VillageCareMAX Medicare Health Advantage (HMO D-SNP)

2022 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：00022055，版本號：6

此處方集更新於 10/05/2021。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 10/05/2021。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 2022 年處方集中的藥物，我們不會在 2022 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擔等級，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，因此請務必要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 10/05/2021。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準，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，請咨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。無法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			
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		1	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		1	QL (180 per 30 days)
buprenorphine hcl injection solution 0.3 mg/ml	(Buprenex)	1	
buprenorphine hcl injection syringe 0.3 mg/ml		1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
codeine sulfate oral tablet 30 mg, 60 mg		1	QL (180 per 30 days)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	1	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	1	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	1	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	(Actiq)	1	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		1	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		1	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		1	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg		1	QL (240 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		1	QL (150 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml		1	

藥物名稱		等級	要求/限制
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	1	QL (1200 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(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)
methadone injection solution 10 mg/ml		1	QL (120 per 30 days)
methadone oral solution 10 mg/5 ml		1	QL (600 per 30 days)
methadone oral solution 5 mg/5 ml		1	QL (1200 per 30 days)
methadone oral tablet 10 mg		1	QL (120 per 30 days)
methadone oral tablet 5 mg		1	QL (180 per 30 days)
methadose oral tablet,soluble 40 mg	(methadone)	1	QL (30 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		1	PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml		1	QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		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)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	(MS Contin)	1	QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	1	QL (90 per 30 days)
oxycodone oral solution 5 mg/5 ml		1	QL (1300 per 30 days)
oxycodone oral tablet 10 mg		1	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	1	QL (120 per 30 days)
oxycodone oral tablet 20 mg		1	QL (120 per 30 days)
oxycodone oral tablet 5 mg	(Roxicodone)	1	QL (180 per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(OxyContin)	1	QL (60 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	1	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	1	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	1	QL (240 per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg		1	QL (360 per 30 days)

藥物名稱		等級	要求/限制
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)
tramadol oral tablet 50 mg	(Ultram)	1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	(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			
celecoxib oral capsule 100 mg, 200 mg, 50 mg	(Celebrex)	1	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	1	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	(Cataflam)	1	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		1	QL (60 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		1	QL (150 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		1	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		1	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		1	QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	1	QL (1000 per 30 days)
diclofenac sodium topical gel 3 %		1	PA; QL (100 per 28 days)
etodolac oral capsule 200 mg, 300 mg		1	
etodolac oral tablet 400 mg	(Lodine)	1	
etodolac oral tablet 500 mg		1	
flurbiprofen oral tablet 100 mg		1	

藥物名稱		等級	要求/限制
ibu oral tablet 400 mg, 600 mg, 800 mg	(ibuprofen)	1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg		1	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
indomethacin oral capsule 50 mg		1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
ketorolac oral tablet 10 mg		1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
mefenamic acid oral capsule 250 mg		1	
meloxicam oral tablet 15 mg, 7.5 mg	(Mobic)	1	
nabumetone oral tablet 500 mg, 750 mg	(Relafen)	1	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)		1	PA; QL (224 per 28 days)
sulindac oral tablet 150 mg, 200 mg		1	
Anesthetics			
Local Anesthetics			
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	1	QL (30 per 30 days)
lidocaine (pf) injection solution 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 hcl 1% 20 mg/2 ml vl latex-free, sdv, p/f 10 mg/ml (1 %)	(Xylocaine-MPF)	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

藥物名稱	等級	要求/限制
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)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (varenicline)	1	QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	1	
disulfiram oral tablet 250 mg, 500 mg	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)
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	

藥物名稱		等級	要求/限制
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)
varenicline oral tablet 0.5 mg, 1 mg		1	QL (336 per 365 days)
Antianxiety Agents			
Benzodiazepines			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	1	QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	1	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		1	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		1	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg		1	QL (180 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	(Tranxene T-Tab)	1	QL (180 per 30 days)
diazepam injection solution 5 mg/ml		1	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		1	QL (10 per 28 days)
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	1	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		1	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml, 4 mg/ml		1	QL (2 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	QL (150 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	1	QL (30 per 30 days)
Antibacterials			

藥物名稱		等級	要求/限制
Aminoglycosides			
gentamicin injection solution 20 mg/2 ml, 40 mg/ml		1	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		1	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml		1	
neomycin oral tablet 500 mg		1	
streptomycin intramuscular recon soln 1 gram		1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		1	QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	1	PA BvD
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	1	PA BvD
tobramycin sulfate injection solution 40 mg/ml		1	
Antibacterials, Miscellaneous			
chloramphenicol sod succinate intravenous recon soln 1 gram		1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml		1	
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)		1	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	1	
clindamycin phosphate intravenous solution 600 mg/4 ml		1	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	1	PA BvD
daptomycin intravenous recon soln 500 mg	(Cubicin)	1	
FIRVANQ ORAL RECON SOLN 25 MG/ML		1	
linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml		1	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	1	

藥物名稱		等級	要求/限制
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	1	
linezolid oral tablet 600 mg	(Zyvox)	1	
methenamine hippurate oral tablet 1 gram	(Hiprex)	1	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	1	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	(Macrodantin)	1	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	1	QL (60 per 30 days)
polymyxin b sulfate injection recon soln 500,000 unit		1	
SYNERCID INTRAVENOUS RECON SOLN 500 MG		1	
trimethoprim oral tablet 100 mg		1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg		1	
vancomycin oral capsule 125 mg	(Vancocin)	1	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(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			
cefaclor oral capsule 250 mg, 500 mg		1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		1	
cefadroxil oral capsule 500 mg		1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		1	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg		1	
cefdinir oral capsule 300 mg		1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
cefepime injection recon soln 1 gram, 2 gram		1	
cefixime oral capsule 400 mg	(Suprax)	1	

藥物名稱	等級	要求/限制
cefotaxime injection recon soln 1 gram	1	
cefoxitin 1 gm piggyback bag 1 gram/50 ml	1	
cefoxitin intravenous recon soln 1 gram	1	
cefoxitin intravenous recon soln 10 gram, 2 gram	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
ceftazidime injection recon soln 1 gram, 2 gram (Fortaz)	1	
ceftazidime injection recon soln 6 gram (Tazicef)	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection recon soln 750 mg	1	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	
Macrolides		
azithromycin intravenous recon soln 500 mg (Zithromax)	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	1	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg	1	

藥物名稱		等級	要求/限制
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
clarithromycin oral tablet 250 mg, 500 mg		1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		1	QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG		1	QL (20 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	1	
erythromycin oral tablet 250 mg, 500 mg		1	
Miscellaneous B-Lactam Antibiotics			
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		1	PA; LA
ertapenem injection recon soln 1 gram	(Invanz)	1	
imipenem-cilastatin intravenous recon soln 250 mg		1	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	1	
meropenem intravenous recon soln 1 gram		1	
meropenem intravenous recon soln 500 mg		1	
meropenem-0.9% nacl 500 mg/50 500 mg/50 ml		1	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	

藥物名稱		等級	要求/限制
amoxicillin oral tablet,chewable 125 mg, 250 mg		1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	1	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	(Augmentin)	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		1	
ampicillin oral capsule 250 mg, 500 mg		1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg		1	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		1	
dicloxacillin oral capsule 250 mg, 500 mg		1	
nafcillin 1 gm/ 50 ml inj 1 gram/50 ml		1	
nafcillin 2 gm/ 100 ml inj 2 gram/100 ml		1	
nafcillin injection recon soln 1 gram, 2 gram		1	
nafcillin injection recon soln 10 gram		1	
penicillin g potassium injection recon soln 20 million unit	(Pfizerpen-G)	1	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml		1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		1	
penicillin v potassium oral tablet 250 mg, 500 mg		1	
pfizerpen-g injection recon soln 20 million unit	(penicillin g potassium)	1	

藥物名稱		等級	要求/限制
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram		1	
Quinolones			
BAXDELA ORAL TABLET 450 MG		1	PA; QL (28 per 14 days)
ciprofloxacin hcl 750 mg tab f/c 750 mg		1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg		1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		1	
levofloxacin intravenous solution 25 mg/ml		1	
levofloxacin oral solution 250 mg/10 ml		1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		1	
moxifloxacin oral tablet 400 mg		1	
Sulfonamides			
sulfadiazine oral tablet 500 mg		1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml		1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetracyclines			
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	1	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	1	

