



Anthem Blue Cross Cal MediConnect Plan  
(Medicare-Medicaid Plan)  
2019年承保藥物清單 (處方集)

請閱讀：本文件載有我們在本計劃中  
承保之藥物的相關資訊。

本處方集已於11/19/2019更新。

有疑問？

請撥打免費電話1-855-817-5785 (TTY用戶請撥打：711)  
週一至週五上午8點至晚上8點  
聯絡我們或訪問 [duals.anthem.com](http://duals.anthem.com)



# Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan)

## 2019年承保藥物清單（處方集）

### 簡介

本文件稱為承保藥物清單（亦稱為藥物清單）。它可告訴您Anthem Blue Cross Cal MediConnect Plan承保哪些處方藥及非處方藥和物品。藥物清單還可告訴您，Anthem Blue Cross Cal MediConnect Plan承保的任何藥物是否適用任何特殊規則或限制。主要術語及其定義載於會員手冊最後一章。

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如果您有任何疑問，請聯絡Anthem Blue Cross Cal MediConnect Plan，電話：1-855-817-5785（TTY用戶請撥打711），週一至週五上午8點至晚上8點。這是免費電話。若要瞭解更多資訊，請訪問[duals.anthem.com](http://duals.anthem.com)。

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**如果您有任何疑問**，請聯絡Anthem Blue Cross Cal MediConnect Plan，電話：1-855-817-5785（TTY用戶請撥打711），週一至週五上午8點至晚上8點。這是免費電話。**若要瞭解更多資訊**，請訪問[duals.anthem.com](https://duals.anthem.com)。

## A. 免責聲明

這是會員可在Anthem Blue Cross Cal MediConnect Plan獲得的藥物清單。

- ❖ Anthem Blue Cross Cal MediConnect Plan是同時與Medicare和Medi-Cal簽約的計劃，可為保戶提供這兩個計劃的福利。
- ❖ 您可登錄duals.anthem.com或致電1-855-817-5785（TTY用戶請聯絡：711）週一至週五上午8點至晚上8點獲得Anthem Blue Cross Cal MediConnect Plan的最新承保藥物清單
- ❖ 可能適用某些限額、共付額和限制。詳情請聯絡Anthem Blue Cross Cal MediConnect Plan會員服務部或閱讀Anthem Blue Cross Cal MediConnect Plan會員手冊。
- ❖ 您可免費獲得本文件的其他格式版本，如大字印刷、盲文或音頻版本。請致電1-855-817-5785（TTY用戶請撥打711），週一至週五上午8點至晚上8點。這是免費電話。
- ❖ 您可申請免費獲得採用其他語言及格式的本文件及未來資訊。請致電1-855-817-5785（TTY用戶請撥打711），週一至週五上午8點至晚上8點。這是免費電話。

注意：如果您講英文，將免費為您提供語言援助服務。請致電1-855-817-5785（TTY用戶請撥打：711），週一至週五上午8點至晚上8點。這是免費電話。

ՈՒՇԱԴԻՆՈՒԹՅՈՒՆՆԵՐ ԵՐԵ ԴՐԱՖ Խոսում եմ Հայերենի լեզվով, լեզվական օգնության ծառայությունները, անվճար, մատչելի են ձեզ համար: Զանգահարե՛ք 1-855-817-5785 (TTY: 711) Երկուշաբթիից ուրբեկոսը խոսակցությանը օրերին՝ ժամը 8:00-ից 20:00-ն: Այս գանգն անվճար է:

Armenian

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-817-5785 (TTY:711), 週一至週五上午8:00-晚上8:00。通話免費。

Chinese

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك مجانًا. اتصل على الرقم 1-855-817-5785 (الهاتف النصي: 711)، من الاثنين حتى الجمعة من الساعة 8:00 صباحاً حتى 8:00 مساءً. وتكون المكالمات مجانية.

阿拉伯語

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک در زمینه زبان، به صورت رایگان، برای شما در دسترس می باشد. دوشنبه تا جمعه، از 8:00 صبح تا 8:00 شب با شماره 1-855-817-5785 (TTY: 711) تماس بگیرید. این تماس رایگان می باشد.

波斯語

안내: 한국어를 사용할 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 월요일부터 금요일까지 오전8시에서 오후 8시 사이에 1-855-817-5785 (TTY: 711)번으로 전화하십시오. 통화료는 무료입니다.

Korean

ВНИМАНИЕ: если вы говорите по-русски, вам могут предоставить бесплатные услуги перевода. Звоните по тел. 1-855-817-5785 (TTY: 711) с понедельника по пятницу с 8:00 до 20:00. Звонок бесплатный.

Russian

注意: 日本語話者の方は無料の言語支援サービスをご利用いただけます。1-855-817-5785 (TTY: 711)、月曜から金曜の午前8時～午後8時にお電話ください。この通話は無料です。

Japanese



如果您有任何疑問，請聯絡Anthem Blue Cross Cal MediConnect Plan，電話：1-855-817-5785（TTY用戶請撥打711），週一至週五上午8點至晚上8點。這是免費電話。若要瞭解更多資訊，請訪問duals.anthem.com。



ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia de idiomas. Llame al 1-855-817-5785 (TTY: 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. La llamada es gratuita. Spanish

ਪਿਆਰ ਧਰਿ: ਜੇ ਤੁਸੀ ਪੰਜਾਬ ਬੋਲੀਂ ਹੋ, ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵੀ ਮੁਫਤ ਉਪਲਬਧਿ ਹਨ। 1-855-817-5785 (TTY: 711) 'ਤੇ ਸੋਮਵਾਰ ਤੋ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ ਕਾਲ ਕਰੋ। Punjabi

សូមជ្រាប: ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទមកលេខ 1-855-817-5785 (TTY: 711) ពីថ្ងៃច័ន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 ល្ងាច។ ទូរសព្ទមកលេខនេះ គឺឥតគិតថ្លៃ។ Cambodian

LUS CEEV: Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-855-817-5785 (TTY: 711), hnuv Monday txog Friday thaum 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj. Tus xov tooj no hu dawb xwb. Hmong

ध्यान दें: यदि आप हिन्दी बोलते हैं, आपके लिए भाषा सहायता सेवाएं नगि शुल्क उपलब्ध हैं। 1-855-817-5785 (TTY: 711) पर सोमवार से शुक्रवार, सुबह 8:00 बजे से शाम 8:00 बजे तक कॉल करें। यह कॉल नगिशुल्क है। Hindi

ระวัง: หากคุณพูดภาษาอังกฤษ เรามีบริการช่วยเหลือด้านภาษาโดยไม่คิดค่าใช้จ่ายใด ๆ โดยติดต่อไปที่ 1-855-817-5785(TTY: 711) วันจันทร์ถึงวันศุกร์เวลา 8:00 – 20:00 น. ไม่มีค่าใช้จ่ายใด ๆ ทั้งสิ้น Thai

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo nang walang bayad ang mga serbisyo ng tulong sa wika. Tumawag sa 1-855-817-5785 (TTY: 711), Lunes hanggang Biyernes, 8:00 a.m. hanggang 8:00 p.m. Libre ang tawag. Tagalog

CHU Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ, miễn phí, cho quý vị. Xin gọi số 1-855-817-5785 (TTY: 711), Thứ Hai đến Thứ Sáu từ 8:00 sáng đến 8:00 tối. Cuộc gọi được miễn tính cước phí. Vietnamese

ສິ່ງທີ່ຄວນເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ທາງເຮົາມີການບໍລິການຊ່ວຍເຫຼືອທາງພາສາ ໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທຫາໝາຍເລກ 1-855-817-5785 (TTY: 711), ວັນຈັນຫາວັນສຸກ ຕັ້ງແຕ່ 8:00 ໂມງເຊົ້າຫາ 8:00 ໂມງແລງ. ການໂທແມ່ນໂທຟຣີ. Laotian

- ❖ 您可免費獲得本文件的其他格式版本，如大字印刷、盲文或音頻版本。請致電1-855-817-5785 (TTY 用戶請撥打711)，週一至週五上午8點至晚上8點 這是免費電話。
- ❖ 您可申請免費獲得採用其他語言及格式的本文件及未來資訊。請致電1-855-817-5785 (TTY 用戶請撥打711)，週一至週五上午8點至晚上8點 這是免費電話。

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## B. 常見問題及解答(FAQ)

您可在此處查找關於承保藥物清單疑問的解答。您可閱讀所有FAQ以瞭解更多資訊，或查找特定問題及解答。

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### B1. 哪些處方藥列入承保藥物清單？ (我們將承保藥物清單簡稱為「藥物清單」)

藥物清單所列示的藥物是Anthem Blue Cross Cal MediConnect Plan承保的藥物。這些藥物可在我們網絡內的藥房提供。如果我們與藥房簽訂關於合作及為您提供服務的協議，該等藥房即為我們網絡內的藥房。我們將這些藥房稱為「網絡藥房」。

- 只要滿足以下條件，Anthem Blue Cross Cal MediConnect Plan將承保藥物清單列示的所有醫療必需藥物：
  - 您的醫生或其他開藥者表示，您需要它們以改善或保持健康；及
  - 您在Anthem Blue Cross Cal MediConnect Plan網絡藥房根據處方配藥。
- 在某些情況下，您必須採取特定行動，然後才能獲得藥物（見下文問題B4）。

您還可在我們的網站duals.anthem.com查看最新的承保藥物清單或致電1-855-817-5785（TTY用戶請撥打711）週一至週五上午8點至晚上8點諮詢會員服務部。

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### B2. 藥物清單是否會更改？

是。Anthem Blue Cross Cal MediConnect Plan可能會在年內在藥物清單添加或移除藥物。

我們還可能會更改我們的藥物規則。例如，我們可能會：

- 決定對某種藥物要求或不要求事先核准。（事先核准是您能夠得到藥物前必須從Anthem Blue Cross Cal MediConnect Plan獲得的許可。）
- 增加或更改您可以獲得的藥物數量（稱為供藥量限制）。
- 增加或更改藥物的分步治療限制。（分步治療指您必須首先嘗試使用某種藥物，然後我們才會承保其他藥物。）

有關這些藥物規則的詳細資訊，請參閱問題B4。

如果您正在服用在年初獲承保的藥物，我們一般不會在該年度的餘下時間移除或更改該藥物的承保，除非：

- 出現療效與藥物清單所示藥物相同的更便宜的新藥；或
- 我們獲知，該藥物不安全；或
- 該藥物退出市場。

以下問題B3和B6可提供關於當藥物清單更改時會發生什麼情況的更多資訊。



如果您有任何疑問，請聯絡Anthem Blue Cross Cal MediConnect Plan，電話：1-855-817-5785（TTY用戶請撥打711），週一至週五上午8點至晚上8點。這是免費電話。若要瞭解更多資訊，請訪問duals.anthem.com。

- 您可在duals.anthem.com在線查閱Anthem Blue Cross Cal MediConnect Plan的最新藥物清單。
- 您還可致電1-855-817-5785（TTY用戶請撥打711）週一至週五上午8點至晚上8點聯絡會員服務部，要求查閱最新的藥物清單。

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### B3. 如果藥物清單出現更改，會發生什麼情況？

部分藥物清單變更可能會立即發生。例如：

- **新的學名藥可用。**有時，會出現療效與藥物清單所示藥物相同的更便宜的新藥。當出現這種情況時，我們可能會移除當前的藥物，但您的新藥費用將保持不變。當我們添加新的學名藥時，我們還可能會決定將當前的藥物保留在清單內，但更改其承保規則或限制。
  - 我們可能不會在作出更改前通知您，但我們會向您發送關於我們作出的具體更改的資訊。
  - 您或您的服務提供者可申請就該等更改獲得例外處理。我們會向您發送載有申請例外處理所需步驟的通知。有關例外處理的更多資訊，請參閱問題B10。
- **藥物退出市場。**如果食品和藥物管理局(FDA)裁定，您正在服用的藥物不安全，或該藥物的製造商將該藥物退出市場，我們會將該藥物從藥物清單移除。如果您正服用該藥物，我們會通知您。當您收到我們的函件後，請盡快聯絡為您開藥的醫生。

我們可能會作出影響您所服用的藥物的其他更改。我們會事先通知您我們將對藥物清單做出的其他更改。在以下情況下，可能會作出該等更改：

- FDA提供新的指引或有關於藥物的新臨床指引。
- 我們添加市場上現有的學名藥；**及**
  - 更換當前列入藥物清單的品牌藥；**或**
  - 更改該品牌藥的承保規則或限制。

若作出該等變更，我們會在更改藥物清單前提前30天或在您要求再配藥時通知您。這樣，您將有時間諮詢您的醫生或其他開藥者。他或她可幫助您確定藥物清單上是否有您可以服用的替代藥物，或者申請例外處理。然後，您可以：

- 在藥物清單更改前獲得該藥物31天的供藥量；**或**
- 申請就該等變更作出例外處理。有關例外處理的更多資訊，請參閱問題B10。

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### B4. 對於特定藥物，是否有任何限制或藥物承保上限或必須採取特定行動才能獲得該藥物？

是，部分藥物具有承保規則或關於您可以獲得的數量限制。在某些情況下，您或您的開藥者必須採取特定行動，然後您才能獲得該藥物。例如：



如果您有任何疑問，請聯絡Anthem Blue Cross Cal MediConnect Plan，電話：1-855-817-5785（TTY用戶請撥打711），週一至週五上午8點至晚上8點。這是免費電話。若要瞭解更多資訊，請訪問duals.anthem.com。

- **事先批准（或事先核准）**：對於某些藥物，在您可以根據處方配藥前，您或您的醫生或其他開藥者必須獲得Anthem Blue Cross Cal MediConnect Plan的批准。如果您沒有獲得批准，Anthem Blue Cross Cal MediConnect Plan 可能會不承保該藥物。
- **供藥量限制**：有時，Anthem Blue Cross Cal MediConnect Plan會限制您可獲得的藥物的數量。
- **分步治療**：有時，Anthem Blue Cross Cal MediConnect Plan會要求您採取分步治療。這意味著，您必須以特定的順序服用藥物治療您的疾病。您可能需要首先嘗試使用某種藥物，然後我們才會承保其他藥物。如果您的醫生認為第一種藥物對您無效，我們會承保第二種。

您可以查找載於第11 - 153頁的處方集，瞭解您的藥物是否存有任何其他要求或限制。您還可訪問我們的網站duals.anthem.com，獲取更多資訊。我們已將事先授權及分步治療限制的說明文件在網上發佈。您亦可要求我們向您發送一份副本。

您可就該等限制申請例外處理。這樣，您將有時間諮詢您的醫生或其他開藥者。他或她可幫助您確定藥物清單上是否有您可以服用的替代藥物，或者申請例外處理。有關例外處理的更多資訊，請參閱問題B10- B12。

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## B5. 您如何知道您想要獲得的藥物是否存在限制或必須採取特定行動才能獲得該藥物？

第11頁的藥物清單有標記為「必要行動、局限或使用限制」的一欄。

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## B6. 如果我們更改某些藥物的規則（如，事先核准（批准）、供藥量限制及/或分步治療限制），會發生什麼情況？

在某些情況下，如果我們對藥物添加或更改事先核准、供藥量限制及/或分步治療限制，我們會事先通知您。有關該事先通知以及我們無法事先通知您藥物清單上的藥物規則變更的情況的更多資訊，請參閱問題B3。

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## B7. 您如何查找藥物清單上的藥物？

有兩種查找藥物的方式：

- 您可以按字母順序搜索（如果您知道怎樣拼寫該藥物的單詞）；或
- 您可按疾病搜索。

若要**按字母順序搜索**，請轉到第154頁開始的承保藥物索引部分，然後在列表上查找您的藥物名稱。

若要**按疾病搜索**，請找到第11頁的「按疾病列示的藥物清單」部分。該部分的藥物乃依據其所治療的病症類型進行分類。例如，如果您有心臟病，您應查閱心血管疾病、高血壓/血脂類別。您在這裡可以找到治療心臟病的藥物。



如果您有任何疑問，請聯絡Anthem Blue Cross Cal MediConnect Plan，電話：1-855-817-5785（TTY用戶請撥打711），週一至週五上午8點至晚上8點。這是免費電話。若要瞭解更多資訊，請訪問duals.anthem.com。

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## B8. 如果您想要服用的藥物不在藥物清單上，該怎麼辦？

如果您在藥物清單上沒有看到您的藥物，請致電1-855-817-5785（TTY用戶請撥打711）週一至週五上午8點至晚上8點諮詢客戶服務部。如果您得知Anthem Blue Cross Cal MediConnect Plan不會承保該藥物，您可以採取以下行動：

- 要求會員服務部提供與您要服用的藥物類似的藥物清單。然後向您的醫生或其他開藥者出示該清單。他或她可開出與您要服用的藥物類似且列入藥物清單的藥物。或
- 您可要求健康計劃作出例外處理，承保您的藥物。有關例外處理的更多資訊，請參閱問題B10-B12。

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## B9. 如果您是Anthem Blue Cross Cal MediConnect Plan的新會員，無法在藥物清單上找到您的藥物，或者在獲取藥物方面出現問題，該怎麼辦？

我們可以提供幫助。在您成為Anthem Blue Cross Cal MediConnect Plan會員的頭90天，我們可能會對您的臨時性31天供藥量進行承保。這樣，您將有時間諮詢您的醫生或其他開藥者。他或她可幫助您確定藥物清單上是否有您可以服用的替代藥物，或者申請例外處理。

如果您的處方期限更短，我們將提供多種配藥以供31天期限內的用藥。

在以下情況下，我們將承保您的藥物的31天供藥量：

- 您正在服用未列入我們的藥物清單的藥物；或
- 健康計劃的規則不允許您獲得開藥者為您開出的藥量；或
- 該藥物需要Anthem Blue Cross Cal MediConnect Plan事先核准；或
- 您正在服用的藥物具有分步治療限制。

如果您居住在護理院或其他長期護理機構，需要未列入藥物清單的藥物，或者無法輕易獲得所需的藥物，我們可提供幫助。如果您加入計劃超過90天、居住在長期護理機構並且需要立即供藥：

- 我們會承保您所需的藥物的31天供藥量（除非您的處方指示較短的供藥期間），不論您是否為Anthem Blue Cross Cal MediConnect Plan的新會員。
- 這是對您成為Anthem Blue Cross Cal MediConnect Plan會員頭90天內的臨時供藥量的補充。

如果您接受的護理級別發生變化，需要從一間機構或治療中心轉移至另一間，您可能會有資格獲得當前處方藥物的一次性臨時配藥。例如，當您出院時獲提供基於醫院處方集的出院藥物清單，您可能能夠獲得一次性配藥。您可獲得臨時一次性配藥例外處理，不論您是否處於參與計劃的頭90天期限內。詳情可要求開藥者諮詢我們。

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## B10. 您能否申請例外處理，以便您的藥物獲得承保？

能。您可要求Anthem Blue Cross Cal MediConnect Plan作出例外處理，承保未列入藥物清單的藥物。

您還可要求我們更改適用於您的藥物的規則。



如果您有任何疑問，請聯絡Anthem Blue Cross Cal MediConnect Plan，電話：1-855-817-5785（TTY用戶請撥打711），週一至週五上午8點至晚上8點。這是免費電話。若要瞭解更多資訊，請訪問[duals.anthem.com](https://duals.anthem.com)。

- 例如，Anthem Blue Cross Cal MediConnect Plan可能會限制我們承保的藥物數量。如果您的藥物有限制，您可要求我們解除該限制，增加承保數量。
- 其他示例：您可要求我們取消分步治療限制或事先核准要求。

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## B11. 您如何能夠申請例外處理？

若要申請例外處理，請聯絡會員服務部。您的會員服務部代表會與您和您的服務提供者合作，幫助您申請例外處理。

您亦可閱讀 *會員手冊* 第9章，瞭解關於例外處理的更多資訊。

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## B12. 要獲得例外處理，需要多長時間？

首先，我們必須獲得您的開藥者提供的支持您的例外處理申請的聲明。在我們獲得該聲明後，我們會在72小時內告知您關於例外處理申請的決定。

如果您或您的開藥者認為等待72小時會令您的健康可能受到損害，您可申請加急例外處理。這是更快速的決定。如果您的開藥者支持您的申請，我們會在收到您的開藥者的支持聲明後24小時內將我們的決定告訴您。

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## B13. 何謂學名藥？

學名藥由與品牌藥相同的成分組成。它們通常比品牌藥便宜，且不如品牌藥知名。學名藥經食品及藥物管理局(FDA)批准。

Anthem Blue Cross Cal MediConnect Plan承保品牌藥及學名藥。

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## B14. 何謂OTC藥物？

OTC指「櫃檯」。Anthem Blue Cross Cal MediConnect Plan可承保載於您的開藥者開出的處方的部分OTC藥物。

您可查看Anthem Blue Cross Cal MediConnect Plan藥物清單，以瞭解哪些OTC藥物獲承保。

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## B15. Anthem Blue Cross Cal MediConnect Plan是否承保OTC非藥物物品？

Anthem Blue Cross Cal MediConnect Plan可承保載於您的開藥者開出的處方的部分OTC非藥物物品。

OTC非藥物物品示例包括面罩、避孕套及峰值空氣流量計。

您可查看Anthem Blue Cross Cal MediConnect Plan，以瞭解哪些OTC非藥物物品獲承保。



如果您有任何疑問，請聯絡Anthem Blue Cross Cal MediConnect Plan，電話：1-855-817-5785（TTY用戶請撥打711），週一至週五上午8點至晚上8點。這是免費電話。若要瞭解更多資訊，請訪問[duals.anthem.com](https://duals.anthem.com)。

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## B16. 您的共付額是多少？

您可查看Anthem Blue Cross Cal MediConnect Plan藥物清單，以瞭解每種藥物的共付額。居住在護理院或其他長期護理機構的Anthem Blue Cross Cal MediConnect Plan會員並無共付額。在社區獲取長期護理的部分會員也沒有共付額。

共付額按層級列示。層級為具有相同共付額的藥物組別。

- 第1級 — Medicare D部分首選學名藥及品牌藥。  
共付額為\$0。  
(若在網絡零售或郵購藥房配藥，最多可獲得93天供藥量)
- 第2級 — Medicare D部分首選及非首選學名藥及品牌藥。  
共付額為\$0至\$8.50。  
(若在網絡零售或郵購藥房配藥，最多可獲得93天供藥量)
- 第3級 — Medi-Cal (州) 認可非Medicare學名及品牌處方藥。  
共付額為\$0。  
(若在網絡零售藥房配藥，最多可獲得31天供藥量)
- 第4級 — 開藥者提供的處方包含的Medi-Cal (州) 認可非Medicare櫃檯(OTC)學名藥  
共付額為\$0。  
(若在網絡零售藥房配藥，最多可獲得31天供藥量)

