



2023 년 처방집

(보장되는 의약품 목록)

다음 사항을 읽어 보십시오: 이 문서에는 본 플랜에서 다루는 의약품에 대한 정보가 포함되어 있습니다.

처방집 ID 00023423, 버전 17

당사는 2023 년 11 월 1 일 이후로 이 처방집을 변경하지 않았습니다.

더 자세한 최신 정보가 필요하시거나 기타 문의사항이 있으시면, Clever Care Health Plan 고객센터에 **1-833-808-8164 (TTY: 711)**로 연락 해주십시오. 10 월 1 일부터 3 월 31 일까지는 매주 8 일 오전 8 시 ~ 오후 8 시 사이에, 그리고 4 월 1 일부터 9 월 30 일까지는 평일 오전 8 시 ~ 오후 8 시 사이에 연락하실 수 있습니다. 또는 **ko.clevercarehealthplan.com/formulary** 를 방문해 주십시오.

기존회원님께 드리는 말씀: 이 처방집은 작년 이후로 변경되었습니다. 이 문서를 검토하여 귀하께서 복용하시는 약품들이 여전히 포함되어 있는지 확인하십시오.

본 의약품 목록에서 “당사”, “당사를” 또는 “당사의”를 지칭하는 경우, 이는 Clever Care Health Plan 을 의미합니다. 본 의약품 목록에서 “플랜”, “당사의 플랜” 또는 “귀하의 플랜”을 지칭하는 경우, 이는

Clever Care Longevity Medicare Advantage (HMO), Clever Care Fortune Medicare Advantage (HMO), Clever Care Value Medicare Advantage (HMO), 또는 Clever Care Jasmine Medicare Advantage (HMO C-SNP)를 의미합니다.

이 문서에는 2023 년 11 월 1 일 현재 당사 플랜의 의약품 목록(처방집)이 포함되어 있습니다. 업데이트 된 처방집을 받아 보시려면 저희에게 연락 해주십시오. 당사의 연락처 정보는 처방집을 마지막으로 업데이트한 날짜와 더불어 앞표지와 뒷표지에 명시되어 있습니다.

귀하의 처방약 혜택을 사용하시려면 일반적으로 네트워크에 소속된 약국을 이용하셔야 합니다. 혜택, 처방집, 약국 네트워크나 코페이먼트/코인슈런스(공동보험금)는 2024 년 1 월 1 일에, 그리고 연중 수시로 변경될 수 있습니다.

Clever Care Medicare Advantage 처방집이란 무엇입니까?

처방집은 Clever Care 가 의료 서비스 제공자 팀과 협의하여 선택한 보장 의약품 목록으로서, 양질의 치료 프로그램에 필요한 부분으로 여겨지는 처방 요법을 나타냅니다. Clever Care 는 일반적으로 의약품이 의학적으로 필요하고 처방전이 Clever Care 네트워크 약국에서 조제되며 기타 플랜 규칙을 따르는 한 당사 처방집에 나열된 의약품을 보장합니다. 처방약을 받는 방법에 대한 자세한 내용은 보장 범위 증명서(Evidence of Coverage)를 검토하십시오.

처방집(의약품 목록)에 변경이 있을 수 있습니까?

대부분의 의약품 보장 변경은 1 월 1 일에 이루어지지만, 당사는 연중 의약품 목록에서 의약품을 추가 또는 제거하거나, 다른 비용 분담 계층으로 이전하거나, 새로운 제한을 추가할 수 있습니다. 당사는 이러한 변경을 함에 있어서 Medicare 규칙을 따라야 합니다.

올해 귀하에게 영향을 줄 수 있는 변경 사항: 아래에 해당되는 경우, 해당 연도의 보장 변경에 의한 영향을 받게 됩니다.

- **새로운 일반 약품.**

당사가 브랜드 약품을 비용 분담 계층이 동일하거나 더 낮고, 제약 사항이 동일하거나 더 적은 일반 약품으로 교체하는 경우 의약품 목록에서 브랜드 약품은 즉시 삭제될 수 있습니다. 또한 새로운 일반 약품을 추가할 때, 당사가 브랜드 약품을 당사의 의약품 목록에 유지하기로 결정할 수는 있지만 즉시 다른 비용 분담 계층으로 이를 이전하거나 새로운 제약 사항을 추가할 수 있습니다. 현재 해당 브랜드 약품을 복용하고 있으시다면, 의약품을 변경하기 전에 귀하에게 미리 알려 드리지 않을 수 있지만 나중에 저희가 적용한 특정 변경 사항에 대한 정보를 제공해 드릴 것입니다.