藥物名稱		等級	要求/限制
doxycycline hyclate oral tablet 100 mg	(LymePak)	1	
doxycycline hyclate oral tablet 20 mg		1	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg	(Monodox)	1	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin)	1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	1	QL (60 per 30 days)
doxycycline monohydrate oral tablet 50 mg		1	QL (60 per 30 days)
minocycline oral capsule 100 mg, 50 mg, 75 mg		1	
mondoxyne nl oral capsule 100 mg	(doxycycline monohydrate)	1	QL (60 per 30 days)
tetracycline oral capsule 250 mg, 500 mg		1	
tigecycline intravenous recon soln 50 mg	(Tygacil)	1	
Anticancer Agents			
Anticancer Agents			
abiraterone oral tablet 250 mg, 500 mg	(Zytiga)	1	PA NSO; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		1	PA BvD
ADCETRIS INTRAVENOUS RECON SOLN 50 MG		1	PA NSO
adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	(doxorubicin)	1	PA BvD
adrucil intravenous solution 2.5 gram/50 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)
ALECENSA ORAL CAPSULE 150 MG		1	PA NSO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG		1	

藥物名稱		等級	要求/限制
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)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)		1	PA NSO
anastrozole oral tablet 1 mg	(Arimidex)	1	
arsenic trioxide intravenous solution 1 mg/ml		1	
arsenic trioxide intravenous solution 2 mg/ml	(Trisenox)	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)
azacitidine injection recon soln 100 mg	(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 SOLUTION 25 MG/ML	(bendamustine)	1	PA NSO
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)		1	PA NSO
bexarotene oral capsule 75 mg	(Targretin)	1	PA NSO
bicalutamide oral tablet 50 mg	(Casodex)	1	
BLENREP INTRAVENOUS RECON SOLN 100 MG		1	PA NSO
bleomycin injection recon soln 15 unit, 30 unit		1	

藥物名稱	等級	要求/限制
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)
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)
clofarabine intravenous solution 20 mg/20 ml (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)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	1	PA BvD
cyclophosphamide intravenous solution 200 mg/ml	1	PA BvD
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	1	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	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)

藥物名稱	等級	要求/限制
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
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)
decitabine intravenous recon soln 50 mg (Dacogen)	1	
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml (Adriamycin)	1	PA BvD
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Doxil)	1	PA BvD
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)
erlotinib oral tablet 100 mg, 25 mg (Tarceva)	1	PA NSO; QL (60 per 30 days)
erlotinib oral tablet 150 mg (Tarceva)	1	PA NSO; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	1	

藥物名稱		等級	要求/限制
etoposide intravenous solution 20 mg/ml	(Toposar)	1	
everolimus (antineoplastic) oral tablet 10 mg	(Afinitor)	1	PA NSO; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	(Afinitor)	1	PA NSO; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	1	PA NSO; QL (112 per 28 days)
exemestane oral tablet 25 mg	(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
floxuridine injection recon soln 0.5 gram		1	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		1	PA BvD
flutamide oral capsule 125 mg	(Eulexin)	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		1	PA NSO; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	(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
hydroxyurea oral capsule 500 mg	(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, 15 MG, 30 MG, 45 MG		1	PA NSO; QL (30 per 30 days)

藥物名稱	等級	要求/限制
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram (Ifex)	1	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	1	
imatinib oral tablet 100 mg (Gleevec)	1	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (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)

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
lapatinib oral tablet 250 mg (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
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
leuprolide subcutaneous kit 1 mg/0.2 ml	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)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; QL (90 per 30 days)

藥物名稱	等級	要求/限制
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	
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	
megestrol oral tablet 20 mg, 40 mg	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)
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection recon soln 1 gram	1	PA BvD
methotrexate sodium (pf) injection solution 25 mg/ml	1	PA BvD
methotrexate sodium injection solution 25 mg/ml	1	PA BvD
methotrexate sodium oral tablet 2.5 mg	1	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	1	
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

藥物名稱	等級	要求/限制
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)
nilutamide oral tablet 150 mg (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)
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

藥物名稱	等級	要求/限制
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
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO
SCEMBLIX ORAL TABLET 20 MG, 40 MG	1	PA NSO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	

藥物名稱	等級	要求/限制
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)
sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	1	PA NSO; QL (30 per 30 days)
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)
tamoxifen oral tablet 10 mg, 20 mg	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
TEMODAR INTRAVENOUS RECON SOLN 100 MG	1	PA NSO
TEPMETKO ORAL TABLET 225 MG	1	PA NSO; QL (60 per 30 days)
thiotepa injection recon soln 100 mg, 15 mg (Tepadina)	1	
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; QL (60 per 30 days)

藥物名稱	等級	要求/限制
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	1	PA NSO; QL (5 per 21 days)
toposar intravenous solution 20 mg/ml (etoposide)	1	
toremifene oral tablet 60 mg (Fareston)	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)
tretinoin (antineoplastic) oral capsule 10 mg	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)
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
valrubicin intravesical solution 40 mg/ml (Valstar)	1	

藥物名稱	等級	要求/限制
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)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml (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)
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)

藥物名稱	等級	要求/限制
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)
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		

藥物名稱		等級	要求/限制
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	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		1	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		1	QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	1	
carbamazepine oral tablet 200 mg	(Epitol)	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	1	
carbamazepine oral tablet,chewable 100 mg		1	
CELONTIN ORAL CAPSULE 300 MG		1	
clobazam oral suspension 2.5 mg/ml	(Onfi)	1	PA NSO; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(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)
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)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	(Diastat AcuDial)	1	
diazepam rectal kit 2.5 mg	(Diastat)	1	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	1	

藥物名稱		等級	要求/限制
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		1	PA NSO
epitol oral tablet 200 mg	(carbamazepine)	1	
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	1	
felbamate oral suspension 600 mg/5 ml	(Felbatol)	1	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		1	PA NSO
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(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)
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	1	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	1	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	1	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	1	QL (120 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	1	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	1	
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		1	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	1	

藥物名稱		等級	要求/限制
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG		1	ST
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		1	PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 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)
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin sodium intravenous solution 50 mg/ml		1	
phenytoin sodium intravenous syringe 50 mg/ml		1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	1	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	1	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	1	QL (900 per 30 days)
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
rufinamide oral suspension 40 mg/ml	(Banzel)	1	ST
rufinamide oral tablet 200 mg, 400 mg	(Banzel)	1	ST
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)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		1	PA NSO; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	(Gabitril)	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	

藥物名稱		等級	要求/限制
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		1	
valproic acid oral capsule 250 mg		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	
vigabatrin oral powder in packet 500 mg	(Vigadrone)	1	PA NSO; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Sabril)	1	PA NSO; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(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)
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)

藥物名稱		等級	要求/限制
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	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml		1	QL (300 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	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		1	
bupropion hcl oral tablet 100 mg, 75 mg		1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	
citalopram oral solution 10 mg/5 ml		1	QL (600 per 30 days)
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	1	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		1	

藥物名稱	等級	要求/限制
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	1	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	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)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg (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)
escitalopram oxalate oral solution 5 mg/5 ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg (Prozac)	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
maprotiline oral tablet 25 mg, 50 mg, 75 mg	1	
MARPLAN ORAL TABLET 10 MG	1	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	1	
mirtazapine oral tablet 45 mg, 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	1	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	

藥物名稱		等級	要求/限制
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml		1	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
PAXIL ORAL SUSPENSION 10 MG/5 ML	(paroxetine hcl)	1	PA NSO-HRM; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		1	
phenelzine oral tablet 15 mg	(Nardil)	1	
protriptyline oral tablet 10 mg, 5 mg		1	
sertraline oral concentrate 20 mg/ml	(Zoloft)	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		1	PA NSO
tranylcypromine oral tablet 10 mg	(Parnate)	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	1	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		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			
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	1	QL (90 per 30 days)

藥物名稱	等級	要求/限制
FARXIGA ORAL TABLET 10 MG, 5 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	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	1	PA; QL (112 per 28 days)
metformin oral tablet 1,000 mg	1	QL (75 per 30 days)
metformin oral tablet 500 mg	1	QL (150 per 30 days)
metformin oral tablet 850 mg	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	1	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	1	QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	QL (30 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	1	QL (120 per 30 days)
repaglinide oral tablet 2 mg	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)

藥物名稱	等級	要求/限制
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	QL (30 per 30 days)
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)

藥物名稱		等級	要求/限制
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)
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 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	1	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	1	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	1	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	1	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	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)

