

VillageCareMAX Medicare Health Advantage (HMO D-SNP)

2021 年處方集

(承保藥物清單)

請閱讀：本文件包含關於此計劃
所承保藥物的資訊

經批准的處方集檔案提交 ID：00021003，版本號：20

此處方集更新於 11/22/2021。欲獲更多最新資訊或有其他問題，請聯絡 VillageCareMAX Medicare Health Advantage 會員服務部，電話為 1-800-469-6292，TTY 使用者請撥打 711，服務時間為上午 8:00 至晚上 8:00，全週無休，或是造訪 www.villagecaremax.org。

現有會員附註：該處方集自去年起已發生變化。請審查此文件，以確保其仍然包含您所服用的藥物。

在此藥物清單（處方集）中，「我們」或「我們的」是指 Village Senior Services Corporation。「計劃」或「我們的計劃」是指 VillageCareMAX Medicare Health Advantage (HMO D-SNP)。

本文件包含我們的計劃藥物清單（處方集），更新日期為 11/22/2021。如欲獲取更新的處方集，請聯絡我們。我們的聯絡資訊連同上次更新處方集的日期會出現在前後封面頁。

您通常必須到網路內藥房來獲取您的處方藥福利。福利、處方集、藥房網路和/或共付額/共保額可能在 2022 年 1 月 1 日發生變化，並且在一年中隨時變化。您將在必要時收到通知。

限額、共付額和限制可能適用。本資訊並沒有包含完整的福利內容。如需更多資訊，請聯絡計劃。

您可以免費獲得本資訊的其他格式版本，例如大字體、盲文或音訊版本。請致電 1-800-469-6292（TTY 使用者請撥打 711），此專線每週 7 天，每天上午 8:00 至晚上 8:00 提供服務。此電話是免費電話。

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-469-6292 (TTY: 711).

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 1-800-469-6292 (TTY: 711)。

VillageCareMAX 遵循聯邦民權法，不因種族、膚色、國籍、年齡、殘障情況或性別而排斥任何人或以不同的方式對待他們。

VillageCareMAX 是一項與 Medicare 和紐約州 Medicaid 簽約的 HMO 計劃。參保 VillageCareMAX 取決於續約狀態。

什麼是 VillageCareMAX Medicare Health Advantage 處方集？

處方集是 VillageCareMAX Medicare Health Advantage 在與醫療健保提供商協商後選定的承保藥物清單，代表著被視為優質治療計劃中必需的處方治療。只要藥物具有醫療必要性，VillageCareMAX Medicare Health Advantage 通常會承擔處方集中所列的藥物，處方藥可以在 VillageCareMAX Medicare Health Advantage 的網路內藥房領藥，並且需要遵守其他計劃規則。如欲獲取關於如何領取處方藥的更多資訊，請細閱您的承保證明。

處方集（藥物清單）能否更改？

大多數的藥物承保變化會在 1 月 1 日發生，但「我們」可在一年間增加或刪除藥物清單上的藥物，將其移到不同費用分擔等級，或增加新的限制。我們必須在做出這些更改時遵循 Medicare 規則。

今年將影響您的變化：在以下情況中，您將會受到該年承保變化的影響

- **新學名藥。**如果有新的學名藥出現在相同或更低的費用分擔等級上，且有著相同或更少的限制，我們可能會立即刪除藥品清單中的名牌藥，並以新學名藥取代之。此外，在新增新的學名藥時，我們可決定將品牌藥保留在我們的藥品清單中，但立即將其移至其他費用分擔等級或新增新的限制。如果您正在使用該品牌藥，我們可能不會在進行更改之前提前告訴您，但是稍後我們將為您提供有關我們已進行支特定更改的資訊。
 - 如果我們做出此類更改，您或您的處方醫生可以向我們請求例外處理，並繼續為您承保品牌藥。我們提供給您的通知還將包括有關如何請求例外處理的資訊，並且您還可

以在下方標題為「如何向 VillageCareMAX Medicare Health Advantage 處方集請求例外處理？」的部分中找到資訊：

- **藥物退出市場。**如果食品藥品監督管理局認為處方集上的某種藥物不安全，或是藥物製造商將藥物退出市場，我們會立即將此藥物從處方集刪除，並向服用此藥物的會員發佈通知。
- **其他變化。**我們可能會做出影響正在服用藥物會員的其他更改。舉例來說，我們可能會新增一種學名藥（非市場新藥）來替代處方集上目前出現的品牌藥、對品牌藥新增限制，或是將其移到不同的費用分攤等級，或者兩者兼施。或者我們可能會基於新的臨床指南來做出更改。如果我們將藥物從處方集刪除，或對一種藥物新增事先授權、數量限制和/或階段治療限制，則必須在變更生效至少 30 天前，或是在會員請求補充藥物時（會員將在此時獲得 30 天的供應量），將此變更告知受影響的會員。
 - 如果我們做出其他更改，您或您的處方醫生可以向我們請求例外處理，並繼續為您承保品牌藥。我們提供給您的通知還將包括有關如何請求例外處理的資訊，並且您還可以在下方標題為「如何向 VillageCareMAX Medicare Health Advantage 處方集請求例外處理？」的部分中找到資訊。

如果您正在使用該藥物，則不會影響您的變化。通常來說，如果您正在服用年初時獲得承保的 2021 年處方集中的藥物，我們不會在 2021 承保年度終止或減少您的承保，除非是上述的情況。這表示，這些藥將繼續保留在相同的費用分攤等級，且無新增的限制，並在該承保年剩餘的時間內提供給會員使用。您將不會在今年獲得有關不影響您的更改的直接通知。但是，在明年的 1 月 1 日，此類更改將會影響您，因此請務必查看新福利年度的藥物清單，瞭解對藥物的任何更改。

隨附處方集的更新日期為 11/22/2021。如欲獲取 VillageCareMAX Medicare Health Advantage 所承保藥物的最新資訊，請聯絡我們。我們的聯絡資訊顯示於前後封面頁。

如果計劃在年中做出非維護性處方集變更，我們將透過郵件來通知您。郵件中將包括非維護性處方集變更的具體資訊，並且我們會在變更生效至少 30 天前將郵件傳送給您。您可以在我們的網站 www.villagecaremax.org 上查看最新變化和處方集，或是致電會員服務部瞭解更多資訊。

我如何使用處方集？

在處方集內找到您的藥物有兩種方法：

醫療狀況

處方集從第 3 頁開始。處方集中的藥物依據其用來治療的醫療狀況類型來分組。舉例來說，用來治療心臟病的藥物列於「心血管藥物」類別下。如果您知道藥物用來治療何種病症，請在下方於第 3 頁開始的清單中按照類別名稱查找。然後，在該類別中查找您的藥物。

按字母排序

如果您不確定在哪個類別下查找，則應在第 I-1 頁開始的索引中查找藥物。索引提供了本文件所包含的所有藥物的按字母排序清單。品牌藥和學名藥都列於索引中。在索引中查找您的藥物。您會在藥物旁看到頁碼，並在該頁找到承保資訊。翻到索引中所列的頁碼，並在清單第一列找到您的藥物名稱。

什麼是學名藥？

VillageCareMAX Medicare Health Advantage 同時承保品牌藥和學名藥。學名藥經 FDA 批准，擁有與品牌藥相同的有效成分。通常來說，學名藥的成本要低於品牌藥。

我的承保是否有任何限制？

部分承保藥物可能在承保方面有額外要求或限制。這些要求和限制可能包括：

- **事先授權：**VillageCareMAX Medicare Health Advantage 要求您或您的醫師針對某些藥物獲取事先授權。這意味著您將需要獲取 VillageCareMAX 的許可才能領取您的處方藥。如果您沒有獲得許可，VillageCareMAX 可能不會承保藥物。
- **數量限制：**對於某些藥物來說，VillageCareMAX Medicare Health Advantage 會限制計劃承保的藥物數量。舉例來說，本計劃為每個西樂葆處方提供 60 粒膠囊。這可能是在標準的一個月或三個月藥量之外的供給。

- **階段治療：**在某些情況下，VillageCareMAX Medicare Health Advantage 要求您首先嘗試一些藥物來治療您的病症，然後才會為此病症承保另一種藥物。舉例來說，如果藥物 A 和藥物 B 都可治療您的病症，本計劃不會在您首先嘗試藥物 A 之前為您承保藥物 B。如果藥物 A 對您不起作用，本計劃將承保藥物 B。

您可以查看從第 3 頁開始的處方集，從而瞭解您的藥物是否有任何額外要求或限制。您還可以造訪我們的網站 www.villagecaremax.org，獲取關於應用到具體承保藥物之限制的更多資訊。我們已公佈線上文件解釋我們的事先授權和階段治療限制。您還可以要求我們為您傳送副本。我們的聯絡資訊連同上次更新處方集的日期會出現在前後封面頁。

您可以要求 VillageCareMAX Medicare Health Advantage 對這些限制進行例外處理，或是索要一份可治療您的病症的其他類似藥物的清單。請在下方查看第 iv 頁的「我如何請求 VillageCareMAX Medicare Health Advantage 處方集的例外處理」部分，以獲取關於如何請求例外的資訊。

