44	<i>metyrosine</i> .....	24
<i>levobunolol</i> .....	64	<i>lurasidone</i> .....	85	<i>mexiletine</i> .....	20
<i>levocarnitine</i> .....	98	<i>lutera (28)</i> .....	55	<i>mibelas 24 fe</i> .....	55
<i>levocarnitine (with sugar)</i> .....	98	<i>lyleq</i> .....	58	<i>micafungin</i> .....	35
<i>levocetirizine</i> .....	14	<i>lyllana</i> .....	58	<i>microgestin 1.5/30 (21)</i> .....	55
<i>levofloxacin</i> .....	30	LYNPARZA.....	44	<i>microgestin 1/20 (21)</i> .....	55
<i>levofloxacin in d5w</i> .....	30	LYSODREN.....	44	<i>microgestin 24 fe</i> .....	55
<i>levonest (28)</i> .....	55	LYTGOBI.....	44	<i>microgestin fe 1.5/30 (28)</i> .....	55
<i>levonorgestrel-ethinyl estrad</i> .....	55	<i>lyza</i> .....	58	<i>microgestin fe 1/20 (28)</i> .....	55
<i>levonorg-eth estrad triphasic</i> .....	55	<i>magnesium sulfate</i> .....	68, 69	<i>midodrine</i> .....	98
<i>levora-28</i> .....	55	<i>malathion</i> .....	61	<i>mifepristone</i> .....	8
<i>levothyroxine</i> .....	9	<i>maraviroc</i> .....	32	<i>mili</i> .....	55
<i>levoxyl</i> .....	9	<i>marlissa (28)</i> .....	55	<i>mimvey</i> .....	58
LEXIVA.....	32	MARPLAN.....	85	<i>minocycline</i> .....	30
LIBERVANT.....	92	MATULANE.....	44	<i>minoxidil</i> .....	24
<i>lidocaine</i> .....	59	<i>matzim la</i> .....	23	<i>mirtazapine</i> .....	85, 86
<i>lidocaine hcl</i> .....	59	<i>meclizine</i> .....	75	<i>misoprostol</i> .....	77
<i>lidocaine viscous</i> .....	59	<i>medroxyprogesterone</i> .....	58	M-M-R II (PF).....	5
<i>lidocaine-prilocaine</i> .....	59	<i>mefloquine</i> .....	29	<i>modafinil</i> .....	86
<i>lidocan iii</i> .....	60	<i>megestrol</i> .....	45	<i>moexipril</i> .....	24
LILETTA.....	52	MEKINIST.....	45	<i>molindone</i> .....	86
<i>linezolid</i> .....	28, 29	MEKTOVI.....	45	<i>mometasone</i> .....	17, 62
<i>linezolid in dextrose 5%</i> .....	28	<i>meloxicam</i> .....	95	<i>montelukast</i> .....	17
LINZESS.....	74	<i>memantine</i> .....	79	<i>morphine</i> .....	96
<i>liothyronine</i> .....	9	MENACTRA (PF).....	5	<i>morphine concentrate</i> .....	96
<i>lisdexamfetamine</i> .....	85	MENQUADFI (PF).....	5	MOUNJARO.....	11
<i>lisinopril</i> .....	23	MENVEO A-C-Y-W-135-DIP (PF)....	5	MOVANTIK.....	75
<i>lisinopril-hydrochlorothiazide</i> .....	23	<i>mercaptopurine</i> .....	45	<i>moxifloxacin</i> .....	30, 66
<i>lithium carbonate</i> .....	85	<i>meropenem</i> .....	29	<i>moxifloxacin-sod.chloride(iso)</i> ....	30
<i>lithium citrate</i> .....	85	<i>mesalamine</i> .....	75	MRESVIA (PF).....	5
LIVTENCITY.....	32	MESNEX.....	50	MULTAQ.....	20
LOKELMA.....	98	<i>metformin</i> .....	11	<i>mupirocin</i> .....	61
LONSURF.....	44	<i>methadone</i> .....	96	<i>mycophenolate mofetil</i> .....	45
<i>loperamide</i> .....	77	<i>methazolamide</i> .....	67	<i>mycophenolate sodium</i> .....	45
<i>lopinavir-ritonavir</i> .....	32	<i>methenamine hippurate</i> .....	35	MYRBETRIQ.....	51
<i>lorazepam</i> .....	85	<i>methimazole</i> .....	8	<i>nabumetone</i> .....	95
<i>lorazepam intensol</i> .....	85	<i>methotrexate sodium</i> .....	45	<i>nadolol</i> .....	24
LORBRENA.....	44	<i>methotrexate sodium (pf)</i> .....	45	<i>nafacillin</i> .....	37
<i>loryna (28)</i> .....	55	<i>methsuximide</i> .....	92	<i>naftifine</i> .....	60
<i>losartan</i> .....	23	<i>methylphenidate hcl</i> .....	85	<i>naloxone</i> .....	95
<i>losartan-hydrochlorothiazide</i> .....	23	<i>methylprednisolone</i> .....	13	<i>naltrexone</i> .....	95

NAMZARIC.....	79	<i>norgestimate-ethinyl estradiol</i> ...	56	ORKAMBI.....	17
<i>naproxen</i> .....	95	<i>nortrel 0.5/35 (28)</i> .....	56	ORSERDU.....	46
<i>naproxen sodium</i> .....	95	<i>nortrel 1/35 (21)</i> .....	56	<i>oseltamivir</i> .....	33
<i>naratriptan</i> .....	77	<i>nortrel 1/35 (28)</i> .....	56	OTEZLA.....	72
NATACYN.....	66	<i>nortrel 7/7/7 (28)</i> .....	56	OTEZLA STARTER.....	72
<i>nateglinide</i> .....	11	<i>nortriptyline</i> .....	86	<i>oxacillin</i> .....	37
NAYZILAM.....	92	NORVIR.....	33	<i>oxaprozin</i> .....	95
<i>nebivolol</i> .....	24	NOVOLIN 70/30 U-100 INSULIN..	11	<i>oxcarbazepine</i> .....	92
<i>necon 0.5/35 (28)</i> .....	55	NOVOLIN 70-30 FLEXPEN U-100..	11	<i>oxybutynin chloride</i> .....	51
<i>nefazodone</i> .....	86	NOVOLIN N FLEXPEN.....	12	<i>oxycodone</i> .....	96
<i>neomycin</i> .....	29	NOVOLIN N NPH U-100 INSULIN	12	<i>oxycodone-acetaminophen</i> .....	97
<i>neomycin-bacitracin-poly-hc</i> .....	65	NOVOLIN R FLEXPEN.....	12	OZEMPIC.....	12
<i>neomycin-bacitracin-polymyxin</i> ..	66	NOVOLIN R REGULAR U100		<i>pacerone</i> .....	20
<i>neomycin-polymyxin b-</i>		INSULIN.....	12	<i>paliperidone</i> .....	86
<i>dexameth</i> .....	65	NUBEQA.....	45	PANRETIN.....	60
<i>neomycin-polymyxin-gramicidin</i> ..	66	NUEDEXTA.....	79	<i>pantoprazole</i> .....	77
<i>neomycin-polymyxin-hc</i> .....	65, 70	NUPLAZID.....	86	PANZYGA.....	5
NERLYNX.....	45	NURTEC ODT.....	78	<i>paricalcitol</i> .....	8
<i>neuac</i> .....	64	<i>nyamyc</i> .....	60	<i>paroxetine hcl</i> .....	86
NEUPRO.....	89	<i>nylia 1/35 (28)</i> .....	56	PAXLOVID.....	33
<i>nevirapine</i> .....	32, 33	<i>nylia 7/7/7 (28)</i> .....	56	<i>pazopanib</i> .....	46
NEXPLANON.....	52	<i>nymyo</i> .....	56	PEDIARIX (PF).....	6
<i>niacin</i> .....	27	<i>nystatin</i> .....	35, 60	PEDVAX HIB (PF).....	6
<i>nicardipine</i> .....	24	<i>nystop</i> .....	61	<i>peg 3350-electrolytes</i> .....	75
NICOTROL.....	99	NYVEPRIA.....	3	PEGASYS.....	3
NICOTROL NS.....	99	OALIVA.....	75	<i>peg-electrolyte soln</i> .....	75
<i>nifedipine</i> .....	24	<i>ocella</i> .....	56	PEMAZYRE.....	46
<i>nikki (28)</i> .....	55	OCTAGAM.....	5	PEN NEEDLE, DIABETIC.....	14
<i>nilutamide</i> .....	45	<i>octreotide acetate</i> .....	45, 46	PENBRAYA (PF).....	6
<i>nimodipine</i> .....	24	ODEFSEY.....	33	<i>penicillamine</i> .....	72
NINLARO.....	45	ODOMZO.....	46	PENICILLIN G POT IN DEXTROSE..	37
<i>nitazoxanide</i> .....	29	OFEV.....	17	<i>penicillin g potassium</i> .....	37
<i>nitisinone</i> .....	98	<i>ofloxacin</i> .....	66, 70	<i>penicillin g sodium</i> .....	37
<i>nitro-bid</i> .....	26	OGSIVEO.....	46	<i>penicillin v potassium</i> .....	37
<i>nitrofurantoin macrocrystal</i> .....	35	OJEMDA.....	46	PENTACEL (PF).....	6
<i>nitrofurantoin monohyd/m-</i>		OJJAARA.....	46	<i>pentamidine</i> .....	29
<i>cryst</i> .....	35	<i>olanzapine</i> .....	86	<i>pentoxifylline</i> .....	19
<i>nitroglycerin</i> .....	26, 75	<i>olmesartan</i> .....	24	<i>perindopril erbumine</i> .....	24
NIVESTYM.....	3	<i>olmesartan-amlodipin-hcthiamid</i> ..	24	<i>periogard</i> .....	70
<i>nizatidine</i> .....	77	<i>olmesartan-hydrochlorothiazide</i>	24	<i>permethrin</i> .....	61
<i>nora-be</i> .....	58	<i>olopatadine</i> .....	70	<i>perphenazine</i> .....	86
<i>norelgestromin-ethin.estradiol</i> ...	52	<i>omeprazole</i> .....	77	<i>phenelzine</i> .....	86
<i>noreth-ethinyl estradiol-iron</i> .....	55	OMNITROPE.....	3	<i>phenobarbital</i> .....	92
<i>norethindrone (contraceptive)</i> ...58		<i>ondansetron</i> .....	75	<i>phenytoin</i> .....	92
<i>norethindrone acetate</i> .....	59	<i>ondansetron hcl</i> .....	75	<i>phenytoin sodium extended</i> .....	92
<i>norethindrone ac-eth estradiol</i>		ONUREG.....	46	PIFELTRO.....	33
.....	55, 59	OPSUMIT.....	17	<i>pilocarpine hcl</i> .....	65, 98
<i>norethindrone-e.estradiol-iron</i> ...56		ORGOVYX.....	46	<i>pimecrolimus</i> .....	60