- 저희가 이와 같은 변경을 하는 경우, 귀하 또는 귀하의 처방자는 당사에게 예외를 적용하고 귀하의 브랜드 약품을 계속 보장하도록 문의 및 요청을하실 수 있습니다. 당사가 제공하는 고지에는 예외를 요청하는 방법에 대한 정보를 포함하고 있으며, 아래의 “Clever Care 처방집에 대한 예외를 어떻게 요청합니까?”라는 제목의 섹션에서 그 정보를 찾으실 수도 있습니다.

- **시장에서 단종된 의약품.**

미국 식품의약국이 처방집에 있는 의약품이 안전하지 않다고 판단하거나 의약품 제조업체가 시장에서 해당 의약품을 단종하는 경우, 당사는 즉시 처방집에서 해당 의약품을 제거하고 해당 의약품을 복용하시는 회원께 이에 대한 안내를 제공할 것입니다.

- **기타 변경.**

당사는 현재 의약품을 복용 중인 회원께 영향을 미치는 기타 변경을 할 수 있습니다. 예를 들어, 당사는 현재 처방집에 있는 브랜드 약품을 대체하기 위해 기존 일반 약품을 추가할 수 있습니다. 또는 당사는 브랜드 약품에 대해 새로운 제약 사항을 추가하거나, 다른 비용 분담 계층으로 이를 이전하거나, 이 두 가지 모두를 적용할 수 있습니다. 또는 당사가 새로운 임상 지침에 따라 변경을 할 수도 있습니다. 당사가 처방집에서 의약품을 제거하거나, 의약품에 대해 사전 승인, 수량 한도 및/또는 단계적 치료 제한을 추가하거나, 더 높은 비용 분담 계층으로 의약품을 이전하는 경우, 변경 사항이 발효되기 최소 30 일 전에, 또는 회원이 의약품의 재처방을 요청하는 시점에 당사는 영향을 받는 회원께 변경 사항을 알려야 하며, 재처방을 받는 경우에는 회원이 30 일치 분량의 의약품을 받게 됩니다.

- 당사가 이와 같은 변경을 하는 경우, 귀하 또는 귀하의 처방자는 당사에게 예외를 적용하고 귀하의 브랜드 약품을 계속 보장하도록 문의 및 요청을 하실 수 있습니다. 당사가 제공하는 고지에는 예외를 요청하는 방법에 대한 정보를 포함하고 있으며, 아래의 “Clever Care 처방집에 대한 예외를 어떻게 요청합니까?”라는 제목의 섹션에서 그 정보를 찾으실 수도 있습니다.

현재약을복용하시는경우,귀하에게영향을미치지않는변경.

일반적으로 귀하께서 연초에 보장된 2023 년 처방집의 약을 복용하시는 경우, 당사는 위에 설명된 경우들을 제외하고 2023 년 보장 연도 중에 의약품의 보장을 중단하거나 축소하지 않습니다. 이는 해당 의약품을 복용하시는 회원은 남은 보장 연도 동안 새로운 제약사항 없이 동일한 비용 분담으로 계속 이용할 수 있다는 것을 의미합니다. 올해 귀하에게 영향이 없는 변경 사항에 대해서는 귀하께 직접 알리지 않습니다. 하지만 내년 1 월 1 일에 이와 같은 변경 사항이 귀하에게 영향을 주기 때문에 새로운 혜택 연도의 의약품 목록을 보고 의약품 변경 사항이 있는지 확인하는 것이 중요합니다.

동봉된 처방집은 2023 년 11 월 1 일 현재 최신 상태입니다. Clever Care 에서 보장하는 의약품에 대한 최신 정보를 얻으려면 저희에게 연락 해주십시오. 당사의 연락처 정보는 앞표지와 뒤표지에 명시되어 있습니다. 연중 비정기로 이루어지는 처방집 변경의 경우, 당사는 당사의 웹사이트에 모든 고지를

게시하고 변경 사항이 적용되기 30 일 전에 당사는 귀하께 고지를 보내 드릴 것입니다.

처방집은 어떻게 사용합니까?

처방집에서 귀하의 의약품을 찾는 방법에는 다음 두 가지가 있습니다:

의학적 상태

처방집은 3 페이지에서 시작됩니다. 이 처방집의 의약품은 치료에 사용되는 의학적 상태의 유형에 따라 여러 범주로 분류됩니다. 예를 들어, 심장 질환을 치료하는 데 사용되는 약은 “심혈관계” 범주에 나열됩니다. 귀하의 의약품이 어떤 치료를 위해 사용되는지 알고 있는 경우, 1 페이지에서 시작하는 목록에서 해당 범주의 이름을 찾으십시오. 그 다음 해당 의약품의 범주 이름 아래를 보십시오.

