# **2026 年 D 部分處方藥一覽表範本（簡明和綜合版）**

[Note*: Instructions for sponsors appear below in italicized text. Text in square brackets must be included if the text accurately describes the plan’s benefit structure. Carets are placeholders for variable fields that must be filled in accurately.*

*Below is a template that may be used for an abridged or comprehensive formulary except when noted as applicable to one form or the other. When indicated as “mandatory,” sponsors must provide the name by which their plan is known (HPMS Plan Name). In all other instances, sponsors may replace <plan name> as appropriate with “plan” or “our plan” and may use those terms interchangeably. Sponsors may also use the terms “we,” “us”, or “our,” to refer to themselves. Sponsors may also change references to Member Services and Pharmacy Directory with the appropriate name your plan uses.*

*This form may also be used for defined standard plans, whose marketing materials are required to reflect a single tier regardless of whether the formulary submitted to CMS is also associated with a multi-tier formulary.*

*Plans should also consult the most recent applicable chapters of the Prescription Drug Benefit Manual (PDBM) for more information on benefits and beneficiary protections, beneficiary communications, and formularies (these would include PDBM chapters 5 and 6), and 42 CFR Part 423 Subparts C (Benefits and Beneficiary Protections) and V (Part D Communication Requirements).*]

[*The following items must appear on the cover page:*]

## [ *insert mandatory* <Plan/Sponsor Name>]

## <Year> 年 [<Abridged >] 處方藥一覽表

## （[<Partial>] 承保藥物清單或「藥物清單」）

## 請閱讀：本文件包含

## 關於本計劃 [*insert the following when applicable*: < SOME OF >] 承保藥物的資訊

[*Insert* <HPMS Approved Formulary File Submission ID>]

[*In the document footer, plans should provide the date the formulary was updated and available to enrollees. Dates used in the front and back of the formulary covers should be the same as the date of the last update in the footer.*]

[*The following information must appear on both the front and back covers of abridged formularies:* [*Insert one* <本簡明處方藥一覽表更新於<MM/DD/YYYY>。> *<*本簡明處方藥一覽表上次修訂日期為 MM/DD/YYYY。>]本一覽表並非計劃承保藥物的完整清單。如需完整清單或有其他疑問，請聯絡 [*Optional insert <*我們*>,*] [*Insert mandatory* <plan /sponsor name>] [*Insert* <Customer/Member>服務部，電話：<phone number>聽障人士可致電<TTY number>），<days/hours of operation>，或瀏覽 <web address>。]

[*The following information must appear on both the front and back covers of comprehensive formularies*. *Insert one* <本處方藥一覽表更新於 <MM/DD/YYYY>。.> *<*本處方藥一覽表上次修訂日期為 MM/DD/YYYY。>]*Insert <*本處方藥一覽表更新於 <MM/DD/YYYY>。如需更多最新資訊或有其他疑問，請聯絡 [*Optional insert <*us*>,*] [*Insert mandatory* <plan /sponsor name>] [*Insert* <Customer/Member>服務部，電話：<phone number>聽障人士可致電<TTY number>），<days/hours of operation>，或瀏覽 <web address>。]]

[*The rest of the language need not appear on the cover page.*]

現有會員請注意**：**本處方藥一覽表自去年已變更。請閱讀本文件，確保本處方藥一覽表仍然包含您服用的藥物。

本藥物清單（處方藥一覽表）中，出現「我們」或「我們的」時，是指 [*Insert* <plan/sponsor name>]。出現「計劃」或「我們的計劃」時，是指 [*Insert* <Plan Name>。]

本文件載有我們計劃截至 [*Insert* <formulary revision date>的 [*For abridged formularies insert* <部分 >] 藥物清單（處方藥一覽表）。] 如需 [*For abridged formularies insert* <一份完整的 ,>] [*For comprehensive formularies insert* <一份>] 最新藥物清單（處方藥一覽表），請聯絡我們。我們的聯絡資訊連同最後更新藥物清單（處方藥一覽表）的日期載於封面和封底。