如果我的藥物不在處方集上，該怎麼辦？

如果您的藥物未包含在處方集（承保藥物清單）內，您應首先聯絡會員服務部並詢問您的藥物是否獲得承保。

如果您瞭解到 VillageCareMAX Medicare Health Advantage 不承保您的藥物，您有兩個選項：

- 您可以向會員服務部索取 VillageCareMAX Medicare Health Advantage 承保的類似藥物的清單。您在收到此清單後，請將其展示給您的醫生，並請其開具 VillageCareMAX Medicare Health Advantage 所承保的類似藥物。
- 您可以要求 VillageCareMAX Medicare Health Advantage 進行例外處理並承保您的藥物。參閱下方，瞭解關於如何請求例外處理的資訊。

如何向 VillageCareMAX Medicare Health Advantage 處方集請求例外處理？

您可以要求 VillageCareMAX Medicare Health Advantage 對我們的承保規則做例外處理。您可以要求我們進行若干類型的例外處理。

- 即使一種藥物不在我們的處方集上，您也可以要求我們承保。如果獲得批准，該藥物將以預先確定的費用分攤等級獲得承保，並且您將無法要求我們以更低的費用分攤等級來提供此藥物。
- 您可以要求我們以更低的費用分攤等級來承保處方集藥物。如果獲得批准，您必須支付的藥物費用就會降低。
- 您可以要求我們放棄對您的藥物的承保限制。舉例來說，本計劃針對某些藥物限制承保的藥物數量。如果您的藥物有數量限制，您可以要求我們放棄限制並承保更大的數量。

通常來說，VillageCareMAX Medicare Health Advantage 僅會在本計劃處方集上不含替代藥物，或是其他醫療服務限制無法成為治療您的病症的有效手段，並且/或是可能導致您產生不良的醫學副作用時，才會批准您的請求。

您可以聯絡我們，以索取處方集的初始承保決策或醫療服務限制例外處理。**當您請求處方集或醫療服務限制例外處理時，應該提供支援您的請求之處方醫生或醫師的聲明。**通常來說，我們必須在收到您的處方醫生的支援聲明後的 72 小時內做出決策。如果您或您的醫生認為，等待長達 72 小時獲取決定會嚴重危及您的健康，則您可以申請加急（快速）規則豁免。如果您的加急申請被批准，那麼我們必須在得到您的醫生或其他處方醫生的支援聲明後的 24 小時內做出決定。

我在與醫生討論更改我的藥物或請求例外處理前可以做什麼？

本計劃的新老會員可能正在服用不在處方集之列的藥物。或者，您可能正在服用處方集上的藥物，但您獲取藥物的能力受限。舉例來說，您可能需要我們的事先授權才能領取處方藥。您應該與您的醫生商談，以決定您是否應轉到我們所承保的適當藥物或是請求處方集例外處理，以便我們承保您所服用的藥物。在您與醫生討論以決定適合您的做法時，我們可以在您成為本計劃會員的首 90 天於某些情況下承保您的藥物。

針對不在處方集上的每一種藥物，或是如果您獲得藥物的能力受限，我們將承保臨時的 30 天藥量。如果您的處方單開出的天數較少，我們將允許補充藥物，以提供最多 30 天的藥量。在首 30 天供應後，我們將不會為您支付藥物費用，即使您加入本計劃還未滿 90 天。

如果您是長期照護機構的居住者，並且需要不在處方集上的藥物，或是您獲得藥物的能力受限，但是您加入本計劃已超過 90 天，我們將在您進行處方集例外處理請求時為您承保 31 天的緊急藥物供應。

VillageCareMAX 設有過渡政策，可確保為新老會員提供持續的藥物承保。有些時候您可能會經歷照護等級變化，例如入住長期照護機構或醫院（或是從這些機構出院）。在這些情況下，我們將為您提供非處方集內藥物的一次性緊急供應。非處方集內藥物包括本計劃處方集以外的藥物，以及在處方集上但依據本計劃的醫療服務管理規則需要獲得事先授權或階段治療的藥物。

如需更多資訊

欲獲關於您的 VillageCareMAX Medicare Health Advantage 處方藥承保的更多詳細資訊，請細閱您的承保證明和其他計劃材料。

如果您對本計劃有疑問，請聯絡我們。我們的聯絡資訊連同上次更新處方集的日期會出現在前後封面頁。

如果您有關於 Medicare 處方藥承保的一般問題，請撥 1-800-MEDICARE (1-800-633-4227) 聯絡 Medicare，全天候提供服務，全週無休。TTY 使用者應致電 1-877-486-2048。或者，請造訪 <http://www.medicare.gov>。

VillageCareMAX Medicare Health Advantage 處方集

下列處方集提供關於 VillageCareMAX Medicare Health Advantage 所承保藥物的承保資訊。如果您在清單中查找藥物方面有任何問題，請前往從第 I-1 頁開始的索引。

表中第一列載有藥物名稱。品牌藥名稱以大寫字母書寫（例如，BENICAR（奧美沙坦酯）），而學名藥以小寫字母斜體書寫（例如，*losartan*（氯沙坦））。

「要求/限制」列的資訊會告知您本計劃是否針對您的藥物承保有任何特殊要求。

下表列出了從第 3 頁開始的下方藥物清單中的「要求/限制」列內出現的縮寫定義。

縮寫/標誌	描述	說明
醫療服務管理限制		
PA	事先授權 限制	您（或您的醫師）需要獲得 VillageCareMAX 的事先授權，然後才能根據處方領取此藥物。若無事先批准，VillageCareMAX 可能不會承保此藥物。
PA BvD	B 部分對比 D 部分裁定的 事先授權 限制	本藥物可能有資格獲得 Medicare B 部分或 D 部分的付款。您（或您的醫師）需要獲得 VillageCareMAX 的事先授權，以確定本藥物受 Medicare D 部分承保，之後您才能領取您的處方藥。若無事先批准，VillageCareMAX 可能不會承保此藥物。
PA-HRM	高風險藥物的 事先授權 限制	本藥物被 CMS 視為可能有害，並且是 65 歲及以上的 Medicare 受益人的高風險藥物。年齡在 65 歲及以上的會員需要獲得 VillageCareMAX 的事先授權才能領取處方藥。若無事先批准，VillageCareMAX 可能不會承保此藥物

縮寫/標誌	描述	說明
PA NSO	僅限初次使用者的事先授權限制	如果您是新會員，或者您之前並未服用過此藥物，那麼您（或您的醫師）需要獲得 VillageCareMAX 的事先授權才能根據處方領取此藥物。若無事先批准，VillageCareMAX 可能不會承保此藥物。
QL	數量限制	VillageCareMAX 限制每個處方或特定時間範圍內所承保的藥物數量。
ST	階段治療限制	在 VillageCareMAX 為本藥物提供承保前，您必須首先嘗試用另一種藥物來治療您的病症。本藥物僅在其他藥物對您不起作用時才能獲得承保。
其他特殊承保要求		
LA	限制獲取藥物	該處方僅在某些藥房可獲得。欲獲更多資訊，請諮詢您的服務提供者和藥房名錄，或是撥打1-888-807-6806 聯絡藥房會員服務部，全天候提供服務，全週無休。TTY 使用者應撥 711。
NM	非郵購藥物	您能夠以更少的費用分攤透過郵購來獲得超過 1 個月供應量的大部分藥物。 <u>無法</u> 透過郵購福利獲得的藥物在您的處方集「要求/限制」列中標註有「NM」。

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藥物名稱	等級	要求/限制
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	1	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	1	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	1	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	1	PA; QL (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>	1	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (150 per 30 days)

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藥物名稱	等級	要求/限制
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	1	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	QL (180 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	1	PA; QL (30 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i> (hydrocodone-acetaminophen)	1	QL (240 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i> (hydrocodone-acetaminophen)	1	QL (180 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i> (hydrocodone-acetaminophen)	1	QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	1	
<i>methadone oral solution 10 mg/5 ml</i>	1	QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i> (methadone)	1	QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	1	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	1	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	1	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	QL (90 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	1	QL (180 per 30 days)

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藥物名稱	等級	要求/限制
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	1	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	1	QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (oxycodone)	1	QL (60 per 30 days)
<i>tramadol oral tablet 50 mg</i> (Ultram)	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	1	QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	1	QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	1	QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	1	QL (240 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	1	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex)	1	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	1	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i> (Cataflam)	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	QL (60 per 30 days)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	1	QL (150 per 30 days)

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藥物名稱	等級	要求/限制
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	1	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL (100 per 28 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	
<i>etodolac oral tablet 500 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg</i>	1	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen)	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn)	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	1	PA; QL (224 per 28 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	