알파벳순 목록

어떤 범주를 살펴봐야 할지 확실하지 않은 경우, 1 페이지에서 시작하는 색인에서 해당 의약품을 찾아야 합니다. 색인은 이 문서에 포함된 모든 의약품의 알파벳순 목록을 제공합니다. 브랜드 약품과 일반 약품이 모두 색인에 포함되어 있습니다. 색인에서 귀하의 약을 찾으십시오. 의약품 옆에, 보험 적용 정보를 찾을 수 있는 페이지 번호가 표시되어 있습니다. 색인에 나열된 페이지로 이동하여 목록의 첫 번째 열에서 의약품 이름을 찾으십시오.

일반 약품이란 무엇입니까?

Clever Care 는 브랜드 약품과 일반 약품을 모두 보장합니다. 일반 약품은 브랜드 약품과 동일한 활성 성분을 함유하는 것으로 FDA 에 의해 승인되었습니다. 일반적으로 일반 약품은 브랜드 약품보다 가격이 저렴합니다.

제 보장에 대한 제약 사항이 있습니까?

일부 보장 의약품에는 추가 요건이나 보장 한도가 적용될 수 있습니다. 이러한 요건과 한도에는 다음이 포함될 수 있습니다:

사전 승인: Clever Care 는 귀하 또는 귀하의 의사가 특정 의약품에 대해 사전 승인을 받도록 요구합니다. 이는 처방약을 받기 전에 Clever Care 의 승인을 받아야 함을 의미합니다. 귀하께서 승인을 받지 못한다면, Clever Care 에서 약을 보장하지 않을 수 있습니다.

수량 제한: 특정 의약품의 경우, Clever Care 는 Clever Care 가 보장할 의약품의 양을 제한합니다. 예를 들어, 당사 플랜은 리자트립탄 30 일치 처방당 12 정을 제공합니다(MAXALT 의 일반 약품). 이는 표준 1 개월 또는 3 개월 치 분량에 추가될 수 있습니다.

단계적 치료: 경우에 따라, Clever Care 는 귀하의 의학적 상태를 치료하기 위해 특정 의약품을 먼저 시도한 후 다른 의약품을 보장할 수 있습니다. 예를 들어, 의약품 A 와 의약품 B 가 모두 귀하의 질환을 치료하는 경우, Clever Care 는 의약품 A 를 먼저 시도하지 않는 한 의약품 B 를 보장하지 않을 수 있습니다. 의약품 A 가 효과가 없는 경우, Clever Care 는 의약품 B 를 보장합니다.

3 페이지에서 시작하는 처방집을 살펴보면 귀하의 의약품에 추가 요건이나 한도가 적용되는지 확인할 수 있습니다. 또한 귀하는 당사 웹사이트를 방문하여 특정 보장 의약품에 적용되는 제약 사항에 대한 자세한 정보를 얻을 수도 있습니다. 당사는 사전 승인 및 단계적 치료 제한에 대해 설명하는 온라인 문서를 게시했습니다. 귀하는 사본을 보내달라고 요청하실 수도 있습니다. 당사의 연락처 정보는 처방집을 마지막으로 업데이트한 날짜와 더불어 앞표지와 뒤표지에 명시되어 있습니다.

귀하는 Clever Care 에 이러한 제한 또는 한도에 대한 예외를 요청하거나 귀하의 건강 상태를 치료할 수 있는 다른 유사한 의약품 목록을 요청할 수 있습니다. 예외 요청 방법에 대한 정보는 v 페이지의 “Clever Care 처방집에 대한 예외를 어떻게 요청합니까?” 섹션을 참조하십시오.

비처방(OTC) 의약품이란 무엇입니까?

OTC 의약품은 일반적으로 Medicare 처방약 플랜에서 보장하지 않는 비처방 의약품입니다. Clever Care 는 특정 OTC 의약품에 대한 비용을 지불합니다. OTC 품목에 대한 목록은 ko.clevercarehealthplan.com 에서 확인하실 수 있습니다. Clever Care 는 이러한 OTC 의약품을 무료로 제공합니다. 이러한 OTC 의약품 비용은 귀하의 총 파트 D 의약품 비용에 포함되지 않습니다(즉, OTC 의약품 비용은 보험 적용 공백에 포함되지 않음)

제 약이 처방집에 없으면 어떻게 해야 합니까?