一般而言，您必須使用網絡內藥房才能享用處方藥福利。自 [*Insert* <benefit year>] 年 1 月 1 日起，福利、處方藥一覽表、藥房網絡和/或定額手續費/共同保險在年內可能會不時有所調整。

## 什麼是 [*Insert mandatory* < plan/sponsor name>] [*Insert when applicable* <簡明>] 處方藥一覽表？

在本文件中，我們使用「藥物清單」和「處方藥一覽表」來表示相同的意思。處方藥一覽表是 [*Insert* <plan/sponsor name>] 透過諮詢醫療服務提供者團隊所選出的承保藥物清單，是高品質治療計劃中不可或缺的處方藥治療。只要具有醫療必需性，且於 [*Insert* <plan/sponsor name>] 的網絡內藥房配藥，並遵守其他計劃規則，[*Insert* <plan/sponsor>] 通常會承保列於處方藥一覽表中的藥物。要瞭解有關如何按您的處方配藥的更多資訊，請查閱您的「承保範圍說明書」。

[*Insert for abridged formularies* <本文件為處方藥一覽表的一部分，僅載有 [Insert <plan/sponsor name>] 的部分承保藥物。>].如需 [*Insert* <plan/sponsor name>] 所有承保處方藥的完整清單，請瀏覽我們的網站或致電聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

## 處方藥一覽表是否會變更？

大多數藥物承保範圍的變更在 1 月 1 日發生，但是 [*Insert one* <我們><plan/sponsor name>] 可能會在年內添加或刪除處方藥一覽表上的藥物、更改分攤費用等級或增設限制。進行變更時，我們必須遵守 Medicare 的規定。處方藥一覽表的更新按月公佈在我們的網站上：[*Plan sponsors should insert URL showing website address with most recent version of the formulary.*]。

今年可能會影響到您的變更**：**在下列情況中，您將受到當年承保範圍更改的影響：[*Plan sponsors that otherwise meet all requirements and want the option to make immediate substitutions (for instance, immediately replace brand name drugs with their new generic equivalents or immediately replace reference products with interchangeable biological products) must include advance general notice of changes in the bullet entitled “Immediate substitutions of certain new versions of brand name drugs and original biological products” below.*]

* + **立即用原廠藥和原研生物製品的某些新版本進行替代。**如果我們計劃以某種藥物的新版本取代該藥物，而且這種新版本將出現在相同或更低的分攤費用等級上且具有相同或更少的限制[*plans that do not use tiers may omit*出現在相同或更低的分攤費用等級上且]，我們可能會立即將該藥物從處方藥一覽表上刪除。當我們在處方藥一覽表中加入新版本的藥物時，我們可能會決定將該原廠藥或原研生物製品保留在處方藥一覽表上，但會立即將其移至其他分攤費用等級或增設限制 [*plans that do not use tiers may omit*將其移至其他分攤費用等級或]。

只有在加入處方藥一覽表上已列出的原廠藥的新副廠藥，或加入處方藥一覽表上已列出的原研生物製品的某些新生物仿製藥時，我們才會作出這些立即更改（例如，加入可互換的生物仿製藥，可由藥房在沒有新處方的情況下替代原研生物製品）。

如果您正在使用該原廠藥或原研生物製品，在作出立即更改前我們可能不會提前告知您，但是之後我們會向您提供有關我們所作的具體更改的資訊。

如果我們作出更改，您或您的處方醫生可以要求我們作出例外處理，並繼續為您承保被更改的藥物。如需瞭解更多資訊，請參閱下文「如何申請 [*Insert mandatory* < plan/sponsor name>] 的處方藥一覽表例外處理？」章節。]