藥物名稱		等級	要求/限制
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		1	QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg	(Amaryl)	1	QL (30 per 30 days)
glimepiride oral tablet 4 mg	(Amaryl)	1	QL (60 per 30 days)
glipizide oral tablet 10 mg	(Glucotrol)	1	QL (120 per 30 days)
glipizide oral tablet 5 mg		1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	(Glucotrol XL)	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	(Glucotrol XL)	1	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		1	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		1	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	(Glynase)	1	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		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
amphotericin b injection recon soln 50 mg		1	PA BvD
caspofungin intravenous recon soln 50 mg, 70 mg	(Cancidas)	1	
ciclopirox topical cream 0.77 %	(Ciclodan)	1	QL (180 per 30 days)
ciclopirox topical solution 8 %	(Ciclodan)	1	QL (19.8 per 30 days)
clotrimazole mucous membrane troche 10 mg		1	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	1	
clotrimazole-betamethasone topical cream 1-0.05 %		1	QL (90 per 30 days)
econazole topical cream 1 %		1	QL (170 per 30 days)

藥物名稱		等級	要求/限制
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml		1	PA BvD
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Diflucan)	1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	
griseofulvin microsize oral suspension 125 mg/5 ml		1	
griseofulvin microsize oral tablet 500 mg		1	
itraconazole oral capsule 100 mg	(Sporanox)	1	
ketoconazole oral tablet 200 mg		1	
ketoconazole topical cream 2 %		1	QL (180 per 30 days)
ketoconazole topical shampoo 2 %		1	QL (360 per 30 days)
miconazole-3 vaginal suppository 200 mg		1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	(posaconazole)	1	PA
nyamyc topical powder 100,000 unit/gram	(nystatin)	1	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		1	QL (900 per 30 days)
nystatin oral tablet 500,000 unit		1	
nystatin topical cream 100,000 unit/gram		1	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		1	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nyamyc)	1	QL (60 per 30 days)
nystop topical powder 100,000 unit/gram	(nystatin)	1	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	1	PA
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	1	PA BvD
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	1	PA
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	1	

藥物名稱		等級	要求/限制
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg	(Zyloprim)	1	
allopurinol oral tablet 300 mg		1	
colchicine oral tablet 0.6 mg	(Colcrys)	1	PA; QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	1	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	(colchicine)	1	QL (60 per 30 days)
probenecid oral tablet 500 mg		1	
probenecid-colchicine oral tablet 500-0.5 mg		1	
Antihistamines			
Antihistamines			
cyproheptadine oral syrup 2 mg/5 ml		1	PA-HRM; AGE (Max 64 Years)
diphenhydramine hcl injection solution 50 mg/ml		1	
diphenhydramine hcl injection syringe 50 mg/ml		1	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	(Diphen)	1	PA-HRM; AGE (Max 64 Years)
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		1	
hydroxyzine hcl oral solution 10 mg/5 ml		1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
promethazine oral syrup 6.25 mg/5 ml		1	PA-HRM; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	
metronidazole vaginal gel 0.75 %	(Metrogel Vaginal)	1	
terconazole vaginal cream 0.4 %, 0.8 %		1	
terconazole vaginal suppository 80 mg		1	
Antimigraine Agents			
Antimigraine Agents			

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)
dihydroergotamine injection solution 1 mg/ml	(D.H.E.45)	1	QL (24 per 28 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	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)
rizatriptan oral tablet 10 mg	(Maxalt)	1	QL (12 per 30 days)
rizatriptan oral tablet 5 mg		1	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	1	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		1	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	(Imitrex)	1	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		1	QL (4 per 28 days)

藥物名稱		等級	要求/限制
UBRELVY ORAL TABLET 100 MG, 50 MG		1	PA; QL (16 per 30 days)
Antimycobacterials			
Antimycobacterials			
dapsone oral tablet 100 mg, 25 mg		1	
ethambutol oral tablet 100 mg		1	
ethambutol oral tablet 400 mg	(Myambutol)	1	
isoniazid oral solution 50 mg/5 ml		1	
isoniazid oral tablet 100 mg, 300 mg		1	
PRETOMANID ORAL TABLET 200 MG		1	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG		1	
pyrazinamide oral tablet 500 mg		1	
rifabutin oral capsule 150 mg	(Mycobutin)	1	
rifampin intravenous recon soln 600 mg	(Rifadin)	1	
rifampin oral capsule 150 mg, 300 mg		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	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		1	PA BvD
aprepitant oral capsule 125 mg		1	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		1	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	1	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	1	PA BvD; QL (6 per 28 days)
compro rectal suppository 25 mg	(prochlorperazine)	1	
dimenhydrinate injection solution 50 mg/ml		1	

藥物名稱		等級	要求/限制
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	1	PA; QL (60 per 30 days)
droperidol injection solution 2.5 mg/ml		1	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		1	PA BvD; QL (6 per 28 days)
fosaprepitant intravenous recon soln 150 mg	(Emend (fosaprepitant))	1	QL (2 per 28 days)
granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml		1	
granisetron hcl intravenous solution 1 mg/ml		1	
granisetron hcl oral tablet 1 mg		1	PA BvD
meclizine oral tablet 12.5 mg		1	
meclizine oral tablet 25 mg	(Dramamine Less Drowsy)	1	
ondansetron hcl (pf) injection solution 4 mg/2 ml		1	
ondansetron hcl (pf) injection syringe 4 mg/2 ml		1	
ondansetron hcl intravenous solution 2 mg/ml		1	
ondansetron hcl oral tablet 24 mg, 8 mg		1	PA BvD
ondansetron hcl oral tablet 4 mg	(Zofran)	1	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		1	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml		1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	
prochlorperazine rectal suppository 25 mg	(Compro)	1	
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	1	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 50 mg	(Promethegan)	1	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	1	PA-HRM; AGE (Max 64 Years)

藥物名稱		等級	要求/限制
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	1	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents			
Antiparasite Agents			
albendazole oral tablet 200 mg	(Albenza)	1	
atovaquone oral suspension 750 mg/5 ml	(Mepron)	1	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	1	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	1	
chloroquine phosphate oral tablet 250 mg		1	QL (50 per 30 days)
chloroquine phosphate oral tablet 500 mg		1	QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG		1	
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	1	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		1	PA; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	1	
KRINTAFEL ORAL TABLET 150 MG		1	
mefloquine oral tablet 250 mg		1	
nitazoxanide oral tablet 500 mg	(Alinia)	1	
paromomycin oral capsule 250 mg	(Humatin)	1	
pentamidine inhalation recon soln 300 mg	(Nebupent)	1	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	1	
PRIMAQUINE ORAL TABLET 26.3 MG		1	
pyrimethamine oral tablet 25 mg	(Daraprim)	1	PA
quinine sulfate oral capsule 324 mg	(Qualaquin)	1	PA; QL (42 per 7 days)
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		1	
amantadine hcl oral solution 50 mg/5 ml		1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML		1	PA; QL (60 per 30 days)

藥物名稱		等級	要求/限制
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		1	
bromocriptine oral capsule 5 mg	(Parlodel)	1	
bromocriptine oral tablet 2.5 mg	(Parlodel)	1	
cabergoline oral tablet 0.5 mg		1	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	1	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	1	
carbidopa-levodopa oral tablet 25-250 mg		1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	(Stalevo 50)	1	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	(Stalevo 75)	1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	(Stalevo 100)	1	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	(Stalevo 125)	1	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	(Stalevo 150)	1	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	(Stalevo 200)	1	
entacapone oral tablet 200 mg	(Comtan)	1	
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)

藥物名稱	等級	要求/限制
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	1	ST; QL (60 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	1	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
XADAGO ORAL TABLET 100 MG, 50 MG	1	PA; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
aripiprazole oral solution 1 mg/ml	1	QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	QL (30 per 30 days)
aripiprazole oral tablet 2 mg (Abilify)	1	QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	1	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	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)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	1	QL (60 per 30 days)