귀하의 약품이 이 처방집(보장 약품 목록)에 포함되지 않은 경우, 먼저 고객 서비스에 연락하여 귀하의 약품이 보장되는지 문의하셔야 합니다. Clever Care 가 귀하의 의약품에 보장하지 않는다는 것을 귀하께서 알게 되신다면 다음 두 가지 옵션이 있습니다:

- 귀하는 Clever Care 에서 보장하는 유사 의약품 목록을 고객 서비스에 요청하실 수 있습니다. 목록을 받으면 의사에게 이를 보여주고 Clever Care 에서 보장하는 유사한 약을 처방해 달라고 요청하십시오.
- 귀하는 Clever Care 에 예외를 적용하고 귀하의 브랜드 약품을 계속 보장하도록 문의 및 요청을하실 수 있습니다. 예외 요청 방법에 대한 정보는 아래 내용을 참조하십시오.

Clever Care 처방집에 대한 예외를 어떻게 요청합니까?

귀하는 Clever Care 에 보장 규칙 예외를 요청하실 수 있습니다. 귀하께서 당사에 요청하실 수 있는 몇 가지 예외의 유형이 있습니다.

- 귀하는 당사 처방집에 없는 약품도 보장을 요청하실 수 있습니다. 승인이 되면, 이 약은 미리 결정된 비용 분담 수준으로 보장되며, 귀하는 당사에 더 낮은 비용 분담 수준으로 약을 제공해줄 것을 요청하실 수는 없습니다.
- 귀하는 특수약품 계층 약에 포함되지 않는 한 처방집 의약품을 더 저렴한 비용 분담 수준으로 보장해줄 것을 요청하실 수 있습니다. 승인이 되면 귀하께서 의약품에 대해 지불해야 하는 금액이 낮아집니다.
- 귀하는 귀하의 의약품에 대한 제약 사항 또는 한도를 면제해줄 것을 당사에 요청하실 수 있습니다. 예를 들어 특정 의약품의 경우, Clever Care 는 당사가 보장할 의약품의 양을 제한합니다. 귀하의 의약품에 수량 한도가 있는 경우, 귀하는 한도를 면제하고 더 많은 양을 보장하도록 당사에 요청하실 수 있습니다.

일반적으로, Clever Care 는 플랜의 처방집에 포함된 대체 의약품, 비용 분담이 더 저렴한 의약품 또는 추가 사용 제약 사항이 귀하의 상태를 치료하는 데 효과적이지 않거나 귀하에게 의료적 부작용을 유발할 수 있는 경우에만 귀하의 예외 요청을 승인합니다.

처방집 또는 이용도 제한의 예외에 대한 초기 보장 결정을 요청하려면 저희에게 연락하셔야 합니다. 귀하께서 처방집, 계층, 또는 이용도 제한의 예외를 요청하실 때, 귀하의 요청을 뒷받침하는 처방자 또는 의사의 진술서를 제출하셔야 합니다. 일반적으로, 당사는 처방자의 증빙 진술서를 받은 후 72 시간 이내에 결정을 내려야 합니다. 귀하 또는 귀하의 의사가 결정 내역을 전달받기까지 최대 72 시간을 기다림으로써 귀하의 건강에 심각한 위해를 줄 수 있다고 생각하는 경우, 신속 처리(빠른) 예외를 요청할 수 있습니다. 신속 처리 요청이 승인된 경우, 당사는 귀하의 의사나 다른 처방자로부터 증빙 진술서를 받은 후 24 시간 이내에 귀하에게 결정 내역을 알려야 합니다.

의약품 변경 또는 예외 요청에 대해 의사와 상담하기 전에 무엇을 해야 합니까?

당사 플랜의 신규 회원 또는 기존 회원으로서 귀하는 당사 처방집에 없는 약을 복용하고 있으실 수 있습니다. 또는 당사 처방집에 있는 약을 복용 중이지만 약을 구할 수 있는 능력이 제한되어 있으실 수 있습니다. 예를 들어, 처방약을 조제하려면 당사로부터 사전 승인을 받아야 할 수 있습니다. 귀하는 당사가 보장하는 적절한 약으로 전환해야 하는지, 또는 귀하께서 복용하는 약을 보장을 받기 위해 처방집 예외를 요청해야 하는지 의사와 상의하셔야 합니다. 귀하에게 적합한 조치를 결정하기 위해 귀하의 의사와 상의하시는 동안, 당사는 귀하께서 저희 플랜의 회원이 되신 첫 90 일 동안 특정 경우에 귀하의 의약품을 보장할 수 있습니다.

