

## CC\_LIP\_IBP\_CXN\_65+\_EOB\_COMPARES\_GS\_July\_2022 第一保健老人醫療保險計劃「處方藥一覽表」變更

如果我們用新的出現在同一或較低費用分攤層次並帶有同樣或較少限制的副廠藥取代一種原廠藥，**第一保健**可能同時立即將該原廠藥從藥物目錄中移除。或者，在添加新的副廠藥的時候，我們可能將該原廠藥保留在藥物目錄中，但是立即將其移到其他費用分攤層次或者增加新的限制。我們可能不會在做出該變更之前提前通知您，但我們稍後將向您提供有關我們所做具體變更的資訊。同時，如果食品與藥物管理總署 (Food and Drug Administration) 認為我們「處方藥一覽表」上的藥物不安全或者該藥物的製造商從市場上撤回該藥物，我們可能立即將該藥物從我們的「處方藥一覽表」上刪除，並通知服用該藥物的會員。

在我們對藥物清單進行其他變更之前，若該變更會影響目前服用藥物的會員，並需要我們事先通知，我們將在變更生效前至少 30 天，或當會員要求重新配藥時，通知受影響的會員，該會員將在該時間點收到該藥物的一個月藥量。

如果您受到藥物承保或限制變更影響，您或您的處方開立者可要求我們作出例外處理，繼續以您想要的方式承保該藥物。我們提供給您的通知也將包括要求例外處理步驟的資訊。如需深入瞭解承保決定以及如何要求例外處理，請參閱您的「**承保證書**」，或致電會員服務部 1-888-260-1010 (TTY: 711)，服務時間為每週七天，每天 24 小時。

下表列出可能影響您的處方集變更。

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
AMINOSYN-PF INJ 7%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	TROPHAMINE INJ 10%	Tier 4	05/01/2022
BEKYREE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	KARIVA TAB 28 DAY	Tier 3	02/01/2022
BYSTOLIC TAB	Deletion Of Drug From Formulary	Generic Available	NEBIVOLOL TAB	Tier 4	05/01/2022
CHANTIX PAK 1MG	Deletion Of Drug From Formulary	Generic Available	VARENICLINE TAB 1MG	Tier 4	05/01/2022
CHANTIX TAB	Deletion Of Drug From Formulary	Generic Available	VARENICLINE TAB	Tier 4	05/01/2022
CYCLAFEM TAB 1/35	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORTREL TAB 1/35	Tier 2	02/01/2022
CYCLAFEM TAB 7/7/7	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORTREL TAB 7/7/7	Tier 2	02/01/2022
DEXILANT CAP DR	Deletion Of Drug From Formulary	Generic Available	DEXLANSOPRAZOLE CAP DR	Tier 4	08/01/2022
DUREZOL EMU 0.05%	Deletion Of Drug From Formulary	Generic Available	DIFLUPREDNATE EMU 0.05%	Tier 3	05/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
FARYDAK CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XPOVIO PAK	Tier 5	06/01/2022
FREAMINE HBC INJ 6.9%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FREAMINE III INJ 10%	Tier 4	01/01/2022
INTELENCE TAB 100MG	Deletion Of Drug From Formulary	Generic Available	ETRAVIRINE TAB 100MG	Tier 5	01/01/2022
INTELENCE TAB 200MG	Deletion Of Drug From Formulary	Generic Available	ETRAVIRINE TAB 200MG	Tier 5	01/01/2022
IVERMECTIN TAB 3MG	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		03/01/2022
KALETRA TAB 100-25MG	Deletion Of Drug From Formulary	Generic Available	LOPINA VIR-RITONAVIR TAB 100-25 MG	Tier 4	01/01/2022
KALETRA TAB 200-50MG	Deletion Of Drug From Formulary	Generic Available	LOPINA VIR-RITONAVIR TAB 200-50 MG	Tier 5	01/01/2022
MINITRAN TD PATCH	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NITROGLYCERIN TD PATCH	Tier 3	02/01/2022
MONDOXYNE NL CAP 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DOXYCYCLINE MONOHYDRATE CAP 100 MG	Tier 2	02/01/2022
NARCAN SPR	Deletion Of Drug From Formulary	Generic Available	NALOXONE HCL SPR	Tier 3	05/01/2022
PREVIFEM TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SPRINTEC 28 TAB 28 DAY	Tier 2	07/01/2022
SUTENT CAP	Deletion Of Drug From Formulary	Generic Available	SUNITINIB CAP	Tier 5	01/01/2022
TRILYTE SOLN	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAVILYTE-N SOLN FLAVOR PACK	Tier 2	01/01/2022
TRI-PREVIFEM TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRI-SPRINTEC TAB	Tier 2	04/01/2022
UKONIQ TAB 200MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider		08/01/2022
VIMPAT TAB	Deletion Of Drug From Formulary	Generic Available	LACOSAMIDE TAB	Tier 4	08/01/2022
XCOPRI TAB PACK 50-200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XCOPRI TAB	Tier 5	01/01/2022
ZARAH TAB 3-0.03MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SYEDA TAB 3-0.03MG	Tier 3	03/01/2022

\*替代藥物與受影響藥物屬於相同治療類別/等級或分攤費用等級的藥物。僅您的醫師才能判定此處所列之其中一種替代藥物個別的藥物治療性質是否適合您。請洽詢您的醫師，確認這是適合您的藥物。

承保由第一保健健保計劃公司 (Healthfirst Health Plan, Inc.) 提供。

福利、處方藥一覽表、藥房網絡與／或定額手續費／共同保險於 2022 年 1 月 1 日及該年度可能會更動。

第一保健遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-305-0408 (TTY 1-888-542-3821). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408 (TTY 1-888-867-4132).