<i>pimozide</i> .....	86	PRIFTIN.....	29	REGRANEX.....	60
<i>pimtreea (28)</i> .....	56	PRIMAQUINE.....	29	RELENZA DISKHALER.....	33
<i>pindolol</i> .....	24	PRIMIDONE.....	92	<i>repaglinide</i> .....	12
<i>pioglitazone</i> .....	12	<i>primidone</i> .....	92	RETACRIT.....	3
<i>pioglitazone-glimepiride</i> .....	12	PRIORIX (PF).....	6	RETEVMO.....	46, 47
<i>pioglitazone-metformin</i> .....	12	PRIVIGEN.....	6	REXULTI.....	87
<i>piperacillin-tazobactam</i> .....	37	<i>probenecid</i> .....	73	REYATAZ.....	33
PIQRAY.....	46	<i>probenecid-colchicine</i> .....	73	REZLIDHIA.....	47
<i>pirfenidone</i> .....	17	<i>prochlorperazine</i> .....	75	REZUROCK.....	47
<i>piroxicam</i> .....	95	<i>prochlorperazine maleate</i> .....	75	RHOPRESSA.....	66
<i>pitavastatin calcium</i> .....	27	<i>procto-med hc</i> .....	75	<i>ribavirin</i> .....	33
PLASMA-LYTE A.....	68	<i>proctosol hc</i> .....	75	<i>rifabutin</i> .....	29
PLENAMINE.....	68	<i>proctozone-hc</i> .....	75	<i>rifampin</i> .....	29
PLENVU.....	75	<i>progesterone micronized</i> .....	59	<i>riluzole</i> .....	98
<i>podofilox</i> .....	60	PROGRAF.....	46	<i>rimantadine</i> .....	33
<i>polymyxin b sulf-trimethoprim</i> ...	66	PROLASTIN-C.....	98	RINVOQ.....	72
POMALYST.....	46	PROLENSA.....	67	<i>risedronate</i> .....	73, 98
<i>portia 28</i> .....	56	PROLIA.....	73	RISPERDAL CONSTA.....	87
<i>posaconazole</i> .....	35	PROMACTA.....	20	<i>risperidone</i> .....	87
<i>potassium chlorid-d5-0.45%nacl</i> 69		<i>promethazine</i> .....	14	<i>ritonavir</i> .....	33
<i>potassium chloride</i> .....	69	<i>propafenone</i> .....	20	<i>rivastigmine</i> .....	80
<i>potassium chloride in 0.9%nacl</i> ..	69	<i>propranolol</i> .....	24, 25	<i>rivastigmine tartrate</i> .....	80
<i>potassium chloride in 5 % dex</i> ....	69	<i>propylthiouracil</i> .....	8	<i>rivelsa</i> .....	56
<i>potassium chloride-0.45 % nacl</i> ..	69	PROQUAD (PF).....	6	<i>rizatriptan</i> .....	78
<i>potassium chloride-d5-0.2%nacl</i> ..	69	<i>protriptyline</i> .....	87	ROCKLATAN.....	66
<i>potassium chloride-d5-0.9%nacl</i> ..	69	PULMOZYME.....	17	<i>roflumilast</i> .....	17
<i>potassium citrate</i> .....	51	PURIXAN.....	46	<i>ropinirole</i> .....	89
PRALUENT PEN.....	27	<i>pyrazinamide</i> .....	29	<i>rosuvastatin</i> .....	27
<i>pramipexole</i> .....	89	<i>pyridostigmine bromide</i> .....	94	ROTARIX.....	6
<i>prasugrel</i> .....	20	<i>pyrimethamine</i> .....	29	ROTATEQ VACCINE.....	6
<i>pravastatin</i> .....	27	QINLOCK.....	46	<i>roweepra</i> .....	92
<i>praziquantel</i> .....	29	QUADRACEL (PF).....	6	ROZLYTREK.....	47
<i>prazosin</i> .....	24	<i>quetiapine</i> .....	87	RUBRACA.....	47
<i>prednisolone</i> .....	13	QUETIAPINE.....	87	<i>rufinamide</i> .....	92
<i>prednisolone acetate</i> .....	67	<i>quinapril</i> .....	25	RUKOBIA.....	33
<i>prednisolone sodium phosphate</i> .....	13, 67	<i>quinidine sulfate</i> .....	20	RYBELSUS.....	12
<i>prednisone</i> .....	13	<i>quinine sulfate</i> .....	29	RYDAPT.....	47
<i>prednisone intensol</i> .....	13	RABAVERT (PF).....	6	<i>sajazir</i> .....	17
<i>pregabalin</i> .....	92	<i>rabeprazole</i> .....	77	SANDIMMUNE.....	47
PREHEVBRIO (PF).....	6	RADICAVA ORS STARTER KIT SUSP.....	79	SANTYL.....	60
PREMARIN.....	59	<i>raloxifene</i> .....	73	<i>sapropterin</i> .....	8
<i>premasol 10 %</i> .....	68	<i>ramipril</i> .....	25	SAVELLA.....	72
<i>prenatal vitamin plus low iron</i> ....	68	<i>ranolazine</i> .....	19	<i>saxagliptin</i> .....	12
<i>prevalite</i> .....	27	<i>rasagiline</i> .....	89	SCSEMBLIX.....	47
PREVYMIS.....	33	<i>reclipsen (28)</i> .....	56	<i>scopolamine base</i> .....	76
PREZCOBIX.....	33	RECOMBIVAX HB (PF).....	6	SECUADO.....	87
PREZISTA.....	33	RECTIV.....	76	<i>selegiline hcl</i> .....	89
				<i>selenium sulfide</i> .....	63