귀하의 각 의약품이 당사 처방집에 없는 경우, 또는 귀하께서 의약품을 구할 수 있는 능력이 제한되어 있는 경우, 당사는 임시 30 일치 분량을 보장합니다. 귀하의 처방전이 더 적은 기간으로 작성된 경우, 당사는 최대 30 일치 분량의 의약품을 제공하기 위해 재처방을 허용합니다. 귀하의 첫 30 일치 분량 공급이 끝난 후에는 귀하께서 90 일 미만의 플랜 회원이더라도 당사는 이러한 의약품에 대한 비용을 지불하지 않습니다.

귀하께서 장기 요양 시설에 거주하고 있고, 당사 처방집에 없는 약이 필요하거나 약을 구할 수 있는 귀하의 능력이 제한되어 있지만 당사 플랜 가입 후 첫 90 일이 지난 경우, 당사는 귀하께서 처방집 예외를 요청하는 동안 해당 약의 31 일치 응급 공급을 보장합니다.

참고:

- **플랜의 현재 회원 중 장기 요양(LTC) 시설 또는 병원에서 집으로 이동하여 전환 공급이 즉시 필요한 경우:** 당사는 30 일치 분량을 보장합니다. 또는 처방전이 더 적은 일수로 작성된 경우 더 적은 분량을 보장합니다(이 경우에는 총 30 일치 분량의 의약품을 제공하기 위해 여러 번의 조제를 허용함).
- **플랜의 현재 회원 중 집 또는 병원에서 장기 요양(LTC) 시설로 이동하여 전환 공급이 즉시 필요한 경우:** 당사는 31 일치 분량을 보장합니다. 또는 처방전이 더 적은 일수로 작성된 경우 더 적은 분량을 보장합니다(이 경우에는 총 31 일치 분량의 의약품을 제공하기 위해 여러 번의 조제를 허용함).

추가 정보

Clever Care 처방약 보장 범위에 대한 보다 자세한 정보는 **보장 범위 증명서(Evidence of Coverage)** 및 기타 플랜 자료를 검토하십시오.

Clever Care 에 대해 궁금한 점이 있으시면 저희에게 문의해 주십시오. 당사의 연락처 정보는 처방집을 마지막으로 업데이트한 날짜와 더불어 앞표지와 뒤표지에 나와 있습니다.

Medicare 처방약 보장에 대한 일반적인 질문이 있는 경우, 하루 24 시간 /주 7 일 운영되는 1-800-MEDICARE(1-800-633-4227)로 Medicare 에 전화하십시오. TTY 사용자는 1-877-486-2048 번으로 전화하셔야 합니다. 또는 <http://www.medicare.gov> 를 방문하십시오.

Clever Care 처방집

1 페이지에서 시작되는 처방집은 Clever Care 에서 보장하는 의약품에 대한 보장 정보를 제공합니다. 목록에서 의약품 찾는 데 어려움이 있는 경우, I-1 페이지에서 시작하는 색인을 참조하십시오. 차트의 첫 번째 열에는 약품명이 나열됩니다. 브랜드 약품은 대문자로 표시되고(예: JARDIANCE), 일반 약품은 소문자 이탤릭체로 나열됩니다(예: *jasmiel*). 요건/한도 열의 정보는 Clever Care 가 귀하의 의약품 보장에 대해 부여하는 특별 요건을 알려줍니다.

범례

요건 기호	명칭	설명
BvD	Medicare 파트 B vs. Medi	일부 의약품의 경우 Medicare 보장 범위 규칙에 따라 파트 B 또는파트 D 보장 범위 결정이 필요할 수 있습니다.
CB	Capped Benefit(혜택 상한)	이 처방에는 혜택 상한이 적용됩니다.
EX	Excluded Drug(제외된 약)	이 처방약은 일반적으로 Medicare 처방약 플랜에서 보장되지 않습니다. 귀하께서 이 처방약을 받을 때 지불하는 금액은 귀하의 총 의약품 비용에 포함되지 않습니다(즉, 귀하께서 지불하는 금액은 재난적 보장 자격을 갖추는 데 도움이 되지 않음). 또한 귀하께서 처방약 비용을 지불하기 위해 추가 도움(extra help)을 받고 있는 경우, 귀하는 이 약에 대한 비용 지불에는 추가 도움을 받지 못합니다.
GC	Gap Coverage (보험 적용 공백)	당사는 보험 적용 공백에 도달한 이 처방약에 대해 추가 보장을 제공합니다. 이 보장에 관한 추가 정보는 보장의 증거(Evidence of Coverage)를 참조하십시오.
LA	Limited Access(접근 제한)	이 처방약은 특정 약국에서만 구할 수 있습니다. 자세한 내용은 약국 디렉토리를 참조하시거나, 고객 서비스에 1-833-808-8164 (TTY: 711)로 전화하시거나, ko.clevercarehealthplan.com 을 방문하십시오.
NDS	Non-Extended Days' Supply(비연장 일수 공급)	이 의약품은 한 달 이하의 공급량에서만 제공될 수 있습니다.
NSO	New Start Only(신규 가입만 해당)	귀하가 이 약을 이전에 복용하지 않은 경우, 귀하 또는 귀하의 의사가 사전 승인을 받아야 합니다.
PA	Prior Authorization(사전 승인)	이 처방약을 보장 받으려면 사전 승인이 필요합니다.
QL	Quantity Limit(수량 제한)	이 의약품에는 투약 또는 처방에 대한 수량 제한이 있습니다. 일일 최대 용량 제한은 FDA 에서 규정합니다.
SI	Select Insulin (특정 인슐린)	이 처방은 시니어 절약 모델 프로그램의 일부입니다.
ST	Step Therapy(단계적 치료)	이 처방에 대한 보장은 다른 1 차 또는 선호약 요법을 이미 시도한 경우에 제공됩니다.