藥物名稱		等級	要求/限制
CAPLYTA ORAL CAPSULE 42 MG		1	ST; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml		1	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml		1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		1	
clozapine oral tablet 100 mg	(Clozaril)	1	QL (270 per 30 days)
clozapine oral tablet 200 mg	(Clozaril)	1	QL (135 per 30 days)
clozapine oral tablet 25 mg, 50 mg	(Clozaril)	1	QL (90 per 30 days)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg		1	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg		1	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg		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
fluphenazine decanoate injection solution 25 mg/ml		1	
fluphenazine hcl injection solution 2.5 mg/ml		1	
fluphenazine hcl oral concentrate 5 mg/ml		1	
fluphenazine hcl oral elixir 2.5 mg/5 ml		1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		1	
haloperidol decanoate intramuscular solution 100 mg/ml	(Haldol Decanoate)	1	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)		1	
haloperidol decanoate intramuscular solution 50 mg/ml	(Haldol Decanoate)	1	
haloperidol decanoate intramuscular solution 50 mg/ml(1ml)		1	
haloperidol lactate injection solution 5 mg/ml		1	
haloperidol lactate intramuscular syringe 5 mg/ml		1	

藥物名稱	等級	要求/限制
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	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)
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)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA NSO; QL (30 per 30 days)

藥物名稱		等級	要求/限制
molindone oral tablet 10 mg		1	QL (240 per 30 days)
molindone oral tablet 25 mg		1	QL (270 per 30 days)
molindone oral tablet 5 mg		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)
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	1	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	1	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	(Invega)	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	1	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		1	QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Seroquel)	1	QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	(Seroquel)	1	QL (60 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 (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	1	QL (480 per 30 days)
risperidone oral tablet 0.25 mg		1	QL (60 per 30 days)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg	(Risperdal)	1	QL (60 per 30 days)
risperidone oral tablet 4 mg	(Risperdal)	1	QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		1	QL (60 per 30 days)

藥物名稱		等級	要求/限制
risperidone oral tablet,disintegrating 3 mg, 4 mg		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)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		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
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	1	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	(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			
abacavir oral solution 20 mg/ml	(Ziagen)	1	
abacavir oral tablet 300 mg	(Ziagen)	1	
abacavir-lamivudine oral tablet 600-300 mg	(Epzicom)	1	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	(Trizivir)	1	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML		1	
APTIVUS ORAL CAPSULE 250 MG		1	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	(Reyataz)	1	

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

藥物名稱		等級	要求/限制
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	
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	
lamivudine oral solution 10 mg/ml	(Epivir)	1	
lamivudine oral tablet 100 mg	(Epivir HBV)	1	
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	1	
lamivudine-zidovudine oral tablet 150-300 mg	(Combivir)	1	
LEXIVA ORAL SUSPENSION 50 MG/ML		1	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	1	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	1	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	1	QL (120 per 30 days)
nevirapine oral suspension 50 mg/5 ml		1	
nevirapine oral tablet 200 mg		1	
nevirapine oral tablet extended release 24 hr 100 mg		1	
nevirapine oral tablet extended release 24 hr 400 mg	(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	

藥物名稱	等級	要求/限制
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	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL POWDER IN PACKET 50 MG	1	
ritonavir oral tablet 100 mg (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	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	
TEMIXYS ORAL TABLET 300-300 MG	1	
tenofovir disoproxil fumarate oral tablet 300 mg (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)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	

藥物名稱		等級	要求/限制
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		1	
VOCABRIA ORAL TABLET 30 MG		1	
zidovudine oral capsule 100 mg	(Retrovir)	1	
zidovudine oral syrup 10 mg/ml	(Retrovir)	1	
zidovudine oral tablet 300 mg		1	
Antivirals, Miscellaneous			
foscarnet intravenous solution 24 mg/ml	(Foscavir)	1	PA BvD
oseltamivir oral capsule 30 mg	(Tamiflu)	1	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	(Tamiflu)	1	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	1	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(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)
rimantadine oral tablet 100 mg	(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 PELLETS IN PACKET 150-37.5 MG		1	PA; QL (28 per 28 days)
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)

藥物名稱		等級	要求/限制
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	1	PA; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG		1	PA; QL (28 per 28 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			
acyclovir oral capsule 200 mg		1	
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	1	
acyclovir oral tablet 400 mg, 800 mg		1	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg		1	PA BvD
acyclovir sodium intravenous solution 50 mg/ml		1	PA BvD
adefovir oral tablet 10 mg	(Hepsera)	1	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		1	
ganciclovir sodium intravenous recon soln 500 mg	(Cytovene)	1	PA BvD
ganciclovir sodium intravenous solution 50 mg/ml		1	PA BvD
ribavirin inhalation recon soln 6 gram	(Virazole)	1	PA BvD
ribavirin oral capsule 200 mg		1	
ribavirin oral tablet 200 mg		1	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	1	
valganciclovir oral tablet 450 mg	(Valcyte)	1	
VEKLURY INTRAVENOUS RECON SOLN 100 MG	(remdesivir)	1	PA BvD

藥物名稱		等級	要求/限制
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		1	
ELIQUIS ORAL TABLET 2.5 MG		1	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		1	QL (74 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	1	QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	1	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	1	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	1	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	1	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	1	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	1	QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	1	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	1	QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	1	QL (18 per 30 days)
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)		1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		1	
heparin (porcine) injection syringe 5,000 unit/ml		1	
heparin, porcine (pf) injection solution 1,000 unit/ml		1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml		1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	1	

藥物名稱	等級	要求/限制
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	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
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	1	PA; QL (30 per 30 days)
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
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)

藥物名稱	等級	要求/限制
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 (4 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	1	PA
anagrelide oral capsule 0.5 mg (Agrylin)	1	
anagrelide oral capsule 1 mg	1	
CABLIVI INJECTION KIT 11 MG	1	PA; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	1	PA
protamine intravenous solution 10 mg/ml	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)
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml) (Cyklokapron)	1	
tranexamic acid oral tablet 650 mg (Lysteda)	1	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 75 mg (Plavix)	1	

藥物名稱	等級	要求/限制
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg	1	
prasugrel oral tablet 10 mg, 5 mg (Effient)	1	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%/D5W SULFIT 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

藥物名稱	等級	要求/限制
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
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	1	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution	1	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	1	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	1	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	1	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	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
Cardiovascular Agents		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	1	QL (4 per 28 days)

藥物名稱		等級	要求/限制
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	1	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	1	QL (8 per 28 days)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	1	PA; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		1	
methyldopa oral tablet 250 mg, 500 mg		1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		1	
phenylephrine hcl injection solution 10 mg/ml	(Vazculep)	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	(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		1	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG		1	QL (60 per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	

藥物名稱		等級	要求/限制
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalaprilat intravenous solution 1.25 mg/ml		1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	
Antiarrhythmic Agents			
amiodarone oral tablet 200 mg, 400 mg	(Pacerone)	1	

藥物名稱		等級	要求/限制
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	1	PA-HRM; AGE (Max 64 Years)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg		1	
lidocaine (pf) injection solution 10 mg/ml (1 %)	(Xylocaine-MPF)	1	
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)		1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		1	
MULTAQ ORAL TABLET 400 MG		1	
pacerone oral tablet 200 mg, 400 mg	(amiodarone)	1	
procainamide injection solution 100 mg/ml, 500 mg/ml		1	
procainamide intravenous syringe 100 mg/ml		1	
propafenone oral tablet 150 mg, 225 mg, 300 mg		1	
quinidine sulfate oral tablet 200 mg, 300 mg		1	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	
betaxolol oral tablet 10 mg, 20 mg		1	
bisoprolol fumarate oral tablet 10 mg, 5 mg		1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	(nebivolol)	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
labetalol intravenous solution 5 mg/ml		1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)		1	

藥物名稱		等級	要求/限制
labetalol oral tablet 100 mg, 200 mg, 300 mg		1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		1	
metoprolol tartrate intravenous solution 5 mg/5 ml		1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg		1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	1	
propranolol intravenous solution 1 mg/ml		1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		1	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(sotalol)	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(Sorine)	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	
Calcium-Channel Blocking Agents			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	1	
diltiazem 24h er(cd) 300 mg cp 300 mg	(Cartia XT)	1	
diltiazem hcl intravenous solution 5 mg/ml		1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		1	

藥物名稱		等級	要求/限制
diltiazem hcl oral capsule,extended release 24 hr 420 mg	(Tiadylt ER)	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	
diltiazem hcl oral tablet 90 mg		1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	
verapamil intravenous syringe 2.5 mg/ml		1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	(Verelan)	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	(Calan SR)	1	
Cardiovascular Agents, Miscellaneous			
CORLANOR ORAL SOLUTION 5 MG/5 ML		1	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG		1	QL (60 per 30 days)
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(digoxin)	1	
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(digoxin)	1	
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	1	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	1	QL (4 per 30 days)