Anesthetics

有關此表中符號和縮寫含義的信息，請閱讀本文檔的介紹性頁面

藥物名稱	等級	要求/限制
Local Anesthetics		
glydo mucous membrane jelly in applicator 2 % (lidocaine hcl)	1	QL (30 per 30 days)
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %) (Xylocaine-MPF)	1	
lidocaine (pf) injection solution 40 mg/ml (4 %)	1	
lidocaine (pf) intravenous solution 20 mg/ml (2 %) (Xylocaine (Cardiac (PF)))	1	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %) (Xylocaine)	1	
lidocaine hcl mucous membrane jelly 2 %	1	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	PA
lidocaine topical adhesive patch,medicated 5 % (Lidoderm)	1	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %	1	PA; QL (90 per 30 days)
lidocaine viscous mucous membrane solution 2 % (lidocaine hcl)	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	1	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg (Suboxone)	1	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	1	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (varenicline)	1	QL (336 per 365 days)

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藥物名稱	等級	要求/限制
CHANTIX ORAL TABLET 0.5 MG, (varenicline) 1 MG	1	QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	1	QL (4 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	1	QL (228 per 14 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
NARCAN NASAL SPRAY, NON- AEROSOL 4 MG/ACTUATION	1	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	1	QL (1008 per 90 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	1	QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	1	QL (1.5 per 30 days)
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	QL (336 per 365 days)
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300 per 30 days)

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藥物名稱	等級	要求/限制
<i>clorazepate dipotassium oral tablet</i> 15 mg, 3.75 mg	1	QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet</i> (Tranxene T-Tab) 7.5 mg	1	QL (180 per 30 days)
<i>diazepam 5 mg/ml oral conc 5 mg/ml</i> (diazepam)	1	QL (1200 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	1	PA BvD
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	1	PA BvD
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	
Antibacterials, Miscellaneous		

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藥物名稱	等級	要求/限制
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
CLINDAMYCIN 600 MG/50 ML-NS OUTER,SINGLE-USE,L/F 600 MG/50 ML	1	
CLINDAMYCIN 900 MG/50 ML-NS OUTER,SINGLE-USE,L/F 900 MG/50 ML	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	1	
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML, 900 MG/50 ML	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	1	
<i>clindamycin phosphate intravenous solution 300 mg/2 ml</i>	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	1	PA BvD
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	1	
FIRVANQ ORAL RECON SOLN 25 MG/ML	1	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	1	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)	1	QL (120 per 30 days)

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藥物名稱	等級	要求/限制
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	1	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	1	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefixime oral capsule 400 mg</i> (Suprax)	1	
<i>cefotaxime injection recon soln 1 gram</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	

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藥物名稱	等級	要求/限制
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i> (Fortaz)	1	
<i>ceftazidime injection recon soln 6 gram</i> (Tazicef)	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	QL (100 per 10 days)
DIFICID ORAL TABLET 200 MG	1	QL (20 per 10 days)

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藥物名稱	等級	要求/限制
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; LA
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	

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藥物名稱	等級	要求/限制
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin 1 gm/ 50 ml inj 1 gram/50 ml</i>	1	
<i>nafcillin injection recon soln 1 gram</i>	1	
<i>nafcillin injection recon soln 10 gram, 2 gram</i>	1	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	
<i>penicillin gk 5 million unit p/f, latex-free 5 million unit</i> (Pfizerpen-G)	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit</i> (penicillin g potassium)	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
Quinolones		
BAXDELA ORAL TABLET 450 MG	1	PA; QL (28 per 14 days)
<i>ciprofloxacin hcl 750 mg tab f/c 750 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	

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藥物名稱	等級	要求/限制
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	1	
<i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxine NL)	1	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	1	

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藥物名稱	等級	要求/限制
<i>doxycycline monohydrate oral tablet</i> (Avidoxy) 100 mg	1	
<i>doxycycline monohydrate oral tablet</i> 50 mg	1	
<i>minocycline oral capsule</i> 100 mg, 50 mg, 75 mg	1	
<i>mondoxylene nl oral capsule</i> 100 mg (doxycycline monohydrate)	1	
<i>tetracycline oral capsule</i> 250 mg, 500 mg	1	
<i>tigecycline intravenous recon soln</i> 50 mg (Tygacil)	1	
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet</i> 250 mg (Zytiga)	1	PA NSO; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	1	PA NSO
<i>adriamycin intravenous solution</i> 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml (doxorubicin)	1	PA BvD
<i>adrucil intravenous solution</i> 2.5 gram/50 ml, 500 mg/10 ml (fluorouracil)	1	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus (antineoplastic))	1	PA NSO; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG (everolimus (antineoplastic))	1	PA NSO; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	1	PA NSO; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA NSO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	1	
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	1	PA NSO; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA NSO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA NSO; QL (120 per 30 days)

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藥物名稱	等級	要求/限制
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA NSO
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	
<i>arsenic trioxide intravenous solution</i> (Trisenox) <i>2 mg/ml</i>	1	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	1	PA NSO
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA NSO; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	1	
BALVERSA ORAL TABLET 3 MG	1	PA NSO; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA NSO; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA NSO; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	1	PA NSO
BENDEKA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML	1	PA NSO
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	1	PA NSO
<i>bexarotene oral capsule 75 mg</i> (Targretin)	1	PA NSO
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	
BLENREP INTRAVENOUS RECON SOLN 100 MG	1	PA NSO
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	
BLINCYTO INTRAVENOUS KIT 35 MCG	1	PA NSO
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	1	PA NSO
BOSULIF ORAL TABLET 100 MG	1	PA NSO; QL (90 per 30 days)

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藥物名稱	等級	要求/限制
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA NSO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA NSO; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA NSO; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	1	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	1	PA NSO; QL (30 per 30 days)
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	1	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	1	PA NSO; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA NSO; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	PA BvD
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	1	PA BvD
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	1	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	1	PA NSO; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	1	PA NSO
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; LA

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藥物名稱	等級	要求/限制
DAURISMO ORAL TABLET 100 MG	1	PA NSO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	1	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	1	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	1	PA BvD
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	
EMCYT ORAL CAPSULE 140 MG	1	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	1	PA NSO
ENHERTU INTRAVENOUS RECON SOLN 100 MG	1	PA NSO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	1	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA NSO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	1	PA NSO; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	1	PA NSO; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	1	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	1	

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藥物名稱	等級	要求/限制
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Afinitor)	1	PA NSO; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	1	PA NSO; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	
EXKIVITY ORAL CAPSULE 40 MG	1	PA NSO; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	1	PA NSO
<i>floxuridine injection recon soln 0.5 gram</i>	1	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	PA BvD
<i>flutamide oral capsule 125 mg</i>	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA NSO; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	1	
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	1	PA NSO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; QL (30 per 30 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	1	PA NSO; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	1	PA NSO
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	1	PA NSO; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	1	PA NSO; QL (60 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; QL (30 per 30 days)

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藥物名稱	等級	要求/限制
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	1	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA NSO; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	1	PA NSO; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	1	PA NSO; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	1	PA NSO; QL (60 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	1	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; QL (8 per 21 days)

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藥物名稱	等級	要求/限制
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA NSO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA NSO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA NSO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA NSO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA NSO; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	1	PA NSO
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	1	PA NSO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA NSO
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	1	PA NSO; QL (30 per 30 days)

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藥物名稱	等級	要求/限制
LORBRENA ORAL TABLET 25 MG	1	PA NSO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; QL (240 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	1	PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	1	
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	1	
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	
MATULANE ORAL CAPSULE 50 MG	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	

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藥物名稱	等級	要求/限制
MONJUVI INTRAVENOUS RECON SOLN 200 MG	1	PA NSO
MVASI INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	1	PA NSO
NERLYNX ORAL TABLET 40 MG	1	PA NSO; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA NSO; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; LA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	1	PA NSO
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	1	
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	1	PA NSO
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	1	PA NSO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; QL (14 per 21 days)
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	1	PA NSO; QL (2 per 28 days)
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML	1	PA NSO; QL (15 per 21 days)
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG- 20000 UNIT/10ML	1	PA NSO; QL (10 per 21 days)

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藥物名稱	等級	要求/限制
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA NSO; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	1	PA NSO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	1	PA NSO; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	1	
PURIXAN ORAL SUSPENSION 20 MG/ML	1	
QINLOCK ORAL TABLET 50 MG	1	PA NSO; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; LA; QL (28 per 28 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	1	PA NSO
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	1	PA NSO
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO

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藥物名稱	等級	要求/限制
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	1	PA NSO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA NSO; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; QL (84 per 28 days)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	1	PA NSO; QL (30 per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	1	PA NSO
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	1	PA NSO
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	PA NSO
TABLOID ORAL TABLET 40 MG (thioguanine)	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	1	PA NSO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	1	PA NSO; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARGRETIN TOPICAL GEL 1 %	1	PA NSO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA NSO; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA NSO; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	1	PA NSO

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藥物名稱	等級	要求/限制
TEMODAR INTRAVENOUS RECON SOLN 100 MG	1	PA NSO
TEPMETKO ORAL TABLET 225 MG	1	PA NSO; QL (60 per 30 days)
<i>thiotepa injection recon soln 100 mg, (Tepadina) 15 mg</i>	1	
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	1	PA NSO; QL (5 per 21 days)
<i>toposar intravenous solution 20 (etoposide) mg/ml</i>	1	
<i>toremifene oral tablet 60 mg (Fareston)</i>	1	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	1	PA NSO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	1	QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	1	QL (1 per 28 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	
TRODELVY INTRAVENOUS RECON SOLN 180 MG	1	PA NSO
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	1	PA NSO
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO
TUKYSA ORAL TABLET 150 MG	1	PA NSO; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; QL (300 per 30 days)