某些此類藥物對您可能很陌生。如需瞭解更多資訊，請參閱下文「什麼是原研生物製品，它們與生物仿製藥有何關係？」章節。

* + **藥物退出市場。**如果製造商因安全性或有效性原因讓某種藥物退出銷售，或美國食品藥物管理局 (FDA) 決定讓其退出銷售，我們可能會立即從我們的處方藥一覽表上刪除該藥物，並向服用該藥物的會員發出通知。
  + **其他變更。**我們可能會作出其他影響目前正在服用藥物的會員的更改。例如，[Plan sponsors that are not choosing to make any immediate substitutions insert <我們可能會添加一種新的副廠藥以取代處方藥一覽表上現有的原廠藥，或添加一種新的生物仿製藥以取代處方藥一覽表上現有的原研生物製品，或者在我們添加相應的藥物後對處方藥一覽表上保留的藥物添加新的限制條件或將其移至更高的分攤費用等級，或是同時添加新的限制條件並將其移至更高的分攤費用等級。>] [Plan sponsors that otherwise meet requirements to make immediate substitutions insert <在添加副廠藥時，我們可能會從處方藥一覽表上刪除原廠藥，或在添加生物仿製藥時刪除原研生物製品。我們也可能對原廠藥或原研生物製品施加新的限制條件，或將其移至其他分攤費用等級，或是同時施加新的限制條件並將其移至其他分攤費用等級。>] [All plan sponsors insert <我們可能會根據新的臨床指南作出更改。我們若從處方藥一覽表中刪除藥物、新增對某種藥物的事先授權、數量限制和/或階段療法限制，或提高某種藥物的分攤費用等級[Plan sponsors with one tier may remove「或提高某種藥物的分攤費用等級」and insert an「處方藥一覽表中刪除藥物或」in place of「處方藥一覽表中刪除藥物、」]，我們必須在變更生效前至少 30 天向受變更影響的會員發出變更通知。或者，當會員要求再次配藥時，他們可以配取[Insert supply limit (must be at least the number of days in the plan’s one month supply)]-天的藥量並收到變更通知。>

如果我們作出其他更改，您或您的處方醫生可以要求我們對您作出例外處理並繼續為您承保所使用的藥物。我們向您發送的通知將詳細介紹如何申請例外處理，您也可以在後面的「如何申請 [*Insert mandatory* <plan/sponsor name>] 的處方藥一覽表例外處理？」章節中查看更多資訊。

變更不會影響您當前正在使用的藥物**。**一般而言，若您正在使用年初享受承保的 [*Insert* <contract year>] 年處方藥一覽表上的藥物，我們不會在 [*Insert* < contract year>] 年承保年度中終止或減少此藥物的承保，除非出現上文所述情況。換言之，在承保年度的剩餘時間內，此藥物將以相同的分攤費用向使用此藥物的會員提供，且不設新的限制。對於不會影響您的變更，今年內您不會收到有關直接通知。然而，自明年 1 月 1 日起，這些變更會影響到您，因此請務必檢查新福利年度的處方藥一覽表，瞭解藥物是否有任何變更。

隨附的處方藥一覽表更新於 [*Insert* <last formulary update>。*Date should match the date used in the footer.*] 若要取得有關 [*Insert* <plan/sponsor name>] 承保藥物的最新資訊，請聯絡我們。我們的聯絡資訊載於封面和封底。[*Insert information about plan’s process for updating print formularies (e.g. via formulary errata sheets) in the event of mid-year non-maintenance formulary changes.*]

## 如何使用處方藥一覽表？

有兩種方法在處方藥一覽表中查找您所需的藥物：

### 病症

處方藥一覽表從第 [*Insert* <table page number>] 頁開始。本處方藥一覽表中的藥物按照所治療的病症類型分類。例如，用於治療心臟病的藥物列於 [*Insert* <category name example>] 類別之下。若您瞭解藥物的用途，在開始於第 [*Insert* < page number >] 頁的清單中查找類別名稱。然後，在此類別名稱下查找所需的藥物。

### 按字母順序排列的清單

若您不確定應查找哪一個類別，則應在開始於第 [*Insert* <index page number>] 頁的索引中查找所需的藥物。該索引提供一份按字母順序排列的清單，其中有本文件包含的所有藥物。該索引中列有原廠藥和副廠藥。請在該索引中查找所需的藥物。藥物旁邊註有頁碼，您可以在該頁查找承保範圍資訊。轉到該索引中所列的頁碼，在清單的第一欄即可找到所需的藥物名稱。