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## C. 承保藥物清單

以下承保藥物清單可為您提供關於Anthem Blue Cross Cal MediConnect Plan承保的藥物的資訊。如果您於該清單中查找藥物方面遇到困難，請轉至自第154頁開始的索引。該索引按字母順序列出Anthem Blue Cross Cal MediConnect Plan承保的所有藥物。

表格的第一欄載列藥物名稱。品牌藥以大寫字母書寫（例如SPIRIVA），學名藥以小寫字母斜體書寫（例如atenolol）。

「必要行動、局限或使用限制」欄的資訊可告訴您Anthem Blue Cross Cal MediConnect Plan是否有任何關於承保您的藥物的規則。

**註：**藥物旁邊的星號(\*)表明該藥物並非「D部分藥物」。您無需就該等藥物支付共付額。該等藥物還有不同的上訴規則。

- 上訴是當您認為我們作出了錯誤決定時，要求我們對我們作出關於您的承保的決定進行審核並作出更改的正式方式。例如，我們可能會裁定，您想要獲得的藥物不受或不再受Medicare或Medi-Cal承保。
- 如果您或您的醫生不同意我們的決定，您可提出上訴。如果您有任何疑問，請致電1-855-817-5785（TTY用戶請撥打711）聯絡會員服務部。週一至週五上午8點至晚上8點您還可閱讀會員手冊第9章，瞭解如何對決定提出上訴。



如果您有任何疑問，請聯絡Anthem Blue Cross Cal MediConnect Plan，電話：1-855-817-5785（TTY用戶請撥打711），週一至週五上午8點至晚上8點。這是免費電話。若要瞭解更多資訊，請訪問duals.anthem.com。

## D. 按疾病列示的藥物清單

該部分的藥物乃依據其所治療的病症類型進行分類。例如，如果您有心臟病，您應查閱心血管疾病、高血壓/血脂類別。您在這裡可以找到治療心臟病的藥物。

以下是「必要行動、局限或使用限制」欄所用代碼的含義：

縮寫詞	說明	解釋
B/D PAR	B部分和D部分裁定	取決於相關情況，該處方藥可能受Medicare B部分或D部分承保。可能須提交描述藥物的使用及設置的資訊，以作出裁定。
LA	有限可用性	該處方藥可能僅在某些藥房有售。詳情請致電1-855-817-5785 (TTY用戶請撥打711) 聯絡會員服務部。
MO	郵購藥物	該處方藥可透過我們的郵購服務或零售網絡藥房提供。對於您的長期（維持）藥物（如，高血壓藥物），請考慮使用郵購服務。零售藥房可能更適合短期處方藥（如，抗生素）。
NE	非延展	非延展每天供應藥物包括特種藥物。特種藥物最多可配31天藥量。您可查閱會員手冊前面的福利表，以確定特種藥物或非延展每天供應藥物的配藥量是否限制為不超過31天供藥量。
PAR	需要事先核准。	對於某些藥物，Anthem Blue Cross Cal MediConnect Plan要求您或您的醫生獲取事先核准。這意味著，您需要事先獲得批准，才能按處方配藥。如果您並未獲得批准，我們可能不會承保該藥物。
QLL	供藥量限制	對於某些藥物，Anthem Blue Cross Cal MediConnect Plan就我們將承保的藥物數量作出了限制。
ST	分步治療	在某些情況下，Anthem Blue Cross Cal MediConnect Plan會要求您先嘗試使用某些藥物來治療病症，然後才會承保您就該病症使用的另外一種藥物。例如，如果藥物A和藥物B皆可治療您的病症，我們可能不會承保藥物B，除非您先嘗試使用藥物A。如果藥物A對您來說並不適用，則我們會承保藥物B。

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<b>ANTI - INFECTIVES</b>		
<i>abacavir oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (960 per 30 days)
<i>abacavir oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>abacavir-lamivudine</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
ABELCET	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>acyclovir oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acyclovir oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acyclovir sodium 50 mg/ml intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>adefovir</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>albendazole</i>	\$0.00-\$8.50 (Tier 2)	MO
ALBENZA	\$0.00-\$8.50 (Tier 2)	MO; NE
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
ALINIA ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; QLL (6 per 30 days)
<i>amantadine hcl</i>	\$0.00-\$8.50 (Tier 2)	MO
AMBISOME	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin-pot clavulanate</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>amphotericin b</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>ampicillin oral capsule 250 mg</i>	\$0.00-\$8.50 (Tier 2)	
<i>ampicillin oral capsule 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ampicillin sodium injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ampicillin sodium intravenous</i>	\$0.00-\$8.50 (Tier 2)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
APTIVUS ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	NE; QLL (380 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>atovaquone</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
ATRIPLA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
AZACTAM	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>azithromycin intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>azithromycin oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>aztreonam</i>	\$0.00-\$8.50 (Tier 2)	MO
BARACLUDGE ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/ 600K)	\$0.00-\$8.50 (Tier 2)	MO
BIKTARVY	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
BILTRICIDE	\$0.00-\$8.50 (Tier 2)	MO
CAPASTAT	\$0.00-\$8.50 (Tier 2)	
CAYSTON	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>cefaclor oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefaclor oral tablet extended release 12 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefadroxil oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefadroxil oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefazolin intravenous</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefdinir</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefepime injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefoxitin in dextrose, iso-osm</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefpodoxime</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefprozil</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftazidime injection recon soln 6 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>ceftriaxone in dextrose,iso-os</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftriaxone intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftriaxone intravenous solution injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftriaxone intravenous solution injection recon soln 10 gram, 100 gram</i>	\$0.00-\$8.50 (Tier 2)	

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>cefuroxime axetil oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cephalexin oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>chloramphenicol sod succinate</i>	\$0.00-\$8.50 (Tier 2)	
<i>chloroquine phosphate</i>	\$0.00-\$8.50 (Tier 2)	MO
CIMDUO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clarithromycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin hcl</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate injection solution 150 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clotrimazole mucous membrane</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>colistin (colistimethate na)</i>	\$0.00-\$8.50 (Tier 2)	MO
COMPLERA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
CRIXIVAN ORAL CAPSULE 200 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
DAPSONE ORAL	\$0.00-\$8.50 (Tier 2)	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>daptomycin intravenous recon soln 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
DARAPRIM	\$0.00-\$8.50 (Tier 2)	NE
DELSTRIGO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>demeclocycline</i>	\$0.00-\$8.50 (Tier 2)	MO
DESCOVY	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>dicloxacillin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>didanosine oral capsule, delayed release (dr/ec) 200 mg</i>	\$0.00-\$8.50 (Tier 2)	QLL (60 per 30 days)
<i>didanosine oral capsule, delayed release (dr/ec) 250 mg, 400 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
DOVATO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>doxy-100</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxycycline hyclate intravenous</i>	\$0.00-\$8.50 (Tier 2)	
<i>doxycycline hyclate oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用(層級)	必要行動, 限制或使用限制
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
EDURANT	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
<i>efavirenz oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; QLL (850 per 30 days)
<i>entecavir</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
EPCLUSA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>ertapenem</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>erythromycin ethylsuccinate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ethambutol</i>	\$0.00-\$8.50 (Tier 2)	MO
EVOTAZ	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (21 per 7 days)
<i>fluconazole</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>flucytosine oral capsule 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>flucytosine oral capsule 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>fosamprenavir</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>gentamicin injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gentamicin sulfate (ped) (pf) 20 mg/2 ml injection</i>	\$0.00-\$8.50 (Tier 2)	MO
GENVOYA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>griseofulvin microsize oral suspension</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>griseofulvin ultramicrosize</i>	\$0.00-\$8.50 (Tier 2)	MO
HARVONI ORAL TABLET 90-400 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (28 per 28 days)
<i>hydroxychloroquine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>imipenem-cilastatin</i>	\$0.00-\$8.50 (Tier 2)	MO
INTELENCE ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
INVANZ INJECTION	\$0.00-\$8.50 (Tier 2)	MO
INVIRASE ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
ISENTRESS HD	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
ISENTRESS ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (720 per 30 days)
<i>isoniazid oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>itraconazole oral capsule</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>ivermectin oral</i>	\$0.00-\$8.50 (Tier 2)	MO
JULUCA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
<i>ketoconazole oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lamivudine oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lamivudine oral tablet 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levofloxacin intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levofloxacin oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
LEXIVA ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; QLL (1800 per 30 days)
LEXIVA ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
<i>linezolid in dextrose 5%</i>	\$0.00-\$8.50 (Tier 2)	

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>linezolid oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (1800 per 30 days)
<i>linezolid oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (56 per 28 days)
<i>linezolid-0.9% sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>lopinavir-ritonavir</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
<i>mefloquine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>meropenem</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methenamine hippurate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metro i.v.</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metronidazole in nacl (iso-os)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metronidazole oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>minocycline oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>minocycline oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
MONUROL	\$0.00-\$8.50 (Tier 2)	MO
<i>morgidox oral capsule 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>moxifloxacin oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nafcillin injection recon soln 10 gram</i>	\$0.00-\$8.50 (Tier 2)	MO; NE

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>nafcillin intravenous recon soln 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
NEBUPENT	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>neomycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nevirapine oral suspension</i>	\$0.00-\$8.50 (Tier 2)	QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>nitrofurantoin monohyd/m-cryst</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
NORVIR ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
NOXAFIL ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>nystatin oral suspension</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nystatin oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
ODEFSEY	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>ofloxacin oral tablet 300 mg</i>	\$0.00-\$8.50 (Tier 2)	

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>ofloxacin oral tablet 400 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>okebo oral capsule 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>oseltamivir</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>oxacillin injection recon soln 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>paromomycin</i>	\$0.00-\$8.50 (Tier 2)	MO
PASER	\$0.00-\$8.50 (Tier 2)	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	\$0.00-\$8.50 (Tier 2)	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	\$0.00-\$8.50 (Tier 2)	MO
<i>penicillin g potassium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>penicillin g sodium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>penicillin v potassium</i>	\$0.00-\$8.50 (Tier 2)	MO
PENTAM	\$0.00-\$8.50 (Tier 2)	MO
<i>pentamidine injection</i>	\$0.00-\$8.50 (Tier 2)	
PIFELTRO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>praziquantel</i>	\$0.00-\$8.50 (Tier 2)	MO
PREZCOBIX	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
PRIFTIN	\$0.00-\$8.50 (Tier 2)	MO
PRIMAQUINE	\$0.00-\$8.50 (Tier 2)	MO
<i>pyrazinamide</i>	\$0.00-\$8.50 (Tier 2)	MO
REESE'S PINWORM MEDICINE	\$0 (Tier 4)	[*]
RELENZA DISKHALER	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
RETROVIR INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	MO
REYATAZ ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>ribasphere oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ribavirin oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>ribavirin oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>rifabutin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>rifampin</i>	\$0.00-\$8.50 (Tier 2)	MO
RIFATER	\$0.00-\$8.50 (Tier 2)	MO
<i>rimantadine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ritonavir</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
SELZENTRY ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
SIRTURO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>stavudine oral capsule 15 mg, 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
STREPTOMYCIN	\$0.00-\$8.50 (Tier 2)	MO
STRIBILD	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>sulfadiazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sulfamethoxazole-trimethoprim</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
SYMFI	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
SYMFI LO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
SYMTUZA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
SYNAGIS	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
SYNERCID	\$0.00-\$8.50 (Tier 2)	NE
TEFLARO	\$0.00-\$8.50 (Tier 2)	MO; NE
TEMIXYS	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>tenofovir disoproxil fumarate</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>terbinafine hcl oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tetracycline</i>	\$0.00-\$8.50 (Tier 2)	MO
TIGECYCLINE	\$0.00-\$8.50 (Tier 2)	NE
TIVICAY ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
<i>tobramycin in 0.225% nacl for nebulization</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	\$0.00-\$8.50 (Tier 2)	NE
<i>tobramycin sulfate injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
TRECTOR	\$0.00-\$8.50 (Tier 2)	MO



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>trimethoprim</i>	\$0.00-\$8.50 (Tier 2)	MO
TRIUMEQ	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
TROGARZO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (10.64 per 28 days)
TRUVADA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
TYBOST	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>valganciclovir oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	\$0.00-\$8.50 (Tier 2)	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/ 200 ML	\$0.00-\$8.50 (Tier 2)	MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	\$0.00-\$8.50 (Tier 2)	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	\$0.00-\$8.50 (Tier 2)	
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>vancomycin oral capsule 125 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (80 per 10 days)
VEMLIDY	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)

藥品名稱	您需為藥物支付的費用(層級)	必要行動, 限制或使用限制
VIDEX 2 GRAM PEDIATRIC	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
VIRACEPT ORAL TABLET 250 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
VIRAMUNE ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
VIREAD ORAL POWDER	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>voriconazole intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>voriconazole oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>voriconazole oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>voriconazole oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
VOSEVI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
XOFLUZA	\$0.00-\$8.50 (Tier 2)	MO
ZIAGEN ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; QLL (960 per 30 days)
<i>zidovudine oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ABRAXANE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>adriamycin intravenous recon soln 10 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
AFINITOR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
AFINITOR DISPERZ	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ALECENSA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
ALIMTA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ALIQOPA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
ALUNBRIG ORAL TABLET 180 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 180 days)
<i>anastrozole</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
ARRANON	\$0.00-\$8.50 (Tier 2)	B/D PAR
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	\$0.00-\$8.50 (Tier 2)	NE
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
ARZERRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
AVASTIN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>azacitidine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>azathioprine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>azathioprine sodium solution for injection</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
BALVERSA ORAL TABLET 3 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
BAVENCIO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
BELEODAQ	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BENDEKA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
BESPONSA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>bexarotene</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (300 per 30 days)
<i>bicalutamide</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
BICNU	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>bleomycin</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
BLINCYTO INTRAVENOUS KIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BORTEZOMIB	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
BOSULIF ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
<i>busulfan</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
BUSULFEX	\$0.00-\$8.50 (Tier 2)	B/D PAR
CABOMETYX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
CALQUENCE	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
CAPRELSA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; LA; NE; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
<i>carboplatin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>carmustine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
CELLCEPT INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cisplatin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cladribine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>clofarabine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
CLOLAR	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (84 per 28 days)
COPIKTRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
COTELLIC	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cyclosporine intravenous</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>cyclosporine modified</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cyclosporine oral capsule</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
CYRAMZA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>cytarabine injection solution 20mg/ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>dacarbazine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>dactinomycin</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
DARZALEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>daunorubicin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
DAURISMO ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>decitabine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>doxorubicin intravenous recon soln 50 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>doxorubicin, peg-liposomal</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
DROXIA	\$0.00-\$8.50 (Tier 2)	MO
ELITEK	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
EMCYT	\$0.00-\$8.50 (Tier 2)	MO
EMPLICITI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>epirubicin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
ERBITUX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ERIVEDGE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
ERLEADA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
ERWINAZE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ETOPOPHOS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>etoposide intravenous</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
EVOMELA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>exemestane</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
FARESTON	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
FASLODEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (1 per 28 days)
<i>fludarabine intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>fludarabine intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>fluorouracil intravenous</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>flutamide</i>	\$0.00-\$8.50 (Tier 2)	MO
FOLOTYN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>fulvestrant</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
GAZYVA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>gengraf oral solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
GILOTRIF	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
GLEOSTINE	\$0.00-\$8.50 (Tier 2)	PAR; MO
HALAVEN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
HERCEPTIN HYLECTA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>hydroxyurea</i>	\$0.00-\$8.50 (Tier 2)	MO
IBRANCE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>idarubicin</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
IDHIFA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
<i>ifosfamide intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>imatinib oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
<i>imatinib oral tablet 400 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
IMFINZI	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
INLYTA ORAL TABLET 1 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
INREBIC	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
IRESSA	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>irinotecan intravenous solution 100 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>irinotecan intravenous solution 500 mg/25 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
ISTODAX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
IXEMPRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
JAKAFI ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (300 per 30 days)
JEVTANA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
KADCYLA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE

藥品名稱	您需為藥物支付的費用(層級)	必要行動, 限制或使用限制
KEPIVANCE	\$0.00-\$8.50 (Tier 2)	MO
KEYTRUDA INTRAVENOUS SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
KHAPZORY	\$0.00-\$8.50 (Tier 2)	PAR; NE
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (21 per 21 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (42 per 21 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (63 per 21 days)
KYPROLIS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 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)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>letrozole</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>leucovorin calcium injection recon soln 500 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>leucovorin calcium oral</i>	\$0.00-\$8.50 (Tier 2)	MO
LEUKERAN	\$0.00-\$8.50 (Tier 2)	MO
<i>leuprolide subcutaneous kit</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; NE
LIBTAYO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LONSURF	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LORBRENA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
LUMOXITI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LUPRON DEPOT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 28 days)
LYNPARZA ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
LYSODREN	\$0.00-\$8.50 (Tier 2)	MO
MARQIBO	\$0.00-\$8.50 (Tier 2)	MO; NE
MATULANE	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>megestrol oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
MEKINIST ORAL TABLET 0.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
MEKTOVI	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
<i>melphalan hcl</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>mercaptopurine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mesna</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
MESNEX ORAL	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>methotrexate sodium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methotrexate sodium (pf) injection recon soln</i>	\$0.00-\$8.50 (Tier 2)	
<i>methotrexate sodium (pf) injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>mitomycin intravenous recon soln 40 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>mitoxantrone</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>mycophenolate mofetil hcl</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>mycophenolate mofetil oral capsule</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>mycophenolate mofetil oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>mycophenolate mofetil oral tablet</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>mycophenolate sodium</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
MYLOTARG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
NERLYNX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
NEXAVAR	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
<i>nilutamide</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
NINLARO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3 per 28 days)
NIPENT	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
NUBEQA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
NULOJIX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>octreotide acetate injection solution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ODOMZO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
OPDIVO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>oxaliplatin intravenous recon soln 100 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>oxaliplatin intravenous recon soln 50 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>oxaliplatin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>paclitaxel</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
PERJETA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (56 per 28 days)
POLIVY	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
POMALYST ORAL CAPSULE 1 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
PORTRAZZA	\$0.00-\$8.50 (Tier 2)	MO; NE
POTELIGEO	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
PROGRAF INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
PROGRAF ORAL GRANULES IN PACKET	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
PURIXAN	\$0.00-\$8.50 (Tier 2)	PAR; NE
RAPAMUNE ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
REVLIMID ORAL CAPSULE 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (150 per 30 days)
RITUXAN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
RITUXAN HYCELA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
ROMIDEPSIN	\$0.00-\$8.50 (Tier 2)	PAR; NE
ROZLYTREK ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
RYDAPT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
SIGNIFOR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
SIMULECT INTRAVENOUS RECON SOLN 10 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
SIMULECT INTRAVENOUS RECON SOLN 20 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>sirolimus oral solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>sirolimus oral tablet</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
SOLTAMOX	\$0.00-\$8.50 (Tier 2)	MO; NE
SOMATULINE DEPOT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
SPRYCEL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
STIVARGA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
SYNRIBO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
TABLOID	\$0.00-\$8.50 (Tier 2)	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>tacrolimus oral capsule 5 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
TAFINLAR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
TAGRISSO ORAL TABLET 80 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>tamoxifen</i>	\$0.00-\$8.50 (Tier 2)	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
TARGRETIN TOPICAL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (56 per 28 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (20 per 21 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (28 per 30 days)
<i>temsirolimus</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>thiotepa</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
TIBSOVO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>toposar</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>topotecan intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>topotecan intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>toremifene</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
TORISEL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
TREANDA INTRAVENOUS RECON SOLN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 168 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 28 days)
<i>tretinoin (chemotherapy)</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
TREXALL	\$0.00-\$8.50 (Tier 2)	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
TURALIO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
TYKERB	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
UNITUXIN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
VECTIBIX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
VELCADE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
VENCLEXTA ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; QLL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (84 per 365 days)
VERZENIO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
<i>vinblastine intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>vincristine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>vinorelbine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
VITRAKVI ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
VITRAKVI ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
VOTRIENT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
VYXEOS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
XALKORI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
XATMEP	\$0.00-\$8.50 (Tier 2)	MO
XGEVA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1.7 per 28 days)
XOSPATA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (20 per 28 days)
XPOVIO ORAL TABLET 160 MG/WEEK (20 MG X 8)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (32 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (12 per 28 days)
XTANDI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
YERVOY	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
YONDELIS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
YONSA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ZALTRAP	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ZANOSAR	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
ZEJULA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
ZELBORAF	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
ZOLINZA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ZORTRESS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
ZYDELIG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
ZYKADIA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)

## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ABILIFY MAINTENA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1 per 28 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (900 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (900 per 30 days)
<i>acetaminophen-codeine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
ADASUVE	\$0.00-\$8.50 (Tier 2)	QLL (30 per 30 days)
<i>all day pain relief</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>all day relief</i>	\$0 (Tier 4)	[*]
<i>alprazolam oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>amitriptyline</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>amoxapine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
AMPYRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
APOKYN	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
APTIOM	\$0.00-\$8.50 (Tier 2)	ST; MO; NE
<i>aripiprazole oral solution</i>	\$0 (Tier 1)	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	\$0 (Tier 1)	MO; QLL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	\$0 (Tier 1)	MO; NE; QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	\$0 (Tier 1)	MO; QLL (180 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	\$0 (Tier 1)	MO; NE; QLL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	\$0 (Tier 1)	MO; NE; QLL (60 per 30 days)
<i>aspir-81</i>	\$0 (Tier 4)	[*]
<i>aspir-low</i>	\$0 (Tier 4)	[*]
<i>aspirin oral tablet</i>	\$0 (Tier 4)	[*]
<i>aspirin oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	\$0 (Tier 4)	[*]
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
AUBAGIO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>baclofen oral</i>	\$0.00-\$8.50 (Tier 2)	MO
BANZEL ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
<i>benztropine oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
BRIVIACT INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	PAR
BRIVIACT ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
<i>bromocriptine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>buprenorphine hcl injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>buprenorphine hcl injection syringe</i>	\$0.00-\$8.50 (Tier 2)	QLL (90 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>buspirone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>butorphanol tartrate injection solution 1 mg/ml vial</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml vial</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>butorphanol tartrate injection solution nasal spray,non-aerosol 10 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (5 per 28 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>carbamazepine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>carbamazepine oral tablet, chewable</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbidopa-levodopa</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbidopa-levodopa-entacapone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carisoprodol oral tablet 350 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>celecoxib</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
CELONTIN ORAL CAPSULE 300 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>children's acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	\$0 (Tier 4)	[*]
<i>children's aspirin</i>	\$0 (Tier 4)	[*]
<i>children's pain relief oral suspension</i>	\$0 (Tier 4)	[*]
<i>children's pain reliever oral suspension</i>	\$0 (Tier 4)	[*]
<i>children's pain-fever relief oral suspension</i>	\$0 (Tier 4)	[*]
<i>chlorpromazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>citalopram oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>clobazam oral suspension</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>clobazam oral tablet 20 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>clomipramine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>clonazepam oral tablet 0.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet,disintegrating 1 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clozapine oral tablet 100 mg</i>	\$0 (Tier 1)	MO; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	\$0 (Tier 1)	MO; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	\$0 (Tier 1)	MO; QLL (540 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg</i>	\$0 (Tier 1)	QLL (270 per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg</i>	\$0 (Tier 1)	QLL (2160 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	\$0 (Tier 1)	NE; QLL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	\$0 (Tier 1)	NE; QLL (120 per 30 days)
<i>clozapine oral tablet,disintegrating 25 mg</i>	\$0 (Tier 1)	QLL (1080 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 28 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>cyclobenzaprine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>dalfampridine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>dantrolene oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desipramine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
DIASTAT	\$0.00-\$8.50 (Tier 2)	MO
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG	\$0.00-\$8.50 (Tier 2)	MO; NE
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>diazepam injection solution</i>	\$0.00-\$8.50 (Tier 2)	
<i>diazepam injection syringe</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diazepam intensol</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>diazepam oral concentrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	\$0.00-\$8.50 (Tier 2)	QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>diazepam rectal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diclofenac potassium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diclofenac sodium oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diclofenac sodium topical gel 1 %</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1000 per 30 days)
<i>diflunisal</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>dihydroergotamine nasal</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (8 per 28 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	MO
DILANTIN INFATABS	\$0.00-\$8.50 (Tier 2)	MO
DILANTIN ORAL CAPSULE 30 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>divalproex</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>donepezil oral tablet,disintegrating</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>doxepin oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>e.c. prin</i>	\$0 (Tier 4)	[*]
<i>ec-naproxen</i>	\$0.00-\$8.50 (Tier 2)	
EMSAM	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>entacapone</i>	\$0.00-\$8.50 (Tier 2)	MO
EPIDIOLEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>epitol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ergoloid</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
ERGOMAR	\$0.00-\$8.50 (Tier 2)	MO
<i>escitalopram oxalate oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>ethosuximide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>etodolac oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>etodolac oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
FANAPT ORAL TABLET 1 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; NE; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; NE; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; NE; QLL (120 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
FANAPT ORAL TABLET 8 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; NE; QLL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (16 per 365 days)
<i>felbamate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fenoprofen oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fentanyl citrate buccal lozenge on a handle</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (15 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>fluoxetine oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>fluphenazine decanoate</i>	\$0 (Tier 1)	MO
<i>fluphenazine hcl</i>	\$0 (Tier 1)	MO
<i>flurbiprofen</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluvoxamine oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>fluvoxamine oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>fosphenytoin</i>	\$0.00-\$8.50 (Tier 2)	MO
FYCOMPA ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; QLL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	\$0 (Tier 1)	MO; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 1)	MO; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	\$0 (Tier 1)	MO; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	\$0.00-\$8.50 (Tier 2)	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1)	MO; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
GEODON INTRAMUSCULAR	\$0.00-\$8.50 (Tier 2)	MO; QLL (6 per 28 days)
GILENYA ORAL CAPSULE 0.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>guanidine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>haloperidol</i>	\$0 (Tier 1)	MO
<i>haloperidol decanoate</i>	\$0 (Tier 1)	MO
<i>haloperidol lactate injection</i>	\$0 (Tier 1)	MO
<i>haloperidol lactate intramuscular</i>	\$0 (Tier 1)	
<i>haloperidol lactate oral</i>	\$0 (Tier 1)	MO
HETLIOZ	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (50 per 10 days)
<i>hydromorphone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>ibu</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ibu-200</i>	\$0 (Tier 4)	[*]
<i>ibuprofen ib oral tablet</i>	\$0 (Tier 4)	[*]
<i>ibuprofen oral capsule</i>	\$0 (Tier 4)	[*]
<i>ibuprofen oral suspension</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ibuprofen oral tablet 200 mg</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>imipramine hcl</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>indomethacin oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>infant pain reliever</i>	\$0 (Tier 4)	[*]
<i>infants' pain and fever</i>	\$0 (Tier 4)	[*]
<i>infants' pain relief</i>	\$0 (Tier 4)	[*]
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (2.625 per 90 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (240 per 30 days)
<i>lamotrigine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
LATUDA ORAL TABLET 120 MG, 60 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	\$0.00-\$8.50 (Tier 2)	
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>levetiracetam intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levetiracetam oral solution 100 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	\$0.00-\$8.50 (Tier 2)	
<i>levetiracetam oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
<i>lithium carbonate</i>	\$0 (Tier 1)	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lorazepam intensol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lorazepam oral</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>loxapine succinate</i>	\$0.00-\$8.50 (Tier 2)	MO
LYRICA ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
MARPLAN	\$0.00-\$8.50 (Tier 2)	MO
<i>meclofenamate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>meloxicam oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>memantine oral capsule,sprinkle,er 24hr</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>memantine oral solution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (300 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>memantine oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
MESTINON ORAL SYRUP	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>methadone injection solution</i>	\$0.00-\$8.50 (Tier 2)	QLL (30 per 30 days)
<i>methadone intensol</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>methadone oral concentrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>methadone oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (900 per 30 days)
<i>methadone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>methocarbamol oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>methylphenidate hcl oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>mirtazapine oral tablet,disintegrating 15 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet,disintegrating 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet,disintegrating 45 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>modafinil oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>molindone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (900 per 30 days)
<i>morphine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>nabumetone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nalbuphine injection solution 10 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>naloxone</i>	\$0 (Tier 1)	MO
<i>naltrexone</i>	\$0.00-\$8.50 (Tier 2)	MO
NAMZARIC	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>naproxen oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>naproxen sodium oral capsule</i>	\$0 (Tier 4)	[*]
<i>naproxen sodium oral tablet 220 mg</i>	\$0 (Tier 4)	[*]
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO
NAYZILAM	\$0.00-\$8.50 (Tier 2)	NE
<i>nefazodone oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (72 per 30 days)



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>nefazodone oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
NEUPRO	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>nortriptyline oral capsule</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
NORTRIPTYLINE ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO
NUEDEXTA	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
NUPLAZID ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>olanzapine intramuscular</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	\$0 (Tier 1)	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	\$0 (Tier 1)	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg</i>	\$0 (Tier 1)	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet,disintegrating 20 mg</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 5 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
ONFI ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>oxaprozin</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動, 限制或使用限制
<i>oxcarbazepine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>oxycodone oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>oxycodone oral concentrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>oxycodone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>oxycodone-aspirin</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0 (Tier 1)	MO; NE; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	\$0 (Tier 1)	MO; NE; QLL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (45 per 30 days)
PAXIL ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; QLL (900 per 30 days)
PEGANONE	\$0.00-\$8.50 (Tier 2)	MO
<i>perphenazine</i>	\$0 (Tier 1)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
PERSERIS	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1 per 28 days)
<i>phenelzine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>phenobarbital oral elixir</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (123 per 30 days)
PHENYTEK	\$0.00-\$8.50 (Tier 2)	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>phenytoin oral tablet, chewable</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>phenytoin sodium extended</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>phenytoin sodium intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>pimozide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>piroxicam</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pramipexole oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pregabalin oral capsule 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (180 per 30 days)
<i>pregabalin oral capsule 150 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>pregabalin oral capsule 25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (720 per 30 days)
<i>pregabalin oral capsule 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (360 per 30 days)
<i>pregabalin oral capsule 75 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
<i>pregabalin oral solution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (900 per 30 days)
<i>primidone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>protriptyline</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>provil</i>	\$0 (Tier 4)	[*]
<i>pyridostigmine bromide oral syrup</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>quetiapine oral tablet 100 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>quetiapine oral tablet 25 mg</i>	\$0 (Tier 1)	MO; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	\$0 (Tier 1)	MO; QLL (80 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (80 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (480 per 30 days)
<i>rasagiline</i>	\$0.00-\$8.50 (Tier 2)	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (2 per 28 days)
<i>risperidone oral solution</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	\$0 (Tier 1)	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	\$0 (Tier 1)	MO; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	\$0 (Tier 1)	MO; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	\$0 (Tier 1)	MO; QLL (1920 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	\$0 (Tier 1)	MO; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	\$0 (Tier 1)	MO; QLL (150 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>rivastigmine tartrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>rivastigmine transdermal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>rizatriptan</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (12 per 30 days)
<i>ropinirole oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>roweepira oral tablet 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
SABRIL ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>selegiline hcl</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sertraline oral concentrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>sertraline oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>sulindac</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sumatriptan nasal spray</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sumatriptan succinate oral</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	\$0.00-\$8.50 (Tier 2)	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
TECFIDERA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>temazepam oral capsule 15 mg, 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
<i>thioridazine</i>	\$0 (Tier 1)	ST; MO
<i>thiothixene</i>	\$0 (Tier 1)	MO
<i>tiagabine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tizanidine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tolcapone</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>topiramate oral capsule, sprinkle</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>topiramate oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>tramadol-acetaminophen</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (40 per 5 days)
<i>tranylcypromine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>trazodone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>trifluoperazine</i>	\$0 (Tier 1)	MO
<i>trihexyphenidyl</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>trimipramine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
TRINTELLIX ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (120 per 30 days)
TYSABRI	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>valproate sodium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>valproic acid</i>	\$0.00-\$8.50 (Tier 2)	MO



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	\$0.00-\$8.50 (Tier 2)	
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (113 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (450 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (225 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
VERSACLOZ	\$0.00-\$8.50 (Tier 2)	QLL (600 per 30 days)
<i>vigabatrin oral powder in packet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
<i>vigabatrin oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
VIIBRYD ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (120 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
VIIBRYD ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (30 per 30 days)
VIMPAT INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 200 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
VRAYLAR ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (14 per 365 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (16 per 28 days)
XYREM	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>zenzedi oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>zolmitriptan</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (9 per 30 days)
<i>zolpidem oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>zonisamide</i>	\$0.00-\$8.50 (Tier 2)	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (2 per 28 days)

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

<i>acebutolol</i>	\$0 (Tier 1)	MO
<i>aliskiren</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amiloride</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amiloride-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amiodarone intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>amiodarone intravenous syringe</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>amiodarone oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amlodipine besylate tablet</i>	\$0 (Tier 1)	MO
<i>amlodipine-benazepril</i>	\$0 (Tier 1)	MO
<i>amlodipine-olmesartan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amlodipine-valsartan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amlodipine-valsartan-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>aspirin-dipyridamole</i>	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (60 per 30 days)
<i>atenolol</i>	\$0 (Tier 1)	MO
<i>atenolol-chlorthalidone</i>	\$0 (Tier 1)	MO
<i>atorvastatin</i>	\$0 (Tier 1)	MO
<i>benazepril</i>	\$0 (Tier 1)	MO
<i>benazepril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>betaxolol oral</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate</i>	\$0 (Tier 1)	MO
<i>bisoprolol-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
BRILINTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>bumetanide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>candesartan</i>	\$0 (Tier 1)	MO
<i>candesartan-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>cartia xt</i>	\$0 (Tier 1)	MO
<i>carvedilol</i>	\$0 (Tier 1)	MO
<i>chlorothiazide oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cholestyramine (with sugar)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cholestyramine light</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cilostazol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clonidine hcl oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clonidine transdermal patch</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 28 days)
<i>clopidogrel oral tablet 300 mg</i>	\$0 (Tier 1)	MO; QLL (1 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>clopidogrel oral tablet 75 mg</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>colestipol</i>	\$0.00-\$8.50 (Tier 2)	MO
CORLANOR ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; QLL (560 per 28 days)
CORLANOR ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
COUMADIN ORAL	\$0.00-\$8.50 (Tier 2)	MO
DEMSER	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>digox oral tablet 125 mcg (0.125 mg)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>digox oral tablet 250 mcg (0.25 mg)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>dilt-xr</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl intravenous solution</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg</i>	\$0.00-\$8.50 (Tier 2)	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 240 mg, 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 360 mg</i>	\$0 (Tier 1)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diltiazem hcl oral tablet</i>	\$0 (Tier 1)	MO
<i>dofetilide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxazosin</i>	\$0 (Tier 1)	MO
ELIQUIS ORAL TABLET 2.5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (74 per 30 days)
ELIQUIS ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	MO; QLL (74 per 180 days)
<i>enalapril maleate</i>	\$0 (Tier 1)	MO
<i>enalapril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>enoxaparin subcutaneous solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (84 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (8.4 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (11.2 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (16.8 per 28 days)
ENTRESTO	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>eplerenone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>eprosartan</i>	\$0 (Tier 1)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>ezetimibe</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>felodipine</i>	\$0 (Tier 1)	MO
<i>fenofibrate micronized</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg, 135 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>flecainide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (18 per 30 days)
<i>fosinopril</i>	\$0 (Tier 1)	MO
<i>fosinopril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>furosemide injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>furosemide oral tablet</i>	\$0 (Tier 1)	MO
<i>gemfibrozil</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	\$0.00-\$8.50 (Tier 2)	

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>heparin (porcine) injection solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>heparin, porcine (pf) injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	\$0.00-\$8.50 (Tier 2)	
<i>hydralazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>indapamide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>irbesartan</i>	\$0 (Tier 1)	MO
<i>irbesartan-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>isosorbide dinitrate oral tablet extended release</i>	\$0.00-\$8.50 (Tier 2)	
<i>isosorbide mononitrate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>jantoven</i>	\$0.00-\$8.50 (Tier 2)	MO
JUXTAPID	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>labetalol intravenous solution</i>	\$0 (Tier 1)	MO
<i>labetalol oral</i>	\$0 (Tier 1)	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine (pf) intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i>	\$0.00-\$8.50 (Tier 2)	
<i>lisinopril</i>	\$0 (Tier 1)	MO
<i>lisinopril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>losartan</i>	\$0 (Tier 1)	MO
<i>losartan-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>lovastatin</i>	\$0 (Tier 1)	MO
MEPHYTON	\$0 (Tier 3)	[*]
<i>methyclothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metolazone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metoprolol succinate</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate intravenous solution</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate intravenous syringe</i>	\$0.00-\$8.50 (Tier 2)	
<i>metoprolol tartrate oral</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>mexiletine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>minoxidil oral</i>	\$0.00-\$8.50 (Tier 2)	MO
MULTAQ	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>nadolol</i>	\$0 (Tier 1)	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	\$0 (Tier 1)	

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	\$0 (Tier 1)	MO
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	\$0 (Tier 4)	[*]
<i>niacin oral tablet</i>	\$0 (Tier 4)	[*]
<i>niacin oral tablet 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>niacin oral tablet extended release 24 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>niacin oral tablet extended release 250 mg, 750 mg</i>	\$0 (Tier 4)	[*]
NIACOR	\$0.00-\$8.50 (Tier 2)	MO
<i>nicardipine oral</i>	\$0 (Tier 1)	MO
<i>nifedipine oral tablet extended release</i>	\$0 (Tier 1)	MO
<i>nifedipine oral tablet extended release 24hr</i>	\$0 (Tier 1)	MO
<i>nimodipine</i>	\$0 (Tier 1)	MO
<i>nitro-bid</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nitroglycerin intravenous</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>nitroglycerin sublingual</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nitroglycerin transdermal patch 24 hour</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>omega-3 acid ethyl esters</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>omega-3 fatty acids oral capsule</i>	\$0 (Tier 4)	[*]
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pentoxifylline</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>pindolol</i>	\$0 (Tier 1)	MO
PRADAXA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
PRALUENT PEN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (2 per 28 days)
<i>prasugrel</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>pravastatin</i>	\$0 (Tier 1)	MO
<i>prazosin</i>	\$0 (Tier 1)	MO
<i>prevalite</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>procainamide injection solution 100 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>procainamide injection solution 500 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	
PROMACTA ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
<i>propafenone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>propranolol intravenous</i>	\$0 (Tier 1)	
<i>propranolol oral</i>	\$0 (Tier 1)	MO
<i>quinapril</i>	\$0 (Tier 1)	MO
<i>quinapril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>quinidine sulfate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ramipril</i>	\$0 (Tier 1)	MO
RANEXA	\$0.00-\$8.50 (Tier 2)	ST; MO
<i>ranolazine</i>	\$0.00-\$8.50 (Tier 2)	ST; MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
REPATHA PUSHTRONEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3.5 per 28 days)
REPATHA SURECLICK	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3 per 28 days)
REPATHA SYRINGE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3 per 28 days)
<i>rosuvastatin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>simvastatin</i>	\$0 (Tier 1)	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (Tier 1)	MO
<i>sorine oral tablet 240 mg</i>	\$0 (Tier 1)	
<i>sotalol af oral tablet 120 mg</i>	\$0 (Tier 1)	MO
<i>sotalol af oral tablet 160 mg, 80 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sotalol oral tablet 120 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	MO
<i>spironolactone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>spironolactone-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>taztia xt</i>	\$0 (Tier 1)	MO
TEKTURNA	\$0.00-\$8.50 (Tier 2)	MO
<i>telmisartan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>telmisartan-amlodipine oral tablet 80-5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>telmisartan-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>terazosin capsule</i>	\$0 (Tier 1)	MO
<i>timolol maleate oral</i>	\$0 (Tier 1)	MO
<i>torseamide oral</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>trandolapril</i>	\$0 (Tier 1)	MO
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
UPTRAVI ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (400 per 365 days)
<i>valsartan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>valsartan-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
VASCEPA	\$0.00-\$8.50 (Tier 2)	MO
VECAMYL	\$0.00-\$8.50 (Tier 2)	
<i>verapamil intravenous solution</i>	\$0 (Tier 1)	MO
<i>verapamil oral capsule, 24 hr er pellet ct</i>	\$0 (Tier 1)	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>verapamil oral tablet</i>	\$0 (Tier 1)	MO
<i>verapamil oral tablet extended release</i>	\$0 (Tier 1)	MO
<i>warfarin</i>	\$0 (Tier 1)	MO
XARELTO ORAL TABLET 10 MG, 20 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (42 per 30 days)
XARELTO ORAL TABLET 2.5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	MO; QLL (102 per 365 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
ABREVA	\$0 (Tier 4)	[*]
<i>acitretin oral capsule 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
ACNE MEDICATION TOPICAL GEL 10 %	\$0 (Tier 4)	[*]
<i>acyclovir topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>adapalene topical gel 0.3 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ala-cort topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alclometasone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amcinonide topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amcinonide topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amcinonide topical ointment</i>	\$0.00-\$8.50 (Tier 2)	
<i>amlactin topical lotion</i>	\$0 (Tier 4)	[*]
<i>ammonium lactate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ammonium lactate topical lotion</i>	\$0 (Tier 4)	[*]
<i>anti-dandruff</i>	\$0 (Tier 4)	[*]
<i>anti-itch (hc) topical cream</i>	\$0 (Tier 4)	[*]
<i>antifungal (clotrimazole)</i>	\$0 (Tier 4)	[*]
<i>antifungal (tolnaftate) topical cream</i>	\$0 (Tier 4)	[*]
<i>antifungal cream (miconazole)</i>	\$0 (Tier 4)	[*]
<i>athlete's foot (terbinafine)</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>athlete's foot (tolnaftate) topical aerosol, spray</i>	\$0 (Tier 4)	[*]
<i>bacitracin topical</i>	\$0 (Tier 4)	[*]
<i>bacitracin zinc topical packet</i>	\$0 (Tier 4)	[*]
<i>baza antifungal</i>	\$0 (Tier 4)	[*]
<i>benzoyl peroxide topical gel 10 %, 5 %</i>	\$0 (Tier 4)	[*]
<i>betamethasone dipropionate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone valerate topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone valerate topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone valerate topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone, augmented topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone, augmented topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone, augmented topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>calamine-zinc oxide topical lotion 8-8 %</i>	\$0 (Tier 4)	[*]
<i>calcipotriene scalp</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>calcipotriene topical</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
CAPEX	\$0.00-\$8.50 (Tier 2)	MO
<i>ciclodan topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ciclopirox</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>claravis</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>clindamycin phosphate topical foam</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical gel</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical swab</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clobetasol scalp</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clobetasol topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>clobetasol-emollient topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>clotrimazole topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clotrimazole topical</i>	\$0 (Tier 4)	[*]
<i>clotrimazole-betamethasone topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>complete lice treatment</i>	\$0 (Tier 4)	[*]
DENAVIR	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (5 per 30 days)
<i>desenex topical powder</i>	\$0 (Tier 4)	[*]
<i>desoximetasone topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desoximetasone topical gel</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desoximetasone topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>double antibiotic</i>	\$0 (Tier 4)	[*]
ELIDEL	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (100 per 90 days)