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藥物名稱	等級	要求/限制
TURALIO ORAL CAPSULE 200 MG	1	PA NSO; QL (120 per 30 days)
UKONIQ ORAL TABLET 200 MG	1	PA NSO; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	1	PA NSO
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	1	
VELCADE INJECTION RECON SOLN 3.5 MG	1	PA NSO
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA NSO; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	1	
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA NSO; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	1	PA BvD
WELIREG ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)

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藥物名稱	等級	要求/限制
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	1	PA NSO; QL (20 per 28 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	1	PA NSO; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	1	PA NSO; QL (4 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	1	PA NSO; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	1	PA NSO; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA NSO; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA NSO; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	PA NSO
YONDELIS INTRAVENOUS RECON SOLN 1 MG	1	PA NSO
YONSA ORAL TABLET 125 MG	1	PA NSO; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	1	PA NSO
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	1	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	1	QL (1 per 28 days)

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藥物名稱	等級	要求/限制
ZOLINZA ORAL CAPSULE 100 MG	1	
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	1	PA NSO
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone)	1	PA NSO; QL (120 per 30 days)
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	1	ST; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	ST; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	ST; QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	ST; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	ST; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	1	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	PA NSO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	PA NSO; QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA NSO; QL (180 per 30 days)

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藥物名稱	等級	要求/限制
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA NSO; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	1	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA NSO
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA NSO
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 8 MG	1	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	ST; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	1	QL (120 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	

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藥物名稱	等級	要求/限制
<i>levetiracetam intravenous solution</i> (Keppra) 500 mg/5 ml	1	
<i>levetiracetam oral solution</i> 100 (Keppra) mg/ml	1	
<i>levetiracetam oral tablet</i> 1,000 mg, (Keppra) 250 mg, 500 mg, 750 mg	1	
<i>levetiracetam oral tablet extended</i> (Keppra XR) <i>release</i> 24 hr 500 mg, 750 mg	1	
NAYZILAM NASAL SPRAY, NON- AEROSOL 5 MG/SPRAY (0.1 ML)	1	QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i> 300 (Trileptal) mg/5 ml (60 mg/ml)	1	
<i>oxcarbazepine oral tablet</i> 150 mg, (Trileptal) 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	1	ST
PEGANONE ORAL TABLET 250 MG	1	
<i>phenobarbital oral elixir</i> 20 mg/5 ml (4 mg/ml)	1	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet</i> 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension</i> 125 mg/5 (Dilantin-125) ml	1	
<i>phenytoin oral tablet, chewable</i> 50 mg (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral</i> (Dilantin Extended) <i>capsule</i> 100 mg	1	
<i>phenytoin sodium extended oral</i> (Phenytek) <i>capsule</i> 200 mg, 300 mg	1	
<i>phenytoin sodium intravenous</i> <i>solution</i> 50 mg/ml	1	
<i>phenytoin sodium intravenous</i> <i>syringe</i> 50 mg/ml	1	
<i>pregabalin oral capsule</i> 100 mg, 150 (Lyrica) mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	QL (90 per 30 days)
<i>pregabalin oral solution</i> 20 mg/ml (Lyrica)	1	QL (900 per 30 days)
<i>primidone oral tablet</i> 250 mg, 50 mg (Mysoline)	1	
<i>rufinamide oral suspension</i> 40 mg/ml (Banzel)	1	ST
<i>rufinamide oral tablet</i> 200 mg, 400 (Banzel) mg	1	ST

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藥物名稱	等級	要求/限制
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	1	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	1	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	1	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	1	PA NSO; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	1	PA NSO; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	1	PA NSO; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	1	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	1	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	ST; QL (56 per 28 days)

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藥物名稱	等級	要求/限制
XCOPRI ORAL TABLET 100 MG, 50 MG	1	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	ST; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	ST
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	1	
zonisamide oral capsule 50 mg	1	
Antidementia Agents		
Antidementia Agents		
donepezil oral tablet 10 mg, 5 mg (Aricept)	1	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	QL (30 per 30 days)
ergoloid oral tablet 1 mg	1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg (Razadyne ER)	1	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	1	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	1	QL (30 per 30 days)
memantine oral solution 2 mg/ml	1	QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg (Namenda)	1	QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	1	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	ST; QL (30 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch)	1	QL (30 per 30 days)
Antidepressants		
Antidepressants		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	

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藥物名稱	等級	要求/限制
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	1	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	1	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	ST; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	ST

藥物名稱	等級	要求/限制
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, (Prozac) 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	1	
<i>mirtazapine oral tablet 15 mg, 30 mg (Remeron)</i>	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating (Remeron SolTab) 15 mg, 30 mg, 45 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 (Pamelor) mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral suspension 10 (Paxil) mg/5 ml</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 (Paxil) mg, 30 mg, 40 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
PAXIL ORAL SUSPENSION 10 (paroxetine hcl) MG/5 ML	1	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4- 25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg (Nardil)</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml (Zoloft)</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, (Zoloft) 50 mg</i>	1	
SPRAVATO NASAL SPRAY,NON- AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA NSO
<i>tranylcypromine oral tablet 10 mg (Parnate)</i>	1	

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藥物名稱	等級	要求/限制
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	1	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	1	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	1	
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	1	
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	1	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	1	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	ST; QL (60 per 30 days)

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藥物名稱	等級	要求/限制
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	1	PA; QL (112 per 28 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	1	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	1	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	PA; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5- 1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5- 1,000 MG, 5-1,000 MG	1	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	ST; QL (30 per 30 days)

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藥物名稱	等級	要求/限制
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	1	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	QL (30 per 28 days)

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藥物名稱	等級	要求/限制
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 (insulin asp prt-insulin INSULN SUBCUTANEOUS aspart) SOLUTION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN (insulin asp prt-insulin U-100 SUBCUTANEOUS INSULIN aspart) PEN 100 UNIT/ML (70-30)	1	QL (30 per 28 days)
NOVOLOG PENFILL U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	QL (30 per 28 days)
NOVOLOG U-100 INSULIN (insulin aspart u-100) ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	1	QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	1	QL (60 per 30 days)

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藥物名稱	等級	要求/限制
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	1	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA-HRM; AGE (Max 64 Years)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	1	PA BvD
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	1	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	QL (19.8 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	1	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	PA BvD
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	1	

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藥物名稱	等級	要求/限制
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	1	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	1	QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	QL (60 per 30 days)
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	1	PA BvD
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	1	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i> (Colcris)	1	PA; QL (120 per 30 days)

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藥物名稱	等級	要求/限制
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	1	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	1	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
Antihistamines		
Antihistamines		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	PA-HRM; AGE (Max 64 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	1	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	1	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA-HRM; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
Antimigraine Agents		
Antimigraine Agents		

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藥物名稱	等級	要求/限制
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML	1	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	1	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution</i> (D.H.E.45) <i>1 mg/ml</i>	1	QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-</i> (Migranal) <i>aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; QL (3 per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	1	QL (20 per 28 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	1	PA; QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	1	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> (Maxalt-MLT) <i>10 mg</i>	1	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> <i>5 mg</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i> (Imitrex) <i>20 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i> (Imitrex) <i>5 mg/actuation</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100</i> (Imitrex) <i>mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25</i> (Imitrex) <i>mg, 50 mg</i>	1	QL (18 per 30 days)

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藥物名稱	等級	要求/限制
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (16 per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	1	PA; QL (1 per 30 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg</i>	1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	1	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	1	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA
TRECATOR ORAL TABLET 250 MG	1	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	1	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	1	

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藥物名稱	等級	要求/限制
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	1	PA BvD
<i>aprepitant oral capsule 125 mg</i>	1	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	1	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	1	PA BvD; QL (6 per 28 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	1	QL (36 per 28 days)
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	1	
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	1	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	1	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	1	PA BvD; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))	1	QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral tablet 24 mg, 8 mg</i>	1	PA BvD
<i>ondansetron hcl oral tablet 4 mg</i> (Zofran)	1	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	PA BvD

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藥物名稱	等級	要求/限制
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i> (promethazine)	1	PA-HRM; AGE (Max 64 Years)
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	1	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine)	1	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	1	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i> (Albenza)	1	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	1	
<i>chloroquine phosphate oral tablet 250 mg</i>	1	QL (50 per 30 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	1	QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG	1	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	1	
KRINTAFEL ORAL TABLET 150 MG	1	
<i>mefloquine oral tablet 250 mg</i>	1	

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藥物名稱	等級	要求/限制
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	1	
<i>paromomycin oral capsule 250 mg</i> (Humatin)	1	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	1	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	1	
PRIMAQUINE ORAL TABLET 26.3 MG	1	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	1	PA
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	1	PA; QL (60 per 30 days)
<i>benztropine injection solution 1 mg/ml</i> (Cogentin)	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	1	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	1	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	1	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	1	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	1	
<i>entacapone oral tablet 200 mg</i> (Comtan)	1	