## 什麼是副廠藥？

[*Insert* <plan/sponsor name>] 同時承保原廠藥和副廠藥。副廠藥是一種由 FDA 核准，具有與原廠藥相同活性成分的藥物。通常，副廠藥和原廠藥的藥效相同，並且費用較低。許多原廠藥皆有副廠藥可供替代。在藥房，副廠藥通常可以替代原廠藥，而無需新處方，具體視州法律而定。

## 什麼是原研生物製品，它們與生物仿製藥有何關係？

在處方藥一覽表上，當我們提到藥物時，可能是指藥品或生物製品。生物製品是比典型藥物更複雜的藥物。由於生物製品比典型藥物更複雜，因此它們沒有副廠版本，而是具有稱為生物仿製藥的替代藥物。通常，生物仿製藥和原研生物製品的藥效相同，並且費用較低。某些原研生物製品有生物仿製藥可供替代。某些生物仿製藥是可互換的生物仿製藥，在藥房可以用其替代原研生物製品，而無需新處方，就像副廠藥可以替代原廠藥一樣，具體視州法律而定。

有關藥物類型的討論，請參閱「承保範圍說明書」第 *[MA-PD insert <*5*>] [PDP insert <*3*>],* 章第 3.1 節 -「藥物清單」說明何種 D 部分藥物有承保。*]*

## 對於我享受的承保範圍是否有任何限制？

某些承保藥物可能有其他要求或承保範圍限制。這些要求和限制可能包括：[*Plans may omit bullets as needed in order to reflect actual utilization management procedures used by the plan.*]

* 事先授權**：**對於某些藥物，[*Insert* <plan/sponsor name>] 要求您[或您的醫師]取得事先授權。這表示您將需要在配藥前取得 [*Insert* <plan/sponsor name>] 的批准。若您未取得批准，[*Insert* <plan/sponsor name>] 可能不會承保該藥物。
* 數量限制**：**對於某些藥物，[*Insert* <plan/sponsor name>] 限制了 [*Insert* <plan/sponsor name>] 對藥物的承保數量。例如，[*Insert* <plan/sponsor name>] 對於 <drug name> 的每份處方提供 <number of units> 的藥量。這可以另外附加在標準的一個月或三個月的藥量上。
* 階段療法**：**某些情況下，[*Insert* <plan/sponsor name>] 會要求您先嘗試使用某些藥物治療您的病症後，才會承保您使用另外一種藥物。例如：若藥物 A 和藥物 B 皆可治療您的病症，則 [*Insert* <plan/sponsor name>] 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 對您無效，則 [*Insert* <plan/sponsor name>] 將會承保藥物 B。

您可以透過第 [*Insert* <table page number>] 頁開始的處方藥一覽表查詢您的藥物是否有額外的要求或限制。您也可以透過瀏覽我們的網站，取得更多關於特定承保藥物適用之限制的資訊。[*Plans/sponsors that apply prior authorization and/or step therapy insert the following with applicable information* <我們已在線上刊載 [*Insert one* <一份文件 ><多份文件>]，解釋我們的 [*Insert when applicable <*事先授權限制> <階段療法限制 > <事先授權和階段療法的限制。.>] 您也可以要求我們寄一份給您。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

您可以要求 [*Insert* <plan/sponsor name>] 對此類限制或使用上限作出例外處理，或索取可能治療您的病症的其他相似藥物清單。請參閱第 [*Insert* <exception page number>] 頁的「如何申請 [*Insert* <plan/sponsor name>] 的處方藥一覽表例外處理？」章節，以瞭解如何申請例外處理的相關資訊。

## 什麼是非處方 (OTC) 藥？

OTC 藥物是 Medicare 處方藥計劃通常不承保的非處方藥。[*Insert* <plan/sponsor name>] 可為某些非處方藥付費。*[Note: Include a list of OTC drugs the plan pays for with administrative funds.*] [*Insert* <plan/sponsor name>] 將免費為您提供這些非處方藥。[*Insert* <plan/sponsor name>] 為這些非處方藥支付的費用將不計入您的 D 部分藥物總費用。]