SELZENTRY .....	33	<i>sulfamethoxazole-trimethoprim</i> .....	36	<i>testosterone cypionate</i> .....	8
SEREVENT DISKUS .....	17	<i>sulfasalazine</i> .....	76	<i>testosterone enanthate</i> .....	8
<i>sertraline</i> .....	87	<i>sulindac</i> .....	95	TETANUS, DIPHTHERIA TOX	
<i>setlakin</i> .....	56	<i>sumatriptan</i> .....	78	PED(PF) .....	7
<i>sharobel</i> .....	59	<i>sumatriptan succinate</i> .....	78	<i>tetrabenazine</i> .....	80
SHINGRIX (PF) .....	7	<i>sunitinib malate</i> .....	48	<i>tetracycline</i> .....	30
SIGNIFOR .....	47	SUNLENCA .....	34	THALOMID .....	48
<i>sildenafil (pulm.hypertension)</i> ....	17	SUPREP BOWEL PREP KIT .....	76	THEO-24 .....	17
<i>silver sulfadiazine</i> .....	60	<i>syeda</i> .....	56	<i>theophylline</i> .....	17, 18
<i>simvastatin</i> .....	27	SYMDEKO .....	17	<i>thioridazine</i> .....	87
<i>sirolimus</i> .....	47	SYMPAZAN .....	93	<i>thiothixene</i> .....	87
SIRTURO .....	29	SYMTUZA .....	34	<i>tiadylt er</i> .....	25
SKYRIZI .....	63, 76	SYNJARDY .....	12	<i>tiagabine</i> .....	93
<i>sodium chloride</i> .....	98	SYNJARDY XR .....	12	TIBSOVO .....	48
<i>sodium chloride 0.45 %</i> .....	69	SYNTHROID .....	9	TICOVAC .....	7
<i>sodium chloride 0.9 %</i> .....	98	TABLOID .....	48	<i>tigecycline</i> .....	29
<i>sodium chloride 3 % hypertonic</i> ..	69	TABRECTA .....	48	<i>tilia fe</i> .....	56
<i>sodium chloride 5 % hypertonic</i> ..	69	<i>tacrolimus</i> .....	48, 60	<i>timolol maleate</i> .....	25, 64
SODIUM OXYBATE .....	87	<i>tadalafil</i> .....	51	<i>tinidazole</i> .....	29
<i>sodium phenylbutyrate</i> .....	98	<i>tadalafil (pulm. hypertension)</i> ....	17	TIVICAY .....	34
<i>sodium polystyrene sulfonate</i> ....	98	TAFINLAR .....	48	TIVICAY PD .....	34
<i>sodium,potassium,mag sulfates</i> ..	76	TAGRISSO .....	48	<i>tizanidine</i> .....	94
SOFOSBUVIR-VELPATASVIR .....	33	TALZENNA .....	48	TOBRADEX .....	65
<i>solifenacin</i> .....	51	<i>tamoxifen</i> .....	48	<i>tobramycin</i> .....	66
SOLQUA 100/33 .....	12	<i>tamsulosin</i> .....	52	<i>tobramycin in 0.225 % nacl</i> .....	29
SOLTAMOX .....	47	<i>tarina 24 fe</i> .....	56	<i>tobramycin sulfate</i> .....	29
SOMAVERT .....	8	<i>tarina fe 1-20 eq (28)</i> .....	56	<i>tobramycin-dexamethasone</i> .....	65
<i>sorafenib</i> .....	47	TASIGNA .....	48	<i>tolterodine</i> .....	51
<i>sotalol</i> .....	20	<i>tazarotene</i> .....	64	<i>tolvaptan</i> .....	8
<i>sotalol af</i> .....	20	<i>tazicef</i> .....	39	<i>topiramate</i> .....	93
<i>spironolactone</i> .....	25	<i>taztia xt</i> .....	25	<i>toremifene</i> .....	48
<i>spironolacton-hydrochlorothiaz</i> ..	25	TAZVERIK .....	48	<i>toremide</i> .....	25
<i>sprintec (28)</i> .....	56	TDVAX .....	7	TRADJENTA .....	12
SPRITAM .....	93	TEFLARO .....	39	<i>tramadol</i> .....	95
SPRYCEL .....	47	<i>telmisartan</i> .....	25	<i>tramadol-acetaminophen</i> .....	95
<i>sps (with sorbitol)</i> .....	98	<i>telmisartan-amlodipine</i> .....	25	<i>trandolapril</i> .....	25
<i>sronyx</i> .....	56	<i>telmisartan-hydrochlorothiazid</i> ..	25	<i>tranexamic acid</i> .....	52
<i>ssd</i> .....	60	<i>temazepam</i> .....	87	<i>tranylcypromine</i> .....	87
STELARA .....	63	TENIVAC (PF) .....	7	<i>travasol 10 %</i> .....	68
STIVARGA .....	47	<i>tenofovir disoproxil fumarate</i> ....	34	<i>travoprost</i> .....	66
STREPTOMYCIN .....	29	TEPMETKO .....	48	<i>trazodone</i> .....	87
STRIBILD .....	33	<i>terazosin</i> .....	25	TRECATOR .....	29
SUCRAID .....	76	<i>terbinafine hcl</i> .....	35	TRELEGY ELLIPTA .....	18
<i>sucrafate</i> .....	77	<i>terbutaline</i> .....	17	TREMFYA .....	63
<i>sulfacetamide sodium</i> .....	65	<i>terconazole</i> .....	52	<i>tretinoin</i> .....	64
<i>sulfacetamide sodium (acne)</i> .....	61	<i>teriflunomide</i> .....	80	<i>tretinoin (antineoplastic)</i> .....	48
<i>sulfacetamide-prednisolone</i> .....	65	TERIPARATIDE .....	73	<i>tretinoin microspheres</i> .....	64
<i>sulfadiazine</i> .....	35	<i>testosterone</i> .....	8	<i>triamcinolone acetonide</i> .....	62, 70

<i>triamterene-hydrochlorothiazid</i> .....	25	VANFLYTA.....	49	XIGDUO XR.....	13
<i>tridacaine</i> .....	60	VAQTA (PF).....	7	XOLAIR.....	18
<i>tridacaine ii</i> .....	60	<i>varenicline</i> .....	99	XOSPATA.....	49
<i>triderm</i> .....	62	VARIVAX (PF).....	7	XPOVIO.....	49, 50
<i>trientine</i> .....	99	VASCEPA.....	27	XTANDI.....	50
<i>tri-estarylla</i> .....	56	<i>velivet triphasic regimen (28)</i> .....	57	<i>xulane</i> .....	52
<i>trifluoperazine</i> .....	88	VEMLIDY.....	34	XULTOPHY 100/3.6.....	13
<i>trifluridine</i> .....	66	VENCLEXTA.....	49	YF-VAX (PF).....	7
<i>trihexyphenidyl</i> .....	89	VENCLEXTA STARTING PACK.....	49	YUFLYMA(CF).....	73
TRIJARDY XR.....	12, 13	<i>venlafaxine</i> .....	88	YUFLYMA(CF) AI CROHN'S-UC-	
TRIKAFTA.....	18	VENTOLIN HFA.....	18	HS.....	72
<i>tri-legest fe</i> .....	57	<i>verapamil</i> .....	25, 26	YUFLYMA(CF) AUTOINJECTOR....	73
<i>tri-lo-estarylla</i> .....	57	VERQUVO.....	19	<i>yuvafem</i> .....	59
<i>tri-lo-sprintec</i> .....	57	VERSACLOZ.....	88	<i>zafemy</i> .....	52
<i>trimethoprim</i> .....	35	VERZENIO.....	49	<i>zafirlukast</i> .....	18
<i>tri-mili</i> .....	57	<i>vestura (28)</i> .....	57	ZEJULA.....	50
<i>trimipramine</i> .....	88	<i>vienva</i> .....	57	ZELBORAF.....	50
TRINTELLIX.....	88	<i>vigabatrin</i> .....	93	<i>zenatane</i> .....	64
<i>tri-nymyo</i> .....	57	<i>vigadrone</i> .....	93	ZENPEP.....	76
<i>tri-sprintec (28)</i> .....	57	<i>vigpoder</i> .....	93	<i>zidovudine</i> .....	34
TRIUMEQ.....	34	<i>vilazodone</i> .....	88	<i>ziprasidone hcl</i> .....	88
TRIUMEQ PD.....	34	VIRACEPT.....	34	<i>ziprasidone mesylate</i> .....	88
<i>trivora (28)</i> .....	57	VIREAD.....	34	ZIRGAN.....	66
<i>tri-vylibra</i> .....	57	VITRAKVI.....	49	ZOLINZA.....	50
<i>tri-vylibra lo</i> .....	57	VIVITROL.....	95	<i>zolmitriptan</i> .....	78
TRIZIVIR.....	34	VIZIMPRO.....	49	<i>zolpidem</i> .....	88
TROPHAMINE 10 %.....	68	VONJO.....	49	ZONISADE.....	94
<i>tropium</i> .....	51	<i>voriconazole</i> .....	35	<i>zonisamide</i> .....	94
TRULANCE.....	76	VOWST.....	76	<i>zovia 1-35 (28)</i> .....	57
TRULICITY.....	13	VRAYLAR.....	88	ZTALMY.....	94
TRUMENBA.....	7	<i>vyfemla (28)</i> .....	57	ZURZUVAE.....	88
TRUQAP.....	48	<i>vylibra</i> .....	57	ZYDELIG.....	50
TUKYSA.....	48	VYNDAQEL.....	19	ZYKADIA.....	50
TURALIO.....	48	<i>warfarin</i> .....	20	ZYPREXA RELPREVV.....	88
<i>turqoz (28)</i> .....	57	WELIREG.....	49		
TWINRIX (PF).....	7	<i>wymzya fe</i> .....	57		
TYPHIM VI.....	7	XALKORI.....	49		
<i>unithroid</i> .....	9	XARELTO.....	20		
<i>ursodiol</i> .....	76	XARELTO DVT-PE TREAT 30D			
<i>valacyclovir</i> .....	34	START.....	20		
VALCHLOR.....	60	XATMEP.....	49		
<i>valganciclovir</i> .....	34	XCOPRI.....	93		
<i>valproic acid</i> .....	93	XCOPRI MAINTENANCE PACK.....	93		
<i>valproic acid (as sodium salt)</i> .....	93	XCOPRI TITRATION PACK.....	93, 94		
<i>valsartan</i> .....	25	XDEMVI.....	65		
<i>valsartan-hydrochlorothiazide</i> .....	25	XERMELO.....	49		
VALTOCO.....	93	XGEVA.....	50		
<i>vancomycin</i> .....	30	XIFAXAN.....	30		