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藥物名稱	等級	要求/限制
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	1	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	1	PA; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	1	PA; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	1	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	1	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	1	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	1	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG	1	PA; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	QL (1 per 28 days)

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藥物名稱	等級	要求/限制
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	1	QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	1	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	1	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	QL (3.2 per 28 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	1	ST; QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	1	ST; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	1	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	1	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	1	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	ST; QL (90 per 30 days)

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藥物名稱	等級	要求/限制
<i>clozapine oral tablet,disintegrating 150 mg</i>	1	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	1	ST; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	QL (5 per 180 days)

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藥物名稱	等級	要求/限制
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	1	QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	1	QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	1	QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	1	QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA NSO; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	1	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	1	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln (Zyprexa) 10 mg</i>	1	QL (30 per 30 days)

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藥物名稱	等級	要求/限制
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	1	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	1	QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	QL (90 per 30 days)
REXULTI ORAL TABLET 0.25 MG	1	ST; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	1	ST; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	1	ST; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	1	QL (4 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg, 4 mg</i>	1	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	ST; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

藥物名稱	等級	要求/限制
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	1	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	1	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	1	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	1	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	1	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	1	
APTIVUS ORAL CAPSULE 250 MG	1	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	1	
BIKTARVY ORAL TABLET 50-200-25 MG	1	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	1	
CIMDUO ORAL TABLET 300-300 MG	1	

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藥物名稱	等級	要求/限制
COMPLERA ORAL TABLET 200-25-300 MG	1	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	
DESCOVY ORAL TABLET 200-25 MG	1	
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	1	
EDURANT ORAL TABLET 25 MG	1	
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	1	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	1	
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada)	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	1	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	1	
EVOTAZ ORAL TABLET 300-150 MG	1	
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	
INTELENCE ORAL TABLET 25 MG	1	
INVIRASE ORAL TABLET 500 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	

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藥物名稱	等級	要求/限制
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	
ISENTRESS ORAL TABLET 400 MG	1	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	1	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	1	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	1	QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	1	
NORVIR ORAL POWDER IN PACKET 100 MG	1	
NORVIR ORAL SOLUTION 80 MG/ML	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	
PIFELTRO ORAL TABLET 100 MG	1	
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	
PREZISTA ORAL SUSPENSION 100 MG/ML	1	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	1	

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藥物名稱	等級	要求/限制
RESCRIPTOR ORAL TABLET 200 MG	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL POWDER IN PACKET 50 MG	1	
<i>ritonavir oral tablet 100 mg</i> (Norvir)	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	1	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	
SYM TUZA ORAL TABLET 800-150-200-10 MG	1	
TEMIXYS ORAL TABLET 300-300 MG	1	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	1	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	
VEMLIDY ORAL TABLET 25 MG	1	QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	1	
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	

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藥物名稱	等級	要求/限制
VOCABRIA ORAL TABLET 30 MG	1	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	1	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	1	
<i>zidovudine oral tablet 300 mg</i>	1	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	1	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	1	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	1	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	1	PA; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	1	PA; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	1	PA
XOFLUZA ORAL TABLET 20 MG, 40 MG	1	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	1	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL TABLET 200-50 MG	1	PA; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	1	PA; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	1	PA; QL (28 per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	1	PA; QL (28 per 28 days)

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藥物名稱	等級	要求/限制
MAVYRET ORAL TABLET 100-40 MG	1	PA; QL (84 per 28 days)
<i>sofosbuvir-velpatasvir oral tablet</i> (Epclusa) 400-100 mg	1	PA; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	1	PA; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	1	PA; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG	1	PA; QL (28 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	1	PA
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	1	PA; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	1	PA NSO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	1	PA NSO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	1	
Nucleosides And Nucleotides		
<i>acyclovir oral capsule</i> 200 mg	1	
<i>acyclovir oral suspension</i> 200 mg/5 ml (Zovirax)	1	
<i>acyclovir oral tablet</i> 400 mg, 800 mg	1	
<i>acyclovir sodium intravenous recon soln</i> 1,000 mg, 500 mg	1	PA BvD
<i>acyclovir sodium intravenous solution</i> 50 mg/ml	1	PA BvD
<i>adefovir oral tablet</i> 10 mg (Hepsera)	1	
<i>entecavir oral tablet</i> 0.5 mg, 1 mg (Baraclude)	1	
<i>famciclovir oral tablet</i> 125 mg, 250 mg, 500 mg	1	

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藥物名稱	等級	要求/限制
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	1	PA BvD
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD
<i>ribasphere oral capsule 200 mg</i> (ribavirin)	1	
<i>ribasphere oral tablet 600 mg</i>	1	
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	1	PA BvD
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	1	
VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)	1	PA BvD
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	1	QL (43 per 42 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	QL (60 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	1	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	1	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	1	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	1	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	1	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	1	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	

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藥物名稱	等級	要求/限制
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
<i>heparin (porcine) injection syringe</i> 5,000 unit/ml	1	
<i>heparin, porcine (pf) injection</i> solution 1,000 unit/ml	1	
<i>heparin, porcine (pf) injection</i> syringe 5,000 unit/0.5 ml	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2</i> (warfarin) <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	1	ST; QL (60 per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2</i> (Jantoven) <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; QL (20 per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	1	PA; QL (30 per 30 days)

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藥物名稱	等級	要求/限制
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	1	PA; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	1	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	
MULPLETA ORAL TABLET 3 MG	1	PA; QL (7 per 7 days)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA; QL (30 per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	1	PA; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	1	PA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	1	PA; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	1	PA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; QL (6 per 28 days)

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藥物名稱	等級	要求/限制
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	1	PA
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	1	
<i>anagrelide oral capsule 1 mg</i>	1	
CABLIVI INJECTION KIT 11 MG	1	PA; QL (30 per 30 days)
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	1	PA
<i>protamine intravenous solution 10 mg/ml</i>	1	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	1	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; QL (60 per 30 days)
<i>tranexamic acid intravenous solution</i> (Cyklokapron) <i>1,000 mg/10 ml (100 mg/ml)</i>	1	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	1	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	1	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD

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藥物名稱	等級	要求/限制
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	1	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN-PF 7 % (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	1	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 5%/D25W SULFITE- FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD

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藥物名稱	等級	要求/限制
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%-D25W SULF- FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 6%-D5W (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	1	PA BvD
CLINIMIX 8%-D10W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	PA BvD
CLINIMIX 8%-D14W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	PA BvD
CLINOLIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
<i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i>	1	PA BvD

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藥物名稱	等級	要求/限制
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	1	
<i>dextrose 5%-water iv soln single use</i> <i>5 %</i>	1	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	1	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	1	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	1	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	1	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	1	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	1	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	1	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2</i> <i>mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly</i> (Catapres-TTS-1) <i>0.1 mg/24 hr</i>	1	QL (4 per 28 days)

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藥物名稱	等級	要求/限制
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	1	PA; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	1	
Angiotensin II Receptor Antagonists		
EDARBI ORAL TABLET 40 MG, 80 MG	1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	

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藥物名稱	等級	要求/限制
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril oral tablet 20 mg</i> (Prinivil)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 200 mg, 400 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	1	PA-HRM; AGE (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	

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藥物名稱	等級	要求/限制
<i>lidocaine (pf) intravenous syringe</i> 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)	1	
<i>mexiletine oral capsule</i> 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	1	
<i>pacerone oral tablet</i> 200 mg, 400 mg (amiodarone)	1	
<i>procainamide injection solution</i> 100 mg/ml, 500 mg/ml	1	
<i>procainamide intravenous syringe</i> 100 mg/ml	1	
<i>propafenone oral tablet</i> 150 mg, 225 mg, 300 mg	1	
<i>quinidine sulfate oral tablet</i> 200 mg, 300 mg	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule</i> 200 mg, 400 mg	1	
<i>atenolol oral tablet</i> 100 mg, 25 mg, 50 mg (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet</i> 100-25 mg (Tenoretic 100)	1	
<i>atenolol-chlorthalidone oral tablet</i> 50-25 mg (Tenoretic 50)	1	
<i>betaxolol oral tablet</i> 10 mg, 20 mg	1	
<i>bisoprolol fumarate oral tablet</i> 10 mg, 5 mg	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i> 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg (Ziac)	1	
<i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	1	
<i>labetalol intravenous solution</i> 5 mg/ml	1	
<i>labetalol intravenous syringe</i> 20 mg/4 ml (5 mg/ml)	1	
<i>labetalol oral tablet</i> 100 mg, 200 mg, 300 mg	1	
<i>metoprolol succinate oral tablet</i> extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> 100-25 mg, 100-50 mg, 50-25 mg	1	

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藥物名稱	等級	要求/限制
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 420 mg</i> (Tiadylt ER)	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	