## 若我的藥物不在處方藥一覽表上，該怎麼辦？

若您的藥物不在此處方藥一覽表（承保藥物清單）上，那麼您首先應該聯絡會員服務部，詢問您的藥物是否在承保範圍內。[*Insert for abridged formularies* <本文件僅包含承保藥物的部分清單，因此 [*Insert* <plan/sponsor name>] 可能會承保您的藥物。要瞭解更多資訊，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。>]

若您得知 [*Insert* <plan/sponsor name>] 並未承保您的藥物，則您有兩種選擇：

* 您可向會員服務部索取一份由 [*Insert* <plan/sponsor name>] 承保的相似藥物清單。當您收到該清單後，請拿給您的醫生看，並要求醫生開立由 [*Insert* <plan/sponsor name>] 承保的相似藥物。
* 您可以要求 [*Insert* <plan/sponsor name>] 作出例外處理，並承保您的藥物。請查看以下關於如何申請例外處理的資訊。

## 如何申請 [*Insert mandatory* <plan/sponsor name>] 的處方藥一覽表例外處理？

您可以要求 [*Insert* <plan/sponsor name>] 對我們的承保規則作出例外處理。您可以向我們提出數種例外處理申請。

* [您可以要求我們承保一種藥物，即使它不在我們的處方藥一覽表上。如獲批准，此藥物將按預定分攤費用等級獲得承保，但您不得要求我們以更低的分攤費用等級提供此藥物。
* 您可以要求我們豁免藥物承保範圍限制，包括事先授權、階段療法或數量限制。例如：對於某些藥物，[*Insert* <plan/sponsor name>] 限制了藥物的承保數量。若您的藥物有數量限制，您可以要求我們撤銷限制並承保更多數量。
* [*Insert if plan has multiple tiers with no specialty tier or has a specialty tier but does not exclude it from the exceptions process:* 您可要求我們按更低的分攤費用等級承保處方藥一覽表上的藥物。] [*Insert if plan has only one specialty tier and chooses to exclude this tier from the tier exceptions process:*您可要求我們按更低的分攤費用等級承保處方藥一覽表上的藥物，除非該藥物屬於特殊級藥]。[*Insert if plan has two specialty tiers*：您可要求我們以更低的分攤費用等級承保處方藥一覽表上的藥物，除非該藥物在我們的較低分攤費用特殊級藥上。對於分攤費用等級較高的處方藥一覽表上的特殊級藥，您可以要求按更低的分攤費用等級承保該特殊級藥。]如獲批准，這會減少您必須為藥物支付的金額。]

通常只有在替代藥物包含在計劃的處方藥一覽表、[較低分攤費用藥物] 中或施加限制對您來說不那麼有效和/或可能造成副作用時，[*Insert* <plan/sponsor name>] 才會批准您的例外處理申請。

您或您的處方醫生應聯絡我們，要求 [*insert if plan has multiple tiers:* <分級處理或 >] 處方藥一覽表例外處理，包括承保範圍限制例外處理。當您申請例外處理時，您的處方醫生需就為何您需要例外處理說明醫療理由**。**通常，我們在收到處方醫師的支持聲明後，必須在 72 小時內做出決定。若您認為且我們贊同等候 72 小時再做出決定會對您的健康造成嚴重傷害，您可以申請加急（快速）決定。如果我們同意，或者您的處方醫生要求做出快速決定，我們在收到您的處方醫生的支持聲明後，必須在 24 小時內為您做出決定。

## 若我的藥物不在處方藥一覽表上或受到限制，該怎麼辦？

無論是我們計劃的新會員還是老會員，您可能正在使用我們處方藥一覽表上沒有的藥物。或者，您正在使用一種在我們處方藥一覽表上但受到承保範圍限制（例如事先授權）的藥物。您應當就以下方面與您的處方醫生討論：申請承保決定（以證明您符合批准標準）、換用我們承保的替代藥物或提出處方藥一覽表例外處理申請以使我們承保您使用的藥物。在您與醫生確定何種措施對您適合的時候，我們會在您成為我們計劃會員後的前 <*must be at least 90*> 天內針對某些情況為您的藥物提供承保。