藥物名稱		等級	要求/限制
epinephrine injection solution 1 mg/ml	(Adrenalin)	1	
hydralazine injection solution 20 mg/ml		1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant subcutaneous syringe 30 mg/3 ml	(Sajazir)	1	PA; QL (18 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	1	
ranolazine oral tablet extended release 12 hr 1,000 mg	(Ranexa)	1	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	(Ranexa)	1	QL (120 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	(icatibant)	1	PA; QL (18 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			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	
nicardipine oral capsule 20 mg, 30 mg		1	
nifedipine oral capsule 10 mg, 20 mg		1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	(Adalat CC)	1	
Diuretics			
amiloride oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	
bumetanide injection solution 0.25 mg/ml		1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		1	

藥物名稱		等級	要求/限制
chlorothiazide sodium intravenous recon soln 500 mg	(Diuril IV)	1	
chlorthalidone oral tablet 25 mg, 50 mg		1	
furosemide injection solution 10 mg/ml		1	
furosemide injection syringe 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		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)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	(Maxzide-25mg)	1	
triamterene-hydrochlorothiazid oral tablet 75-50 mg	(Maxzide)	1	
Dyslipidemics			
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	1	
cholestyramine light oral powder in packet 4 gram	(cholestyramine-aspartame)	1	

藥物名稱		等級	要求/限制
colesevelam oral powder in packet 3.75 gram	(WelChol)	1	
colesevelam oral tablet 625 mg	(WelChol)	1	
colestipol oral packet 5 gram	(Colestid)	1	
colestipol oral tablet 1 gram	(Colestid)	1	
ezetimibe oral tablet 10 mg	(Zetia)	1	QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	1	
fenofibrate oral tablet 160 mg, 54 mg		1	
gemfibrozil oral tablet 600 mg	(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)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	
NEXLETOL ORAL TABLET 180 MG		1	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		1	QL (30 per 30 days)
niacin oral tablet 500 mg	(Niacor)	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	(Niaspan Extended-Release)	1	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	1	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		1	QL (2 per 28 days)
pravastatin oral tablet 10 mg, 80 mg		1	
pravastatin oral tablet 20 mg, 40 mg		1	QL (30 per 30 days)
prevalite oral powder in packet 4 gram	(cholestyramine-aspartame)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		1	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		1	QL (6 per 28 days)

藥物名稱		等級	要求/限制
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		1	QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Zocor)	1	QL (30 per 30 days)
simvastatin oral tablet 5 mg		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)
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	1	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	
Vasodilators			
BIDIL ORAL TABLET 20-37.5 MG		1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	1	
minoxidil oral tablet 10 mg, 2.5 mg		1	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)		1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Minitran)	1	
Central Nervous System Agents			
Central Nervous System Agents			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	(Strattera)	1	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	(Strattera)	1	QL (30 per 30 days)

藥物名稱		等級	要求/限制
AUBAGIO ORAL TABLET 14 MG, 7 MG		1	PA; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		1	PA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		1	PA; 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)
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	(Cafcit)	1	PA BvD
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		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)
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	1	PA; QL (60 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	1	QL (60 per 30 days)
dextroamphetamine oral tablet 10 mg	(Zenzedi)	1	QL (180 per 30 days)
dextroamphetamine oral tablet 15 mg, 5 mg	(Zenzedi)	1	QL (90 per 30 days)
dextroamphetamine oral tablet 20 mg, 30 mg	(Zenzedi)	1	QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	1	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	1	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	1	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	1	PA

藥物名稱		等級	要求/限制
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	1	PA; QL (60 per 30 days)
flumazenil intravenous solution 0.1 mg/ml		1	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		1	PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Copaxone)	1	PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Copaxone)	1	PA; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	1	PA; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	1	PA; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	1	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		1	PA; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	
lithium carbonate oral tablet 300 mg		1	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	1	
lithium carbonate oral tablet extended release 450 mg		1	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		1	PA
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)

藥物名稱		等級	要求/限制
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		1	PA
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg		1	QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg		1	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	1	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	1	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		1	QL (30 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	1	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	1	QL (90 per 30 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)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML		1	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML		1	PA; QL (2800 per 28 days)
riluzole oral tablet 50 mg	(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	
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	1	PA; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		1	PA; QL (120 per 30 days)
Contraceptives			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	

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

藥物名稱		等級	要求/限制
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg		1	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	1	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Syeda)	1	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
ELLA ORAL TABLET 30 MG		1	QL (6 per 365 days)
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	1	

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

藥物名稱		等級	要求/限制
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	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	1	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	1	

藥物名稱		等級	要求/限制
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
loryna (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
mili oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
mono-linyah oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		1	
nikki (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	1	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	1	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	

藥物名稱		等級	要求/限制
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri Femynor)	1	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg		1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
orsythia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
philith oral tablet 0.4-35 mg-mcg		1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
pirmella oral tablet 0.5/0.75/1 mg-35 mcg		1	
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
sprintec (28) oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	

藥物名稱		等級	要求/限制
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)		1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tulana oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
tyblume oral tablet,chewable 0.1 mg-20 mcg		1	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		1	

藥物名稱		等級	要求/限制
vestura (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
vyfemla (28) oral tablet 0.4-35 mg-mcg		1	
vylibra oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
wera (28) oral tablet 0.5-35 mg-mcg		1	
xulane transdermal patch weekly 150-35 mcg/24 hr		1	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr		1	QL (3 per 28 days)
zarah oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
zovia 1-35e tablet outer 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
Dental And Oral Agents			
Dental And Oral Agents			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	1	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	1	
oralone dental paste 0.1 %	(triamcinolone acetonide)	1	
paroex oral rinse mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	1	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Fluoridex Sensitivity Relief)	1	

藥物名稱		等級	要求/限制
triamcinolone acetonide dental paste 0.1 %	(Oralone)	1	
Dermatological Agents			
Dermatological Agents, Other			
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		1	
acyclovir topical ointment 5 %	(Zovirax)	1	QL (30 per 30 days)
ALCOHOL 70% SWABS	(Alcohol Pads)	1	
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	
ammonium lactate topical cream 12 %		1	
ammonium lactate topical lotion 12 %	(Skin Treatment)	1	
BD SINGLE USE SWAB	(alcohol swabs)	1	
calcipotriene scalp solution 0.005 %		1	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	(Dovonex)	1	QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	1	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	1	
fluorouracil topical cream 0.5 %	(Carac)	1	
fluorouracil topical cream 5 %	(Efudex)	1	
fluorouracil topical solution 2 %, 5 %		1	
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	
imiquimod topical cream in packet 5 %	(Aldara)	1	QL (24 per 30 days)
IV ANTISEPTIC WIPES	(alcohol swabs)	1	
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	1	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		1	
PANRETIN TOPICAL GEL 0.1 %		1	QL (180 per 30 days)
podofilox topical solution 0.5 %		1	

藥物名稱		等級	要求/限制
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	
RA ISOPROPYL ALCOHOL 70% WIPES	(alcohol swabs)	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		1	QL (180 per 30 days)
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	1	
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	1	
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	1	
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	1	
VALCHLOR TOPICAL GEL 0.016 %		1	
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	1	
Dermatological Antibacterials			
clindamycin phosphate topical solution 1 %	(Cleocin T)	1	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	1	
ery pads topical swab 2 %	(erythromycin with ethanol)	1	
erythromycin with ethanol topical gel 2 %	(Erygel)	1	QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %		1	QL (180 per 30 days)
gentamicin topical cream 0.1 %		1	QL (120 per 30 days)
gentamicin topical ointment 0.1 %		1	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	1	
metronidazole topical gel 0.75 %	(Rosadan)	1	
metronidazole topical gel 1 %	(Metrogel)	1	
metronidazole topical lotion 0.75 %	(MetroLotion)	1	
mupirocin topical ointment 2 %	(Centany)	1	QL (220 per 30 days)
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		1	