'Ohana Health Plan 是由 WellCare Health Insurance of Arizona, Inc. 提供的一項計劃。

「Wellcare」係由 Coordinated Care of Washington, Inc. 發行。

Louisiana D-SNP 會員：身為 Wellcare HMO D-SNP 會員，您享有 Medicare 和 Medicaid 雙重的承保。您透過 Wellcare 獲得 Medicare 健康照護和處方藥承保，亦有資格透過 Louisiana Medicaid 獲得額外健康照護服務和承保。請造訪 [www.myplan.healthy.la.gov/en/find-provider](http://www.myplan.healthy.la.gov/en/find-provider) 或 <https://www.louisianahealthconnect.com>，進一步瞭解參與 Louisiana Medicaid 的服務提供者資訊。如需 Louisiana Medicaid 福利的詳細資訊，請造訪 Medicaid 網站：<https://ldh.la.gov/medicaid>，並選取「Learn about Medicaid Services」(瞭解 Medicaid 服務) 連結。若要索取我們 Medicaid 服務提供者名錄的書面副本，請聯絡我們。

Louisiana D-SNP 潛在投保人：如需 Louisiana Medicaid 福利的詳細資訊，請造訪 Medicaid 網站：<https://ldh.la.gov/medicaid> 或 <https://www.louisianahealthconnect.com>。若要索取我們 Medicaid 服務提供者名錄的書面副本，請聯絡我們。

注意：除應付的分攤費用金額之外，TennCare 不負責支付這些福利。TennCare 概不負責保證這些福利的可用性或品質。任何高於及超出傳統 Medicare 的福利僅適用於 Wellcare Medicare Advantage，並不代表 Medicaid 福利增加。

Texas D-SNP 會員：身為 Wellcare HMO D-SNP 會員，您享有 Medicare 和 Medicaid 雙重的承保。您透過 Wellcare 獲得 Medicare 健康照護和處方藥承保，亦有資格透過 Texas Medicaid 獲得額外健康照護服務和承保。請造訪 <https://www.wellcarefindaprovider.com/navigate-a-network.html>，深入瞭解參與 Texas Medicaid 的服務提供者資訊。如需有關 Texas Medicaid 福利的詳細資訊，請造訪 Texas Medicaid 網站：<https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus>。若要索取我們 Medicaid 服務提供者名錄的書面副本，請聯絡我們。

**Multi-Language Insert**  
**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-374-4056 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-877-374-4056 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

**Chinese (Mandarin):** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-877-374-4056 (TTY: 711)**。您将获得中文普通话口译员的帮助。这是一项免费服务。

**Chinese (Cantonese):** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-877-374-4056 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-877-374-4056 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-877-374-4056 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-877-374-4056 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-877-374-4056 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-877-374-4056(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-877-374-4056 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.



**Arabic:** نوّفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-877-374-4056 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-877-374-4056 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक नि:शुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-877-374-4056 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-877-374-4056 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-877-374-4056 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-877-374-4056 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-877-374-4056 (TTY: 711)** にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

**Hawaiian:** Loa‘a iā mākou nā lawelawe unuhi ‘ōlelo manuahi e pane i nā nīnau āu e pili ana i kā mākou papahana olakino a lā‘au paha. No ka loa‘a ‘ana o ka unuhi ‘ōlelo e kelepona iā mākou ma **1-877-374-4056 (TTY: 711)**. Hiki i kekahi kanaka ‘ōlelo Hawai‘i ke kōkua iā ‘oe. He lawelawe manuahi kēia.

**Ilocano:** Adda iti libre a serbisyo ti panagpatarus mi tapno masungbatan ti anyaman a saludsod mo maipanggep iti plano ti salun-at wenna agas mi. Tapno makaala ti maysa nga agipatpatarus pakiawagan dakami laeng iti **1-877-374-4056 (TTY: 711)**. Mabalín nga makatulóng kenka ti maysa nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

**Samoan:** E iai matou auaunaga faamatala upu e tali atu i soo se fesili e te ono fesili ai e uiga ia matou fuafuaga tau soifua maloloina poo fualaa. Ina ia maua se tagata faamatala upu na’o le vili mai a matou i le **1-877-374-4056 (TTY: 711)**. E mafai ona fesoasoani atu ia te oe se tasi e tautala i le gagana Samoan. E leai se totogi o lenei auaunaga.

**Ukrainian:** Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які запитання щодо нашого плану медичного обслуговування чи забезпечення лікарськими засобами. Щоб отримати допомогу перекладача, просто зателефонуйте нам за номером **1-877-374-4056 (TTY: 711)**. Спеціаліст, який володіє українською, допоможе вам. Ця послуга безкоштовна.

**Lao:** ພວກເຮົາມີບໍລິການຄົນພາສາພຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຂໍຄືນແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາໄດ້ທີ່ເບີ 1-877-374-4056 (TTY: 711). ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການພຣີ.

**Cambodian:** យើងមានសេវាកម្មប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់ឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីគម្រោងឱសថបូគម្រោងសុខភាពរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-877-374-4056 (TTY: 711)។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរបានអាចជួយអ្នកបាន។ នេះជាសេវាកម្មឥតគិតថ្លៃ។

**Hmong:** Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb cov nqe lus nug twg uas koj yuav muaj hais txog peb lub phiaj xwm duav roos kev noj qab haus huv thiab tshuaj. Yog xav tau ib tug kws txhais lus ces tsuas hu rau peb tau ntawm 1-877-374-4056 (TTY: 711). Ib tug neeg twg uas hais tau lus Hmoob yuav pab tau koj. Qhov no yog kev pab cuam pab dawb xwb.

**Thai:** เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการล่ามแปลภาษา โปรดติดต่อเราที่หมายเลข 1-877-374-4056 (TTY: 711) คนที่พูดภาษาไทยได้สามารถช่วยคุณได้ บริการนี้ไม่มีค่าใช้จ่าย



**Multi-Language Insert**  
**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-428-2224 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-844-428-2224 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

**Chinese (Mandarin):** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-844-428-2224 (TTY: 711)**。您将获得中文普通话口译员的帮助。这是一项免费服务。

**Chinese (Cantonese):** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-844-428-2224 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-844-428-2224 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-844-428-2224 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-844-428-2224 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-844-428-2224 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-844-428-2224(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-844-428-2224 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوّفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-844-428-2224 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें 1-844-428-2224 (TTY: 711) पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक निःशुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il 1-844-428-2224 (TTY: 711). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número 1-844-428-2224 (TTY: 711). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan 1-844-428-2224 (TTY: 711). Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-844-428-2224 (TTY: 711). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-844-428-2224 (TTY : 711) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

**Bengali:** আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার সম্ভাব্য যে কোন প্রশ্নের উত্তর দেওয়ার জন্য আমাদের কাছে বিনামূল্যে ইন্টারপ্রেটার পরিষেবা রয়েছে। একজন ইন্টারপ্রেটার পেতে, খালি আমাদের 1-844-428-2224 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারে এমন কেউ আপনাকে সাহায্য করতে পারে। এই পরিষেবাটির জন্য কোনও খরচ নেই।

**Nepali:** हाम्रा स्वास्थ्य वा औषधिसम्बन्धी प्लानहरूको सम्बन्धमा तपाईंसँग हुन सक्ने जुनसुकै प्रश्नको जवाफ दिन हामीसँग निःशुल्क दोभासे सेवाहरू छन्। कुनै दोभासेको सेवा प्राप्त गर्न तपाईंले 1-844-428-2224 (TTY: 711) मा हामीलाई कल मात्र गरे पुग्छ। नेपाली भाषा बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्नुहुने छ। यो एक निःशुल्क सेवा हो।

**Swahili:** Tuna huduma za mkalimani zisizolipiwa wa kujibu maswali yoyote ambayo unaweza kuwa nayo kuhusu mpango wetu wa afya au dawa. Ili kupata mkalimani, tupigie tu simu kupitia 1-844-428-2224 (TTY: 711). Mtu anayezungumza Kiswahili anaweza kukusaidia. Huduma hii ni ya bila malipo.