對於所有不在我們處方藥一覽表上或受到承保範圍限制的藥物，我們將承保 [*insert number of days that corresponds to the number of days designated as a month’s supply in the approved plan benefit package*] 天的臨時性供藥。如果您處方的天數較少，我們將允許補充藥物以提供最多 [*insert supply limit - must be at least a one month supply based on approved plan benefit package*] 天的供藥。如果承保未獲批准，在提供前 [*insert number of days that corresponds to the number of days designated as a month’s supply in the approved plan benefit package*] 天藥量之後，我們將不再為您支付這些藥物的費用，即使您成為計劃會員還不足 <*must be at least 90*> 天。

若您居住在長期護理機構中，需要非處方藥一覽表的藥物，或您獲取藥物的能力受到限制，但您成為我們計劃會員已超過 <*must be at least 90*> 天，則在您尋求處方藥一覽表例外處理時，我們將會對該藥物承保 <*must be at least 31*> 天份量的緊急藥量。

[Note***:*** *Plans must insert their transition policy for current enrollees with level of care changes, if applicable.*]

## 瞭解更多資訊

更多關於 [*Insert* <plan/sponsor name>] 處方藥承保的詳細資訊，請參閱您的「承保範圍說明書」及其他計劃資料。

若您對 [*Insert* <plan/sponsor name>] 有任何疑問，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

若您對 Medicare 處方藥承保範圍有任何疑問，請致電 Medicare，電話：1‑800‑MEDICARE (1‑800‑633‑4227)（全天候開通）。聽障人士可致電 1‑877‑486‑2048。或瀏覽 http://www.medicare.gov。

## [*Insert* <plan/sponsor name>] 處方藥一覽表

[*Insert as applicable* <以下> <下一頁 >] 的 [*Insert for abridged formularies* <簡明>] 處方藥一覽表介紹了 [*Insert* <plan/sponsor name>] 承保的 [*Insert for abridged formularies* <some of>] 藥物的承保資訊。若您難以在清單中找到所需的藥物，請轉到第 [*Insert* <index page number>] 頁開始的索引。

[*Insert the following paragraph for abridged formularies only <* 請記住：本一覽表僅列出 [*Insert* <plan/sponsor name>] 承保的部分藥物。若您的處方藥未列於本簡要一覽表中，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。>]

表格的第一欄列出了藥物名稱。原廠藥用大寫字母表示（如 <BRAND NAME EXAMPLE>），副廠藥則用小寫斜體字母表示（如 *<generic example>*）。

要求/限制欄中的資訊表示 [*Insert* <plan/sponsor name>] 對於承保您的藥物是否有任何特殊的要求。

[Note***:*** *Sponsors must provide information on the following items when applicable to specific drugs and define any symbols or abbreviations used to indicate their application: utilization management restrictions; drugs that are available via mail-order, drugs that are limited to a one month supply even when the drug is on a tier that otherwise allows for an extended day supply, excluded drugs that are covered by the plan; free first fill drugs; limited access drugs; and drugs covered under the medical benefit (for home infusion drugs only). While these symbols and abbreviations must appear whenever applicable, sponsors are not required to provide associated explanations on every page. They must, however, provide a general footnote on every page stating* 「您可以在 [*Insert of description where information is available, such as* 第 <page number> 頁 *or* 本表格的末尾 [*or*] 開頭找到本表中的符號和縮寫詞含義的相關資訊。*.*]」]*”*