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>ery pads</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin with ethanol topical gel</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin with ethanol topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin-benzoyl peroxide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluocinolone and shower cap</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluocinolone topical cream 0.025 %</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinolone topical oil</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinolone topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinolone topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluocinonide topical gel</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluocinonide topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluocinonide topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluocinonide-e</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
FLUOCINONIDE-EMOLLIENT	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluorouracil topical cream 5 %</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>fluorouracil topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluticasone propionate topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fungoid-d</i>	\$0 (Tier 4)	[*]
<i>gentamicin topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>halobetasol propionate topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>halobetasol propionate topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone acetate topical cream</i>	\$0 (Tier 4)	[*]
<i>hydrocortisone topical cream 0.5 %, 1 %</i>	\$0 (Tier 4)	[*]
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone topical lotion 2.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone topical ointment 0.5 %, 1 %</i>	\$0 (Tier 4)	[*]
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone valerate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone-aloe vera topical cream 1 %</i>	\$0 (Tier 4)	[*]
<i>imiquimod topical cream in packet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>inzo antifungal</i>	\$0 (Tier 4)	[*]
<i>jock itch</i>	\$0 (Tier 4)	[*]
<i>ketoconazole topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ketoconazole topical shampoo</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lamisil af topical aerosol powder</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>lamisil at topical cream</i>	\$0 (Tier 4)	[*]
<i>lice bedding spray</i>	\$0 (Tier 4)	[*]
<i>lice complete kit 1-2-3</i>	\$0 (Tier 4)	[*]
<i>lice killing</i>	\$0 (Tier 4)	[*]
<i>lice killing (permethrin)</i>	\$0 (Tier 4)	[*]
<i>lice pyrinyl shampoo</i>	\$0 (Tier 4)	[*]
<i>lice solution</i>	\$0 (Tier 4)	[*]
<i>lice treatment (permethrin)</i>	\$0 (Tier 4)	[*]
<i>lice treatment topical liquid 1 %</i>	\$0 (Tier 4)	[*]
<i>lice treatment topical shampoo</i>	\$0 (Tier 4)	[*]
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	\$0.00-\$8.50 (Tier 2)	
<i>lidocaine (pf) injection solution 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine hcl laryngotracheal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>lidocaine hcl mucous membrane jelly</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (300 per 30 days)
<i>lidocaine topical adhesive patch,medicated</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
<i>lidocaine viscous</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>lidocaine-prilocaine topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>lindane topical shampoo</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
LOTRIMIN AF (CLOTRIMAZOLE) TOPICAL CREAM	\$0 (Tier 4)	[*]
<i>mafenide acetate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methoxsalen</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>metronidazole topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metronidazole topical gel 0.75 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metronidazole topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>miconazole nitrate topical cream</i>	\$0 (Tier 4)	[*]
<i>miconazorb af</i>	\$0 (Tier 4)	[*]
<i>micro-guard</i>	\$0 (Tier 4)	[*]
<i>mometasone topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mupirocin topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mupirocin topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>myorisan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nyamyc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nystatin topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nystatin-triamcinolone topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nystop</i>	\$0.00-\$8.50 (Tier 2)	MO
PANRETIN	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>permethrin topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
PICATO	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>pimecrolimus</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (100 per 90 days)
<i>podofilox</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>remedy phytoplex antifungal topical powder</i>	\$0 (Tier 4)	[*]
<i>rid complete lice elim kit topical</i>	\$0 (Tier 4)	[*]
<i>rosadan topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
SANTYL	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>scalpicin anti-itch</i>	\$0 (Tier 4)	[*]
<i>selenium sulfide topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>silver sulfadiazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ssd</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sulfacetamide sodium (acne)</i>	\$0.00-\$8.50 (Tier 2)	MO
SULFAMYLON TOPICAL CREAM	\$0.00-\$8.50 (Tier 2)	MO
<i>tacrolimus topical</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (100 per 90 days)
<i>tazarotene</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
TAZORAC TOPICAL CREAM 0.05 %	\$0.00-\$8.50 (Tier 2)	PAR; MO
TAZORAC TOPICAL GEL	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>terbinafine hcl topical</i>	\$0 (Tier 4)	[*]
<i>tolnaftate topical cream</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>tretinoin topical cream</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (45 per 30 days)
<i>triamcinolone acetonide topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triamcinolone acetonide topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triderm topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triple antibiotic topical ointment</i>	\$0 (Tier 4)	[*]
<i>triple antibiotic topical ointment in packet</i>	\$0 (Tier 4)	[*]
UVADEX	\$0.00-\$8.50 (Tier 2)	B/D PAR
VALCHLOR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>zenatane</i>	\$0.00-\$8.50 (Tier 2)	MO

## DIAGNOSTICS / MISCELLANEOUS AGENTS

<i>acamprosate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>acetylcysteine intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alendronate oral tablet 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
ALLI	\$0 (Tier 4)	[*]
<i>anagrelide</i>	\$0.00-\$8.50 (Tier 2)	MO
ARALAST NP	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>benzphetamine oral tablet 50 mg</i>	\$0 (Tier 3)	PAR; [*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
BUPHENYL ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>bupropion hcl (smoking deter)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
CARBAGLU	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
CHANTIX	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (106 per 365 days)
CLINIMIX 4.25%/D5W SULFIT FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 2.75%/D5W SULF FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX N9G20E 2.75%-D10W(SF)	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>d10 %-0.45 % sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>d2.5 %-0.45 % sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>d5 % and 0.9 % sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>d5 %-0.45 % sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>deferasirox</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>dex4 glucose oral gel</i>	\$0 (Tier 4)	[*]
<i>dex4 glucose oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>dex4 glucose pouch pack</i>	\$0 (Tier 4)	[*]
<i>dex4 glucose quick dissolve</i>	\$0 (Tier 4)	[*]
<i>dextrose 10 % and 0.2 % nacl</i>	\$0.00-\$8.50 (Tier 2)	

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>dextrose 10 % in water (d10w)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose 20 % in water (d20w)</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 25 % in water (d25w)</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 30 % in water (d30w)</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 40 % in water (d40w)</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 5 % in water (d5w)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose 5 %-lactated ringers</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose 5%-0.2 % sod chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 5%-0.3 % sod.chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 50 % in water (d50w)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose 70 % in water (d70w)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose oral gel</i>	\$0 (Tier 4)	[*]
<i>dextrose with sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>disulfiram</i>	\$0.00-\$8.50 (Tier 2)	MO
EXJADE	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>gluco burst</i>	\$0 (Tier 4)	[*]
<i>glucose gel</i>	\$0 (Tier 4)	[*]
<i>glucose oral tablet,chewable 4 gram</i>	\$0 (Tier 4)	[*]
INCRELEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>kionex (with sorbitol)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lactated ringers irrigation</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levocarnitine (with sugar)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>levocarnitine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>midodrine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nicorelief</i>	\$0 (Tier 4)	[*]
NICORETTE BUCCAL LOZENGE	\$0 (Tier 4)	[*]; QLL (20 per 1 day)
NICORETTE BUCCAL MINI LOZENGE	\$0 (Tier 4)	[*]; QLL (20 per 1 day)
<i>nicotine (polacrilex) buccal gum</i>	\$0 (Tier 4)	[*]
<i>nicotine (polacrilex) buccal lozenge</i>	\$0 (Tier 4)	[*]; QLL (20 per 1 day)
<i>nicotine (polacrilex) buccal mini lozenge</i>	\$0 (Tier 4)	[*]; QLL (20 per 1 day)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	\$0 (Tier 4)	[*]; QLL (30 per 30 days)
<i>nicotine transdermal patch, td daily, sequential</i>	\$0 (Tier 4)	[*]; QLL (30 per 30 days)
NICOTROL NS	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>nitisinone</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
NORTHERA ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
ORFADIN	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>phentermine</i>	\$0 (Tier 3)	PAR; [*]
<i>pilocarpine hcl oral</i>	\$0.00-\$8.50 (Tier 2)	MO
PROLASTIN-C INTRAVENOUS SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
RAVICTI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (525 per 30 days)
<i>riluzole</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ringer's irrigation</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (540 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride irrigation</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium phenylbutyrate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>sodium polystyrene sulfonate oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	\$0.00-\$8.50 (Tier 2)	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	\$0.00-\$8.50 (Tier 2)	
<i>sps (with sorbitol) oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sps (with sorbitol) rectal</i>	\$0.00-\$8.50 (Tier 2)	
<i>trientine</i>	\$0.00-\$8.50 (Tier 2)	MO; NE

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
VELPHORO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
<i>water for irrigation, sterile</i>	\$0.00-\$8.50 (Tier 2)	MO

## EAR, NOSE / THROAT MEDICATIONS

<i>acetic acid otic (ear)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>azelastine nasal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	\$0.00-\$8.50 (Tier 2)	MO
CIPRODEX	\$0.00-\$8.50 (Tier 2)	MO
COLY-MYCIN S	\$0.00-\$8.50 (Tier 2)	MO
<i>ear drops (carbamide peroxide)</i>	\$0 (Tier 4)	[*]
<i>fluocinolone acetonide oil otic (ear)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone-acetic acid</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ipratropium bromide nasal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>nasal mist</i>	\$0 (Tier 4)	[*]
<i>neomycin-polymyxin-hc otic (ear)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ofloxacin otic (ear)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>paroex oral rinse</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>perio gard</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sterile saline nasal</i>	\$0 (Tier 4)	[*]
<i>triamcinolone acetonide dental</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<b>ENDOCRINE/DIABETES</b>		
<i>acarbose oral tablet 100 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	\$0 (Tier 1)	MO; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	\$0 (Tier 1)	MO; QLL (180 per 30 days)
ACCU-CHEK AVIVA PLUS TEST STRP	\$0 (Tier 4)	[*]
ACCU-CHEK COMPACT PLUS TEST	\$0 (Tier 4)	[*]
ACCU-CHEK FASTCLIX LANCET DRUM	\$0 (Tier 4)	[*]
ACCU-CHEK MULTICLIX LANCET	\$0 (Tier 4)	[*]
ACCU-CHEK SMARTVIEW TEST STRIP	\$0 (Tier 4)	[*]
ACCU-CHEK SOFTCLIX LANCETS	\$0 (Tier 4)	[*]
ACTHAR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>alcohol pads</i>	\$0 (Tier 1)	MO
ALDURAZYME	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ANADROL-50	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
BYDUREON BCISE	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (1.2 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>cabergoline</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>calcitonin (salmon)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>calcitriol oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
CERDELGA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (120 per 30 days)
CONDOMS-PREM LUBRICATED	\$0 (Tier 4)	[*]
<i>cortisone tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
CYCLOSET	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (180 per 30 days)
<i>danazol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desmopressin injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desmopressin nasal spray with pump</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desmopressin nasal spray,non-aerosol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desmopressin oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone oral elixir</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>dexamethasone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone sodium phos (pf)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone sodium phosphate injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxercalciferol oral capsule 0.5 mcg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
ELAPRASE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
FABRAZYME	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
FANTASY CONDOM	\$0 (Tier 4)	[*]
FC2 FEMALE CONDOM	\$0 (Tier 4)	[*]
<i>fludrocortisone</i>	\$0.00-\$8.50 (Tier 2)	MO
GAUZE PADS 2 X 2	\$0 (Tier 1)	MO; QLL (200 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	\$0 (Tier 1)	MO
GLUCAGON EMERGENCY KIT (HUMAN)	\$0 (Tier 1)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>glyburide oral tablet 1.25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	\$0 (Tier 1)	MO
HUMALOG KWIKPEN INSULIN	\$0 (Tier 1)	MO
HUMALOG MIX 50-50 INSULN U-100	\$0 (Tier 1)	MO
HUMALOG MIX 50-50 KWIKPEN	\$0 (Tier 1)	MO
HUMALOG MIX 75-25 KWIKPEN	\$0 (Tier 1)	MO
HUMALOG MIX 75-25(U-100)INSULN	\$0 (Tier 1)	MO
HUMALOG U-100 INSULIN	\$0 (Tier 1)	MO
HUMULIN 70/30 U-100 INSULIN	\$0 (Tier 1)	MO
HUMULIN 70/30 U-100 KWIKPEN	\$0 (Tier 1)	MO
HUMULIN N NPH INSULIN KWIKPEN	\$0 (Tier 1)	MO
HUMULIN N NPH U-100 INSULIN	\$0 (Tier 1)	MO
HUMULIN R REGULAR U-100 INSULN	\$0 (Tier 1)	MO
HUMULIN R U-500 (CONC) INSULIN	\$0 (Tier 1)	PAR; MO; NE
HUMULIN R U-500 (CONC) KWIKPEN	\$0 (Tier 1)	PAR; MO; NE
<i>hydrocortisone oral</i>	\$0.00-\$8.50 (Tier 2)	MO
INSTA-GLUCOSE (WITH DEXTRIN)	\$0 (Tier 4)	[*]
INSULIN LISPRO	\$0 (Tier 1)	MO
<i>insulin pen needle</i>	\$0 (Tier 1)	MO; QLL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	\$0 (Tier 1)	MO; QLL (200 per 30 days)
JANUMET	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JARDIANCE	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
JENTADUETO	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
KIMONO MICROTHIN AQUA LUBE CON	\$0 (Tier 4)	[*]
KIMONO MICROTHIN LARGE CONDOMS	\$0 (Tier 4)	[*]
KIMONO TEXTURED CONDOMS	\$0 (Tier 4)	[*]
KORLYM	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
KUVAN ORAL TABLET,SOLUBLE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LANCETS 26 GAUGE	\$0 (Tier 4)	[*]
LANCETS,ULTRA THIN 26 GAUGE	\$0 (Tier 4)	[*]
LANTUS SOLOSTAR U-100 INSULIN	\$0 (Tier 1)	MO
LANTUS U-100 INSULIN	\$0 (Tier 1)	MO
LEVEMIR FLEXTOUCH U-100 INSULN	\$0 (Tier 1)	MO
LEVEMIR U-100 INSULIN	\$0 (Tier 1)	MO
<i>levothyroxine oral</i>	\$0 (Tier 1)	MO
<i>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</i>	\$0.00-\$8.50 (Tier 2)	MO



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>liothyronine oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 1)	MO; QLL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methylpred dp</i>	\$0.00-\$8.50 (Tier 2)	
<i>methylprednisolone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methylprednisolone acetate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
MIACALCIN INJECTION	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
MICRO THIN LANCETS	\$0 (Tier 4)	[*]
<i>miglustat</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
NAGLAZYME	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>nateglinide oral tablet 120 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	\$0 (Tier 1)	MO; QLL (180 per 30 days)
NATPARA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (2 per 28 days)
NEEDLES, INSULIN DISP.,SAFETY	\$0 (Tier 1)	MO; QLL (200 per 30 days)
ONETOUCH DELICA LANCETS	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
ONETOUCH ULTRA BLUE TEST STRIP	\$0 (Tier 4)	[*]
ONETOUCH VERIO	\$0 (Tier 4)	[*]
<i>oxandrolone oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
OZEMPIC	\$0.00-\$8.50 (Tier 2)	MO
<i>pamidronate intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>paricalcitol oral capsule 4 mcg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
PEAK AIR PEAK FLOW METER	\$0 (Tier 4)	[*]
<i>pioglitazone oral tablet 15 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	\$0 (Tier 1)	MO; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisone intensol</i>	\$0.00-\$8.50 (Tier 2)	MO
PRODIGY TWIST TOP LANCET	\$0 (Tier 4)	[*]
PROGLYCEM	\$0.00-\$8.50 (Tier 2)	MO; NE

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>propylthiouracil</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>repaglinide oral tablet 0.5 mg</i>	\$0 (Tier 1)	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (120 per 30 days)
SMART SENSE LANCETS 26 GAUGE, 33 GAUGE	\$0 (Tier 4)	[*]
SOFT TOUCH LANCETS	\$0 (Tier 4)	[*]
SOMAVERT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
STIMATE	\$0.00-\$8.50 (Tier 2)	MO; NE
SUPER THIN LANCETS 30 GAUGE	\$0 (Tier 4)	[*]
SYMLINPEN 120	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (11 per 30 days)
SYMLINPEN 60	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 30 days)
SYNAREL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
SYNJARDY	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
SYNTHROID	\$0.00-\$8.50 (Tier 2)	MO
<i>testosterone cypionate</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>testosterone enanthate</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (112.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
THIN LANCETS	\$0 (Tier 4)	[*]
TOPCARE UNIVERSAL1 LANCET	\$0 (Tier 4)	[*]
TOUJEO MAX U-300 SOLOSTAR	\$0.00-\$8.50 (Tier 2)	MO
TOUJEO SOLOSTAR U-300 INSULIN	\$0.00-\$8.50 (Tier 2)	MO
TRADJENTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection</i>	\$0.00-\$8.50 (Tier 2)	MO
TRULICITY	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 28 days)
TRUSTEX LATEX CONDOM	\$0 (Tier 4)	[*]
TRUSTEX LUBRICATED CONDOMS	\$0 (Tier 4)	[*]
TRUSTEX-RIA LUB/SPERMICIDE	\$0 (Tier 4)	[*]
TRUSTEX-RIA LUBRICATED CONDOMS	\$0 (Tier 4)	[*]
ULTRA THIN LANCETS 30 GAUGE, 33 GAUGE	\$0 (Tier 4)	[*]
UNILET COMFORTOUCH LANCET	\$0 (Tier 4)	[*]
UNILET GP LANCET	\$0 (Tier 4)	[*]
UNILET LANCET 28 GAUGE, 33 GAUGE	\$0 (Tier 4)	[*]
UNILET SUPER THIN LANCETS	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>unithroid</i>	\$0.00-\$8.50 (Tier 2)	MO
VICTOZA 2-PAK	\$0.00-\$8.50 (Tier 2)	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	\$0.00-\$8.50 (Tier 2)	MO; QLL (9 per 30 days)
VPRIV	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO

## GASTROENTEROLOGY

<i>acid control (ranitidine) oral tablet 150 mg</i>	\$0 (Tier 4)	[*]
<i>acid controller</i>	\$0 (Tier 4)	[*]
<i>acid gone antacid</i>	\$0 (Tier 4)	[*]
<i>acid gone antacid e.strength</i>	\$0 (Tier 4)	[*]
<i>acid reducer (famotidine)</i>	\$0 (Tier 4)	[*]
<i>acid reducer (ranitidine)</i>	\$0 (Tier 4)	[*]
<i>advanced antacid-antigas</i>	\$0 (Tier 4)	[*]
<i>almacone oral suspension</i>	\$0 (Tier 4)	[*]
<i>almacone-2</i>	\$0 (Tier 4)	[*]
<i>alosetron</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml</i>	\$0 (Tier 4)	[*]
AMITIZA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>antacid</i>	\$0 (Tier 4)	[*]
<i>antacid anti-gas</i>	\$0 (Tier 4)	[*]
<i>antacid exst (mag carb-al hyd)</i>	\$0 (Tier 4)	[*]
<i>antacid extra-strength oral suspension 200-200-20 mg/5 ml</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>antacid maximum strength</i>	\$0 (Tier 4)	[*]
<i>antacid plus anti-gas</i>	\$0 (Tier 4)	[*]
<i>antacid-antigas</i>	\$0 (Tier 4)	[*]
<i>antacid-simethicone</i>	\$0 (Tier 4)	[*]
<i>anti-diarrheal</i>	\$0 (Tier 4)	[*]
<i>anti-gas ultra strength</i>	\$0 (Tier 4)	[*]
<i>aprepitant oral capsule 125 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (10 per 30 days)
APRISO	\$0.00-\$8.50 (Tier 2)	MO
<i>atropine injection syringe 0.05 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>atropine injection syringe 0.1 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>balsalazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>bisa-lax</i>	\$0 (Tier 4)	[*]
<i>bisacodyl</i>	\$0 (Tier 4)	[*]
<i>bismatrol</i>	\$0 (Tier 4)	[*]
<i>bismuth oral tablet</i>	\$0 (Tier 4)	[*]
<i>bismuth oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>bismuth subsalicylate oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>budesonide oral capsule,delayed, extend.release</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
CANASA	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>citrate of magnesia</i>	\$0 (Tier 4)	[*]
<i>clearlax oral powder</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>colocort</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>compro</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>constulose</i>	\$0.00-\$8.50 (Tier 2)	MO
CREON	\$0.00-\$8.50 (Tier 2)	MO
CYSTADANE	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>diarrhea relief (bismuth subs)</i>	\$0 (Tier 4)	[*]
<i>dicyclomine oral capsule</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>dicyclomine oral solution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>dicyclomine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
DIPENTUM	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>diphenoxylate-atropine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>docu</i>	\$0 (Tier 4)	[*]
<i>docusate sodium oral capsule 100 mg</i>	\$0 (Tier 4)	[*]
<i>docusate sodium oral liquid</i>	\$0 (Tier 4)	[*]
<i>docusate sodium oral tablet</i>	\$0 (Tier 4)	[*]
<i>docusil</i>	\$0 (Tier 4)	[*]
<i>dok</i>	\$0 (Tier 4)	[*]
<i>dronabinol oral capsule 10 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (120 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (120 per 30 days)
<i>ducodyl</i>	\$0 (Tier 4)	[*]
<i>enulose</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>famotidine (pf)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>famotidine (pf)-nacl (iso-os)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>famotidine intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>famotidine oral tablet 10 mg, 20 mg</i>	\$0 (Tier 4)	[*]
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fleet glycerin (adult)</i>	\$0 (Tier 4)	[*]
<i>foaming antacid</i>	\$0 (Tier 4)	[*]
<i>gas relief 80</i>	\$0 (Tier 4)	[*]
<i>gas relief extra strength</i>	\$0 (Tier 4)	[*]
<i>gas relief oral capsule</i>	\$0 (Tier 4)	[*]
<i>gas relief oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>gas relief ultra strength</i>	\$0 (Tier 4)	[*]
GAS-X ULTRA-STRENGTH	\$0 (Tier 4)	[*]
GATTEX 30-VIAL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
GATTEX ONE-VIAL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>gavilax oral powder</i>	\$0 (Tier 4)	[*]
<i>gavilyte-c</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gavilyte-g</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gavilyte-n</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>generlac</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gentle laxative rectal</i>	\$0 (Tier 4)	[*]
<i>geri-pectate</i>	\$0 (Tier 4)	[*]
<i>glycerin (adult)</i>	\$0 (Tier 4)	[*]