**Tamil:** எங்கள் உடல்நலம் அல்லது மருந்துத் திட்டம் பற்றி உங்களுக்கு ஏதேனும் கேள்விகள் இருந்தால் பதிலளிப்பதற்காக இலவச மொழிபெயர்ப்பாளர் சேவைகளை வழங்குகிறோம். ஒரு மொழிபெயர்ப்பாளரை அணுக, 1-844-428-2224 (TTY: 711) என்ற எண்ணில் எங்களை அழைக்கவும். தமிழ் பேசத் தெரிந்த ஒருவர் உங்களுக்கு உதவுவார். இது ஒரு இலவச சேவையாகும்.

**Multi-Language Insert**  
**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-247-1447 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-800-247-1447 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

**Chinese (Mandarin):** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-800-247-1447 (TTY: 711)**。您将获得中文普通话口译员的帮助。这是一项免费服务。

**Chinese (Cantonese):** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-800-247-1447 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-800-247-1447 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-800-247-1447 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-800-247-1447 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-800-247-1447 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-800-247-1447(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-800-247-1447 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوْفِر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-800-247-1447 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें 1-800-247-1447 (TTY: 711) पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक नि:शुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il 1-800-247-1447 (TTY: 711). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número 1-800-247-1447 (TTY: 711). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan 1-800-247-1447 (TTY: 711). Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis ki gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-800-247-1447 (TTY: 711). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-800-247-1447 (TTY: 711) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

**Albanian:** Ne ofrojmë shërbime interpretimi pa pagesë për t'u përgjigjur për çdo pyetje që mund të keni lidhur me planin tonë shëndetësor ose të barnave. Për t'u lidhur me një interpret, na telefononi në numrin 1-800-247-1447 (TTY: 711). Një person që flet shqip mund t'ju ndihmojë. Ky shërbim është pa pagesë.

**Urdu:** ہمارے صحت یا منشیات کے منصوبے کے متعلق آپ کے سوالات کا جواب دینے کے لیے ہمارے پاس مفت انٹرپریٹر سروسز ہیں۔ انٹرپریٹر حاصل کرنے کے لیے، بس ہمیں اس نمبر پر کال کریں 1-800-247-1447 (TTY: 711)۔ اردو زبان بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

**Benga:** Tina zéma za mbumba za mbósi zi kual a ebi búló ekoté ya anyi mbi ya mbúno ya wumbúlu o ya vóta. Ku kual a mbumba, betha ne ka naamba ya 1-800-247-1447 (TTY: 711). Muntu oozáni Benga onibisa. Iyi ni zéma ya mbósi.

**Greek:** Διαθέτουμε δωρεάν υπηρεσία διερμηνείας για να απαντήσουμε σε τυχόν ερωτήσεις μπορεί να έχετε σχετικά με το πλάνο ιατρικής ή φαρμακευτικής περίθαλψης. Για να επικοινωνήσετε με διερμηνέα, απλώς καλέστε μας στο 1-800-247-1447 (TTY: 711). Κάποιος που μιλάει ελληνικά μπορεί να σας βοηθήσει. Αυτή είναι μια δωρεάν υπηρεσία.

**Yiddish:** מ'יר האבן אומזיסטע איבערטייטשונג סערוויסעס צו ענטפערן סיי וועלכע פראגן איר קענט האבן וועגן אייער געזונט אדער מעדיצין פלאן. צו באקומען אן איבערטייטשער, דארפט איר אונדז בלויז רופן אויף 1-800-247-1447 (TTY: 711). איינער וואס רעדט יידיש קען אייך העלפן. די סערוויס איז אומזיסט.

**Bengali:** আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার সম্ভাব্য যে কোন প্রশ্নের উত্তর দেওয়ার জন্য আমাদের কাছে বিনামূল্যে ইন্টারপ্রেটার পরিষেবা রয়েছে। একজন ইন্টারপ্রেটার পেতে, খালি আমাদের 1-800-247-1447 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারে এমন কেউ আপনাকে সাহায্য করতে পারে। এই পরিষেবাটির জন্য কোনও খরচ নেই।

## 歧視是違法的

Wellcare By Allwell 遵守適用之聯邦民權法，不會因個人的種族、膚色、國籍、年齡、殘疾或性別 (包括懷孕、性取向和性別認同) 而歧視他人。Wellcare By Allwell 不因個人的種族、膚色、國籍、年齡、殘疾或性別 (包括懷孕、性取向和性別認同)，而予以排除或有差別待遇。

### Wellcare By Allwell：

- 為殘疾人士提供免費的幫助和服務，以便與我們有效溝通，例如：
  - 合格的手語翻譯
  - 其他格式的文字資料 (大型輸出、音訊、易於取用的電子格式、其他格式)
- 為主要語言不是英語的人士提供免費的語言服務，例如：
  - 合格的口譯員，以及
  - 以其他語言撰寫的資訊。

### 若您需要這些服務，請聯絡會員服務部：

Wellcare By Allwell： **1-844-428-2224** (TTY/TDD： **711**)。在 10 月 1 日至 3 月 31 日之間，代表的服務時間為每週七天，上午 8 點至晚上 8 點。在 4 月 1 日至 9 月 30 日之間，代表的服務時間為週一至週五，上午 8 點至晚上 8 點。

如果您認為 Wellcare By Allwell 未能提供這些服務，或因為種族、膚色、國籍、年齡、殘疾或性別 (包括懷孕、性取向和性別認同) 而有所歧視，您可以透過下列管道提出申訴：

**1557 Coordinator**

**PO Box 31384, Tampa, FL 33631**

**1-855-577-8234**

**TTY/TDD：711**

**傳真：1-866-388-1769**

**電子郵件：SM\_Section1557Coord@centene.com**

您可以親自到場，或透過郵件、傳真或電子郵件等方式提出申訴。申訴必須以書面形式提出，且必須在提出申訴者得知所謂歧視行為之日期後的 180 天內提交。如果您需要幫助提出申訴，1557 協調員可以幫助您。

您也可向 U.S. Department of Health and Human Services Office for Civil Rights 提出民權投訴，您可透過 Office for Civil Rights 投訴入口網站 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> 以電子方式提出投訴，或者透過郵件提出投訴，聯絡資訊如下：U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201，或者透過電話提出投訴：**1-800-368-1019**、**1-800-537-7697** (TTY/TDD)。

投訴表格可於此網站 <https://www.hhs.gov/ocr/complaints/index.html> 取得。



If you, or someone you are helping, have questions about Wellcare By Allwell, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive oral interpretation, ASL, written translation, or auxiliary services, please contact Member Services at **1-844-428-2224 (TTY 711)**.

**Spanish:** Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Wellcare By Allwell y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir interpretación oral, lengua de signos americana (ASL), traducción escrita o servicios auxiliares, comuníquese con Servicios para Miembros al **1-844-428-2224 (TTY 711)**.

**Navajo:** Daa ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh na'ídíkid 'aa Wellcare By Allwell, dóó bineesh'a góó t'oo 'adee naash'ne di Bilagaana bizaad, ni be'esdzááh la' t'áá 'áko góó bil hánish'áásh dzaadi dóó bíka'ashkíd di nihí saad gi 'ádin t'áadoo báahilinigoo dóó di léi na'alkid lahgo 'át'éego. Dáá ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh la nish'j dóó/doodaii na'ach'aah 'ahooszoli eii biniish'laah bil'alnaa'alwo, ni be'esdzááh la' t'aa 'ako góó baa yíłtsóós 'ooljee'lahgo 'anaa'niil bika'iishyeed dóó tse'esgizii gi 'adin t'áadoo baahilinigoo dóó di léi na'alkid lahgo 'át'éego. Góó yíłtsóós saad náánalahdée' doodaii 'ooljee'lahgo 'anaa'niil tse'esgizii, Bilagáana 'atiingii 'i'ii'ahigii dine bizaad (ASL), t'aa shoodi deistsé' 'Anishtah Tse'esgizii gi **1-844-428-2224 (TTY 711)**.