* *Plans that cover excluded drugs must use this column to indicate that certain drugs are available only through their benefit. Plans may indicate this with an asterisk/other symbol and a footnote that states:* 「Medicare 處方藥計劃通常不承保此處方藥。您在配取此類處方藥時所支付的金額不計入您的總藥費（即您支付的金額不會計入使您符合重大傷病承保階段資格的金額）。此外，若您正在領取額外補助以支付您的處方藥費用，您將無法為該藥物取得任何額外補助。」[Note*: Plans must insert any additional restrictions on this coverage, including any capped benefit limit.*]
* *Plans that offer generic-use incentive programs permitting zero (or reduced) cost sharing on first generic fills when a member agrees to use the generic rather than the brand name version of a medication must indicate the drugs to which this program applies. Plans may indicate this with an asterisk/other symbol and a footnote that states:* 「首次配取時，將以 <zero>/<reduced> 分攤費用為您提供此處方藥。」
* *Plans that restrict access to any drugs by limiting distribution to a subset of network pharmacies must indicate these drugs. Plans may indicate this with an asterisk/other symbol or footnote states:* 「本處方藥可能僅在某些藥房提供。如需更多資訊，可致電 [*Insert* <Customer/Member> 服務部，電話：<phone number>（聽障人士可致電 <TTY number>），<days/hours of operation>，或瀏覽 <web address>。]。」
* *Plans that provide quantity limits for certain drugs must indicate the amount (days’ supply or amount dispensed).*
* *MA-PD or cost plans choosing to provide coverage for any Part D home infusion drugs as part of a bundled payment under a Part C supplemental benefit should indicate this with an asterisk/other symbol and a footnote that states,* 「該處方藥 <is>/<may be> 我們的醫療福利承保。如需更多資訊，可致電 [*Insert* <Customer/Member> 服務部，電話：<phone number>（聽障人士可致電 <TTY number>），<days/hours of operation>，或瀏覽 <web address>。]

藥物表 - 選項 1

|  |  |  |
| --- | --- | --- |
| 藥物名稱 | 藥物等級 *[Column is optional for single tier formularies.]* | 要求/限制 |
| **<Therapeutic Category Name 1> - [Optional: <Plain Language Description>**] | | |
| <Drug Name 1, Dosage Form A, Strength A> | <Tier 1> | <Util. Mgmt.> |
| <Drug Name 2, Dosage Form A, Strength A > | <Tier 1> | <Util. Mgmt.> |
| <Drug Name 2, Dosage Form B, Strength A > | <Tier 2> | <Util. Mgmt.> |
| <Drug Name 2, Dosage Form B, Strength B > | <Tier 3> | <Util. Mgmt.> |
| <Drug Name 3, Strength A> | <Tier 4> | <Util. Mgmt.> |
| **<Therapeutic Category Name 2> - [Optional: <Plain Language Description>**] | | |
| <Drug Name 3, Dosage Form A, Strength A > | <Tier> | <Util. Mgmt.> |
| <Drug Name 4> | <Tier> | <Util. Mgmt.> |

## 藥物表 - 選項 2

|  |  |  |
| --- | --- | --- |
| 藥物名稱 | 藥物等級 *[Column is optional for single tier formularies.]* | 要求/限制 |
| **<Therapeutic Category Name 1> - [Optional: <Plain Language Description>**] | | |
| *<Therapeutic Class Name 1> - [Optional: <Plain Language Description>]* | | |
| <Drug Name 1> | <Tier 1> | <Util. Mgmt.> |
| <Drug Name 2, Dosage Form A, Strength A > | <Tier 1> | <Util. Mgmt.> |
| <Drug Name 2, Dosage Form B, Strength A > | <Tier 2> | <Util. Mgmt.> |
| <Drug Name 2, Dosage Form B, Strength B > | <Tier 3> | <Util. Mgmt.> |
| *<Therapeutic Class Name 2> - [Optional: <Plain Language Description>]* | | |
| <Drug Name 3> | <Tier 2> | <Util. Mgmt.> |
| <Drug Name 4 Dosage Form A, Strength B> | <Tier 1> | <Util. Mgmt.> |
| <Drug Name 4, Dosage Form A, Strength B > | <Tier 1> | <Util. Mgmt.> |
| <Drug Name 2, Dosage Form A, Strength C > | <Tier 2> | <Util. Mgmt.> |
| **<Therapeutic Category Name 2> - [Optional: <Plain Language Description>**] | | |
| *<Therapeutic Class Name 1> - [Optional: <Plain Language Description>]* | | |
| <Drug Name 5> | <Tier> | <Util. Mgmt.> |
| <Drug Name 6> | <Tier> | <Util. Mgmt.> |