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>glycolax oral powder</i>	\$0 (Tier 4)	[*]
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>healthylax</i>	\$0 (Tier 4)	[*]
<i>heartburn antacid</i>	\$0 (Tier 4)	[*]
<i>heartburn relief (famotidine)</i>	\$0 (Tier 4)	[*]
<i>heartburn relief (ranitidine) oral tablet 150 mg</i>	\$0 (Tier 4)	[*]
<i>heartburn relief oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>hydrocortisone rectal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>k-pec antidiarrheal (bism sub)</i>	\$0 (Tier 4)	[*]
<i>kao-tin (docusate calcium)</i>	\$0 (Tier 4)	[*]
<i>kaopectate (bismuth subsalicy) oral suspension</i>	\$0 (Tier 4)	[*]
<i>kaopectate ex str (bismuth ss)</i>	\$0 (Tier 4)	[*]
<i>lactulose oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	\$0 (Tier 4)	[*]
<i>laxative (bisacodyl) oral tablet,delayed release (dr/ec)</i>	\$0 (Tier 4)	[*]
<i>laxative (bisacodyl) rectal</i>	\$0 (Tier 4)	[*]
LINZESS	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>liquid antacid oral suspension 200-200-20 mg/5 ml</i>	\$0 (Tier 4)	[*]
<i>loperamide oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mag-al plus</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>mag-al plus extra strength</i>	\$0 (Tier 4)	[*]
<i>magnesium citrate oral solution</i>	\$0 (Tier 4)	[*]
<i>masanti double strength</i>	\$0 (Tier 4)	[*]
<i>meclizine oral tablet 12.5 mg</i>	\$0 (Tier 4)	[*]
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>meclizine oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mesalamine rectal enema</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mesalamine rectal suppository</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>mesalamine with cleansing wipe</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metoclopramide hcl injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metoclopramide hcl injection syringe</i>	\$0.00-\$8.50 (Tier 2)	
<i>metoclopramide hcl oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metoclopramide hcl oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mi-acid</i>	\$0 (Tier 4)	[*]
<i>mi-acid gas relief</i>	\$0 (Tier 4)	[*]
<i>milk of magnesia</i>	\$0 (Tier 4)	[*]
<i>milk of magnesia concentrated</i>	\$0 (Tier 4)	[*]
<i>mineral oil extra heavy</i>	\$0 (Tier 4)	[*]
<i>mineral oil heavy oral</i>	\$0 (Tier 4)	[*]
<i>mineral oil oral</i>	\$0 (Tier 4)	[*]
<i>mineral oil rectal</i>	\$0 (Tier 4)	[*]
<i>mintox</i>	\$0 (Tier 4)	[*]
<i>mintox maximum strength</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>misoprostol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>motion relief (meclizine)</i>	\$0 (Tier 4)	[*]
<i>motion sickness (meclizine)</i>	\$0 (Tier 4)	[*]
<i>motion-time</i>	\$0 (Tier 4)	[*]
MOVANTI	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
MOVIPREP	\$0.00-\$8.50 (Tier 2)	MO
<i>omeprazole oral capsule, delayed release (dr/ec)</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>omeprazole oral tablet, delayed release (dr/ec)</i>	\$0 (Tier 4)	[*]
<i>ondansetron disintegrating tablet</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron hcl (pf)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ondansetron hcl intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ondansetron hcl oral tablet 24 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; QLL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (90 per 30 days)
<i>pantoprazole intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pantoprazole oral</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>peg-electrolyte soln</i>	\$0.00-\$8.50 (Tier 2)	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>peptic relief oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>pepto-bismol oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>pepto-bismol to-go</i>	\$0 (Tier 4)	[*]
PHAZYME ORAL CAPSULE 180 MG	\$0 (Tier 4)	[*]
<i>pink bismuth</i>	\$0 (Tier 4)	[*]
<i>pink bismuth maximum strength</i>	\$0 (Tier 4)	[*]
<i>polyethylene glycol 3350</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>polyethylene glycol 3350</i>	\$0 (Tier 4)	[*]
<i>prochlorperazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prochlorperazine edisylate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prochlorperazine maleate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>procto-med hc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>procto-pak</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>proctosol hc topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>proctozone-hc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ranitidine hcl injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ranitidine hcl oral syrup</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ranitidine hcl oral tablet 150 mg, 75 mg</i>	\$0 (Tier 4)	[*]
<i>ready-to-use enema (min oil)</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
RELISTOR SUBCUTANEOUS SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 30 days)
REMICADE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>scopolamine transdermal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (10 per 28 days)
<i>silace</i>	\$0 (Tier 4)	[*]
<i>simethicone oral capsule</i>	\$0 (Tier 4)	[*]
<i>simethicone oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>soothe (bismuth subsalicylate)</i>	\$0 (Tier 4)	[*]
<i>soothe regular strength</i>	\$0 (Tier 4)	[*]
<i>stomach relief max strength</i>	\$0 (Tier 4)	[*]
<i>stomach relief oral suspension 262 mg/15 ml</i>	\$0 (Tier 4)	[*]
<i>stomach relief oral tablet</i>	\$0 (Tier 4)	[*]
<i>stomach relief oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>stomach relief original</i>	\$0 (Tier 4)	[*]
<i>stool softener (docusate cal)</i>	\$0 (Tier 4)	[*]
<i>stool softener oral capsule 100 mg, 250 mg</i>	\$0 (Tier 4)	[*]
<i>stool softener oral liquid</i>	\$0 (Tier 4)	[*]
<i>stool softener oral syrup</i>	\$0 (Tier 4)	[*]
<i>sucralfate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sulfasalazine</i>	\$0.00-\$8.50 (Tier 2)	MO
TRANSDERM-SCOP	\$0.00-\$8.50 (Tier 2)	MO; QLL (10 per 28 days)
<i>travel sickness (meclizine)</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>ursodiol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>zantac maximum strength</i>	\$0 (Tier 4)	[*]
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	\$0.00-\$8.50 (Tier 2)	ST; MO

## IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

ACTHIB (PF)	\$0 (Tier 1)	MO
ACTIMMUNE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ADACEL(TDAP ADOLESN/ADULT)(PF)	\$0 (Tier 1)	MO
ARCALYST	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ATGAM	\$0.00-\$8.50 (Tier 2)	B/D PAR
AVONEX (WITH ALBUMIN)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	\$0.00-\$8.50 (Tier 2)	MO
BETASERON SUBCUTANEOUS KIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BEXSERO	\$0.00-\$8.50 (Tier 2)	MO
BOOSTRIX TDAP	\$0 (Tier 1)	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	\$0 (Tier 1)	MO
ENGERIX-B (PF)	\$0 (Tier 1)	B/D PAR; MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	\$0 (Tier 1)	B/D PAR; MO
FULPHILA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1.2 per 28 days)
GAMUNEX-C	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
GARDASIL 9 (PF)	\$0.00-\$8.50 (Tier 2)	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	\$0 (Tier 1)	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0 (Tier 1)	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	\$0 (Tier 1)	
HIBERIX (PF)	\$0 (Tier 1)	MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
IMOVAX RABIES VACCINE (PF)	\$0.00-\$8.50 (Tier 2)	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML)	\$0.00-\$8.50 (Tier 2)	MO
INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML)	\$0.00-\$8.50 (Tier 2)	MO; NE
INTRON A INJECTION SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; NE
IPOL	\$0 (Tier 1)	MO
IXIARO (PF)	\$0.00-\$8.50 (Tier 2)	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	\$0.00-\$8.50 (Tier 2)	
KINRIX (PF) INTRAMUSCULAR SYRINGE	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
M-M-R II (PF)	\$0 (Tier 1)	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	\$0.00-\$8.50 (Tier 2)	MO
MENVEO A-C-Y-W-135-DIP (PF)	\$0.00-\$8.50 (Tier 2)	MO
MOZOBIL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
NEULASTA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1.2 per 28 days)
NEUPOGEN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
NORDITROPIN FLEXPRO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
OCTAGAM	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
OMNITROPE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
PEDIARIX (PF)	\$0.00-\$8.50 (Tier 2)	MO
PEDVAX HIB (PF)	\$0 (Tier 1)	MO
PEGASYS	\$0.00-\$8.50 (Tier 2)	MO; NE
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	\$0.00-\$8.50 (Tier 2)	MO; NE
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	\$0.00-\$8.50 (Tier 2)	MO; NE
PENTACEL (PF)	\$0.00-\$8.50 (Tier 2)	MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0.00-\$8.50 (Tier 2)	PAR; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
PROLEUKIN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
PROQUAD (PF)	\$0.00-\$8.50 (Tier 2)	MO
QUADRACEL (PF)	\$0.00-\$8.50 (Tier 2)	MO
RABAVERT (PF)	\$0.00-\$8.50 (Tier 2)	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	\$0 (Tier 1)	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	\$0 (Tier 1)	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	\$0 (Tier 1)	B/D PAR
ROTARIX	\$0.00-\$8.50 (Tier 2)	
ROTATEQ VACCINE	\$0 (Tier 1)	MO
SHINGRIX (PF)	\$0.00-\$8.50 (Tier 2)	MO
STAMARIL (PF)	\$0.00-\$8.50 (Tier 2)	
SYLATRON	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
TDVAX	\$0 (Tier 1)	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	\$0.00-\$8.50 (Tier 2)	MO
TETANUS,DIPHThERIA TOX PED(PF)	\$0.00-\$8.50 (Tier 2)	MO
THYMOGLOBULIN	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
TICE BCG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
TRUMENBA	\$0.00-\$8.50 (Tier 2)	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	\$0 (Tier 1)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
TYPHIM VI INTRAMUSCULAR SOLUTION	\$0.00-\$8.50 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SYRINGE	\$0.00-\$8.50 (Tier 2)	MO
VAQTA (PF)	\$0.00-\$8.50 (Tier 2)	MO
VARIVAX (PF)	\$0.00-\$8.50 (Tier 2)	MO
VARIZIG INTRAMUSCULAR SOLUTION	\$0.00-\$8.50 (Tier 2)	MO
YF-VAX (PF)	\$0.00-\$8.50 (Tier 2)	MO
ZOSTAVAX (PF)	\$0.00-\$8.50 (Tier 2)	MO

## MUSCULOSKELETAL / RHEUMATOLOGY

<i>alendronate oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 28 days)
<i>allopurinol</i>	\$0.00-\$8.50 (Tier 2)	MO
BENLYSTA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
COLCRYS	\$0.00-\$8.50 (Tier 2)	MO
DEPEN TITRATABS	\$0.00-\$8.50 (Tier 2)	MO; NE
ENBREL MINI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4.08 per 28 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制 或使用限制
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 28 days)
ENBREL SURECLICK	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 28 days)
<i>febuxostat</i>	\$0.00-\$8.50 (Tier 2)	MO
FORTEO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 365 days)
HUMIRA PEN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
<i>ibandronate oral</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1 per 28 days)
<i>leflunomide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>probenecid</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>probenecid-colchicine</i>	\$0.00-\$8.50 (Tier 2)	MO
PROLIA	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (2 per 365 days)
<i>raloxifene</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
RIDAURA	\$0.00-\$8.50 (Tier 2)	MO; NE
SAVELLA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	MO; QLL (110 per 365 days)
ULORIC	\$0.00-\$8.50 (Tier 2)	ST; MO
XELJANZ	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)

## OBSTETRICS / GYNECOLOGY

<i>3 day vaginal</i>	\$0 (Tier 4)	[*]
<i>3-day vaginal</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
AFTERA	\$0 (Tier 4)	[*]
<i>altavera (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alyacen 1/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alyacen 7/7/7 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>apri</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>aranelle (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>aviane</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>azurette (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>blisovi fe 1.5/30 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>camila</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>caziant (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate vaginal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clotrimazole vaginal cream</i>	\$0 (Tier 4)	[*]
<i>clotrimazole-3</i>	\$0 (Tier 4)	[*]
<i>cryselle (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cyclafem 1/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cyclafem 7/7/7 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$0.00-\$8.50 (Tier 2)	MO
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>econtra ez</i>	\$0 (Tier 4)	[*]
<i>elinest</i>	\$0.00-\$8.50 (Tier 2)	MO
ELLA	\$0.00-\$8.50 (Tier 2)	
<i>enpresse</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>errin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>estradiol oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>estradiol transdermal patch weekly</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (4 per 28 days)
<i>estradiol vaginal cream</i>	\$0.00-\$8.50 (Tier 2)	MO
ESTRING	\$0.00-\$8.50 (Tier 2)	MO; QLL (1 per 90 days)
<i>falmina (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydroxyprogesterone caproate</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (25 per 147 days)
<i>junel 1.5/30 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>junel 1/20 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>junel fe 1.5/30 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>junel fe 1/20 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>kariva (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>kelnor 1/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>larin 1/20 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>larin fe 1.5/30 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>larin fe 1/20 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lessina</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levonest (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levonorg-eth estrad triphasic</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack,3 month</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>low-ogestrel (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lutera (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lyza</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>marlissa (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>medroxyprogesterone</i>	\$0.00-\$8.50 (Tier 2)	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>metronidazole vaginal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>miconazole 7</i>	\$0 (Tier 4)	[*]
<i>miconazole nitrate vaginal cream</i>	\$0 (Tier 4)	[*]
<i>miconazole-3 vaginal kit</i>	\$0 (Tier 4)	[*]
<i>miconazole-3 vaginal suppository</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>microgestin 1.5/30 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>microgestin 1/20 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>microgestin fe 1.5/30 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>microgestin fe 1/20 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mono-lynyah</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>necon 0.5/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nora-be</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>norethindrone (contraceptive)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>norethindrone acetate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nortrel 0.5/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nortrel 1/35 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nortrel 1/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nortrel 7/7/7 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
NUVARING	\$0.00-\$8.50 (Tier 2)	MO
<i>ocella</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ogestrel (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>opcicon one-step</i>	\$0 (Tier 4)	[*]
PLAN B ONE-STEP	\$0 (Tier 4)	[*]



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>portia 28</i>	\$0.00-\$8.50 (Tier 2)	MO
PREMARIN ORAL	\$0.00-\$8.50 (Tier 2)	PAR; MO
PREMARIN VAGINAL	\$0.00-\$8.50 (Tier 2)	MO
PREMPRO	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>previfem</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>progesterone micronized</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>reclipsen (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sprintec (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>syeda</i>	\$0.00-\$8.50 (Tier 2)	MO
TAKE ACTION	\$0 (Tier 4)	[*]
<i>terconazole</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tranexamic acid oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tri-previfem (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tri-sprintec (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>trivora (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>vaginal contraceptive foam</i>	\$0 (Tier 4)	[*]
<i>velivet triphasic regimen (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>viorele (28)</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>zarah</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>zovia 1/35e (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>zumandimine (28)</i>	\$0.00-\$8.50 (Tier 2)	

## OPHTHALMOLOGY

<i>acetazolamide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acetazolamide sodium solution for injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ak-poly-bac</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alaway</i>	\$0 (Tier 4)	[*]
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0.00-\$8.50 (Tier 2)	MO
<i>apraclonidine</i>	\$0.00-\$8.50 (Tier 2)	MO
ARTIFICIAL TEARS (PETRO/MIN)	\$0 (Tier 4)	[*]
<i>artificial tears (polyvin alc)</i>	\$0 (Tier 4)	[*]
<i>artificial tears(pvalch-povid)</i>	\$0 (Tier 4)	[*]
ATROPINE OPHTHALMIC (EYE) DROPS	\$0.00-\$8.50 (Tier 2)	MO
<i>azelastine ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
AZOPT	\$0.00-\$8.50 (Tier 2)	MO
<i>bacitracin ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betaxolol ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
BETIMOL	\$0.00-\$8.50 (Tier 2)	MO
<i>bimatoprost ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
BLEPHAMIDE S.O.P.	\$0.00-\$8.50 (Tier 2)	MO
<i>brimonidine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carteolol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>children's alaway</i>	\$0 (Tier 4)	[*]
<i>ciprofloxacin hcl ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
COMBIGAN	\$0.00-\$8.50 (Tier 2)	MO
<i>cromolyn ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
CYSTARAN	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diclofenac sodium ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dorzolamide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dorzolamide-timolol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>eye itch relief</i>	\$0 (Tier 4)	[*]
EYE STREAM	\$0 (Tier 4)	[*]
<i>eye wash</i>	\$0 (Tier 4)	[*]
<i>fluorometholone</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>flurbiprofen ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
FOR STY RELIEF	\$0 (Tier 4)	[*]
<i>gentak ophthalmic (eye) ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gentamicin ophthalmic (eye) drops</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gentamicin ophthalmic (eye) ointment</i>	\$0.00-\$8.50 (Tier 2)	
ILEVRO	\$0.00-\$8.50 (Tier 2)	MO
<i>ketorolac ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ketotifen fumarate</i>	\$0 (Tier 4)	[*]
<i>latanoprost</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>liquitears</i>	\$0 (Tier 4)	[*]
LUBRICANT EYE (PG-PEG 400)	\$0 (Tier 4)	[*]
<i>lubricant eye drops ophthalmic (eye) dropperette</i>	\$0 (Tier 4)	[*]
<i>lubricant eye drops ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 4)	[*]
<i>lubricating plus</i>	\$0 (Tier 4)	[*]
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0.00-\$8.50 (Tier 2)	MO
<i>methazolamide</i>	\$0.00-\$8.50 (Tier 2)	MO
MOXIFLOXACIN OPHTHALMIC (EYE)	\$0.00-\$8.50 (Tier 2)	MO
NATACYN	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>neo-polycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neo-polycin hc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-bacitracin-poly-hc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-bacitracin-polymyxin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-polymyxin b-dexameth</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-polymyxin-gramicidin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ofloxacin ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>olopatadine ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
PAZEO	\$0.00-\$8.50 (Tier 2)	MO
PHOSPHOLINE IODIDE	\$0.00-\$8.50 (Tier 2)	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>polycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>polymyxin b sulf-trimethoprim</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisolone acetate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
RETAINÉ PM	\$0 (Tier 4)	[*]
SIMBRINZA	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>sodium chloride ophthalmic (eye)</i>	\$0 (Tier 4)	[*]
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sulfacetamide-prednisolone</i>	\$0.00-\$8.50 (Tier 2)	MO
SYSTANE NIGHTTIME	\$0 (Tier 4)	[*]
<i>timolol maleate ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tobramycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tobramycin-dexamethasone ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
TRAVATAN Z	\$0.00-\$8.50 (Tier 2)	MO
<i>trifluridine</i>	\$0.00-\$8.50 (Tier 2)	MO
XIIDRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
ZIRGAN	\$0.00-\$8.50 (Tier 2)	MO

## RESPIRATORY AND ALLERGY

<i>acetylcysteine</i>	\$0 (Tier 1)	B/D PAR; MO
ADEMPAS	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
ADVAIR DISKUS	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
ADVAIR HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (60 per 30 days)
<i>albuterol sulfate oral</i>	\$0 (Tier 1)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>all day allergy (cetirizine) oral tablet</i>	\$0 (Tier 4)	[*]
<i>aller-g-time</i>	\$0 (Tier 4)	[*]
<i>allergy (diphenhydramine) oral capsule</i>	\$0 (Tier 4)	[*]
<i>allergy (diphenhydramine) oral tablet</i>	\$0 (Tier 4)	[*]
<i>allergy relief (clemastine)</i>	\$0 (Tier 4)	[*]
<i>allergy relief (loratadine) oral tablet</i>	\$0 (Tier 4)	[*]
<i>allergy relief (loratadine) oral tablet, disintegrating</i>	\$0 (Tier 4)	[*]
<i>allergy relief(diphenhydramin)</i>	\$0 (Tier 4)	[*]
<i>ambrisentan</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
ANORO ELLIPTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>aprodine</i>	\$0 (Tier 4)	[*]
ARNUITY ELLIPTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
ATROVENT HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (26 per 30 days)
<i>banophen oral capsule</i>	\$0 (Tier 4)	[*]
<i>banophen oral tablet</i>	\$0 (Tier 4)	[*]
<i>benzonatate oral capsule 100 mg, 200 mg</i>	\$0 (Tier 3)	[*]
<i>bosentan</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
BREO ELLIPTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (60 per 30 days)
<i>cetirizine oral tablet 10 mg</i>	\$0 (Tier 4)	[*]
CETIRIZINE ORAL TABLET 5 MG	\$0 (Tier 4)	[*]
<i>children's allergy (diphenhyd) oral liquid</i>	\$0 (Tier 4)	[*]
<i>children's silfedrine</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
CINRYZE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>clemastine oral tablet 2.68 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>codeine-guaifenesin</i>	\$0 (Tier 4)	[*]
<i>cold and allergy</i>	\$0 (Tier 4)	[*]
<i>cold and allergy pe</i>	\$0 (Tier 4)	[*]
COMBIVENT RESPIMAT	\$0.00-\$8.50 (Tier 2)	MO; QLL (8 per 30 days)
<i>complete allergy medicine</i>	\$0 (Tier 4)	[*]
<i>complete allergy oral capsule</i>	\$0 (Tier 4)	[*]
<i>complete allergy oral tablet</i>	\$0 (Tier 4)	[*]
<i>cromolyn inhalation</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (240 per 30 days)
<i>cromolyn nasal</i>	\$0 (Tier 4)	[*]
<i>cyproheptadine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
DALIRESP	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>dayhist allergy</i>	\$0 (Tier 4)	[*]
<i>diphedryl</i>	\$0 (Tier 4)	[*]
<i>diphenhist oral capsule</i>	\$0 (Tier 4)	[*]
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diphenhydramine hcl injection syringe</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diphenhydramine hcl oral capsule</i>	\$0 (Tier 4)	[*]
DULERA	\$0.00-\$8.50 (Tier 2)	MO; QLL (13 per 30 days)
<i>ed a-hist oral tablet</i>	\$0 (Tier 4)	[*]
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	\$0 (Tier 1)	MO; QLL (2 per 28 days)