**Chinese (Mandarin):** 如果您或您帮助的人对 Wellcare By Allwell 有疑问，并且不精通英语，则您有权免费、及时获得以您的语言提供的帮助和信息。如果您或您帮助的人患有听觉和/或视觉方面的疾病，会阻碍沟通，则您有权免费、及时获得辅助工具和服务。要获得口译、美国手语 (ASL)、笔译或辅助服务，请致电 **1-844-428-2224 (TTY 711)** 联系会员服务部。

**Chinese (Cantonese):** 如果您，或是您正在協助的對象，有關於 Wellcare By Allwell 方面的問題，且不精通英語，您有權利免費並及時以您的母語獲幫助和訊息。如果您，或您正在協助的對象有聽力和/或視力上的問題，阻礙了溝通，您有權利免費並及時獲得輔助支援與服務。若要取得口譯，美國手語 (ASL)，書面翻譯或輔助服務，請聯絡會員服務部，電話是 **1-844-428-2224 (TTY 711)**。

**Vietnamese:** Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về Wellcare By Allwell và không thành thạo tiếng Anh, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kịp thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cản trở giao tiếp, quý vị có quyền được nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ thông dịch Ngôn ngữ ký hiệu Mỹ (ASL) hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số **1-844-428-2224 (TTY 711)**.

**Arabic:** إذا كان لديك أو لدى شخص تساعدك أسئلة حول Wellcare By Allwell، ولم تكن بارعًا باللغة الإنكليزية، فلدك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعدك تعاني من حالة سمعية و/أو بصرية تعيق التواصل، فلدك الحق في تلقي مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. لتلقي خدمات الترجمة الشفهية أو لغة الإشارة الأمريكية (ASL) أو الترجمة الكتابية أو خدمات إضافية، يرجى الاتصال بخدمات الأعضاء على **1-844-428-2224 (TTY 711)**.

**Tagalog:** Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Wellcare By Allwell, at hindi ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulungan, ay may kondisyon sa pandinig at/o paningin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggap ng pasalitang pagsasalin, ASL, pasulat na pagsasalin, o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa Mga Serbisyo para sa Miyembro sa **1-844-428-2224 (TTY 711)**.

**Korean:** 귀하 또는 귀하의 도움을 받는 분이 Wellcare By Allwell에 대한 질문이 있는 경우 영어에 능숙하지 않으시면 해당 언어로 시의적절하게 무료 지원과 정보를 받을 권리가 있습니다. 귀하 또는 귀하의 도움을 받는 분이 청각 및/또는 시각적으로 의사소통에 장애가 있는 경우 시의적절하게 무료 보조 도구 및 서비스를 받을 권리가 있습니다. 구두 통역, ASL, 서면 번역 또는 보조 서비스를 받으시려면 **1-844-428-2224(TTY 711)**번으로 가입자 서비스부에 연락해주시요.

**French:** Si vous-même ou une personne que vous aidez avez des questions à propos de Wellcare By Allwell et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide et d'informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services d'interprétation, de langue des signes américaine (ASL), de traduction ou de services auxiliaires, veuillez contacter Services aux membres au **1-844-428-2224 (TTY 711)**.

**German:** Falls Sie oder jemand, dem Sie helfen, Fragen zu Wellcare By Allwell hat und nicht Englisch spricht, haben Sie das Recht, kostenlos und zeitnah Hilfe und Informationen in Ihrer Sprache zu erhalten. Falls Sie oder jemand, dem Sie helfen, eine Hör- und/oder Sehbeeinträchtigung hat, die die Kommunikation beeinflusst, haben Sie das Recht, kostenlos und zeitnah zusätzliche Hilfe und Dienstleistungen zu erhalten. Für mündliche Verdolmetschungen in andere Sprachen und in amerikanische Gebärdensprache (ASL), schriftliche Übersetzungen oder weitere Unterstützung wenden Sie sich bitte an unseren Kundendienst unter **1-844-428-2224 (TTY 711)**.

**Russian:** Если у вас или у лица, которому вы помогаете, возникли какие-либо вопросы о программе страхования Wellcare By Allwell, при этом вы недостаточно хорошо владеете английским языком, вы имеете право на бесплатную и своевременную помощь и информацию на своем родном языке. Если у вас или у лица, которому вы помогаете, наблюдается какое-либо нарушение слуха и/или зрения, которое препятствует коммуникации, вы имеете право на бесплатные и своевременные вспомогательные услуги и помощь. Для получения услуг устного перевода, перевода на американский жестовый язык (ASL), письменного перевода или вспомогательных услуг обратитесь в отдел обслуживания участников программы страхования по номеру **1-844-428-2224 (TTY 711)**.

**Japanese:** ご自身やあなたが介護している他の人が、Wellcare By Allwellについてご質問をお持ちの場合、英語に自信がなくても無料かつタイムリーにご希望の言語でヘルプや情報を得ることができます。ご自身や、あなたが介護している他の人の聴覚や視覚の状態のためやり取りが難しい場合でも、無料かつタイムリーに補助サービスを受けることができます。通訳やアメリカ手話 (ASL)、翻訳、補助サービスを受けるには、**1-844-428-2224 (TTY 711)**のメンバーサービスにご連絡ください。

**(Farsi) Persian:** اگر شما یا فردی که دارید به او کمک می‌کنید، سوالی درباره Wellcare By Allwell دارید، و انگلیسی نمی‌دانید، حق دارید کمک و اطلاعات را به زبان خودتان به رایگان و به موقع دریافت کنید. اگر شما یا فردی که دارید به او کمک می‌کنید مشکلات شنوایی یا بینایی دارد که برقراری ارتباط را سخت می‌کند، حق دارید کمک‌ها و خدمات امدادی را به زبان خودتان به رایگان و به موقع دریافت کنید. برای دریافت خدمات ترجمه شفاهی، زبان اشاره امریکایی (ASL)، ترجمه کتبی، یا کمک‌های امدادی لطفاً با خدمات اعضا به شماره **1-844-428-2224 (TTY 711)** تماس بگیرید.





## **Wellcare By Trillium Advantage's Nondiscrimination Policy**

Discrimination is against the law. Wellcare By Trillium Advantage must follow state and federal civil rights laws. We cannot treat people (members or potential members) unfairly in any of our programs or activities because of a person's:

- Age
- Disability
- National origin, primary language and proficiency of English language
- Race
- Religion
- Color
- Sex, sex characteristics, sexual orientation, gender identity or sex stereotypes
- Pregnant or related conditions
- Health status or need for services

If you feel you were treated unfairly for any of the above reasons, you can make a complaint. This is also called filing a grievance.

### **Make (or file) a complaint with Wellcare By Trillium Advantage in any of these ways:**

**Phone:** Call our Section 1557 Coordinator at **1-855-577-8234** (TTY: **711**)

**Fax:** 1-866-388-1769

**Mail:** PO Box 31384, Tampa, FL 33631

**Email:** SM\_Section1557Coord@centene.com

**Web:** <https://wellcare.trilliumadvantage.com/member-resources/member-rights/appeals-grievances.html>

### **You can read our complaint process at:**

<https://wellcare.trilliumadvantage.com/member-resources/member-rights/appeals-grievances.html>

### **If you have a disability, Wellcare By Trillium Advantage has these types of free help:**

- Qualified sign language interpreters
- Written information in large print, audio, or other formats
- Other reasonable modifications

### **If you need language help, Wellcare By Trillium Advantage has these types of free help:**

- Qualified interpreters
- Written information in other languages

Need help filing a complaint? Need language help or reasonable modifications? Call Member Services at **1-844-867-1156** (TTY: **711**) to speak with a peer wellness specialist or personal health navigator. Member Services hours: Between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

### **You also have a right to file a complaint with any of these organizations:**

## **Oregon Health Authority (OHA) Civil Rights**

**Phone:** 1-844-882-7889 (TTY 711)

**Web:** [www.oregon.gov/OHA/EI](http://www.oregon.gov/OHA/EI)

**Email:** [OHA.PublicCivilRights@odhsoha.oregon.gov](mailto:OHA.PublicCivilRights@odhsoha.oregon.gov)

**Mail:**

Office of Equity and Inclusion Division

421 SW Oak St., Suite 750 Portland, OR 97204

## **Bureau of Labor and Industries Civil Rights Division**

**Phone:** 1-971-673-0764

**Web:** <https://www.oregon.gov/boli/civil-rights>

**Email:** [BOLI\\_help@boli.oregon.gov](mailto:BOLI_help@boli.oregon.gov)

**Mail:**

Bureau of Labor and Industries Civil Rights Division

800 NE Oregon St., Suite 1045 Portland, OR 97232

## **U.S. Department of Health and Human Services Office for Civil Rights (OCR)**

**Phone:** 1-800-368-1019, TDD: 1-800-537-7697

**Web:** <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

**Email:** [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**Mail:**

Office for Civil Rights

200 Independence Ave. SW, Room 509F, HHH Bldg.

Washington, DC 20201

## **Política de No Discriminación de Wellcare By Trillium Advantage**

La discriminación es un delito. Wellcare By Trillium Advantage debe cumplir con las leyes estatales y federales de derechos civiles. En ninguno de nuestros programas ni actividades podemos tratar a las personas (miembros o posibles miembros) de manera injusta por los siguientes motivos:

- Edad
- Discapacidad
- Nacionalidad de origen, lengua materna y dominio del idioma inglés
- Raza
- Religión
- Color de piel
- Sexo, características sexuales, orientación sexual, identidad de género o estereotipos sexuales
- Embarazo o afecciones relacionadas con este
- Estado de salud o necesidad de servicios

Si cree que recibió un trato injusto por alguno de los motivos anteriores, puede presentar un reclamo. Esto también se llama presentar una queja.