Clever Care Longevity Medicare Advantage (HMO)

Los Angeles, Orange, San Bernardino, Riverside, San Diego 카운티

초기 보장	일반 소매 비용 부담 (네트워크 소속)		일반 비용 부담 (우편 주문)	소매 비용 부담 (네트워크 외부)*
	처방일수 30일	처방일수 100일	처방일수 100일	처방일수 30일
계층 1: 선호 일반 약품	\$0 코페이	\$0 코페이	\$0 코페이	\$0 코페이
계층 2: 일반 약품	\$0 코페이	\$0 코페이	\$0 코페이	\$0 코페이
계층 3: 선호 브랜드 약품	\$35 코페이	\$105 코페이	\$70 코페이	\$35 코페이
계층 4: 비선호 약품	\$99 코페이	\$297 코페이	\$198 코페이	\$99 코페이
계층 5: 특수 단계 약품	33% 코인슈런스	33% 코인슈런스	33% 코인슈런스	33% 코인슈런스
계층 6: 선택적 치료 약품**	\$0 코페이	\$0 코페이	\$0 코페이	\$0 코페이
*장기, 100일치, 의약품 공급은 네트워크 외부 약국에서는 이용할 수 없습니다.				
**계층 6 보충 약품은 일반 약품 비아그라(Viagra), 처방 기침 약 및 비타민류를 포함합니다.				

인슐린 비용에 대한 중요한 메시지

Clever Care 는 CMS 에 제공하는 파트 D 시니어 절약 모델에 참여하고 있습니다. 이 프로그램은 회원들이 당뇨병을 관리하기 위해 저렴한 인슐린을 이용하실 수 있도록 고안되었습니다. 인슐린의 브랜드에 따라 모든 보장 단계에서 저희 플랜이 보장하는 각 인슐린 제품의 1 개월분에 대한 본인 부담 비용은 \$0 또는 최대 \$35 일 것 입니다. 시니어 절약 모델과 관련한 약품에는 "SI"가 명시됩니다.

Medicare로 부터 도움 받기- 만약 귀하께서 한 달에 \$35 이하의 인슐린 보장을 원하셨기 때문에 이 플랜을 선택하셨다면, Medicare 파트 D 프로그램의 변경으로 인해 2023년에 더 저렴한 비용으로 이용하실 수 있는 다른 선택권들이 있다는 것을 이해하시는 것이 중요합니다. 귀하의 선택권을 비교하는데 도움이 필요하시다면 Medicare에 1-800- MEDICARE (1-800-633-4227)로 주 7일, 하루 24시간 문의하십시오. TTY 사용자는 1-877-486-2048로 전화하셔야 합니다.

도움이 되는 추가 자료 및 정보 - 더 많은 정보를 원하시면 당사의 고객센터로 1-833-808-8164 (TTY: 711)에 10월 1일부터 3월 31일까지는 주 7일 오전 8시부터 오후 8시까지, 4월 1일부터 9월 30일까지는 평일(주 5일) 오전 8시부터 오후 8시까지 문의해 주십시오.