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
ESBRIET ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
FIRAZYR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
FLONASE ALLERGY RELIEF	\$0 (Tier 4)	[*]
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (11 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (75 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>fluticasone propionate nasal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (16 per 30 days)
<i>fluticasone propionate nasal</i>	\$0 (Tier 4)	[*]
<i>guaifenesin ac</i>	\$0 (Tier 4)	[*]
<i>guaifenesin ac</i>	\$0 (Tier 4)	[*]
<i>hydrocodone-chlorpheniramine</i>	\$0 (Tier 3)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	\$0 (Tier 3)	[*]
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5 ML (5 ML)	\$0 (Tier 3)	[*]
<i>hydrocodone-homatropine oral tablet</i>	\$0 (Tier 3)	[*]
<i>hydromet</i>	\$0 (Tier 3)	[*]
<i>hydroxyzine hcl oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>icatibant</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>ipratropium bromide inhalation</i>	\$0 (Tier 1)	B/D PAR; MO
<i>ipratropium-albuterol inhalation</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (540 per 30 days)
KALYDECO ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
LETAIRIS	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (270 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (540 per 30 days)
LEVALBUTEROL HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (45 per 30 days)
<i>levocetirizine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>loratadine oral tablet</i>	\$0 (Tier 4)	[*]
<i>m-clear wc</i>	\$0 (Tier 4)	[*]
<i>metaproterenol oral syrup</i>	\$0 (Tier 1)	MO
<i>montelukast</i>	\$0 (Tier 1)	MO
NASACORT	\$0 (Tier 4)	[*]
<i>nasal decongestant (pseudoeph) oral tablet</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
OFEV	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
ORKAMBI ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
<i>pharbedryl</i>	\$0 (Tier 4)	[*]
PROAIR HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 30 days)
<i>promethazine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>promethazine-codeine</i>	\$0 (Tier 3)	[*]
<i>promethazine-dm</i>	\$0 (Tier 3)	[*]
<i>promethazine-phenyleph-codeine</i>	\$0 (Tier 3)	[*]
<i>promethegan rectal suppository 12.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>pseudoephedrine hcl oral tablet 30 mg</i>	\$0 (Tier 4)	[*]
PULMOZYME	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (11 per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (22 per 30 days)
SEREVENT DISKUS	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>siladryl sa</i>	\$0 (Tier 4)	[*]
<i>sildenafil (pulm.hypertension) oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
SPIRIVA RESPIMAT	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 30 days)
SPIRIVA WITH HANDIHALER	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
STIOLTO RESPIMAT	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 30 days)
<i>sudogest</i>	\$0 (Tier 4)	[*]
<i>sudogest cold and allergy</i>	\$0 (Tier 4)	[*]
<i>sudogest sinus and allergy</i>	\$0 (Tier 4)	[*]
<i>suphedrin</i>	\$0 (Tier 4)	[*]
SYMJEPI	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 28 days)
<i>terbutaline</i>	\$0 (Tier 1)	MO
<i>theophylline oral tablet extended release 12 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>theophylline oral tablet extended release 24 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
TRACLEER ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
<i>valu-dryl allergy oral capsule</i>	\$0 (Tier 4)	[*]
VENTAVIS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (270 per 30 days)
VENTOLIN HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (36 per 30 days)
<i>virtussin ac</i>	\$0 (Tier 4)	[*]
<i>wixela inhub</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (6 per 28 days)
<i>zafirlukast</i>	\$0 (Tier 1)	MO
<b>UROLOGICALS</b>		
<i>alfuzosin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>bethanechol chloride</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
CYSTAGON	\$0.00-\$8.50 (Tier 2)	MO; LA
<i>dutasteride</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
MYRBETRIQ	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>potassium citrate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>solifenacin</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>tamsulosin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tolterodine oral capsule,extended release 24hr</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>tolterodine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
TOVIAZ	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>urinary pain relief oral tablet 95 mg</i>	\$0 (Tier 4)	[*]
VESICARE	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
AMINOSYN 7 % WITH ELECTROLYTES	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN 8.5 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN II 10 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN II 15 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN II 8.5 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN M 3.5 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN-HBC 7%	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN-PF 10 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>antacid (calcium carbonate) oral tablet, chewable 200 mg calcium (500 mg), 215 mg calcium (500 mg)</i>	\$0 (Tier 4)	[*]
<i>antacid ext str (calcium carb)</i>	\$0 (Tier 4)	[*]
<i>antacid extra-strength oral tablet, chewable 300 mg (750 mg)</i>	\$0 (Tier 4)	[*]
<i>antacid ultra strength oral tablet, chewable 400 mg calcium (1,000 mg)</i>	\$0 (Tier 4)	[*]
<i>ascorbate calcium (vitamin c)</i>	\$0 (Tier 4)	[*]
<i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 500 mg</i>	\$0 (Tier 4)	[*]
<i>b-12 dots</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用(層級)	必要行動，限制或使用限制
<i>c-1000 oral tablet</i>	\$0 (Tier 4)	[*]
<i>c-1000 with rose hips</i>	\$0 (Tier 4)	[*]
<i>c-500 oral tablet</i>	\$0 (Tier 4)	[*]
<i>cal-gest antacid</i>	\$0 (Tier 4)	[*]
<i>calci-chew</i>	\$0 (Tier 4)	[*]
<i>calcitrate</i>	\$0 (Tier 4)	[*]
<i>calcium 500 + d (d3)</i>	\$0 (Tier 4)	[*]
<i>calcium 500 + d oral tablet 500 mg(1, 250mg) -200 unit</i>	\$0 (Tier 4)	[*]
<i>calcium 500 + d oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>calcium 500 oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>calcium 500 with d</i>	\$0 (Tier 4)	[*]
<i>calcium 600</i>	\$0 (Tier 4)	[*]
<i>calcium 600 + d(3) oral tablet 600 mg(1, 500mg) -200 unit, 600 mg(1,500mg) -400 unit</i>	\$0 (Tier 4)	[*]
<i>calcium acetate oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>calcium antacid oral tablet,chewable 200 mg calcium (500 mg), 300 mg (750 mg), 400 mg calcium (1,000 mg)</i>	\$0 (Tier 4)	[*]
<i>calcium antacid ultra max st</i>	\$0 (Tier 4)	[*]
<i>calcium carbonate oral suspension</i>	\$0 (Tier 4)	[*]
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>	\$0 (Tier 4)	[*]
<i>calcium carbonate oral tablet,chewable 300 mg (750 mg), 500 mg calcium (1,250 mg)</i>	\$0 (Tier 4)	[*]
<i>calcium carbonate-vitamin d3 oral tablet 250-125 mg-unit, 500 mg(1,250mg) -125 unit, 500 mg(1,250mg) -200 unit, 500mg (1,250mg) -600 unit, 600 mg(1,500mg) -400 unit</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET 600 MG(1,500MG) -200 UNIT, 600 MG(1,500MG) -800 UNIT	\$0 (Tier 4)	[*]
<i>calcium carbonate-vitamin d3 oral tablet, chewable 500 mg(1,250mg) -400 unit</i>	\$0 (Tier 4)	[*]
CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET,CHEWABLE 500-100 MG-UNIT	\$0 (Tier 4)	[*]
<i>calcium citrate + d</i>	\$0 (Tier 4)	[*]
<i>calcium citrate oral tablet</i>	\$0 (Tier 4)	[*]
CALCIUM CITRATE-VITAMIN D3 ORAL TABLET 200 MG CALCIUM -250 UNIT, 315 MG- 250 UNIT	\$0 (Tier 4)	[*]
<i>calcium citrate-vitamin d3 oral tablet 250 mg calcium- 200 unit, 315-200 mg-unit</i>	\$0 (Tier 4)	[*]
<i>calcium gluconate oral tablet 45 mg (500 mg)</i>	\$0 (Tier 4)	[*]
<i>calcium with vitamin d</i>	\$0 (Tier 4)	[*]
CALTRATE WITH VITAMIN D3	\$0 (Tier 4)	[*]
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit), 400 unit, 5,000 unit, 50 mcg (2,000 unit)</i>	\$0 (Tier 4)	[*]
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 4)	[*]
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 2,000 unit, 25 mcg (1,000 unit)</i>	\$0 (Tier 4)	[*]
<i>classic prenatal</i>	\$0 (Tier 4)	[*]
CLINIMIX 5%/D15W SULFITE FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX 5%/D25W SULFITE-FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX 4.25%-D25W SULF-FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR



藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
CLINIMIX 4.25%/D10W SULF FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX 5%-D20W(SULFITE-FREE)	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 4.25%/D10W SUL FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 4.25%/D5W SULF FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 5%/D15W SULFIT FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 5%/D20W SULFIT FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 5%/D25W SULFIT FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX N14G30E 4.25%-D15W SF	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>cyanocobalamin (vitamin b-12) injection</i>	\$0 (Tier 3)	[*]
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 500 mcg</i>	\$0 (Tier 4)	[*]
<i>d-vi-sol</i>	\$0 (Tier 4)	[*]
<i>delta d3</i>	\$0 (Tier 4)	[*]
<i>dialyvite vitamin d</i>	\$0 (Tier 4)	[*]
<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>	\$0 (Tier 4)	[*]
<i>ezfe 200</i>	\$0 (Tier 4)	[*]
<i>ferate oral tablet 240 mg (27 mg iron)</i>	\$0 (Tier 4)	[*]
<i>ferosul oral tablet</i>	\$0 (Tier 4)	[*]
<i>ferretts</i>	\$0 (Tier 4)	[*]
<i>ferrex 150</i>	\$0 (Tier 4)	[*]
<i>ferric x-150</i>	\$0 (Tier 4)	[*]
<i>ferro-time</i>	\$0 (Tier 4)	[*]
<i>ferrous gluconate oral tablet 240 mg (27 mg iron), 256 mg (28 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	\$0 (Tier 4)	[*]
<i>ferrous sulfate oral tablet, delayed release (dr/ec)</i>	\$0 (Tier 4)	[*]
<i>ferrousul</i>	\$0 (Tier 4)	[*]
<i>flavor chews antacid</i>	\$0 (Tier 4)	[*]
<i>fluoride (sodium) oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>folic acid oral tablet</i>	\$0 (Tier 4)	[*]
<i>freamine iii 10 %</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
HEPATAMINE 8%	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>hi-cal plus vit d</i>	\$0 (Tier 4)	[*]
<i>high potency iron oral tablet 134 mg (27 mg iron)</i>	\$0 (Tier 4)	[*]
<i>iferex 150</i>	\$0 (Tier 4)	[*]
<i>intralipid intravenous emulsion 20 %</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
INTRALIPID INTRAVENOUS EMULSION 30 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>iron (dried)</i>	\$0 (Tier 4)	[*]
<i>iron (ferrous sulfate)</i>	\$0 (Tier 4)	[*]
<i>iron oral tablet 325 mg (65 mg iron)</i>	\$0 (Tier 4)	[*]
<i>klor-con 10</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>klor-con 8</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>klor-con m10</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>klor-con m15</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>klor-con m20</i>	\$0.00-\$8.50 (Tier 2)	MO
KPN ORAL TABLET 9 MG IRON- 267 MCG	\$0 (Tier 4)	[*]
<i>lactated ringers intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>magnesium oxide oral capsule 500 mg</i>	\$0 (Tier 4)	[*]
<i>magnesium sulfate in water intravenous parenteral solution</i>	\$0.00-\$8.50 (Tier 2)	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	\$0.00-\$8.50 (Tier 2)	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>magnesium sulfate injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>magnesium sulfate injection syringe</i>	\$0.00-\$8.50 (Tier 2)	
<i>myferon 150</i>	\$0 (Tier 4)	[*]
NORMOSOL-M IN 5 % DEXTROSE	\$0.00-\$8.50 (Tier 2)	
NORMOSOL-R	\$0.00-\$8.50 (Tier 2)	MO
NORMOSOL-R PH 7.4	\$0.00-\$8.50 (Tier 2)	
<i>oysco 500/d oral tablet</i>	\$0 (Tier 4)	[*]
<i>oysco-500</i>	\$0 (Tier 4)	[*]
<i>oyster shell + d3</i>	\$0 (Tier 4)	[*]
<i>oyster shell calcium</i>	\$0 (Tier 4)	[*]
<i>oyster shell calcium 500</i>	\$0 (Tier 4)	[*]
<i>oyster shell calcium-vit d3 oral tablet</i>	\$0 (Tier 4)	[*]
<i>oystercal-d</i>	\$0 (Tier 4)	[*]
PHOSLYRA	\$0.00-\$8.50 (Tier 2)	MO

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PLASMA-LYTE 148	\$0.00-\$8.50 (Tier 2)	
<i>poly-iron</i>	\$0 (Tier 4)	[*]
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride intravenous solution 2 meq/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride oral capsule, extended release</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral liquid</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral tablet extended release</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	\$0 (Tier 1)	MO
<i>potassium chloride-0.45 % nacl</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	MO

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>prenatal one daily</i>	\$0 (Tier 4)	[*]
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	\$0 (Tier 4)	[*]
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	\$0 (Tier 4)	[*]
<i>prenatal vitamin plus low iron</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pyridoxine (vitamin b6) oral tablet 25 mg, 50 mg</i>	\$0 (Tier 4)	[*]
<i>ringer's intravenous</i>	\$0.00-\$8.50 (Tier 2)	
<i>risacal-d</i>	\$0 (Tier 4)	[*]
<i>slow release iron oral tablet extended release 160 mg (50 mg iron)</i>	\$0 (Tier 4)	[*]
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	\$0.00-\$8.50 (Tier 2)	
<i>sodium chloride 3% intravenous injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride 5% intravenous injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>soothing pureway-c</i>	\$0 (Tier 4)	[*]
<i>thera-d</i>	\$0 (Tier 4)	[*]

藥品名稱	您需為藥物支付的費用 (層級)	必要行動，限制或使用限制
<i>thiamine hcl (vitamin b1) oral tablet 100 mg</i>	\$0 (Tier 4)	[*]
<i>thiamine mononitrate (vit b1)</i>	\$0 (Tier 4)	[*]
<i>travasol 10 %</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
TROPHAMINE 10 %	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
TROPHAMINE 6%	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>tums ultra oral tablet,chewable 400 mg calcium (1,000 mg)</i>	\$0 (Tier 4)	[*]
<i>ultra strength antacid</i>	\$0 (Tier 4)	[*]
VITAMIN A PALMITATE ORAL TABLET	\$0 (Tier 4)	[*]
<i>vitamin b-1</i>	\$0 (Tier 4)	[*]
<i>vitamin b-1 (mononitrate)</i>	\$0 (Tier 4)	[*]
<i>vitamin b-12 oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 4)	[*]
<i>vitamin b-2</i>	\$0 (Tier 4)	[*]
<i>vitamin b-6 oral tablet 100 mg, 50 mg</i>	\$0 (Tier 4)	[*]
<i>vitamin c oral tablet 1,000 mg, 250 mg, 500 mg</i>	\$0 (Tier 4)	[*]
<i>vitamin c with rose hips oral tablet</i>	\$0 (Tier 4)	[*]
<i>vitamin d2</i>	\$0 (Tier 3)	[*]
<i>vitamin d3 oral capsule 25 mcg (1,000 unit), 400 unit, 50 mcg (2,000 unit)</i>	\$0 (Tier 4)	[*]
<i>vitamin d3 oral tablet 10 mcg (400 unit), 2,000 unit, 25 mcg (1,000 unit)</i>	\$0 (Tier 4)	[*]
<i>vitamin e (dl, acetate) oral capsule 100 unit, 200 unit</i>	\$0 (Tier 4)	[*]
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<i>ampicillin-sulbactam</i>	<i>anti-dandruff</i> .....	ARNUITY
<i>intravenous recon soln 3</i>	<i>anti-diarrheal</i> .....	ELLIPTA .....
<i>gram</i> .....	<i>anti-gas ultra</i>	ARRANON .....
13	<i>strength</i> .....	ARSENIC TRIOXIDE
AMPYRA .....	<i>anti-itch (hc) topical</i>	INTRAVENOUS
50	<i>cream</i> .....	SOLUTION 1 MG/
ANADROL-50 .....	89	ML .....
103	<i>antifungal</i>	30
<i>anagrelide</i> .....	<i>(clotrimazole)</i> .....	<i>arsenic trioxide</i>
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<i>anastrozole</i> .....	<i>antifungal (tolnaftate)</i>	<i>mg/ml</i> .....
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20.25 MG/1.25 GRAM	APOKYN .....	<i>artificial tears (polyvin</i>
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<i>chewable 200 mg calcium</i>	APTIOM .....	<i>aspirin oral tablet</i> .....
<i>(500 mg), 215 mg calcium</i>	50	50
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145	CAPSULE .....	<i>chewable</i> .....
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<i>antacid exst (mag carb-</i>	SOLUTION .....	<i>release (dr/ec) 325 mg,</i>
<i>al hyd)</i> .....	13	<i>81 mg</i> .....
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<i>mg calcium (1,000</i>	<i>disintegrating 10 mg</i> ...	<i>topical aerosol, spray</i> ...
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113	50	<i>mg</i> .....
<i>antacid-simethicone</i> ...		50



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<i>extend.release</i> .....	113	<i>butorphanol tartrate</i>	<i>calcium 600 + d(3) oral</i>	
<i>bumetanide</i> .....	79	<i>injection solution nasal</i>	<i>tablet 600 mg(1,500mg)</i>	



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-200 unit, 600 mg(1, 500mg) -400 unit..... 146  
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 calcium antacid oral tablet, chewable 200 mg calcium (500 mg), 300 mg (750 mg), 400 mg calcium (1,000 mg)..... 146  
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 calcium carbonate- vitamin d3 oral tablet 250-125 mg-unit, 500 mg(1,250mg) -125 unit, 500 mg(1,250mg) -200 unit, 500mg (1,250mg) - 600 unit, 600 mg(1, 500mg) -400 unit..... 146  
 CALCIUM CARBONATE- VITAMIN D3 ORAL TABLET 600 MG(1, 500MG) -200 UNIT, 600 MG(1,500MG) -800 UNIT..... 147  
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 cefaclor oral suspension for reconstitution 125 mg/ 5 ml..... 14  
 cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml..... 14  
 cefaclor oral tablet extended release 12 hr..... 14  
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 cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml..... 14  
 cefadroxil oral tablet.... 14  
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 cefazolin injection recon soln 1 gram, 500 mg.... 15  
 cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g..... 15  
 cefazolin intravenous.... 15  
 cefdinir..... 15  
 cefepime injection..... 15  
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 cefoxitin intravenous recon soln 1 gram, 2 gram..... 15  
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<i>ceftazidime injection recon soln 1 gram, 2 gram</i> .....	15	CHANTIX CONTINUING MONTH BOX .....	98	<i>ciclodan topical solution</i> .....	90
<i>ceftazidime injection recon soln 6 gram</i> .....	15	CHANTIX STARTING MONTH BOX .....	98	<i>ciclopirox</i> .....	90
<i>ceftriaxone in dextrose, iso-os</i> .....	15	<i>children's acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i> .....	53	<i>cilostazol</i> .....	79
<i>ceftriaxone intravenous solution</i> .....	15	<i>children's alaway</i> .....	134	CIMDUO .....	16
<i>ceftriaxone intravenous solution injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i> .....	15	<i>children's allergy (diphenhyd) oral liquid</i> .....	138	<i>cinacalcet oral tablet 30 mg, 60 mg</i> .....	104
<i>ceftriaxone intravenous solution injection recon soln 10 gram, 100 gram</i> .....	15	<i>children's aspirin</i> .....	53	<i>cinacalcet oral tablet 90 mg</i> .....	104
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<i>cefuroxime sodium intravenous recon soln 1.5 gram</i> .....	16	<i>children's pain-fever relief oral suspension</i> .....	53	<i>ciprofloxacin hcl ophthalmic (eye)</i> .....	134
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i> .....	16	<i>children's silfedrine</i> .....	138	<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> .....	16
<i>celecoxib</i> .....	53	<i>chloramphenicol sod succinate</i> .....	16	<i>cisplatin intravenous solution</i> .....	32
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<i>cephalexin oral capsule 250 mg, 500 mg</i> .....	16	<i>chlorpromazine</i> .....	53	<i>citalopram oral tablet 40 mg</i> .....	53
<i>cephalexin oral suspension for reconstitution</i> .....	16	<i>chlorthalidone oral tablet 25 mg, 50 mg</i> .....	79	<i>citrate of magnesia</i> .....	113
CERDELGA .....	104	<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit), 400 unit, 5,000 unit, 50 mcg (2,000 unit)</i> .....	147	<i>cladribine</i> .....	32
CEREZYME		<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i> .....	147	<i>claravis</i> .....	90
INTRAVENOUS RECON SOLN 400 UNIT .....	104	<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 2,000 unit, 25 mcg (1,000 unit)</i> .....	147	<i>clarithromycin</i> .....	16
<i>cetirizine oral tablet 10 mg</i> .....	138	<i>cholestyramine (with sugar)</i> .....	79	<i>classic prenatal</i> .....	147
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				<i>clindamycin phosphate injection solution 150 mg/ml</i> .....	16
				<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> .....	16
				<i>clindamycin phosphate topical foam</i> .....	91
				<i>clindamycin phosphate topical gel</i> .....	91
				<i>clindamycin phosphate topical lotion</i> .....	91



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<i>clindamycin phosphate topical swab</i> .....	91	<i>clonazepam oral tablet 0.5 mg</i> .....	54	<i>clozapine oral tablet, disintegrating 12.5 mg</i> .....	54
<i>clindamycin phosphate vaginal</i> .....	128	<i>clonazepam oral tablet 1 mg</i> .....	54	CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG.....	54
CLINIMIX 4.25%-D25W SULF-FREE.....	147	<i>clonazepam oral tablet 2 mg</i> .....	54	CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG.....	54
CLINIMIX 4.25%/D10W SULF FREE.....	148	<i>clonazepam oral tablet, disintegrating 0.125 mg</i> .....	54	<i>clozapine oral tablet, disintegrating 25 mg</i> ... 54	
CLINIMIX 4.25%/D5W SULFIT FREE.....	98	<i>clonazepam oral tablet, disintegrating 0.25 mg</i> .....	54	<i>codeine-guaifenesin</i> ... 139	
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CLINIMIX 5%/D15W SULFITE FREE.....	147	<i>clonazepam oral tablet, disintegrating 1 mg</i> ....	54	<i>cold and allergy</i> .....	139
CLINIMIX 5%/D25W SULFITE-FREE.....	147	<i>clonazepam oral tablet, disintegrating 2 mg</i> ....	54	<i>cold and allergy pe</i> ....	139
CLINIMIX E 2.75%/D5W SULF FREE.....	98	<i>clonidine hcl oral tablet</i> .....	79	<i>colestipol</i> .....	80
CLINIMIX E 4.25%/D10W SUL FREE.....	148	<i>clonidine transdermal patch</i> .....	79	<i>colistin (colistimethate na)</i> .....	16
CLINIMIX E 4.25%/D5W SULF FREE.....	148	<i>clopidogrel oral tablet 300 mg</i> .....	79	<i>colocort</i> .....	114
CLINIMIX E 5%/D15W SULFIT FREE.....	148	<i>clopidogrel oral tablet 75 mg</i> .....	80	COLY-MYCIN S.....	102
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<i>clobazam oral suspension</i> .....	53	<i>clotrimazole vaginal cream</i> .....	128	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY).....	33
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<i>compro</i> .....	114	CYSTADANE .....	114	<i>demeclocycline</i> .....	17
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LUBRICATED .....	104	CYSTARAN .....	134	DENAVIR .....	91
<i>constulose</i> .....	114	<i>cytarabine (pf) injection</i>		DEPEN	
COPAXONE		<i>solution 100 mg/5 ml (20</i>		TITRATABS .....	125
SUBCUTANEOUS		<i>mg/ml), 2 gram/20 ml</i>		DEPO-PROVERA	
SYRINGE 40 MG/		<i>(100 mg/ml) .....</i>	33	INTRAMUSCULAR	
ML .....	54	<i>cytarabine (pf) injection</i>		SUSPENSION 400 MG/	
COPIKTRA .....	33	<i>solution 20 mg/ml .....</i>	33	ML .....	128
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SOLUTION .....	80	<i>solution 20mg/ml .....</i>	33	<i>desenex topical</i>	
CORLANOR ORAL		<b>D</b>		<i>powder</i> .....	91
TABLET .....	80	<i>d-vi-sol</i> .....	148	<i>desipramine</i> .....	55
<i>cortisone tablet</i> .....	104	<i>d10 %-0.45 % sodium</i>		<i>desmopressin</i>	
COTELLIC .....	33	<i>chloride</i> .....	98	<i>injection</i> .....	104
COUMADIN ORAL .....	80	<i>d2.5 %-0.45 % sodium</i>		<i>desmopressin nasal spray</i>	
CREON .....	114	<i>chloride</i> .....	98	<i>with pump</i> .....	104
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CAPSULE 200 MG .....	17	<i>chloride</i> .....	98	<i>non-aerosol</i> .....	104
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<i>cryselle (28)</i> .....	128	<i>danazol</i> .....	104	<i>ointment</i> .....	91
<i>cyanocobalamin (vitamin</i>		<i>dantrolene oral</i> .....	55	DESVENLAFAXINE	
<i>b-12) injection</i> .....	148	DAPSONE ORAL .....	17	ORAL TABLET	
<i>cyanocobalamin (vitamin</i>		DAPTACEL (DTAP		EXTENDED RELEASE	
<i>b-12) oral tablet 1,000</i>		PEDIATRIC) (PF) .....	121	24 HR 100 MG .....	55
<i>mcg, 100 mcg, 500</i>		DAPTOMYCIN		DESVENLAFAXINE	
<i>mcg</i> .....	148	INTRAVENOUS RECON		ORAL TABLET	
<i>cyclafem 1/35 (28)</i> .....	128	SOLN 350 MG .....	17	EXTENDED RELEASE	
<i>cyclafem 7/7/7 (28)</i> ...	128	<i>daptomycin intravenous</i>		24 HR 50 MG .....	55
<i>cyclobenzaprine oral</i>		<i>recon soln 500 mg</i> .....	17	DESVENLAFAXINE	
<i>tablet</i> .....	55	DARAPRIM .....	17	ORAL TABLET	
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ORAL CAPSULE .....	33	<i>daunorubicin intravenous</i>		24HR 100 MG .....	55
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<i>cyclosporine</i>		DAURISMO ORAL		ORAL TABLET	
<i>intravenous</i> .....	33	TABLET 100 MG .....	34	EXTENDED RELEASE	
<i>cyclosporine</i>		DAURISMO ORAL		24HR 50 MG .....	55
<i>modified</i> .....	33	TABLET 25 MG .....	34	<i>desvenlafaxine succinate</i>	
<i>cyclosporine oral</i>		<i>dayhist allergy</i> .....	139	<i>oral tablet extended</i>	
<i>capsule</i> .....	33	<i>decitabine</i> .....	34	<i>release 24 hr 100</i>	
<i>cyproheptadine oral</i>		<i>deferasirox</i> .....	98	<i>mg</i> .....	55
<i>tablet</i> .....	139	DELSTRIGO .....	17		
CYRAMZA .....	33	<i>delta d3</i> .....	148		