藥物名稱		等級	要求/限制
rosadan topical cream 0.75 %	(metronidazole)	1	
selenium sulfide topical lotion 2.5 %		1	
silver sulfadiazine topical cream 1 %	(SSD)	1	
ssd topical cream 1 %	(silver sulfadiazine)	1	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	1	
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %	(hydrocortisone)	1	
alclometasone topical cream 0.05 %		1	
alclometasone topical ointment 0.05 %		1	
betamethasone dipropionate topical cream 0.05 %		1	
betamethasone dipropionate topical lotion 0.05 %		1	
betamethasone dipropionate topical ointment 0.05 %		1	
betamethasone valerate topical cream 0.1 %		1	
betamethasone valerate topical lotion 0.1 %		1	
betamethasone valerate topical ointment 0.1 %		1	
betamethasone, augmented topical cream 0.05 %		1	
betamethasone, augmented topical gel 0.05 %		1	
betamethasone, augmented topical lotion 0.05 %		1	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	1	
clobetasol scalp solution 0.05 %		1	
clobetasol topical cream 0.05 %		1	
clobetasol-emollient topical cream 0.05 %		1	
desoximetasone topical cream 0.25 %	(Topicort)	1	QL (120 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %		1	
fluocinolone topical cream 0.01 %		1	
fluocinolone topical cream 0.025 %	(Synalar)	1	
fluocinolone topical ointment 0.025 %	(Synalar)	1	

藥物名稱		等級	要求/限制
fluocinonide topical cream 0.05 %		1	
fluocinonide topical solution 0.05 %		1	
fluocinonide-e topical cream 0.05 %	(fluocinonide-emollient)	1	
fluticasone propionate topical cream 0.05 %		1	
fluticasone propionate topical ointment 0.005 %		1	
halobetasol propionate topical cream 0.05 %		1	
halobetasol propionate topical ointment 0.05 %		1	
hydrocortisone 2.5% cream 2.5 %		1	
hydrocortisone topical cream 1 %	(Ala-Cort)	1	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	1	
hydrocortisone topical lotion 2.5 %		1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	1	
hydrocortisone topical ointment 2.5 %		1	
mometasone topical cream 0.1 %		1	
mometasone topical ointment 0.1 %		1	
mometasone topical solution 0.1 %		1	
pimecrolimus topical cream 1 %	(Elidel)	1	QL (100 per 30 days)
prednicarbate topical ointment 0.1 %		1	
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
tacrolimus topical ointment 0.03 %, 0.1 %	(Protopic)	1	QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %		1	
triamcinolone acetonide topical cream 0.1 %, 0.5 %	(Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		1	
Dermatological Retinoids			
adapalene topical cream 0.1 %	(Differin)	1	
adapalene topical gel 0.1 %	(Differin)	1	

藥物名稱		等級	要求/限制
ALTRENO TOPICAL LOTION 0.05 %		1	PA
tazarotene topical cream 0.1 %	(Tazorac)	1	
TAZORAC TOPICAL CREAM 0.05 %		1	
tretinoin topical cream 0.025 %	(Avita)	1	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	1	PA
tretinoin topical gel 0.01 %	(Retin-A)	1	PA
tretinoin topical gel 0.025 %	(Avita)	1	PA
tretinoin topical gel 0.05 %	(Atralin)	1	PA
Scabicides And Pediculicides			
malathion topical lotion 0.5 %	(Ovide)	1	
permethrin topical cream 5 %	(Elimite)	1	
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	

藥物名稱		等級	要求/限制
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		1	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		1	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		1	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		1	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		1	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"		1	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		1	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		1	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		1	

藥物名稱		等級	要求/限制
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		1	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		1	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"		1	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
BD INSULIN SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"		1	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		1	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"		1	
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	
BD INSULIN SYRINGE 1 ML W/O NEEDLE 1 ML	(insulin syringe needleless)	1	
BD LUER-LOK SYRINGE 1 ML 1 ML	(BD Insulin Syringe Slip Tip)	1	
BD NANO 2 GEN PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
BD SAFETGLD INS 0.3 ML 13MMX29G 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
BD SAFETGLD INS 0.3 ML 8MMX31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	

藥物名稱		等級	要求/限制
BD SAFETGLD INS 0.5 ML 8MMX30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
BD SAFETYGLD INS 1 ML 13MMX29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		1	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"		1	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		1	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		1	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(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 0.3 ML 6MMX31G 0.3 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	
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	

藥物名稱		等級	要求/限制
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		1	
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		1	
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	1	

藥物名稱		等級	要求/限制
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 4MM 33G SINGLE USE,MICRO,HRI 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 5MM 31G LATEX-FREE, MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"		1	
COMFORT EZ PEN NEEDLES 6MM 31G LATEX-FREE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 6MM 32G SINGLE USE, HRI 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"		1	

藥物名稱		等級	要求/限制
COMFORT EZ PEN NEEDLES 8MM 31G LATEX-FREE, SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"		1	
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		1	
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		1	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		1	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"		1	
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	

藥物名稱		等級	要求/限制
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"		1	
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"		1	
COMFORT TOUCH PEN NDL 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"		1	
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		1	
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage)	1	
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	1	
DERMACEA GAUZE 2"X2" SPONGE 8 PLY, LATEX-FREE 2 X 2 "		1	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "		1	
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"		1	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"		1	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"		1	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		1	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		1	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		1	

藥物名稱		等級	要求/限制
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		1	
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		1	
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		1	
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		1	
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	

藥物名稱		等級	要求/限制
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"		1	
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		1	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		1	
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
DRUG MART ULTRA COMFORT SYR 0.5ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
DRUG MART ULTRA COMFORT SYR 1ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		1	
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		1	
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	

藥物名稱		等級	要求/限制
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"		1	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"		1	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		1	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		1	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		1	

藥物名稱		等級	要求/限制
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		1	
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		1	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		1	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		1	
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		1	
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		1	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		1	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		1	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		1	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		1	
EASY TOUCH LUER LOK INSUL 1 ML 1 ML	(insulin syringe needleless)	1	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	

藥物名稱		等級	要求/限制
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		1	
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		1	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"		1	
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH UNI-SLIP SYR 1 ML 1 ML	(insulin syringe needleless)	1	
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		1	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	1	
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Lite Touch Insulin Syringe)	1	
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Lite Touch Insulin Syringe)	1	
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	1	

藥物名稱		等級	要求/限制
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
FIFTY50 PEN NEEDLE 32G X 1/4" 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)	1	
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Lite Touch Insulin Syringe)	1	
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1	
GNP ULT C 0.3 ML 29GX1/2" (1/2) 0.3 ML 29 GAUGE X 1/2"		1	
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	1	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	1	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		1	
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	1	
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	

藥物名稱		等級	要求/限制
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		1	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
INSULIN SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insuln Syr(half unit))	1	
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	
INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	

藥物名稱		等級	要求/限制
INSULIN SYRING 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	1	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	1	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	1	
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	1	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	1	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		1	
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	1	
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	1	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	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	
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"		1	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	

藥物名稱		等級	要求/限制
KRO PEN NEEDLE 4MM X 33G 33 GAUGE X 5/32"	(Advocate Pen Needle)	1	
LISCO SPONGES 100/BAG 2 X 2 "		1	
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	1	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	1	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		1	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	

藥物名稱		等級	要求/限制
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		1	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		1	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 X 1/2"		1	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		1	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		1	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		1	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		1	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
MINI ULTRA-THIN II PEN NDL 31G LATEX-FREE,STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	

藥物名稱		等級	要求/限制
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) 1 ML	(insulin syringes (disposable))	1	
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		1	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
NOVOFINE 30 NEEDLE ，30 GAUGE X 1/3"		1	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		1	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"		1	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE		1	
OMNIPOD DASH PDM KIT		1	QL (1 per 365 days)

藥物名稱		等級	要求/限制
OMNIPOD INSULIN MANAGEMENT		1	QL (1 per 365 days)
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE		1	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(AboutTime Pen Needle)	1	
PEN NEEDLE 32G X 3/16" 32 GAUGE X 3/16"	(CareFine Pen Needle)	1	
PEN NEEDLE 32G X 5/32" 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	1	
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	1	
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		1	

藥物名稱		等級	要求/限制
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		1	
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"		1	
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	1	

藥物名稱		等級	要求/限制
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	1	
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	1	
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Lite Touch Insulin Syringe)	1	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		1	
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
RELION PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		1	
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10,L/F 0.3 ML 30 GAUGE X 5/16"		1	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10,L/F 0.5 ML 29 GAUGE X 1/2"		1	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10,L/F 0.5 ML 30 GAUGE X 5/16"		1	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10,L/F 1 ML 28 GAUGE X 1/2"		1	
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10,L/F 1 ML 29 GAUGE X 1/2"		1	
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"		1	
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		1	
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	(gauze bandage)	1	
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"		1	
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		1	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	