Clever Care Fortune Medicare Advantage (HMO)

Los Angeles, Orange, San Bernardino, Riverside, San Diego 카운티

초기 보장	일반 소매 비용 부담 (네트워크 소속)		일반 비용 부담 (우편 주문)	소매 비용 부담 (네트워크 외부)*
	처방일수 30일	처방일수 100일	처방일수 100일	처방일수 30일
계층 1: 선호 일반 약품	\$0 코페이	\$0 코페이	\$0 코페이	\$0 코페이
계층 2: 일반 약품	\$0 코페이	\$0 코페이	\$0 코페이	\$0 코페이
계층 3: 선호 브랜드 약품	\$35 코페이	\$105 코페이	\$70 코페이	\$35 코페이
계층 4: 비선호 약품	\$99 코페이	\$297 코페이	\$198 코페이	\$99 코페이
계층 5: 특수 단계 약품	33% 코인슈런스	33% 코인슈런스	33% 코인슈런스	33% 코인슈런스
계층 6: 선택적 치료 약품**	\$0 코페이	\$0 코페이	\$0 코페이	\$0 코페이
*A long term, 100-day, supply of medication is not available at out-of-network pharmacies. ** Tier 6 supplemental drugs include generic Viagra, prescription cough medicine and vitamins.				

인슐린 비용에 대한 중요한 메시지

Clever Care 는 CMS 에 제공하는 파트 D 시니어 절약 모델에 참여하고 있습니다. 이 프로그램은 회원들이 당뇨병을 관리하기 위해 저렴한 인슐린을 이용하실 수 있도록 고안되었습니다. 인슐린의 브랜드에 따라 모든 보장 단계에서 저희 플랜이 보장하는 각 인슐린 제품의 1 개월분에 대한 본인 부담 비용은 \$0 또는 최대 \$35 일 것 입니다. 시니어 절약 모델과 관련한 약품에는 "SI"가 명시됩니다.

Medicare로 부터 도움 받기- 만약 귀하께서 한 달에 \$35 이하의 인슐린 보장을 원하셨기 때문에 이 플랜을 선택하셨다면, **Medicare** 파트 D 프로그램의 변경으로 인해 **2023**년에 더 저렴한 비용으로 이용하실 수 있는 다른 선택권들이 있다는 것을 이해하시는 것이 중요합니다. 귀하의 선택권을 비교하는데 도움이 필요하시다면 **Medicare**에 **1-800- MEDICARE (1-800-633-4227)**로 주 7일, 하루 24시간 문의하십시오. TTY 사용자는 **1-877-486-2048**로 전화하셔야 합니다.

도움이 되는 추가 자료 및 정보 – 더 많은 정보를 원하시면 당사의 고객센터로 **1-833-808-8164 (TTY: 711)**에 10월 1일부터 3월 31일까지는 주 7일 오전 8시부터 오후 8시까지, 4월 1일부터 9월 30일까지는 평일(주 5일) 오전 8시부터 오후 8시까지 문의해 주십시오.

Clever Care Value Medicare Advantage (HMO)

Los Angeles, Orange, San Bernardino, Riverside, San Diego 카운티

초기 보장	일반 소매 비용 부담 (네트워크 소속)		일반 비용 부담 (우편 주문)	소매 비용 부담 (네트워크 외부)*
	처방일수 30일	처방일수 100일	처방일수 100일	처방일수 30일
계층 1: 선호 일반 약품	\$0 코페이	\$0 코페이	\$0 코페이	\$0 코페이
계층 2: 일반 약품	\$10 코페이	\$30 코페이	\$20 코페이	\$10 코페이
계층 3: 선호 브랜드 약품	\$47 코페이	\$141 코페이	\$94 코페이	\$47 코페이
계층 4: 비선호 약품	\$99 코페이	\$297 코페이	\$198 코페이	\$99 코페이
계층 5: 특수 단계 약품	33% 코인슈런스	33% 코인슈런스	33% 코인슈런스	33% 코인슈런스
계층 6: 선택적 치료 약품**	\$0 코페이	\$0 코페이	\$0 코페이	\$0 코페이
*장기, 100일치, 의약품 공급은 네트워크 외부 약국에서는 이용할 수 없습니다. **계층 6 보충 약품은 일반 약품 비아그라(Viagra), 처방 기침 약 및 비타민류를 포함합니다.				

인슐린 비용에 대한 중요한 메시지

Clever Care 는 CMS 에 제공하는 파트 D 시니어 절약 모델에 참여하고 있습니다. 이 프로그램은 회원들이 당뇨병을 관리하기 위해 저렴한 인슐린을 이용하실 수 있도록 고안되었습니다. 인슐린의 브랜드에 따라 모든 보장 단계에서 저희 플랜이 보장하는 각 인슐린 제품의 1 개월분에 대한 본인 부담 비용은 \$0 또는 최대 \$35 일 것 입니다. 시니어 절약 모델과 관련한 약품에는 "SI"가 명시됩니다.