**Puede hacer (o presentar) un reclamo con Wellcare By Trillium Advantage de cualquiera de estas maneras:**

**Teléfono:** Llame a nuestro Coordinador de la Sección 1557 al **1-855-577-8234** (TTY: **711**)

**Fax:** 1-866-388-1769

**Correo Postal:** PO Box 31384, Tampa, FL 33631

**Correo electrónico:** SM\_Section1557Coord@centene.com

**Sitio Web:** <https://wellcare-es.trilliumadvantage.com/member-resources/member-rights/appeals-grievances.html>

**Puede leer nuestro proceso para los reclamos en el siguiente enlace:**

<https://wellcare-es.trilliumadvantage.com/member-resources/member-rights/appeals-grievances.html>

**Si tiene una discapacidad, Wellcare By Trillium Advantage dispone de los siguientes tipos de ayuda gratuita:**

- Intérpretes de lengua de señas calificados
- Información escrita en letra grande, en audio o en otros formatos
- Otras modificaciones razonables

**Si necesita ayuda con el idioma, Wellcare By Trillium Advantage dispone de los siguientes tipos de ayuda gratuita:**

- Intérpretes calificados
- Información escrita en otros idiomas

¿Necesita ayuda para presentar un reclamo? ¿Necesita ayuda con el idioma o solicitar modificaciones razonables? Llame a Servicios para Miembros al **1-844-867-1156** (TTY: **711**) para hablar con un par especialista en bienestar o tener acceso a un navegador personal para temas de salud. Horario de atención de Servicios para Miembros: Entre el 1 de octubre y el 31 de marzo, los representantes están disponibles los siete días de la semana, de 8 a.m. a 8 p.m. Entre el 1 de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes, de 8 a.m. a 8 p.m.

**También tiene derecho a presentar un reclamo ante cualquiera de las siguientes organizaciones:**

### **Oregon Health Authority (OHA) Civil Rights**

**Teléfono:** 1-844-882-7889 (TTY 711)

**Sitio Web:** [www.oregon.gov/OHA/EI](http://www.oregon.gov/OHA/EI)

**Correo Electrónico:** [OHA.PublicCivilRights@odhsoha.oregon.gov](mailto:OHA.PublicCivilRights@odhsoha.oregon.gov)

**Correo Postal:**

Office of Equity and Inclusion Division

421 SW Oak St., Suite 750 Portland, OR 97204

### **Bureau of Labor and Industries Civil Rights Division**

**Teléfono:** 1-971-673-0764

**Sitio Web:** <https://www.oregon.gov/boli/civil-rights>

**Correo Electrónico:** [BOLI\\_help@boli.oregon.gov](mailto:BOLI_help@boli.oregon.gov)

**Correo Postal:**

Bureau of Labor and Industries Civil Rights Division

800 NE Oregon St., Suite 1045 Portland, OR 97232

### **Office for Civil Rights (OCR) del U.S. Department of Health and Human Services**

**Teléfono:** 1-800-368-1019, TDD: 1-800-537-7697

**Sitio Web:** <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

**Correo Electrónico:** [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**Correo Postal:**

Office for Civil Rights

200 Independence Ave. SW, Room 509F, HHH Bldg.

Washington, DC 20201

**English:** You can get this communication in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 1-844-867-1156 or TTY 711. We accept relay calls.

You can get help from a certified and qualified health care interpreter.

**Spanish:** Puede obtener esta información en otros idiomas, en letra de imprenta grande, en braille o en un formato de su preferencia. También puede solicitar un intérprete. Esta ayuda es gratuita. Llame al 1-844-867-1156; los usuarios de TTY deben llamar al 711. Aceptamos llamadas del servicio de retransmisión.

Puede obtener la asistencia de un intérprete certificado y calificado en atención médica.

**Russian:** Вы можете получить данное сообщение на других языках, крупным шрифтом, шрифтом Брайля или в предпочтительном формате. Вы также можете запросить услуги переводчика. Такая помощь предоставляется бесплатно. Позвоните по номеру 1-844-867-1156 или TTY 711. Мы принимаем звонки через коммутаторную службу.

Вам может оказать помощь дипломированный переводчик с квалификацией в области здравоохранения.

**Vietnamese:** Quý vị có thể lấy thông tin này bằng các ngôn ngữ khác, bản in cỡ chữ lớn, chữ nổi hoặc định dạng yêu thích. Quý vị cũng có thể yêu cầu thông dịch viên. Trợ giúp này miễn phí. Gọi số 1-844-867-1156 hoặc TTY 711. Chúng tôi chấp nhận cuộc gọi chuyển tiếp.

Quý vị có thể được thông dịch viên chăm sóc sức khỏe có chứng nhận và đủ năng lực trợ giúp.

**Arabic:** يمكنك الحصول على هذه المعلومات بلغات أخرى أو بطباعة بأحرف كبيرة أو بطريقة برايل أو بتنسيق آخر تفضله. يمكنك أيضًا طلب خدمات مترجم فوري، وهذه المساعدة مجانية. اتصل على الرقم 1-844-867-1156 أو TTY 711. نقبل مكالمات الترحيل.

يمكنك الحصول على مساعدة من مترجم فوري معتمد ومؤهل لشؤون الرعاية الصحية.

**Somali:** Waxaad ku heli kartaa ee isgaarsiintan luqado kale, far waaweyn, farta indhoolaha ama qaabka aad doorbideyso. Waxaad ee sidoo kale codsan kartaa turjumaan. Caawimadani waa bilaash. Wac 1-844-867-1156 ama TTY 711. Waxaan aqbalnaa wicitaanada gudbinta

Waxaad caawimo ka heli kartaa turjumaan daryeel caafimaad oo shahaado haysta oo aqoon leh.

**Simplified Chinese:** 您可以使用其他语言、大号字体、盲文或您喜欢的方式 行交流。您也可以要求提供口服。此服务免。致 1-844-867-1156 或 打免 TTY 711。我 接受 接来。

您可以从 过 的有 的医 口 处获得帮助。

**Traditional Chinese:** 您可以選擇以其他語言、大字版、點字版或您偏好的格式獲取此通訊。您也可以要求口譯員服務。此服務為免費提供。請撥打 1-844-867-1156 或 TTY 711。我們接受轉接來電。

您可以獲得經認證之合格健康照護口譯員的協助。

**Korean:** 가입자는 이 문서를 다른 언어, 대형 인쇄체, 점자 또는 선호하는 형식으로 받을 수 있습니다. 통역사를 요청하실 수도 있습니다. 이러한 지원은 무료입니다. 1-844-867-1156 또는 TTY 711번으로 전화해 주십시오. 릴레이 통화도 가능합니다.

인증 및 유자격 의료 통역사의 도움을 받을 수 있습니다.

**Chuukese:** Ka tongeni kuna ei pwan non ekoch kapasen fanu, awattei mak, kewe tikitik faniten chuun ika met sokkun format (ititin om mak ka mochen) en mi mochen. Ka tongeni eis emon chon chiaku epwe anisuk. Mi free ei aninis. Kori ei nampa 1-844-867-1156 ika TTY 711. Am mi etiwa aninisin kewe mi ter rese tongeni koko.

Ka tongeni kuna aninis seni ekewe mi tufich chon health care chiaku.

**Ukrainian:** Ви можете отримати це повідомлення іншими мовами, великим шрифтом, шрифтом Брайля або іншому форматі за вашим бажанням. Ви також можете отримати допомогу перекладача. Ця допомога безкоштовна. Телефонуйте за номером 1-844-867-1156 або TTY 711. Ми приймаємо перенаправлені дзвінки.

Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

**Farsi:** می‌توانید این مطلب را به زبان‌های دیگر، چاپ درشت، خط بریل یا با فرمتی که ترجیح می‌دهید دریافت کنید. همچنین می‌توانید درخواست مترجم کنید. این کمک رایگان است. با شماره 1-844-867-1156 یا TTY 711 تماس بگیرید. ما تماس‌های رله مخصوص ناشنوایان را می‌پذیریم. می‌توانید از یک مترجم کادر درمانی مجرب و دارای مجوز کمک بگیرید.

