

## 第一保健「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。

受影響藥物名稱	變更描述	變更原因	替代藥物	替代藥物共付額*	生效日期
ALBUTEROL TAB ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ALBUTEROL TAB	Tier 1	08/01/2021
ALINIA SUSP 100/5ML	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	NITAZOXANIDE TAB 500MG	Tier 1	08/01/2021
ALINIA TAB 500MG	Deletion Of Drug From Formulary	Generic Available	NITAZOXANIDE TAB 500MG	Tier 1	05/01/2021
AMINOSYN II INJ 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PREMASOL SOLN 10%	Tier 1	01/01/2021
ANADROL-50 TAB 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PROCRIT INJ	Tier 1	05/01/2021
ATRIPLA TAB	Deletion Of Drug From Formulary	Generic Available	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300MG	Tier 1	01/01/2021
BANZEL SUSP 40MG/ML	Deletion Of Drug From Formulary	Generic Available	RUFINAMIDE SUS 40MG/ML	Tier 1	05/01/2021
CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LISINAPRIL & HYDROCHLOROTHIAZIDE TAB	Tier 1	08/01/2021
CIPRODEX SUSP 0.3-0.1%	Deletion Of Drug From Formulary	Generic Available	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	Tier 1	01/01/2021
CLOVIQUE CAP 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRIENTINE CAP 250MG	Tier 1	10/01/2021

受影響藥物名稱	變更描述	變更原因	替代藥物	替代藥物 共付額*	生效日期
COLOCORT ENEMA 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCORTISONE ENEMA 100 MG/60ML	Tier 1	01/01/2021
COUMADIN TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	01/01/2021
D5W/NACL INJ 0.225%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	D5W/NACL INJ 0.2%	Tier 1	01/01/2021
DEMSEER CAP 250MG	Deletion Of Drug From Formulary	Generic Available	METYROSINE CAP 250MG	Tier 1	05/01/2021
DEPO-PROVERA INJ 400/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		02/01/2021
DIDANOSINE CAP 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB 300MG	Tier 1	04/01/2021
DIDANOSINE CAP 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB 300MG	Tier 1	04/01/2021
DIDANOSINE CAP 400MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB 300MG	Tier 1	04/01/2021
DOCETAXEL INJ 200MG/10ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DOCETAXEL INJ 160MG/8ML	Tier 1	02/01/2021
EMTRIVA CAP 200MG	Deletion Of Drug From Formulary	Generic Available	EMTRICITABINE CAP 200 MG	Tier 1	01/01/2021
FREAMINE HBC INJ 6.9%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FREAMINE III INJ 10%	Tier 1	12/01/2021
GLEOSTINE CAP	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		02/01/2021
HUMIRA INJ 10MG/0.2ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA INJ 10/0.1ML	Tier 1	03/01/2021
HUMIRA KIT 20MG/0.4ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA INJ 20/0.2ML	Tier 1	03/01/2021
IVERMECTIN TAB 3MG	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2021
JADENU SPRINKLE GRANULES	Deletion Of Drug From Formulary	Generic Available	DEFERASIROX GRANULES PACKET	Tier 1	01/01/2021
JUXTAPID CAP 40MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	JUXTAPID CAP 20MG	Tier 1	01/01/2021
JUXTAPID CAP 60MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	JUXTAPID CAP 20MG	Tier 1	01/01/2021
KIONEX SUSP 15GM/60	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SPS SUS 15GM/60	Tier 1	02/01/2021
KLOR-CON SPRINKLE CAP ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	POTASSIUM CHLORIDE CAP ER	Tier 1	02/01/2021
KUVAN POWDER	Deletion Of Drug From Formulary	Generic Available	SAPROPTERIN POWDER	Tier 1	05/01/2021
KUVAN TAB 100MG	Deletion Of Drug From Formulary	Generic Available	SAPROPTERIN TAB 100MG	Tier 1	05/01/2021
LORCET HD TAB 10-325MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCODONE-ACETAMINOPHEN TAB 10-325MG	Tier 1	01/01/2021
LORCET PLUS TAB 7.5-325MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325MG	Tier 1	01/01/2021
LORCET TAB 5-325MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCODONE-ACETAMINOPHEN TAB 5-325MG	Tier 1	01/01/2021
MAPROTILINE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MIRTAZAPINE TAB 15MG	Tier 1	09/01/2021

受影響藥物名稱	變更描述	變更原因	替代藥物	替代藥物 共付額*	生效日期
METOPROLOL INJ 1MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METOPROLOL INJ 5MG/5ML	Tier 1	02/01/2021
MINITRAN TD PATCH 24HR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NITROGLYCERIN TD PATCH 24HR	Tier 1	12/01/2021
NEPHRAMINE INJ 5.4%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PROSOL INJ 20%	Tier 1	06/01/2021
NORMOSOL -M INJ /D5W	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	ISOLYTE-P INJ /D5W	Tier 1	05/01/2021
NORMOSOL -R INJ	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	ISOLYTE-S INJ	Tier 1	01/01/2021
ONE VITE TAB 1MG PLUS	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	PRENATAL TAB 27-1MG	Tier 1	01/01/2021
PEGASYS INJ PROCLICK	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PEGASYS INJ	Tier 1	02/01/2021
PHOSPHOLINE SOLN 0.125%OP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PILOCARPINE OPHTH SOLN	Tier 1	08/01/2021
PROPRANOLOL & HYDROCHLOROTHIAZIDE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METOPROLOL & HYDROCHLOROTHIAZIDE TAB	Tier 1	09/01/2021
ROWEEPRA XR TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVETIRACETAM TAB ER 24HR	Tier 1	02/01/2021
SAPHRIS SL TAB	Deletion Of Drug From Formulary	Generic Available	ASENAPINE MALEATE SL TAB	Tier 1	05/01/2021
SODIUM POLYSTYRENE SULFONATE ORAL SUSP 15 GM/60ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SPS SUS 15GM/60	Tier 1	02/01/2021
SUMATRIPTAN PREFILLED SYRINGE 6 MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN AUTO-INJECTOR 6 MG/0.5ML	Tier 1	06/01/2021
SYLATRON KIT	Deletion Of Drug From Formulary	Manufacturer Discontinuation	INTRON A INJ	Tier 1	01/01/2021
SYMFI LO TAB	Deletion Of Drug From Formulary	Generic Available	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300MG	Tier 1	05/01/2021
SYMFI TAB	Deletion Of Drug From Formulary	Generic Available	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300MG	Tier 1	05/01/2021
TRILYTE SOLN	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAVILYTE-N SOL FLAVOR PACK	Tier 1	10/01/2021
TRUVADA TAB 133-200	Deletion Of Drug From Formulary	Generic Available	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200	Tier 1	05/01/2021
TRUVADA TAB 100-150	Deletion Of Drug From Formulary	Generic Available	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150	Tier 1	05/01/2021
TRUVADA TAB 167-250	Deletion Of Drug From Formulary	Generic Available	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250	Tier 1	05/01/2021
TRUVADA TAB 200-300MG	Deletion Of Drug From Formulary	Generic Available	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300MG	Tier 1	01/01/2021
TYKERB TAB 250MG	Deletion Of Drug From Formulary	Generic Available	LAPATINIB TAB 250MG	Tier 1	05/01/2021

\*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 2021 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).**