藥物名稱		等級	要求/限制
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	1	
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
SURE COMFORT 31G PEN NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
SURE COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
SURE COMFORT PEN NDL 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
SURE COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	

藥物名稱		等級	要求/限制
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		1	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"		1	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		1	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		1	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		1	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"		1	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		1	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		1	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		1	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		1	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	

藥物名稱		等級	要求/限制
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		1	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"		1	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(Advocate Syringes)	1	
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	1	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		1	

藥物名稱		等級	要求/限制
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		1	
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	1	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		1	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		1	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	

藥物名稱		等級	要求/限制
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		1	
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	

藥物名稱		等級	要求/限制
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ULT CFT 0.3 ML 30GX5/16" (1/2) 0.3 ML 30 GAUGE X 5/16"		1	
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	1	
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	
ULTICARE INS SYR 1 ML 30GX1/2" 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		1	
ULTICARE SAFE PEN NDL 8MM 30G 30 GAUGE X 5/16"		1	
ULTICARE SAFETY 0.5 ML 29GX1/2 LATEX/FREE (RX) 0.5 ML 29 GAUGE X 1/2"	(Advocate Syringes)	1	
ULTICARE SYR 0.3 ML 30GX1/2" LATEX FREE 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTICARE SYR 0.3 ML 31GX5/16" LATEX FREE,SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	

藥物名稱		等級	要求/限制
ULTICARE SYR 0.5 ML 30GX1/2" LATEX FREE 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTICARE SYR 0.5 ML 31GX5/16" LATEX FREE,SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTICARE SYR 1 ML 31GX5/16" LATEX FREE,SHORT NDL 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		1	
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"		1	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"		1	
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		1	
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		1	
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		1	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"		1	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"		1	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"		1	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"		1	
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		1	
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		1	
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	

藥物名稱		等級	要求/限制
ULTILET PEN NEEDLE 29 GAUGE		1	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		1	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		1	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		1	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	

藥物名稱		等級	要求/限制
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS 0.3 ML 29G 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	

藥物名稱		等級	要求/限制
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"		1	
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		1	
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"		1	
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	

藥物名稱		等級	要求/限制
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"		1	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"		1	
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
VANISHPOINT 0.5 ML 30GX1/2" SY LATEX-FREE, OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		1	
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		1	
V-GO 20 DEVICE		1	
V-GO 30 DEVICE		1	
V-GO 40 DEVICE		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	

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
miglustat oral capsule 100 mg (Zavesca)	1	PA; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	
nitisinone oral capsule 10 mg, 2 mg, 5 mg (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
sapropterin oral tablet,soluble 100 mg (Kuvan)	1	

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			
apraclonidine ophthalmic (eye) drops 0.5 %		1	
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	1	
azelastine nasal aerosol,spray 137 mcg (0.1 %)		1	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		1	
cromolyn ophthalmic (eye) drops 4 %		1	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	(Cyclogyl)	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		1	PA; QL (60 per 28 days)
epinastine ophthalmic (eye) drops 0.05 %		1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		1	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		1	QL (15 per 10 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	1	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	1	
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	1	

藥物名稱		等級	要求/限制
TEPEZZA INTRAVENOUS RECON SOLN 500 MG		1	PA
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetic acid otic (ear) solution 2 %		1	
bacitracin ophthalmic (eye) ointment 500 unit/gram		1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	1	
bleph-10 ophthalmic (eye) drops 10 %	(sulfacetamide sodium)	1	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	(Ciloxan)	1	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	(Ciprodex)	1	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		1	QL (3.5 per 4 days)
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	(gentamicin)	1	
gentamicin ophthalmic (eye) drops 0.3 %		1	
levofloxacin ophthalmic (eye) drops 0.5 %		1	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	1	
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	

藥物名稱		等級	要求/限制
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	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %		1	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %		1	

藥物名稱		等級	要求/限制
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		1	
diclofenac sodium ophthalmic (eye) drops 0.1 %		1	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	(difluprednate)	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		1	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		1	QL (50 per 25 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		1	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		1	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		1	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		1	
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Nasonex)	1	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %		1	
RESTASIS MULTIDOSE 0.05% EYE P/F 0.05 %		1	QL (60 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %		1	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		1	ST; QL (32 per 30 days)

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

藥物名稱		等級	要求/限制
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	1	QL (30 per 30 days)
sucralfate oral tablet 1 gram	(Carafate)	1	
Gastrointestinal Agents, Other			
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	(carglumic acid)	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 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 oral tablet 1 mg, 2 mg		1	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml		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		1	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM		1	QL (30 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	
metoclopramide hcl oral solution 5 mg/5 ml		1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	

藥物名稱		等級	要求/限制
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
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	1	
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml		1	
sodium polystyrene sulfonate oral powder		1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		1	
ursodiol oral capsule 300 mg		1	
ursodiol oral tablet 250 mg	(URSO 250)	1	
ursodiol oral tablet 500 mg	(URSO Forte)	1	
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	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	1	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	1	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM		1	
trilyte with flavor packets oral recon soln 420 gram	(peg-electrolyte soln)	1	
Phosphate Binders			
calcium acetate(phosphat bind) oral capsule 667 mg		1	
calcium acetate(phosphat bind) oral tablet 667 mg		1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML		1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	1	
sevelamer carbonate oral tablet 800 mg	(Renvela)	1	
sevelamer hcl oral tablet 400 mg		1	

藥物名稱		等級	要求/限制
VELPHORO ORAL TABLET,CHEWABLE 500 MG		1	
Genitourinary Agents			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		1	
oxybutynin chloride oral syrup 5 mg/5 ml		1	
oxybutynin chloride oral tablet 5 mg		1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg	(Ditropan XL)	1	
oxybutynin chloride oral tablet extended release 24hr 15 mg		1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	1	
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		1	
trospium oral tablet 20 mg		1	
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	1	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin oral capsule 0.4 mg	(Flomax)	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG		1	PA
tiopronin oral tablet 100 mg	(Thiola)	1	
Heavy Metal Antagonists			
Heavy Metal Antagonists			
clovique oral capsule 250 mg	(trientine)	1	PA; QL (240 per 30 days)
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	1	PA

藥物名稱		等級	要求/限制
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	1	PA
deferiprone oral tablet 500 mg	(Ferriprox)	1	PA
deferoxamine injection recon soln 2 gram		1	PA
deferoxamine injection recon soln 500 mg	(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
penicillamine oral capsule 250 mg	(Cuprimine)	1	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	1	PA
trientine oral capsule 250 mg	(Syprine)	1	PA; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
ANADROL-50 ORAL TABLET 50 MG		1	PA
danazol oral capsule 100 mg, 200 mg, 50 mg		1	
oxandrolone oral tablet 10 mg, 2.5 mg	(Oxandrin)	1	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		1	PA
testosterone enanthate intramuscular oil 200 mg/ml		1	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	1	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	1	PA; QL (300 per 30 days)

藥物名稱		等級	要求/限制
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		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			
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	(estradiol-norethindrone acet)	1	PA-HRM; AGE (Max 64 Years)
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	(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)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	PA-HRM; AGE (Max 64 Years)
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	(Dotti)	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
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	(Climara)	1	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	(Delestrogen)	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(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)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(norethindrone ac-eth estradiol)	1	PA-HRM; AGE (Max 64 Years)
jinteli oral tablet 1-5 mg-mcg	(norethindrone ac-eth estradiol)	1	PA-HRM; AGE (Max 64 Years)
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	(estradiol)	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	1	PA-HRM; AGE (Max 64 Years)

藥物名稱		等級	要求/限制
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(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)
raloxifene oral tablet 60 mg	(Evista)	1	
yuvafem vaginal tablet 10 mcg	(estradiol)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
a-hydrocort injection recon soln 100 mg		1	
betamethasone acet,sod phos injection suspension 6 mg/ml	(Celestone Soluspan)	1	
dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml		1	
dexamethasone oral elixir 0.5 mg/5 ml		1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	(Decadron)	1	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg		1	
dexamethasone sodium phos (pf) injection solution 10 mg/ml		1	
dexamethasone sodium phos (pf) injection syringe 10 mg/ml		1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	
dexamethasone sodium phosphate injection syringe 4 mg/ml		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)
fludrocortisone oral tablet 0.1 mg		1	