**Swahili:** Unaweza kupata mawasiliano haya katika lugha zingine, maandishi makubwa, Breli au muundo unaopendelea. Unaweza pia kuomba huduma za mkalimani. Huu ni usaidizi wa bila malipo. Piga simu kwa 1-844-867-1156 au TTY 711. Tunakubali upigaji simu za relay.

Unaweza kupata msaada kutoka kwa mkalimani wa huduma za afya aliyethibitishwa na aliyehitimu.

**Burmese:** ဤစာကို အခြားဘာသာစကားများ၊ ပုံနှိပ်စာလုံးကြီး၊ မျက်မမြင်စာ သို့မဟုတ် သင်နှစ်သက်ရာပုံစံဖြင့် ရယူနိုင်ပါသည်။ စကားပြန်တစ်ဦးကိုလည်း တောင်းဆိုနိုင်ပါသည်။ ဤအကူအညီမှာ အခမဲ့ဖြစ်သည်။ 1-844-867-1156 သို့မဟုတ် TTY 711 ကို ဖုန်းဆက်ပါ။ ဆွံ့အ နားမကြားသူများ၏ တစ်ဆင့်ခံခေါ်ဆိုမှုများကို ကျွန်ုပ်တို့ လက်ခံပါသည်။

အသိအမှတ်ပြုလက်မှတ်ရထားသော အရည်အချင်းမီ ကျန်းမာရေးစောင့်ရှောက်မှု စကားပြန်ထံမှ အကူအညီကို ရယူနိုင်ပါသည်။

**Amharic:** ይህን መልሶክት በሌሎች ቋንቋዎች፣ በትልልቅ ፊደላት፣ በብሬል ወይም እርስዎ በሚመርጡት ቅርጽ ማግኘት ይችላሉ። አስተርጓሚ እንዲቀርብልዎ መጠየቅ ይችላሉ። ይህ እገዛ የሚቀርበው በነጻ ነው። ወደ 1-844-867-1156 ወይም TTY 711 ይደውሉ። የማዘሪያ ጥሪዎችንም እንቀበላለን።

ከተመሰከረላት እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ እርዳታ ማግኘት ይችላሉ።

**Romanian:** Puteți obține această comunicare în alte limbi, cu scris mare, în Braille sau într-un format preferat de dvs. De asemenea, puteți solicita asistența unui interpret. Această asistență este oferită gratuit. Sunați la 1-844-867-1156 sau TTY 711. Acceptăm și serviciile de apeluri pentru persoane cu dizabilități de auz și/sau de vorbire.

Puteți primi asistență din partea unui interpret certificat și calificat în domeniul medical.



## 種族、族群和語言資訊 (REL)

Wellcare By Allwell 承諾對您的種族、族群和語言 (REL) 資訊保密。我們使用以下一些方法來保護您的資訊：

- 將紙本文件存放在上鎖的檔案櫃中。
- 要求所有電子資訊保留在實體安全的媒體上。
- 將您的電子資訊保存在有密碼保護的檔案中。

我們可能會使用或分享您的 REL 資訊，以進行我們的工作。這些活動可能包括：

- 尋找健康照護缺口。
- 制定干預方案。
- 設計和指導外展材料。
- 告訴健康照護專業人員和醫生您的語言需求。

我們絕不會將您的 REL 資訊用於核准、費率設定或福利決定。我們不會將您的 REL 資訊提供給未經授權的人。

If you need these services, contact Wellcare By Allwell at **1-844-796-6811** (TTY: **711**). Between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

### English

Attention: If you speak English, language assistance services are available to you free of charge. Call **1-844-796-6811** (TTY: **711**).

### Español (Spanish)

Atención: Si habla español, hay servicios de asistencia lingüística disponibles sin costo para usted. Llame al **1-844-796-6811** (TTY: **711**).

### Lus Hmoob (Hmong)

Ua Tib Zoo Saib: Yog tias koj hais lus Hmoob, peb muaj cov kev pab cuam txhais lus uas koj tsis tas them nqi dab tsi. Hu rau **1-844-796-6811** (TTY: **711**).

### 普通话 (Mandarin Chinese)

请注意：如果您说普通话，我们可以为您提供免费语言支持服务。请致电 **1-844-796-6811** (TTY: **711**)。

### ພາສາລາວ (Laotian)

ຂໍ້ຄວນໃສ່ໃຈ: ຫາກວາທານເວົ້າພາສາລາວ, ພວກເຮົາມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ **1-844-796-6811** (TTY: **711**).

### မြန်မာဘာသာ (Burmese)

သတိပြုရန်- သင်သည် မြန်မာစကားပြောဆိုပါက၊ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို အခမဲ့ရယူနိုင်သည်။ **1-844-796-6811** (TTY: **711**) သို့ ဖုန်းခေါ်ဆိုပါ။

### Somali (Somali)

Fiiro gaar ah: Hadii aad ku hadasho Soomaali, adeegyada kaalmada luuqada ayaad heleysaa oo kuu bilaash ah. La hadal **1-844-796-6811** (TTY: **711**).

### Русский (Russian)

Внимание: если вы говорите на русском языке, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-844-796-6811** (TTY: **711**).

### Hrvatski (Croatian)

Pažnja: ako govorite hrvatski, usluge jezične pomoći dostupne su vam besplatno. Nazovite **1-844-796-6811** (TTY: **711**).

### German (German)

Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung. Rufen Sie dazu folgende Nummer an: **1-844-796-6811** (TTY: **711**).

### العربية (Arabic)

انتباه: في حال كنت تتحدث اللغة العربية، تتوفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم **1-844-796-6811** (TTY: **711**).

### Tiếng Việt (Vietnamese)

Lưu ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số **1-844-796-6811** (TTY: **711**).

**한국어 (Korean)**

주의: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. **1-844-796-6811** (TTY: **711**)번으로 전화해 주십시오.

**Deitsch (Pennsylvania Dutch)**

Wichdich: Wann du Deitsch schwetzscht, kannscht du en Interpreter griege unni as es ennich eppes koschte zellt. Ruf **1-844-796-6811** (TTY: **711**) uff.

**Polski (Polish)**

Uwaga: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-844-796-6811** (TTY: **711**).

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं. **1-844-796-6811** (TTY: **711**) पर कॉल करें.

**Shqip (Albanian)**

Vëmendje: Nëse flisni shqip, shërbimet e asistencës gjuhësore ju vihen në dispozicion falas. Telefononi **1-844-796-6811** (TTY: **711**).

## Arizona

HMO D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ)**

## Arkansas

Wellcare Dual Liberty Nurture (HMO-POS D-SNP)

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

Wellcare Dual Access (HMO-POS D-SNP)

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellAR](https://www.wellcare.com/allwellAR)**

## Connecticut

HMO-POS D-SNP

**1-866-892-8340 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Florida

HMO D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Georgia

HMO-POS D-SNP

**1-866-892-8340 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Hawaii

HMO-POS D-SNP

**1-877-457-7621 (TTY: 711)**

**[wellcare.com/ohana](https://www.wellcare.com/ohana)**

## Iowa

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Kentucky

HMO-POS D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Louisiana

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Maine

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Mississippi

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Nevada

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellNV](https://www.wellcare.com/allwellNV)**

## **New York**

Wellcare Dual Access (HMO D-SNP),  
Wellcare Dual Access Open (PPO D-SNP)

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

Wellcare Fidelis Dual Access (HMO D-SNP)

**1-800-247-1447 (TTY: 711)**

**[wellcare.com/fidelisNY](https://wellcare.com/fidelisNY)**

## **Oregon**

HMO-POS D-SNP

**1-844-867-1156 (TTY: 711)**

**[wellcare.com/trilliumOR](https://wellcare.com/trilliumOR)**

## **Pennsylvania**

HMO D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellPA](https://wellcare.com/allwellPA)**

## **South Carolina**

HMO-POS D-SNP, PPO D-SNP

**1-866-892-8340 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Tennessee**

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Texas**

HMO D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Washington**

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Wisconsin**

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellWI](https://wellcare.com/allwellWI)**



**本處方集於 10/15/2024 更新。**

如需最新資訊或有其他問題，請撥打本處方集封面內頁和封底所列計劃的電話號碼或網站至 Wellcare 會員服務部與我們聯絡，在 10 月 1 日至 3 月 31 日期間，代表的服務時間為一週七天，上午 8 點至晚上 8 點，在 4 月 1 日至 9 月 30 日期間，代表的服務時間為週一至週五，上午 8 點至晚上 8 點。

10/15/2024

**Medicare**<sub>Rx</sub>  
Prescription Drug Coverage