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藥物名稱	等級	要求/限制
<i>dilt-xr oral capsule, ext. rel 24h</i> (diltiazem hcl) <i>degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>taztia xt oral capsule, extended</i> (diltiazem hcl) <i>release 24 hr 120 mg, 180 mg, 240</i> <i>mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule, extended</i> (diltiazem hcl) <i>release 24 hr 120 mg, 180 mg, 240</i> <i>mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>verapamil intravenous syringe 2.5</i> <i>mg/ml</i>	1	
<i>verapamil oral capsule, 24 hr er</i> (Verelan PM) <i>pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets</i> (Verelan) <i>24 hr 120 mg, 180 mg, 240 mg, 360</i> <i>mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg,</i> <i>80 mg</i>	1	
<i>verapamil oral tablet extended</i> (Calan SR) <i>release 120 mg, 180 mg, 240 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	1	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	
<i>digitek oral tablet 125 mcg (0.125</i> (digoxin) <i>mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125</i> (digoxin) <i>mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin injection syringe 250 mcg/ml</i> <i>(0.25 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125</i> (Digitek) <i>mg), 250 mcg (0.25 mg)</i>	1	
<i>epinephrine injection auto-injector</i> (EpiPen Jr) <i>0.15 mg/0.3 ml</i>	1	QL (4 per 30 days)
<i>epinephrine injection auto-injector</i> (Auvi-Q) <i>0.3 mg/0.3 ml</i>	1	QL (4 per 30 days)
<i>epinephrine injection solution 1</i> (Adrenalin) <i>mg/ml</i>	1	
<i>hydralazine injection solution 20</i> <i>mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100</i> <i>mg, 25 mg, 50 mg</i>	1	

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藥物名稱	等級	要求/限制
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	1	PA; QL (18 per 30 days)
<i>metyrosine oral capsule 250 mg</i> (Demser)	1	
<i>milrinone intravenous solution 1 mg/ml</i>	1	PA BvD
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i> (Ranexa)	1	
<i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)	1	PA; QL (18 per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	1	QL (4 per 30 days)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine)	1	QL (4 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	1	PA; QL (120 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	1	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorothiazide oral tablet 500 mg</i>	1	

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藥物名稱	等級	要求/限制
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	1	PA; QL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	1	PA; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	
Dyslipidemics		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	1	

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藥物名稱	等級	要求/限制
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light packet 4 gram</i> (cholestyramine-aspartame)	1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	1	
<i>colestipol oral packet 5 gram</i> (Colestid)	1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	1	PA; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	1	PA; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	1	PA; QL (45 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	1	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	1	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	1	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	1	
<i>niacor oral tablet 500 mg</i> (niacin)	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	1	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	QL (7 per 28 days)

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藥物名稱	等級	要求/限制
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	1	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg</i>	1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	1	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	1	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam)	1	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	1	
Central Nervous System Agents		

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藥物名稱	等級	要求/限制
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	1	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	1	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	1	PA; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA NSO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA NSO; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	1	PA BvD
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	1	PA; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	1	PA; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	1	PA; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	1	QL (60 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenzedi)	1	QL (180 per 30 days)
<i>dextroamphetamine oral tablet 15 mg</i> (Zenzedi)	1	QL (90 per 30 days)
<i>dextroamphetamine oral tablet 20 mg, 30 mg</i> (Zenzedi)	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	1	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	QL (60 per 30 days)

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藥物名稱	等級	要求/限制
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	1	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	1	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	1	PA; QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	1	PA; QL (15 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	1	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	1	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	1	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	1	PA; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	1	PA; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	1	PA NSO
INGREZZA ORAL CAPSULE 40 MG, 80 MG	1	PA NSO; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; QL (1.2 per 28 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	1	PA; QL (6 per 365 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	1	PA

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藥物名稱	等級	要求/限制
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	1	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	1	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	1	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	1	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	1	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	1	PA
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (112 per 28 days)
MAYZENT ORAL TABLET 2 MG	1	PA; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	1	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	1	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 10 mg, 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 30 mg</i>	1	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10</i> (Methylin) <i>mg/5 ml, 5 mg/5 ml</i>	1	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10</i> (Ritalin) <i>mg, 20 mg, 5 mg</i>	1	QL (90 per 30 days)
NUEDEXTA ORAL CAPSULE 20- 10 MG	1	PA; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	1	PA; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; QL (1 per 28 days)

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藥物名稱	等級	要求/限制
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	1	PA
PONVORY ORAL TABLET 20 MG	1	PA; QL (30 per 30 days)
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	1	PA; QL (2800 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	1	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	1	PA; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	1	PA
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	1	PA
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	

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藥物名稱		等級	要求/限制
<i>altavera</i> (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
<i>alyacen</i> 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
<i>alyacen</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
<i>amethia lo</i> oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>amethia</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>apri</i> oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
<i>aranelle</i> (28) oral tablet 0.5/1/0.5-35 mg-mcg		1	
<i>ashlyna</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>aubra eq</i> oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
<i>aurovela</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
<i>aurovela</i> 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
<i>aurovela</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
<i>aurovela</i> fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
<i>aurovela</i> fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
<i>aviane</i> oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
<i>ayuna</i> oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
<i>azurette</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
<i>balziva</i> (28) oral tablet 0.4-35 mg-mcg		1	
<i>bekyree</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
<i>blisovi</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	

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藥物名稱		等級	要求/限制
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		1	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		1	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Syeda)	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
ELLA ORAL TABLET 30 MG		1	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	

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藥物名稱		等級	要求/限制
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	1	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	

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藥物名稱		等級	要求/限制
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
kalliga oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
kelnor 1-50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(LoJaimiess)	1	QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	1	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
larissia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	

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藥物名稱	等級	要求/限制
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia)	1	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	
<i>lillow (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	1	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	1	
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
<i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>lyza oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	
<i>mili oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	1	
<i>noreth-ee-fe 1-0.02(24)-75 cap inner 1 mg-20 mcg (24)/75 mg (4)</i> (Merzee)	1	

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藥物名稱	等級	要求/限制
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Aurovela 24 Fe)	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri Femynor)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>norlyda oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	1	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	
<i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	

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藥物名稱		等級	要求/限制
<i>portia</i> 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
<i>previfem</i> oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
<i>reclipsen</i> (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
<i>setlakin</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>sharobel</i> oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
<i>simliya</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
<i>simpesse</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>sprintec</i> (28) oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
<i>sronyx</i> oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
<i>syeda</i> oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
<i>tarina</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
<i>tarina</i> fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
<i>tri femynor</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
<i>tri-estarylla</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
<i>tri-legest</i> fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)		1	
<i>tri-linyah</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-estarylla</i> oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia</i> oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-mili</i> oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-sprintec</i> oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-mili</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	

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藥物名稱		等級	要求/限制
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tulana oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>tyblume oral tablet, chewable 0.1 mg-20 mcg</i>		1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		1	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>violele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>		1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>		1	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>		1	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	
Dental And Oral Agents			
Dental And Oral Agents			

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藥物名稱	等級	要求/限制
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	1	
<i>denta 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i> (fluoride (sodium))	1	
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	1	
<i>oralone dental paste 0.1 %</i> (triamcinolone acetonide)	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	1	
<i>sf 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	1	
Dermatological Agents		
Dermatological Agents, Other		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	1	
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	1	
<i>acitretin oral capsule 17.5 mg</i>	1	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	1	QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	1	
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	1	QL (120 per 30 days)
<i>fluorouracil topical cream 0.5 %</i> (Carac)	1	
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	1	QL (24 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
PANRETIN TOPICAL GEL 0.1 %	1	

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藥物名稱	等級	要求/限制
PICATO TOPICAL GEL 0.015 %	1	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %	1	QL (2 per 56 days)
<i>podofilox topical solution 0.5 %</i>	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	QL (180 per 30 days)
TOLAK TOPICAL CREAM 4 %	1	
VALCHLOR TOPICAL GEL 0.016 %	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	1	
Dermatological Antibacterials		
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	1	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	1	
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	1	QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	1	QL (180 per 30 days)
<i>gentamicin topical cream 0.1 %</i>	1	QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	1	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (220 per 30 days)
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
NEOSPORIN GU IRRIGANT IRRIGATION SOLUTION 40 MG- 200,000 UNIT/ML (neomycin-polymyxin b gu)	1	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	1	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	1	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	1	
<i>alclometasone topical cream 0.05 %</i>	1	

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藥物名稱	等級	要求/限制
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	1	
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>cormax scalp solution 0.05 %</i> (clobetasol)	1	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	1	QL (120 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	1	
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 %</i> (fluocinonide-emollient)	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	

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藥物名稱	等級	要求/限制
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	1	QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	1	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	1	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	1	
<i>adapalene topical gel 0.1 %</i> (Differin)	1	
ALTRENO TOPICAL LOTION 0.05 %	1	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	1	
TAZORAC TOPICAL CREAM 0.05 %	1	
<i>tretinoin topical cream 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	1	PA