## *General Drug Table instructions:*

*OTC drugs may not be included in the formulary table that lists drugs adjudicated at sale but must appear in a separate list or table.*

*Column headings should be repeated on each page of the table.*

*For table sub-headings, plans have the option to use either the therapeutic category only (Table Option 1) or both the therapeutic category and therapeutic class (Table Option 2). The category or class names must be the same as those found on the CMS-approved formulary.*

*Plans have the option of including a “plain-language” description of the therapeutic category/class next to the name of each category/class. For example, instead of only including the category, “Dermatological Agents,” Plans may include “Dermatological Agents – Drugs to treat skin conditions.”*

*For Table Option 1, the therapeutic categories should be listed alphabetically within the table. The drugs should then be listed alphabetically under the appropriate therapeutic category; they should not be sorted by therapeutic class. For Table Option 2, the therapeutic categories should be listed alphabetically and the therapeutic classes listed alphabetically under the appropriate category. The drugs should then be listed alphabetically under the appropriate therapeutic class.*

*For an abridged formulary, the chart must include at least two covered drugs for each therapeutic category/class except when only one drug exists in the category or class or when two drugs exist in the category or class but one is clinically superior to the other as per your CMS-approved formulary.*

## *Drug Name column instructions:*

*Brand name drugs should be capitalized, e.g., DRUG A. Generic drugs should be lower-case and italicized, e.g., penicillin. Plans may include the generic name of a drug next to the brand name.*

*If there are differences in formulary status, tier placement, quantity limit, prior authorization, step therapy, or other restrictions or benefit offerings (e.g., available via mail order, etc.) for a drug based on its differing dosage forms or strengths, the formulary must clearly identify how it will treat the different formulations of that same drug. For instance, if a drug has a different tier placement depending on the dosage (e.g., 20 mg is in Tier 1 and 40 mg is in Tier 4), plans must include the drug twice within the table with the varying dosage listed next to the drug name (e.g., DRUG A, 20 mg and DRUG A, 40 mg). Differences in dosage forms should be simplified, and abbreviations/acronyms defined for beneficiary understanding. The drug will be counted as a single drug when determining whether the plan has included two drugs within each therapeutic category/class.*

## *Drug Tier column instructions:*

*For plans that provide different levels of cost sharing for drugs depending on their tier, sponsors must include a column indicating the drug’s tier placement. For single tier plans (for instance, all defined standard plans), sponsors have the option to delete the column. Plans may choose from several methods to indicate the tier placement including tier numbers from your plan benefit package (e.g., 1/ 2/ 3), standard tier names from your plan benefit package (e.g., generic/ preferred brand/ other brand), copayment amounts (e.g., $10/$20/$35), or coinsurance percentages (e.g., 10%/25%). The latter two methods are preferred since they are generally easier for members to understand. If one of the two former methods are used, plans must provide an explanation before the table explaining the copayment amount or coinsurance percentage associated with each tier number or tier name. The above choices are also available to sponsors with single tier plans, in that plans would be expected to enter the same information in the column beside every drug listed (for instance, identifying all drugs as Tier 1 or subject to a 25% coinsurance).*

*Plans that have different copayment amounts or coinsurance percentages for retail and mail-order prescriptions may include both retail and mail order amounts within the same column or include separate columns for retail and mail order prescriptions.*

## *Requirements/Limits column instructions:*

*Part D Plans must indicate any applicable utilization management procedures (e.g., prior authorization, step therapy, quantity limits, etc.), special coverage rules, and/or mail-order procedures for each drug within the Requirement/Limits column.*

*Plans may include abbreviations within this column (e.g., QL for quantity limits) but must include an explanation at the beginning of the formulary table explaining each abbreviation.*

## 藥物索引

[*Pursuant to 42 CFR §423.2267, applicable disclaimers must be included in this document.*]

*[BACK COVER]*

*[Please see the front cover for information that must also appear on the back cover.]*