藥物名稱		等級	要求/限制
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	(Depo-Medrol)	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg		1	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	(Solu-Medrol)	1	
prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)		1	PA BvD
prednisolone oral solution 15 mg/5 ml		1	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)		1	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	1	PA BvD
prednisone oral solution 5 mg/5 ml		1	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML		1	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	1	
Pituitary			
ACTHAR INJECTION GEL 80 UNIT/ML		1	PA; QL (35 per 28 days)
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML		1	
desmopressin injection solution 4 mcg/ml	(DDAVP)	1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)		1	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	1	

藥物名稱	等級	要求/限制
EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG	1	PA; QL (30 per 30 days)
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	1	PA; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	1	
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
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	1	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	1	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1	
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)
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)

藥物名稱		等級	要求/限制
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML		1	PA NSO; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML		1	PA NSO; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML		1	PA NSO; QL (0.3 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)
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG		1	PA
Progestins			
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	(Makena)	1	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	1	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	1	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)		1	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Aygestin)	1	
progesterone intramuscular oil 50 mg/ml		1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	1	
Thyroid And Antithyroid Agents			
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	(Euthyrox)	1	
levothyroxine oral tablet 300 mcg	(Levo-T)	1	

藥物名稱		等級	要求/限制
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	1	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		1	
Immunological Agents			
Immunological Agents			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		1	
azathioprine oral tablet 50 mg	(Imuran)	1	PA BvD
azathioprine sodium injection recon soln 100 mg		1	PA BvD
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)
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
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	1	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	1	PA BvD
cyclosporine modified oral capsule 50 mg		1	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	1	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		1	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML		1	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		1	PA

藥物名稱	等級	要求/限制
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
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	1	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	1	PA BvD
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
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	1	PA BvD
gengraf oral solution 100 mg/ml (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 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

藥物名稱		等級	要求/限制
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
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		1	PA
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
leflunomide oral tablet 10 mg, 20 mg	(Arava)	1	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	1	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	1	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	1	PA BvD
mycophenolate mofetil oral tablet 500 mg	(CellCept)	1	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG		1	PA BvD
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %		1	PA BvD
PRIVIGEN INTRAVENOUS SOLUTION 10 %		1	PA BvD
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML		1	PA BvD

藥物名稱	等級	要求/限制
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	
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
sirolimus oral solution 1 mg/ml (Rapamune)	1	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg (Rapamune)	1	PA BvD
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 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
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	1	PA BvD
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA
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

藥物名稱	等級	要求/限制
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA
ZORTRESS ORAL TABLET 1 MG (everolimus (immunosuppressive))	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	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	1	QL (3 per 365 days)
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

藥物名稱	等級	要求/限制
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 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	
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	

藥物名稱	等級	要求/限制
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	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria 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	

藥物名稱		等級	要求/限制
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML		1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML		1	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch 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)
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	1	
balsalazide oral capsule 750 mg	(Colazal)	1	
budesonide oral capsule,delayed,extend.release 3 mg	(Entocort EC)	1	
DIPENTUM ORAL CAPSULE 250 MG		1	ST
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	1	
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	(Asacol HD)	1	

藥物名稱		等級	要求/限制
mesalamine rectal suppository 1,000 mg	(Canasa)	1	
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	1	
UCERIS RECTAL FOAM 2 MG/ACTUATION		1	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate oral tablet 10 mg, 5 mg		1	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		1	QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml		1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	1	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	1	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	1	QL (120 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)		1	PA; QL (2.34 per 30 days)
ibandronate intravenous solution 3 mg/3 ml		1	QL (3 per 84 days)
ibandronate intravenous syringe 3 mg/3 ml		1	QL (3 per 84 days)
ibandronate oral tablet 150 mg	(Boniva)	1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		1	PA; QL (2 per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	1	
paricalcitol oral capsule 4 mcg		1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		1	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		1	QL (60 per 30 days)
risedronate oral tablet 150 mg	(Actonel)	1	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg		1	QL (30 per 30 days)

藥物名稱		等級	要求/限制
risedronate oral tablet 35 mg	(Actonel)	1	QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		1	QL (4 per 28 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	1	QL (4 per 28 days)
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
zoledronic acid intravenous recon soln 4 mg		1	
zoledronic acid intravenous solution 4 mg/5 ml		1	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	(Reclast)	1	QL (100 per 300 days)
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		1	PA
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML		1	
diazoxide oral suspension 50 mg/ml	(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
fomepizole intravenous solution 1 gram/ml		1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		1	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML		1	

藥物名稱		等級	要求/限制
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		1	
hydroxyzine pamoate oral capsule 100 mg		1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	(Vistaril)	1	
KEVEYIS ORAL TABLET 50 MG		1	PA; QL (120 per 30 days)
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg		1	
leucovorin calcium injection solution 10 mg/ml		1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		1	
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	1	
levocarnitine oral tablet 330 mg	(Carnitor)	1	
levoleucovorin calcium intravenous recon soln 50 mg	(Fusilev)	1	
mesna intravenous solution 100 mg/ml	(Mesnex)	1	
MESNEX ORAL TABLET 400 MG		1	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML		1	PA
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	1	
pyridostigmine bromide oral tablet 30 mg		1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	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)
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)

藥物名稱		等級	要求/限制
Ophthalmic Agents			
Antiglaucoma Agents			
acetazolamide oral capsule, extended release 500 mg		1	
acetazolamide oral tablet 125 mg, 250 mg		1	
acetazolamide sodium injection recon soln 500 mg		1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %		1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	(brinzolamide)	1	
brimonidine ophthalmic (eye) drops 0.2 %		1	
carteolol ophthalmic (eye) drops 1 %		1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %		1	
dorzolamide ophthalmic (eye) drops 2 %	(Trusopt)	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	1	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		1	QL (2.5 per 25 days)
metipranolol ophthalmic (eye) drops 0.3 %		1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %	(Isopto Carpine)	1	
pilocarpine hcl ophthalmic (eye) drops 4 %		1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	(Timoptic)	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	(Timoptic-XE)	1	

藥物名稱		等級	要求/限制
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	1	QL (2.5 per 25 days)
Replacement Preparations			
Replacement Preparations			
calcium chloride intravenous syringe 100 mg/ml (10 %)		1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution		1	
d5 %-0.45 % sodium chloride intravenous parenteral solution		1	
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE		1	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		1	
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	1	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml		1	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)		1	PA BvD
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)		1	PA BvD
magnesium sulfate injection syringe 4 meq/ml		1	PA BvD
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION		1	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION		1	

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

藥物名稱		等級	要求/限制
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)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	(Pulmicort)	1	PA BvD; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	(Pulmicort)	1	PA BvD; QL (60 per 30 days)
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 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION		1	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION		1	QL (21.2 per 30 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			
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)

藥物名稱	等級	要求/限制
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 30 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	
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)

藥物名稱	等級	要求/限制
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 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	QL (4 per 28 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	
terbutaline subcutaneous solution 1 mg/ml	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	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		
acetylcysteine intravenous solution 200 mg/ml (20 %) (Acetadote)	1	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	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
cromolyn inhalation solution for nebulization 20 mg/2 ml	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)

藥物名稱	等級	要求/限制
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)
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		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
chlorzoxazone oral tablet 250 mg	1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
chlorzoxazone oral tablet 500 mg	1	PA-HRM; AGE (Max 64 Years)

藥物名稱		等級	要求/限制
cyclobenzaprine oral tablet 10 mg, 5 mg		1	PA-HRM; AGE (Max 64 Years)
dantrolene oral capsule 100 mg		1	
dantrolene oral capsule 25 mg, 50 mg	(Dantrium)	1	
methocarbamol oral tablet 500 mg, 750 mg		1	PA-HRM; AGE (Max 64 Years)
revonto intravenous recon soln 20 mg	(dantrolene)	1	
tizanidine oral tablet 2 mg		1	
tizanidine oral tablet 4 mg	(Zanaflex)	1	
Sleep Disorder Agents			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(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)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(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)
zaleplon oral capsule 10 mg, 5 mg		1	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
Vasodilating Agents			
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)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	1	PA; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	1	PA; QL (30 per 30 days)
epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg	(Flolan)	1	PA
OPSUMIT ORAL TABLET 10 MG		1	PA; QL (30 per 30 days)
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	(Revatio)	1	PA; QL (37.5 per 1 day)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	1	PA; QL (90 per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg	(Alyq)	1	PA; QL (60 per 30 days)

藥物名稱	等級	要求/限制
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)
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml (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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