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藥物名稱	等級	要求/限制
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	1	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	1	
<i>permethrin topical cream 5 %</i> (Elimite)	1	
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" (pen needle, diabetic)	1	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	1	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 " (gauze bandage)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Advocate Syringes)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Lite Touch Insulin Syringe)	1	
OMNIPOD / VGO	1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips)	1	
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 " (gauze bandage)	1	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	1	
CERDELGA ORAL CAPSULE 84 MG	1	PA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	

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藥物名稱	等級	要求/限制
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	1	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	1	PA
GALAFOLD ORAL CAPSULE 123 MG	1	PA; QL (14 per 28 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	1	PA
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	1	PA BvD
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	1	PA
<i>miglustat oral capsule 100 mg</i> (Zavesca)	1	PA; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	1	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	1	PA
ORFADIN ORAL CAPSULE 20 MG	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	1	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA BvD
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA
<i>sapropterin oral tablet,soluble 100 mg</i> (Kuvan)	1	

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藥物名稱	等級	要求/限制
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	1	PA; LA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	1	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	1	
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	1	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	1	QL (30 per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	1	QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	1	

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藥物名稱	等級	要求/限制
<i>proparacaine ophthalmic (eye) drops</i> (Alcaine) 0.5 %	1	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	1	PA
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution</i> 2 %	1	
<i>bacitracin ophthalmic (eye) ointment</i> 500 unit/gram	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i> 500-10,000 unit/gram (Polycin)	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	1	ST
<i>bleph-10 ophthalmic (eye) drops</i> 10 % (sulfacetamide sodium)	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i> 0.3 % (Ciloxan)	1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i> 0.3-0.1 % (Ciprodex)	1	
<i>erythromycin ophthalmic (eye) ointment</i> 5 mg/gram (0.5 %)	1	QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment</i> 0.3 % (gentamicin) (3 mg/gram)	1	
<i>gentamicin ophthalmic (eye) drops</i> 0.3 %	1	
<i>levofloxacin ophthalmic (eye) drops</i> 0.5 %	1	
<i>moxifloxacin ophthalmic (eye) drops</i> 0.5 % (Vigamox)	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i> 3.5-400-10,000 mg-unit/g-1% (Neo-Polycin HC)	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i> 3.5-400-10,000 mg-unit-unit/g (Neo-Polycin)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i> 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i> 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)	1	

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藥物名稱		等級	要求/限制
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg- 10,000 unit-0.025mg/ml		1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml- %		1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g- 1%	(neomycin-bacitracin- poly-hc)	1	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit- unit/g	(neomycin-bacitracin- polymyxin)	1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	1	
ofloxacin otic (ear) drops 0.3 %		1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	(Polytrim)	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	(Bleph-10)	1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		1	
tobramycin ophthalmic (eye) drops 0.3 %	(Tobrex)	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	(TobraDex)	1	
trifluridine ophthalmic (eye) drops 1 %		1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		1	

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藥物名稱	等級	要求/限制
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	1	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops</i> (Durezol) 0.05 %	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	1	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 per 25 days)
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief) <i>spray,suspension 50 mcg/actuation</i>	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	1	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	1	
<i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops,gel 0.5 %</i>	1	
<i>mometasone nasal spray,non-aerosol</i> (Nasonex) <i>50 mcg/actuation</i>	1	QL (34 per 28 days)
<i>prednisolone acetate ophthalmic</i> (Pred Forte) <i>(eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	1	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	QL (60 per 30 days)

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藥物名稱	等級	要求/限制
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	1	ST; QL (32 per 30 days)
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	1	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	1	
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Prevacid 24Hr)	1	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	1	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 40 mg</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	1	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	

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藥物名稱	等級	要求/限制
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	1	QL (60 per 30 days)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	1	
constulose oral solution 10 gram/15 ml (lactulose)	1	
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	PA-HRM; AGE (Max 64 Years)
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	1	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml (lactulose)	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA
generlac oral solution 10 gram/15 ml (lactulose)	1	
glycopyrrolate injection solution 0.2 mg/ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml	1	
kionex oral powder (sodium polystyrene sulfonate)	1	
lactulose oral solution 10 gram/15 ml (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	QL (90 per 30 days)
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	1	
lubiprostone oral capsule 24 mcg, 8 mcg (Amitiza)	1	QL (60 per 30 days)
methscopolamine oral tablet 2.5 mg, 5 mg	1	
metoclopramide hcl injection solution 5 mg/ml	1	
metoclopramide hcl injection syringe 5 mg/ml	1	

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藥物名稱	等級	要求/限制
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	1	PA; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA
RELISTOR ORAL TABLET 150 MG	1	PA; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	1	PA; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	PA; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	PA; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	1	
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	
VIBERZI ORAL TABLET 100 MG, 75 MG	1	ST; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	1	PA; QL (90 per 30 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	1	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	1	

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藥物名稱	等級	要求/限制
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	1	
<i>trilyte with flavor packets oral recon soln 420 gram</i> (peg-electrolyte soln)	1	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	1	
<i>sevelamer hcl oral tablet 400 mg</i>	1	
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	1	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	1	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	1	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	1	
<i>tropium oral tablet 20 mg</i>	1	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)

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藥物名稱	等級	要求/限制
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	1	PA
<i>tiopronin oral tablet 100 mg</i> (Thiola)	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>clovique oral capsule 250 mg</i> (trientine)	1	PA; QL (240 per 30 days)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	1	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	1	PA
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	1	PA
<i>deferoxamine injection recon soln 2 gram</i>	1	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	1	PA
FERRIPROX 1,000 MG TAB(2X/DAY) 1,000 MG	1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA
FERRIPROX ORAL TABLET 1,000 MG	1	PA
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	1	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	1	PA
<i>trientine oral capsule 250 mg</i> (Syprine)	1	PA; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	1	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	

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藥物名稱	等級	要求/限制
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	1	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	1	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	1	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	1	PA-HRM; AGE (Max 64 Years)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	1	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	PA-HRM; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	1	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	1	QL (18 per 28 days)

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藥物名稱	等級	要求/限制
<i>estradiol valerate intramuscular oil</i> (Delestrogen) 20 mg/ml, 40 mg/ml	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	1	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	1	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	1	PA-HRM; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	1	PA-HRM; AGE (Max 64 Years)
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	1	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	1	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	1	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	1	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	1	
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	1	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	1	
<i>cortisone oral tablet 25 mg</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	1	

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藥物名稱	等級	要求/限制
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	1	PA; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG	1	PA; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	1	PA; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i> (Solu-Medrol)	1	
<i>prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)</i>	1	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	1	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	1	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	1	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	

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藥物名稱	等級	要求/限制
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	1	
<i>triamcinolone acetonide injection</i> (Kenalog) <i>suspension 40 mg/ml</i>	1	
Pituitary		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	1	
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin injection solution 4</i> (DDAVP) <i>mcg/ml</i>	1	
<i>desmopressin nasal spray, non- aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2</i> (DDAVP) <i>mg</i>	1	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG, 2 MG	1	PA; QL (60 per 30 days)
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	1	PA; QL (60 per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	1	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	1	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	1	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	1	

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藥物名稱	等級	要求/限制
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	1	
NOC DURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	1	QL (30 per 30 days)
NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	1	QL (30 per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	1	PA
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	1	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
<i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1 ml),</i> <i>500 mcg/ml (1 ml)</i>	1	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA
ORGOVYX ORAL TABLET 120 MG	1	PA NSO
ORILISSA ORAL TABLET 150 MG	1	PA; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	1	PA; QL (56 per 28 days)
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	1	PA

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藥物名稱	等級	要求/限制
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	1	PA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	1	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	1	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA NSO; QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	1	QL (1 per 360 days)
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	1	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	QL (1 per 168 days)
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	1	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	1	PA
Progestins		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	QL (10 per 28 days)
<i>hydroxyprogesterone cap(ppres)</i> (Makena) <i>intramuscular oil 250 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>suspension 150 mg/ml</i>	1	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>syringe 150 mg/ml</i>	1	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10</i> (Provera) <i>mg, 2.5 mg, 5 mg</i>	1	

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藥物名稱	等級	要求/限制
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	1	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	
Thyroid And Antithyroid Agents		
<i>levothyroxine 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> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	
AVSOLA INTRAVENOUS RECON SOLN 100 MG	1	PA
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	1	PA BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA

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藥物名稱	等級	要求/限制
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	1	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	1	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	1	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	1	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 (Sandimmune) mg	1	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	1	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	1	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA
<i>everolimus (immunosuppressive) oral</i> (Zortress) <i>tablet</i> 0.25 mg, 0.5 mg, 0.75 mg	1	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	1	PA BvD
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	PA BvD

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藥物名稱	等級	要求/限制
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	1	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA BvD
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA BvD
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	1	PA BvD
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	1	PA BvD
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	1	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	1	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	1	PA

藥物名稱	等級	要求/限制
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	1	PA
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	1	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	1	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	1	PA BvD
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	1	PA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	1	PA
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	1	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	1	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	1	PA BvD