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desvenlafaxine succinate oral tablet extended release 24 hr 25 mg....	55	dextroamphetamine- amphetamine oral tablet 30 mg.....	55	diazepam oral solution 5 mg/5 ml (1 mg/ml).....	56
desvenlafaxine succinate oral tablet extended release 24 hr 50 mg....	55	dextrose 10 % and 0.2 % nacl.....	98	diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml).....	56
dex4 glucose oral gel.....	98	dextrose 10 % in water (d10w).....	99	diazepam oral tablet 10 mg.....	56
dex4 glucose oral tablet, chewable.....	98	dextrose 20 % in water (d20w).....	99	diazepam oral tablet 2 mg.....	56
dex4 glucose pouch pack.....	98	dextrose 25 % in water (d25w).....	99	diazepam oral tablet 5 mg.....	56
dex4 glucose quick dissolve.....	98	dextrose 30 % in water (d30w).....	99	diazepam rectal.....	56
dexamethasone oral elixir.....	104	dextrose 40 % in water (d40w).....	99	diclofenac potassium....	56
dexamethasone oral solution.....	104	dextrose 5 % in water (d5w).....	99	diclofenac sodium ophthalmic (eye).....	134
dexamethasone oral tablet.....	105	dextrose 5 %-lactated ringers.....	99	diclofenac sodium oral.....	56
dexamethasone sodium phos (pf).....	105	dextrose 5%-0.2 % sod chloride.....	99	diclofenac sodium topical gel 1 %.....	56
dexamethasone sodium phosphate injection....	105	dextrose 5%-0.3 % sod.chloride.....	99	dicloxacillin.....	17
dexamethasone sodium phosphate ophthalmic (eye).....	134	dextrose 50 % in water (d50w).....	99	dicyclomine oral capsule.....	114
dexrazoxane hcl intravenous recon soln 250 mg.....	34	dextrose 70 % in water (d70w).....	99	dicyclomine oral solution.....	114
dexrazoxane hcl intravenous recon soln 500 mg.....	34	dextrose oral gel.....	99	dicyclomine oral tablet.....	114
dextroamphetamine oral capsule, extended release 10 mg, 5 mg.....	55	dextrose with sodium chloride.....	99	didanosine oral capsule, delayed release(dr/ec) 200 mg.....	17
dextroamphetamine oral capsule, extended release 15 mg.....	55	dialyvite vitamin d....	148	didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg.....	17
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dextroamphetamine oral tablet 5 mg.....	55	DIASTAT.....	56	digitek oral tablet 125 mcg (0.125 mg).....	80
dextroamphetamine- amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg.....	55	DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG.....	56	digitek oral tablet 250 mcg (0.25 mg).....	80
		DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG.....	56	digox oral tablet 125 mcg (0.125 mg).....	80
		diazepam injection solution.....	56	digox oral tablet 250 mcg (0.25 mg).....	80
		diazepam injection syringe.....	56	digoxin oral solution 50 mcg/ml (0.05 mg/ml).....	80
		diazepam intensol.....	56	digoxin oral tablet 125 mcg (0.125 mg).....	80
		diazepam oral concentrate.....	56	digoxin oral tablet 250 mcg (0.25 mg).....	80



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<i>dihydroergotamine</i>	<i>divalproex</i> ..... 57	<i>doxycycline hyclate</i>
<i>nasal</i> ..... 57	<i>docetaxel intravenous</i>	<i>intravenous</i> ..... 17
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ORAL CAPSULE 100	<i>(10 mg/ml), 20 mg/2 ml</i>	<i>capsule</i> ..... 17
MG..... 57	<i>(10 mg/ml)</i> ..... 34	<i>doxycycline hyclate oral</i>
DILANTIN	<i>docetaxel intravenous</i>	<i>tablet 100 mg, 20</i>
INFATABS..... 57	<i>solution 160 mg/8 ml (20</i>	<i>mg</i> ..... 17
DILANTIN ORAL	<i>mg/ml), 20 mg/ml (1 ml),</i>	<i>doxycycline monohydrate</i>
CAPSULE 30 MG..... 57	<i>80 mg/4 ml (20 mg/ml),</i>	<i>oral capsule 100 mg, 50</i>
<i>dilt-xr</i> ..... 80	<i>80 mg/8 ml (10 mg/</i>	<i>mg, 75 mg</i> ..... 18
<i>diltiazem hcl intravenous</i>	<i>ml)</i> ..... 34	<i>doxycycline monohydrate</i>
<i>solution</i> ..... 80	DOCETAXEL	<i>oral tablet 100 mg, 50</i>
<i>diltiazem hcl oral capsule,</i>	INTRAVENOUS	<i>mg</i> ..... 18
<i>ext.rel 24h degradable</i>	SOLUTION 20 MG/	<i>dronabinol oral capsule</i>
<i>120 mg</i> ..... 80	ML..... 34	<i>10 mg</i> ..... 114
<i>diltiazem hcl oral capsule,</i>	<i>docu</i> ..... 114	<i>dronabinol oral capsule</i>
<i>extended release 12</i>	<i>docusate sodium oral</i>	<i>2.5 mg, 5 mg</i> ..... 114
<i>hr</i> ..... 80	<i>capsule 100 mg</i> ..... 114	<i>drospirenone-ethinyl</i>
<i>diltiazem hcl oral capsule,</i>	<i>docusate sodium oral</i>	<i>estradiol oral tablet 3-</i>
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		<i>flurbiprofen ophthalmic (eye)</i> .....	135	<i>fungoid-d</i> .....	93
		<i>flutamide</i> .....	36	<i>furosemide injection</i> .....	82
				<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> .....	82
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FUZEON	GATTEX 30-VIAL .....	115	GILENYA ORAL
SUBCUTANEOUS	GATTEX ONE-		CAPSULE 0.5 MG .....
RECON SOLN .....	VIAL .....	115	60
FYCOMPA ORAL	GAUZE PADS 2 X		GILOTRIF .....
SUSPENSION .....	2 .....	105	36
FYCOMPA ORAL	<i>gavilax oral powder</i> .....	115	<i>glatiramer subcutaneous</i>
TABLET 10 MG, 12	<i>gavilyte-c</i> .....	115	<i>syringe 20 mg/ml</i> .....
MG .....	<i>gavilyte-g</i> .....	115	60
60	<i>gavilyte-n</i> .....	115	<i>glatiramer subcutaneous</i>
FYCOMPA ORAL	GAZYVA .....	36	<i>syringe 40 mg/ml</i> .....
TABLET 2 MG .....	<i>gemcitabine intravenous</i>		61
60	<i>recon soln 1 gram, 200</i>		<i>glatopa subcutaneous</i>
FYCOMPA ORAL	<i>mg</i> .....	36	<i>syringe 20 mg/ml</i> .....
TABLET 4 MG .....	<i>gemcitabine intravenous</i>		61
60	<i>recon soln 2 gram</i> .....	36	<i>glatopa subcutaneous</i>
FYCOMPA ORAL	<i>gemcitabine intravenous</i>		<i>syringe 40 mg/ml</i> .....
TABLET 6 MG .....	<i>solution 1 gram/26.3 ml</i>		61
60	<i>(38 mg/ml), 200 mg/5.26</i>		GLEOSTINE .....
FYCOMPA ORAL	<i>ml (38 mg/ml)</i> .....	36	36
TABLET 8 MG .....	GEMCITABINE		<i>glimepiride oral tablet 1</i>
60	INTRAVENOUS		<i>mg</i> .....
<b>G</b>	SOLUTION 100 MG/		105
<i>gabapentin oral capsule</i>	ML .....	36	<i>glimepiride oral tablet 2</i>
<i>100 mg</i> .....	<i>gemcitabine intravenous</i>		<i>mg</i> .....
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<i>gabapentin oral capsule</i>	<i>(38 mg/ml)</i> .....	36	<i>glimepiride oral tablet 4</i>
<i>300 mg</i> .....	<i>gemfibrozil</i> .....	82	<i>mg</i> .....
60	<i>generlac</i> .....	115	105
<i>gabapentin oral capsule</i>	<i>gengraf oral capsule 100</i>		<i>glipizide oral tablet 10</i>
<i>400 mg</i> .....	<i>mg, 25 mg</i> .....	36	<i>mg</i> .....
60	<i>gengraf oral solution</i> ..	36	105
<i>gabapentin oral solution</i>	<i>gentak ophthalmic (eye)</i>		<i>glipizide oral tablet</i>
<i>250 mg/5 ml</i> .....	<i>ointment</i> .....	135	<i>extended release 24hr 10</i>
60	<i>gentamicin injection</i> .....	19	<i>mg</i> .....
<i>gabapentin oral solution</i>	<i>gentamicin ophthalmic</i>		105
<i>250 mg/5 ml (5 ml), 300</i>	<i>(eye) drops</i> .....	135	<i>glipizide oral tablet</i>
<i>mg/6 ml (6 ml)</i> .....	<i>gentamicin ophthalmic</i>		<i>extended release 24hr 2.5</i>
60	<i>(eye) ointment</i> .....	135	<i>mg</i> .....
<i>gabapentin oral tablet</i>	<i>gentamicin sulfate (ped)</i>		105
<i>600 mg</i> .....	<i>(pf) 20 mg/2 ml</i>		<i>glipizide oral tablet</i>
60	<i>injection</i> .....	19	<i>extended release 24hr 5</i>
<i>gabapentin oral tablet</i>	<i>gentamicin topical</i> .....	93	<i>mg</i> .....
<i>800 mg</i> .....	<i>gentle laxative</i>		105
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122	GEODON		105
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<i>intravenous recon</i>	<i>geri-pectate</i> .....	115	<i>tablet 2.5-500 mg, 5-500</i>
<i>soln</i> .....			<i>mg</i> .....
19			105
GARDASIL 9 (PF) .....			GLUCAGEN
122			HYPOKIT .....
<i>gas relief 80</i> .....			105
115			GLUCAGON
<i>gas relief extra</i>			EMERGENCY KIT
<i>strength</i> .....			(HUMAN) .....
115			105
<i>gas relief oral</i>			<i>gluco burst</i> .....
<i>capsule</i> .....			99
115			<i>glucose gel</i> .....
<i>gas relief oral tablet,</i>			99
<i>chewable</i> .....			<i>glucose oral tablet,</i>
115			<i>chewable 4 gram</i> .....
<i>gas relief ultra</i>			99
<i>strength</i> .....			<i>glyburide oral tablet 1.25</i>
115			<i>mg</i> .....
GAS-X ULTRA-			106
STRENGTH .....			
115			



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<i>glyburide oral tablet 2.5 mg</i> .....	106	<i>heartburn antacid</i> .....	116	HERCEPTIN	
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<i>glycerin (adult)</i> .....	115	<i>heartburn relief (ranitidine) oral tablet 150 mg</i> .....	116	HETLIOZ.....	61
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<i>griseofulvin ultramicrosize</i> .....	20	<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> .....	83	<i>high potency iron oral tablet 134 mg (27 mg iron)</i> .....	149
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HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML.....	122			HUMIRA(CF) PEDI CROHNS STARTER	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML.....	122				
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SUBCUTANEOUS	10-325 mg, 5-325 mg,	<i>hydroxyzine hcl oral</i>
SYRINGE KIT 80 MG/0.8	7.5-325 mg..... 61	<i>tablet</i> ..... 141
ML..... 126	<i>hydrocodone-</i>	<i>hydroxyzine pamoate oral</i>
HUMIRA(CF) PEDI	<i>chlorpheniramine</i> ..... 140	<i>capsule 25 mg, 50</i>
CROHNS STARTER	<i>hydrocodone-homatropine</i>	<i>mg</i> ..... 141
SUBCUTANEOUS	<i>oral syrup 5-1.5 mg/5</i>	<b>I</b>
SYRINGE KIT 80 MG/0.8	<i>ml</i> ..... 141	<i>ibandronate oral</i> ..... 127
ML-40 MG/0.4 ML.... 126	HYDROCODONE-	IBRANCE..... 37
HUMIRA(CF) PEN	HOMATROPINE ORAL	<i>ibu</i> ..... 61
CROHNS-UC-HS..... 126	SYRUP 5-1.5 MG/5 ML	<i>ibu-200</i> ..... 61
HUMIRA(CF) PEN	(5 ML)..... 141	<i>ibuprofen ib oral</i>
PSOR-UV-ADOL	<i>hydrocodone-homatropine</i>	<i>tablet</i> ..... 61
HS..... 126	<i>oral tablet</i> ..... 141	<i>ibuprofen oral</i>
HUMIRA(CF) PEN	<i>hydrocodone-ibuprofen</i>	<i>capsule</i> ..... 61
SUBCUTANEOUS PEN	<i>oral tablet 7.5-200</i>	<i>ibuprofen oral</i>
INJECTOR KIT 40 MG/	<i>mg</i> ..... 61	<i>suspension</i> ..... 61
0.4 ML..... 126	<i>hydrocortisone acetate</i>	<i>ibuprofen oral tablet 200</i>
HUMIRA(CF)	<i>topical cream</i> ..... 93	<i>mg</i> ..... 61
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SYRINGE KIT 10 MG/0.1	<i>hydrocortisone</i>	<i>mg, 600 mg, 800</i>
ML, 20 MG/0.2 ML.... 127	<i>rectal</i> ..... 116	<i>mg</i> ..... 62
HUMIRA(CF)	<i>hydrocortisone topical</i>	<i>icatibant</i> ..... 141
SUBCUTANEOUS	<i>cream 0.5 %, 1 %</i> ..... 93	ICLUSIG ORAL TABLET
SYRINGE KIT 40 MG/0.4	<i>hydrocortisone topical</i>	15 MG..... 37
ML..... 127	<i>cream 1 %, 2.5 %</i> ..... 93	ICLUSIG ORAL TABLET
HUMULIN 70/30 U-100	<i>hydrocortisone topical</i>	45 MG..... 37
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HUMULIN 70/30 U-100	<i>applicator 2.5 %</i> ..... 116	IDHIFA ORAL TABLET
KWIKPEN..... 106	<i>hydrocortisone topical</i>	100 MG..... 37
HUMULIN N NPH	<i>lotion 2.5 %</i> ..... 93	IDHIFA ORAL TABLET
INSULIN	<i>hydrocortisone topical</i>	50 MG..... 37
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100 INSULIN..... 106	<i>ointment 1 %, 2.5 %</i> ... 93	<i>recon soln</i> ..... 37
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U-100 INSULN..... 106	<i>valerate</i> ..... 93	<i>solution 1 gram/20</i>
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(CONC) INSULIN..... 106	<i>acid</i> ..... 102	<i>ifosfamide intravenous</i>
HUMULIN R U-500	<i>hydrocortisone-aloe vera</i>	<i>solution 3 gram/60</i>
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<i>hydrochlorothiazide</i> ..... 83	<i>hydromorphone oral</i>	SUBCUTANEOUS
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<i>solution 7.5-325 mg/15</i>	<i>hydroxyprogesterone</i>	<i>imatinib oral tablet 100</i>
<i>ml</i> ..... 61	<i>caproate</i> ..... 129	<i>mg</i> ..... 37
<i>hydrocodone-</i>	<i>hydroxyurea</i> ..... 37	<i>imatinib oral tablet 400</i>
<i>acetaminophen oral tablet</i>		<i>mg</i> ..... 37



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IMBRUVICA ORAL CAPSULE 140 MG ..... 37	INTRALIPID INTRAVENOUS EMULSION 30 % ..... 149	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML ..... 62
IMBRUVICA ORAL CAPSULE 70 MG ..... 37	INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML) ..... 122	INVIRASE ORAL TABLET ..... 20 <i>inzo antifungal</i> ..... 93
IMBRUVICA ORAL TABLET 140 MG ..... 37	INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML) ..... 122	IPOLE ..... 122 <i>ipratropium bromide inhalation</i> ..... 141 <i>ipratropium bromide nasal</i> ..... 102 <i>ipratropium-albuterol inhalation</i> ..... 141
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG ..... 37	INTRON A INJECTION SOLUTION ..... 122	<i>irbesartan</i> ..... 83 <i>irbesartan- hydrochlorothiazide</i> ..... 83
IMFINZI ..... 38 <i>imipenem-cilastatin</i> .... 20 <i>imipramine hcl</i> ..... 62 <i>imiquimod topical cream in packet</i> ..... 93	INVANZ INJECTION ..... 20	IRESSA ..... 38 <i>irinotecan intravenous solution 100 mg/5 ml</i> ..... 38 <i>irinotecan intravenous solution 40 mg/2 ml</i> ... 38 <i>irinotecan intravenous solution 500 mg/25 ml</i> ..... 38
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INCRELEX ..... 99 <i>indapamide</i> ..... 83 <i>indomethacin oral</i> ..... 62	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ ML ..... 62	ISENTRESS HD ..... 20
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<i>infant pain reliever</i> .... 62 <i>infants' pain and fever</i> ..... 62 <i>infants' pain relief</i> ..... 62	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML ..... 62	ISENTRESS ORAL TABLET ..... 20
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INSTA-GLUCOSE (WITH DEXTRIN) ..... 106	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML ..... 62	
INSULIN LISPRO ..... 106 <i>insulin pen needle</i> .... 106		
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML ..... 106		
INTELENCE ORAL TABLET 100 MG ..... 20		
INTELENCE ORAL TABLET 200 MG ..... 20		
INTELENCE ORAL TABLET 25 MG ..... 20 <i>intralipid intravenous emulsion 20 %</i> ..... 149		



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<i>isosorbide dinitrate oral tablet extended release</i> .....	BIPHASIC 24HR 5-1,000 MG .....	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG .....
83	107	62
<i>isosorbide mononitrate</i> .....	JEVTANA .....	KIMONO MICROTHIN AQUA LUBE CON ....
83	38	107
ISTODAX .....	<i>jock itch</i> .....	KIMONO MICROTHIN LARGE CONDOMS....
38	93	107
<i>itraconazole oral capsule</i> .....	JULUCA .....	KIMONO TEXTURED CONDOMS.....
20	21	107
<i>ivermectin oral</i> .....	<i>junel 1.5/30 (21)</i> .....	KINRIX (PF) INTRAMUSCULAR SUSPENSION .....
21	129	122
IXEMPRA .....	<i>junel 1/20 (21)</i> .....	KINRIX (PF) INTRAMUSCULAR SYRINGE .....
38	129	122
IXIARO (PF) .....	<i>junel fe 1.5/30 (28)</i> ....	<i>kionex (with sorbitol)</i> .....
122	129	100
<b>J</b>	JUXTAPID .....	KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG .....
JAKAFI ORAL TABLET 10 MG .....	<b>K</b>	39
38	<i>k-pec antidiarrheal (bism sub)</i> .....	KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG .....
JAKAFI ORAL TABLET 15 MG .....	116	39
38	KADCYLA .....	KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG .....
JAKAFI ORAL TABLET 20 MG .....	38	39
38	KALETRA ORAL TABLET 100-25 MG... 21	KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1).....
JAKAFI ORAL TABLET 25 MG .....	KALETRA ORAL TABLET 200-50 MG .....	39
38	21	KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2).....
JAKAFI ORAL TABLET 5 MG .....	KALYDECO ORAL TABLET .....	39
38	141	KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3).....
<i>jantoven</i> .....	<i>kao-tin (docusate calcium)</i> .....	39
83	116	<i>klor-con 10</i> .....
JANUMET .....	<i>kaopectate (bismuth subsalicy) oral suspension</i> .....	149
106	116	<i>klor-con 8</i> .....
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG .....	<i>kaopectate ex str (bismuth ss)</i> .....	149
106	116	<i>klor-con m10</i> .....
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG .....	<i>kariva (28)</i> .....	149
107	129	<i>klor-con m15</i> .....
JANUVIA ORAL TABLET 100 MG .....	<i>kelnor 1/35 (28)</i> .....	150
107	129	KORLYM .....
JANUVIA ORAL TABLET 25 MG .....	KEPIVANCE .....	107
107	39	KPN ORAL TABLET 9 MG IRON- 267 MCG .....
JANUVIA ORAL TABLET 50 MG .....	<i>ketoconazole oral cream</i> .....	150
107	93	
JARDIANCE .....	<i>ketoconazole topical shampoo</i> .....	
107	93	
JENTADUETO .....	<i>ketorolac ophthalmic (eye)</i> .....	
107	135	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG .....	<i>ketotifen fumarate</i> ....	
107	135	
JENTADUETO XR ORAL TABLET, IR - ER,	KEYTRUDA INTRAVENOUS SOLUTION .....	
	39	
	KHAPZORY .....	
	39	
	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG .....	
	62	



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KUVAN ORAL TABLET, SOLUBLE .....	107	<i>larin 1/20 (21)</i> .....	129	<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i> .....	141
KYPROLIS .....	39	<i>larin fe 1.5/30 (28)</i> .....	130	<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i> .....	141
<b>L</b>		<i>larin fe 1/20 (28)</i> .....	130	LEVALBUTEROL	
<i>labetalol intravenous solution</i> .....	84	<i>latanoprost</i> .....	135	HFA .....	141
<i>labetalol oral</i> .....	84	LATUDA ORAL TABLET 120 MG, 60 MG .....	63	LEVEMIR FLEXTOUCH U-100 INSULN .....	107
<i>lactated ringers intravenous</i> .....	150	LATUDA ORAL TABLET 20 MG .....	63	LEVEMIR U-100 INSULIN .....	107
<i>lactated ringers irrigation</i> .....	100	LATUDA ORAL TABLET 40 MG .....	63	LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML .....	63
<i>lactulose oral solution</i> .....	116	LATUDA ORAL TABLET 80 MG .....	63	LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML .....	63
<i>lamisil af topical aerosol powder</i> .....	93	<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i> .....	116	<i>levetiracetam intravenous</i> .....	63
<i>lamisil at topical cream</i> .....	94	<i>laxative (bisacodyl) rectal</i> .....	116	<i>levetiracetam oral solution 100 mg/ml</i> .....	63
<i>lamivudine oral solution</i> .....	21	<i>leflunomide</i> .....	127	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i> .....	63
<i>lamivudine oral tablet 100 mg</i> .....	21	LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG ....	39	<i>levetiracetam oral tablet</i> .....	63
<i>lamivudine oral tablet 150 mg</i> .....	21	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) .....	39	<i>levetiracetam oral tablet extended release 24 hr 500 mg</i> .....	63
<i>lamivudine oral tablet 300 mg</i> .....	21	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) .....	39	<i>levetiracetam oral tablet extended release 24 hr 750 mg</i> .....	63
<i>lamivudine-zidovudine</i> .....	21	LETAIRIS .....	141	<i>levobunolol ophthalmic (eye) drops 0.5 %</i> .....	135
<i>lamotrigine oral tablet</i> .....	62	<i>letrozole</i> .....	39	<i>levocarnitine (with sugar)</i> .....	100
<i>lamotrigine oral tablet, chewable dispersible</i> .....	62	<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i> .....	39	<i>levocarnitine oral tablet</i> .....	100
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LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) .....	84	LEUKERAN .....	40		
<i>lansoprazole oral capsule, delayed release (dr/ec)</i> .....	116	<i>leuprolide subcutaneous kit</i> .....	40		
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LANTUS U-100 INSULIN .....	107				



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<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i> .....	21	<i>lice treatment topical liquid 1 %</i> .....	94	<i>liquid antacid oral suspension 200-200-20 mg/5 ml</i> .....	116
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> .....	21	<i>lice treatment topical shampoo</i> .....	94	<i>liquitears</i> .....	135
<i>levofloxacin intravenous</i> .....	21	<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i> .....	94	<i>lisinopril</i> .....	84
<i>levofloxacin oral tablet</i> .....	21	<i>lidocaine (pf) injection solution 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i> .....	94	<i>lisinopril-hydrochlorothiazide</i> .....	84
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> .....	40	<i>lidocaine (pf) intravenous solution</i> .....	84	<i>lithium carbonate</i> .....	63
<i>levonest (28)</i> .....	130	<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i> .....	84	<i>lithium citrate oral solution 8 meq/5 ml</i> ....	63
<i>levonorg-eth estrad triphasic</i> .....	130	<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i> .....	94	LONSURF.....	40
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> .....	130	<i>lidocaine hcl laryngotracheal</i> .....	94	<i>loperamide oral capsule</i> .....	116
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i> .....	130	<i>lidocaine hcl mucous membrane jelly</i> .....	94	<i>lopinavir-ritonavir</i> .....	22
<i>levorphanol tartrate oral tablet 2 mg</i> .....	63	<i>lidocaine hcl mucous membrane jelly in applicator</i> .....	94	<i>loratadine oral tablet</i> .....	141
<i>levothyroxine oral</i> .....	107	<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> .....	94	<i>lorazepam intensol</i> .....	63
<i>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</i> .....	107	<i>lidocaine topical adhesive patch,medicated</i> .....	94	<i>lorazepam oral</i> .....	63
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LEXIVA ORAL TABLET.....	21	<i>lidocaine viscous</i> .....	94	LORBRENA ORAL TABLET 25 MG.....	40
LIBTAYO.....	40	<i>lidocaine-prilocaine topical cream</i> .....	94	<i>losartan</i> .....	84
<i>lice bedding spray</i> .....	94	<i>lindane topical shampoo</i> .....	94	<i>losartan-hydrochlorothiazide</i> .....	84
<i>lice complete kit 1-2-3</i> .....	94	<i>linezolid in dextrose 5%</i> .....	21	LOTRIMIN AF (CLOTRIMAZOLE) TOPICAL CREAM.....	95
<i>lice killing</i> .....	94	<i>linezolid oral suspension for reconstitution</i> .....	22	<i>lovastatin</i> .....	84
<i>lice killing (permethrin)</i> .....	94	<i>linezolid oral tablet</i> .....	22	<i>low-ogestrel (28)</i> .....	130
<i>lice pyrinyl shampoo</i> ....	94	<i>linezolid-0.9% sodium chloride</i> .....	22	<i>loxapine succinate</i> .....	64
<i>lice solution</i> .....	94	LINZESS.....	116	LUBRICANT EYE (PG-PEG 400).....	135
<i>lice treatment (permethrin)</i> .....	94	<i>liothyronine oral</i> .....	108	<i>lubricant eye drops ophthalmic (eye) dropperette</i> .....	135
				<i>lubricant eye drops ophthalmic (eye) drops 0.5 %</i> .....	135
				<i>lubricating plus</i> .....	135
				LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %.....	135
				LUMOXITI.....	40
				LUPRON DEPOT.....	40
				LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED).....	40



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<i>methenamine</i>		<i>metronidazole topical</i>	<i>minocycline oral</i>
<i>hippurate</i> .....	22	<i>cream</i> .....	<i>tablet</i> .....
<i>methimazole oral tablet</i>		<i>metronidazole topical gel</i>	<i>minoxidil oral</i> .....
<i>10 mg, 5 mg</i> .....	108	<i>0.75 %</i> .....	<i>mintox</i> .....
<i>methocarbamol oral</i> ....	65	<i>metronidazole topical</i>	<i>mintox maximum</i>
<i>methotrexate sodium</i> ...	41	<i>lotion</i> .....	<i>strength</i> .....
<i>methotrexate sodium (pf)</i>		<i>metronidazole</i>	<i>mirtazapine oral tablet 15</i>
<i>injection recon soln</i> .....	41	<i>vaginal</i> .....	<i>mg</i> .....
<i>methotrexate sodium (pf)</i>		<i>mexiletine</i> .....	<i>mirtazapine oral tablet 30</i>
<i>injection solution</i> .....	41	<i>mi-acid</i> .....	<i>mg</i> .....
<i>methoxsalen</i> .....	95	<i>mi-acid gas relief</i> .....	<i>mirtazapine oral tablet 45</i>
<i>methyclothiazide</i> .....	84	MIACALCIN	<i>mg</i> .....
<i>methylphenidate hcl oral</i>		INJECTION.....	<i>mirtazapine oral tablet</i>
<i>tablet</i> .....	65	<i>miconazole 7</i> .....	<i>7.5 mg</i> .....
<i>methylpred dp</i> .....	108	<i>miconazole nitrate topical</i>	<i>mirtazapine oral tablet,</i>
<i>methylprednisolone</i> ....	108	<i>cream</i> .....	<i>disintegrating 15 mg</i> ....
<i>methylprednisolone</i>		<i>miconazole nitrate vaginal</i>	<i>mirtazapine oral tablet,</i>
<i>acetate</i> .....	108	<i>cream</i> .....	<i>disintegrating 30 mg</i> ... 65
<i>methylprednisolone</i>		<i>miconazole-3 vaginal</i>	<i>mirtazapine oral tablet,</i>
<i>sodium succ injection</i>		<i>kit</i> .....	<i>disintegrating 45 mg</i> ... 65
<i>recon soln 125 mg, 40</i>		<i>miconazole-3 vaginal</i>	<i>misoprostol</i> .....
<i>mg</i> .....	108	<i>suppository</i> .....	<i>mitomycin intravenous</i>
<i>methylprednisolone</i>		<i>miconazorb af</i> .....	<i>recon soln 20 mg, 5</i>
<i>sodium succ intravenous</i>		MICRO THIN	<i>mg</i> .....
<i>recon soln 1,000</i>		LANCETS.....	<i>mitomycin intravenous</i>
<i>mg</i> .....	108	<i>micro-guard</i> .....	<i>recon soln 40 mg</i> .....
<i>metoclopramide hcl</i>		<i>microgestin 1.5/30</i>	<i>mitoxantrone</i> .....
<i>injection solution</i> .....	117	<i>(21)</i> .....	<i>modafinil oral tablet 100</i>
<i>metoclopramide hcl</i>		<i>microgestin 1/20</i>	<i>mg</i> .....
<i>injection syringe</i> .....	117	<i>(21)</i> .....	<i>modafinil oral tablet 200</i>
<i>metoclopramide hcl oral</i>		<i>microgestin fe 1.5/30</i>	<i>mg</i> .....
<i>solution</i> .....	117	<i>(28)</i> .....	<i>molindone</i> .....
<i>metoclopramide hcl oral</i>		<i>microgestin fe 1/20</i>	<i>mometasone topical</i> ....
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<i>intravenous solution</i> ....	84	<i>milk of magnesia</i>	<i>morgidox oral capsule 50</i>
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<i>metoprolol tartrate</i>		<i>heavy</i> .....	<i>solution 0.5 mg/ml</i> .....
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<i>metro i.v.</i> .....	22	<i>mineral oil rectal</i> .....	<i>patient control.analgesia</i>
<i>metronidazole in nacl</i>		<i>minocycline oral</i>	<i>soln 150 mg/30 ml</i> .....
<i>(iso-os)</i> .....	22	<i>capsule</i> .....	<i>morphine (pf) intravenous</i>
<i>metronidazole oral</i> .....	22		<i>patient control.analgesia</i>
			<i>soln 30 mg/30 ml</i> .....
			66



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<i>mg</i> .....	68	OPDIVO .....	42	<i>oyster shell calcium</i>	
<i>olanzapine oral tablet 7.5</i>		ORFADIN .....	100	<i>500</i> .....	150
<i>mg</i> .....	68	ORKAMBI ORAL		<i>oyster shell calcium-vit</i>	
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<i>mg/ml</i> ), 90 <i>mg/10 ml</i> (9 <i>mg/ml</i> ).....	109	PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML.....	24	<i>phenobarbital oral elixir</i> .....	70
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<i>paroex oral rinse</i> .....	102	<i>penicillin v</i>		<i>phenobarbital oral tablet 64.8 mg</i> .....	70
<i>paromomycin</i> .....	24	<i>potassium</i> .....	24	<i>phenobarbital oral tablet 97.2 mg</i> .....	70
<i>paroxetine hcl oral tablet 10 mg</i> .....	69	PENTACEL (PF).....	123	<i>phentermine</i> .....	101
<i>paroxetine hcl oral tablet 20 mg</i> .....	69	PENTAM.....	24	PHENYTEK.....	70
<i>paroxetine hcl oral tablet 30 mg</i> .....	69	<i>pentamidine injection</i> .....	24	<i>phenytoin oral suspension 100 mg/4 ml</i> .....	70
<i>paroxetine hcl oral tablet 40 mg</i> .....	69	PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG.....	118	<i>phenytoin oral suspension 125 mg/5 ml</i> .....	70
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<i>pioglitazone oral tablet 30 mg</i> .....	109	<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l</i> .....	151	<i>parenteral solution 30 meq/l, 40 meq/l</i> .....	152
<i>pioglitazone oral tablet 45 mg</i> .....	109	<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i> .....	151	<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i> .....	152
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> .....	25	<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i> .....	151	<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i> .....	152
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				<i>pregabalin oral capsule 25 mg</i> .....	71



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<i>quetiapine oral tablet</i>	SYRINGE 5 MCG/0.5	REXULTI ORAL
<i>extended release 24 hr</i>	ML ..... 124	TABLET 3 MG, 4
<i>50 mg</i> ..... 72	REESE'S PINWORM	MG ..... 72
<i>quinapril</i> ..... 86	MEDICINE ..... 25	REYATAZ ORAL
<i>quinapril-</i>	RELENZA	POWDER IN
<i>hydrochlorothiazide</i> ..... 86	DISKHALER ..... 25	PACKET ..... 25
<i>quinidine sulfate oral</i>	RELISTOR	<i>ribasphere oral</i>
<i>tablet</i> ..... 86	SUBCUTANEOUS	<i>capsule</i> ..... 25
QVAR REDIHALER	SOLUTION ..... 120	<i>ribavirin oral</i>
INHALATION HFA	RELISTOR	<i>capsule</i> ..... 25
AEROSOL BREATH	SUBCUTANEOUS	<i>ribavirin oral tablet 200</i>
ACTIVATED 40 MCG/	SYRINGE 12 MG/0.6	<i>mg</i> ..... 26
ACTUATION ..... 142	ML ..... 120	<i>rid complete lice elim kit</i>
QVAR REDIHALER	RELISTOR	<i>topical</i> ..... 96
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<i>injection</i> ..... 119	<i>mg</i> ..... 110	INTRAMUSCULAR
<i>ranitidine hcl oral</i>	<i>repaglinide oral tablet 2</i>	SYRINGE 12.5 MG/2 ML,
<i>syrup</i> ..... 119	<i>mg</i> ..... 110	25 MG/2 ML ..... 72
<i>ranitidine hcl oral tablet</i>	REPATHA	RISPERDAL CONSTA
<i>150 mg, 300 mg</i> ..... 119	PUSHTRONEX ..... 87	INTRAMUSCULAR
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RAPAMUNE ORAL	SYRINGE ..... 87	<i>solution</i> ..... 72
SOLUTION ..... 43	RESCRIPTOR ORAL	<i>risperidone oral tablet</i>
<i>rasagiline</i> ..... 72	TABLET ..... 25	<i>0.25 mg</i> ..... 72
RAVICTI ..... 101	RETAINÉ PM ..... 136	<i>risperidone oral tablet 0.5</i>
<i>ready-to-use enema (min</i>	RETROVIR	<i>mg</i> ..... 72
<i>oil)</i> ..... 119	INTRAVENOUS ..... 25	<i>risperidone oral tablet 1</i>
<i>reclipsen (28)</i> ..... 132	REVLIMID ORAL	<i>mg</i> ..... 72
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INTRAMUSCULAR	REVLIMID ORAL	<i>mg</i> ..... 72
SUSPENSION ..... 124	CAPSULE 15 MG, 2.5	<i>risperidone oral tablet 3</i>
RECOMBIVAX HB (PF)	MG, 20 MG, 25 MG ... 44	<i>mg</i> ..... 72
INTRAMUSCULAR	REVLIMID ORAL	<i>risperidone oral tablet 4</i>
SYRINGE 10 MCG/	CAPSULE 5 MG ..... 44	<i>mg</i> ..... 72
ML ..... 124	REXULTI ORAL	<i>risperidone oral tablet,</i>
RECOMBIVAX HB (PF)	TABLET 0.25 MG, 0.5	<i>disintegrating 0.25</i>
INTRAMUSCULAR	MG, 1 MG, 2 MG ..... 72	<i>mg</i> ..... 72



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<i>risperidone oral tablet, disintegrating 0.5 mg</i> .....	SAPHRIS SUBLINGUAL TABLET 5 MG .....	<i>sevelamer carbonate oral powder in packet 2.4 gram</i> .....
73	73	101
<i>risperidone oral tablet, disintegrating 1 mg</i> ....	SAVELLA ORAL TABLET 100 MG .....	<i>sevelamer carbonate oral tablet</i> .....
73	127	101
<i>risperidone oral tablet, disintegrating 2 mg</i> ....	SAVELLA ORAL TABLET 12.5 MG .....	SHINGRIX (PF) .....
73	127	124
<i>risperidone oral tablet, disintegrating 3 mg</i> ....	SAVELLA ORAL TABLET 25 MG .....	SIGNIFOR .....
73	127	44
<i>risperidone oral tablet, disintegrating 4 mg</i> ....	SAVELLA ORAL TABLET 50 MG .....	<i>silace</i> .....
73	127	120
<i>ritonavir</i> .....	SAVELLA ORAL TABLETS,DOSE PACK .....	<i>siladryl sa</i> .....
26	127	142
RITUXAN .....	<i>scalpacin anti-itch</i> .....	<i>sildenafil (pulm.hypertension) oral tablet</i> .....
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73	73	136
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73	96	120
<i>rizatriptan</i> .....	SELZENTRY ORAL SOLUTION .....	<i>simethicone oral tablet, chewable</i> .....
73	26	120
ROMIDEPSIN .....	SELZENTRY ORAL TABLET 150 MG, 300 MG .....	SIMULECT INTRAVENOUS RECON SOLN 10 MG .....
44	26	44
<i>ropinirole oral tablet</i> ....	SELZENTRY ORAL TABLET 25 MG .....	SIMULECT INTRAVENOUS RECON SOLN 20 MG .....
73	26	44
<i>rosadan topical cream</i> .....	SELZENTRY ORAL TABLET 75 MG .....	<i>simvastatin</i> .....
96	26	87
<i>rosuvastatin</i> .....	SENSIPAR ORAL TABLET 30 MG, 60 MG .....	<i>sirolimus oral solution</i> .....
87	110	44
ROTARIX .....	SENSIPAR ORAL TABLET 90 MG .....	<i>sirolimus oral tablet</i> ....
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VACCINE.....	<i>sertraline oral concentrate</i> .....	26
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ROZLYTREK ORAL CAPSULE 100 MG .....	<i>sertraline oral tablet 25 mg</i> .....	110
44	73	<i>sodium chloride 0.45 % intravenous parenteral solution</i> .....
ROZLYTREK ORAL CAPSULE 200 MG .....	<i>sertraline oral tablet 50 mg</i> .....	152
44	74	<i>sodium chloride 0.45 % intravenous piggyback</i> .....
RUBRACA ORAL TABLET 200 MG .....	<i>sevelamer carbonate oral powder in packet 0.8 gram</i> .....	152
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RUBRACA ORAL TABLET 250 MG, 300 MG .....		101
44		<i>sodium chloride 3% intravenous injection solution</i> .....
RYDAPT .....		152
44		
<b>S</b>		
SABRIL ORAL POWDER IN PACKET .....		
73		
SABRIL ORAL TABLET .....		
73		
SANTYL .....		
96		
SAPHRIS SUBLINGUAL TABLET 10 MG .....		
73		
SAPHRIS SUBLINGUAL TABLET 2.5 MG .....		
73		



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<i>sodium chloride 5% intravenous injection solution</i> .....	152	<i>spironolactone</i> .....	87	STRIBILD .....	26
<i>sodium chloride intravenous</i> .....	152	<i>spironolactone-hydrochlorothiazide</i> .....	87	<i>sucralfate oral tablet</i> .....	120
<i>sodium chloride irrigation</i> .....	101	<i>sprintec (28)</i> .....	132	<i>sudogest</i> .....	143
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<i>sodium phenylbutyrate oral tablet</i> .....	101	SPRITAM ORAL TABLET FOR SUSPENSION 750 MG .....	74	<i>sudogest sinus and allergy</i> .....	143
<i>sodium polystyrene sulfonate oral</i> .....	101	SPRYCEL .....	45	<i>sulfacetamide sodium (acne)</i> .....	96
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i> .....	101	<i>sps (with sorbitol) oral</i> .....	101	<i>sulfacetamide sodium ophthalmic (eye) drops</i> .....	137
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML .....	101	<i>sps (with sorbitol) rectal</i> .....	101	<i>sulfacetamide-prednisolone</i> .....	137
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<i>solifenacin</i> .....	144	STAMARIL (PF) .....	124	<i>sulfamethoxazole-trimethoprim</i> .....	26
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SOMAVERT .....	110	<i>sterile saline nasal</i> ....	102	<i>sulindac</i> .....	74
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<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i> .....	87	<i>stomach relief max strength</i> .....	120	SUPER THIN LANCETS 30 GAUGE .....	110
<i>sorine oral tablet 240 mg</i> .....	87	<i>stomach relief oral suspension 262 mg/15 ml</i> .....	120	<i>suphedrin</i> .....	143
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SPIRIVA WITH HANDIHALER .....	142	<i>stool softener oral liquid</i> .....	120	SYMFI LO .....	27
		<i>stool softener oral syrup</i> .....	120	SYMJEPI .....	143
		STREPTOMYCIN .....	26	SYMLINPEN 120 .....	110
				SYMLINPEN 60 .....	110
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SYMTUZA .....	27	TASIGNA ORAL		<i>testosterone transdermal</i>	
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SYNAREL .....	110	<i>tazarotene</i> .....	96	<i>mg/2.5gram)</i> .....	111
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SYNJARDY .....	110	CREAM 0.05 % .....	96	TRANSDERMAL GEL IN	
SYNJARDY XR ORAL		TAZORAC TOPICAL		PACKET 1 % (50 MG/5	
TABLET, IR - ER,		GEL .....	96	GRAM) .....	111
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MG, 12.5-1,000 MG, 5-1,		TDVAX .....	124	<i>gel in packet 1.62 %</i>	
000 MG .....	110	TECENTRIQ		<i>(20.25 mg/1.25</i>	
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MG .....	110	TECENTRIQ		<i>(40.5 mg/2.5 gram)</i> .....	111
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		<i>(1.62 %)</i> .....	111		



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<i>timolol maleate</i>	TOUJEO SOLOSTAR U-	TREXALL .....
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<i>mg</i> ..... 75	MG .....	TRINTELLIX ORAL
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## 有疑問？

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週一至週五上午8點至晚上8點  
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