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藥物名稱	等級	要求/限制
<i>mycophenolate mofetil oral tablet</i> (CellCept) 500 mg	1	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	PA BvD
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	1	PA BvD
OLUMIANT ORAL TABLET 1 MG, 2 MG	1	PA
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	1	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	1	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	1	PA
OTEZLA ORAL TABLET 30 MG	1	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47), 10 MG (4)- 20 MG (4)-30 MG(19)	1	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA BvD
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	1	
REMICADE INTRAVENOUS RECON SOLN 100 MG	1	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	1	PA
REZUROCK ORAL TABLET 200 MG	1	PA NSO
RIDAURA ORAL CAPSULE 3 MG	1	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	1	PA

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藥物名稱	等級	要求/限制
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	1	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	1	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	1	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	1	PA
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	1	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	1	PA BvD
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	1	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	1	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	1	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA
TALTZ SYRINGE (2 PACK) SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA
TALTZ SYRINGE (3 PACK) SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA

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藥物名稱	等級	要求/限制
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; LA
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA
ZORTRESS ORAL TABLET 1 MG	1	PA BvD
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	1	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	1	QL (3 per 365 days)

藥物名稱	等級	要求/限制
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	

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藥物名稱	等級	要求/限制
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	

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藥物名稱	等級	要求/限制
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	QL (2 per 365 days)
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 ML toxoids-td)	1	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	
TYPHIM VI INTRAMUSCULAR (typhoid vi polysacch SYRINGE 25 MCG/0.5 ML vaccine)	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	1	QL (1 per 365 days)

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藥物名稱	等級	要求/限制
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosectron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	1	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	1	
<i>colocort rectal enema 100 mg/60 ml</i> (hydrocortisone)	1	
DIPENTUM ORAL CAPSULE 250 MG	1	ST
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD)	1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	1	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	1	
Irrigating Solutions		
Irrigating Solutions		
LACTATED RINGERS IRRIGATION SOLUTION	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	

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藥物名稱	等級	要求/限制
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	1	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	1	QL (120 per 30 days)
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	1	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	1	PA; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	1	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	1	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	1	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))	1	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	1	PA; QL (2 per 28 days)
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemlar)	1	
<i>paricalcitol oral capsule 4 mcg</i>	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	ST; QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	1	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	1	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	1	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	1	QL (4 per 28 days)

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藥物名稱	等級	要求/限制
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	1	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA
<i>zoledronic acid intravenous recon soln 4 mg</i>	1	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	1	QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; QL (8 per 28 days)
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	1	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	1	
ELMIRON ORAL CAPSULE 100 MG	1	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	1	PA; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	1	PA
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	1	PA; LA
<i>fomepizole intravenous solution 1 gram/ml</i>	1	
GVOKE HYPOPEN 1PK 0.5 MG/0.1 ML 0.5 MG/0.1 ML	1	
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML 1 MG/0.2 ML	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	

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藥物名稱	等級	要求/限制
GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML	1	
GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML	1	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 (Vistaril) mg, 50 mg</i>	1	
KEVEYIS ORAL TABLET 50 MG	1	PA; QL (120 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levocarnitine (with sugar) oral (Carnitor) solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg (Carnitor)</i>	1	
<i>levoleucovorin calcium intravenous (Fusilev) recon soln 50 mg</i>	1	
<i>mesna intravenous solution 100 (Mesnex) mg/ml</i>	1	
MESNEX ORAL TABLET 400 MG	1	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	1	PA
<i>pyridostigmine bromide oral syrup (Mestinon) 60 mg/5 ml</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	1	
<i>pyridostigmine bromide oral tablet (Mestinon) 60 mg</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	1	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	1	PA; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; QL (60 per 30 days)

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藥物名稱	等級	要求/限制
TOTECT INTRAVENOUS RECON SOLN 500 MG	1	
TYBOST ORAL TABLET 150 MG	1	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	1	QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	1	PA; QL (120 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	QL (2.5 per 25 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %</i> (Isopto Carpine)	1	
<i>pilocarpine hcl ophthalmic (eye) drops 4 %</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	QL (2.5 per 25 days)

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藥物名稱	等級	要求/限制
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	
<i>timolol maleate ophthalmic (eye)</i> (Timoptic) <i>drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel</i> (Timoptic-XE) <i>forming solution 0.25 %, 0.5 %</i>	1	
<i>travoprost (benzalkonium)</i> <i>ophthalmic (eye) drops 0.004 %</i>	1	QL (2.5 per 25 days)
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) <i>0.004 %</i>	1	QL (2.5 per 25 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe</i> <i>100 mg/ml (10 %)</i>	1	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
<i>klor-con m10 oral tablet,er</i> (potassium chloride) <i>particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er</i> (potassium chloride) <i>particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er</i> (potassium chloride) <i>particles/crystals 20 meq</i>	1	
<i>magnesium sulfate in d5w</i> <i>intravenous piggyback 1 gram/100</i> <i>ml</i>	1	
<i>magnesium sulfate in water</i> <i>intravenous parenteral solution 20</i> <i>gram/500 ml (4 %), 40 gram/1,000</i> <i>ml (4 %)</i>	1	PA BvD
<i>magnesium sulfate in water</i> <i>intravenous piggyback 2 gram/50 ml</i> <i>(4 %), 4 gram/100 ml (4 %), 4</i> <i>gram/50 ml (8 %)</i>	1	PA BvD

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藥物名稱	等級	要求/限制
<i>magnesium sulfate injection solution</i> 4 meq/ml (50 %)	1	PA BvD
<i>magnesium sulfate injection syringe</i> 4 meq/ml	1	PA BvD
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
<i>potassium chloride intravenous</i> <i>solution</i> 2 meq/ml, 2 meq/ml (20 ml)	1	PA BvD
<i>potassium chloride oral capsule,</i> <i>extended release</i> 10 meq, 8 meq	1	
<i>potassium chloride oral liquid</i> 20 meq/15 ml, 40 meq/15 ml	1	
<i>potassium chloride oral tablet</i> (K-Tab) <i>extended release</i> 10 meq, 8 meq	1	
<i>potassium chloride oral tablet,er</i> (Klor-Con M10) <i>particles/crystals</i> 10 meq	1	
<i>potassium chloride oral tablet,er</i> (Klor-Con M15) <i>particles/crystals</i> 15 meq	1	
<i>potassium chloride oral tablet,er</i> (Klor-Con M20) <i>particles/crystals</i> 20 meq	1	
<i>potassium chloride-0.45 % nacl</i> <i>intravenous parenteral solution</i> 20 meq/l	1	
<i>potassium citrate oral tablet extended</i> (Urocit-K 10) <i>release</i> 10 meq (1,080 mg)	1	
<i>potassium citrate oral tablet extended</i> (Urocit-K 15) <i>release</i> 15 meq	1	
<i>potassium citrate oral tablet extended</i> (Urocit-K 5) <i>release</i> 5 meq (540 mg)	1	
<i>sodium chloride 0.9 % intravenous</i> <i>parenteral solution</i>	1	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		

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藥物名稱	等級	要求/限制
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	1	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	1	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	1	PA BvD
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	1	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	1	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	1	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	QL (21.2 per 28 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	1	QL (30.6 per 30 days)
Antileukotrienes		

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藥物名稱	等級	要求/限制
montelukast oral tablet 10 mg (Singulair)	1	
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	1	
Bronchodilators		
albuterol 5 mg/ml solution 5 mg/ml	1	PA BvD; QL (120 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (ProAir HFA)	1	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	1	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	1	PA BvD; QL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	1	PA BvD; QL (120 per 30 days)
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	QL (10.7 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %	1	PA BvD; QL (312.5 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	PA BvD; QL (540 per 30 days)
metaproterenol oral syrup 10 mg/5 ml	1	

有關此表中符號和縮寫含義的信息，請閱讀本文檔的介紹性頁面

藥物名稱	等級	要求/限制
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	1	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	QL (4 per 28 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution (Acetadote) 200 mg/ml (20 %)</i>	1	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	1	QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	1	PA

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藥物名稱	等級	要求/限制
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	PA BvD
DALIRESP ORAL TABLET 250 MCG	1	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	1	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	1	PA; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	1	PA; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	1	PA; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	1	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; LA; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	1	PA; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; QL (120 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,L/F,SUV 1,000 MG (+/-)/20 ML	1	PA BvD
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	1	PA BvD
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	1	PA; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; QL (84 per 28 days)

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藥物名稱	等級	要求/限制
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	1	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	1	PA-HRM; AGE (Max 64 Years)
COMFORT PAC- CYCLOBENZAPRINE KIT 10 MG	1	PA-HRM; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg</i>	1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>revonto intravenous recon soln 20 mg</i> (dantrolene)	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	1	PA; QL (150 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	1	PA; QL (30 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	1	PA; LA; QL (540 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	1	PA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
Vasodilating Agents		

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藥物名稱	等級	要求/限制
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	1	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	1	PA; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	1	PA
OPSUMIT ORAL TABLET 10 MG	1	PA; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)	1	PA; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	1	PA; QL (90 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	1	PA; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	1	PA; LA; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	1	PA; QL (112 per 28 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	1	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	1	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	1	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	1	PA; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA
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Vitamins And Minerals		
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