Medicare로 부터 도움 받기- 만약 귀하께서 한 달에 **\$35** 이하의 인슐린 보장을 원하셨기 때문에 이 플랜을 선택하셨다면, **Medicare** 파트 D 프로그램의 변경으로 인해 **2023**년에 더 저렴한 비용으로 이용하실 수 있는 다른 선택권들이 있다는 것을 이해하시는 것이 중요합니다. 귀하의 선택권을 비교하는데 도움이 필요하시다면 **Medicare**에 **1-800- MEDICARE (1-800-633-4227)**로 주 7일, 하루 24시간 문의하십시오. TTY 사용자는 **1-877-486-2048**로 전화하셔야 합니다.

도움이 되는 추가 자료 및 정보 – 더 많은 정보를 원하시면 당사의 고객센터로 **1-833-808-8164 (TTY: 711)**에 10월 1일부터 3월 31일까지는 주 7일 오전 8시부터 오후 8시까지, 4월 1일부터 9월 30일까지는 평일(주 5일) 오전 8시부터 오후 8시까지 문의해 주십시오.

Clever Care Jasmine Medicare Advantage (HMO C-SNP)

Los Angeles, Orange, San Bernardino, Riverside 카운티

연간 공제액	귀하는 계층 2~5의 파트 D 처방약에 대해 연간 \$505를 지불합니다.			
초기 보장	일반 소매 비용 부담 (네트워크 소속)		일반 비용 부담 (우편 주문)	소매 비용 부담 (네트워크 외부)*
	처방일수 30일	처방일수 100일	처방일수 100일	처방일수 30일
계층 1: 선호 일반 약품	\$0 코페이	\$0 코페이	\$0 코페이	\$0 코페이
계층 2: 일반 약품	25% 코인슈런스	25% 코인슈런스	25% 코인슈런스	25% 코인슈런스
계층 3: 선호 브랜드 약품	25% 코인슈런스	25% 코인슈런스	25% 코인슈런스	25% 코인슈런스
계층 4: 비선호 약품	25% 코인슈런스	25% 코인슈런스	25% 코인슈런스	25% 코인슈런스
계층 5: 특수 단계 약품	25% 코인슈런스	25% 코인슈런스	25% 코인슈런스	25% 코인슈런스
계층 6: 선택적 치료 약품**	\$0 코페이	\$0 코페이	\$0 코페이	\$0 코페이
*장기, 100일치, 의약품 공급은 네트워크 외부 약국에서는 이용할 수 없습니다.				
**계층 6 보충 약품은 일반 약품 비아그라(Viagra), 처방 기침 약 및 비타민류를 포함합니다.				

인슐린 비용에 대한 중요한 메시지

Clever Care 는 CMS 에 제공하는 파트 D 시니어 절약 모델에 참여하고 있습니다. 이 프로그램은 회원들이 당뇨병을 관리하기 위해 저렴한 인슐린을 이용하실 수 있도록 고안되었습니다. 인슐린의 브랜드에 따라 모든 보장 단계에서 저희 플랜이 보장하는 각 인슐린 제품의 1 개월분에 대한 본인 부담 비용은 \$0 또는 최대 \$35 일 것 입니다. 시니어 절약 모델과 관련한 약품에는 "SI"가 명시됩니다.

Medicare로 부터 도움 받기- 만약 귀하께서 한 달에 \$35 이하의 인슐린 보장을 원하셨기 때문에 이 플랜을 선택하셨다면, Medicare 파트 D 프로그램의 변경으로 인해 2023년에 더 저렴한 비용으로 이용하실 수 있는 다른 선택권들이 있다는 것을 이해하시는 것이 중요합니다. 귀하의 선택권을 비교하는데 도움이 필요하시다면 Medicare에 1-800- MEDICARE (1-800-633-4227)로 주 7일, 하루 24시간 문의하십시오. TTY 사용자는 1-877-486-2048로 전화하셔야 합니다.

도움이 되는 추가 자료 및 정보 - 더 많은 정보를 원하시면 당사의 고객센터로 1-833-808-8164 (TTY: 711)에 10월 1일부터 3월 31일까지는 주 7일 오전 8시부터 오후 8시까지, 4월 1일부터 9월 30일까지는 평일(주 5일) 오전 8시부터 오후 8시까지 문의해 주십시오.

추가 도움(Extra Help) 받기

귀하께서 처방약 비용을 지불하는 것에 대해 추가 지원을 받을 자격이 있는 경우, 귀하의 코페이 및 코인슈런스는 더 낮아질 수 있습니다. 추가 지원을 받을 자격이 있는 회원은 “처방약 비용 지불에 대해 추가 지원을 받는 사람을 위한 특약 보장 범위 증명서”(LIS 특약)를 받게 됩니다. 귀하의 비용에 대해 알아보려면 이를 읽으십시오. 고객 서비스에 전화로 문의하실 수도 있습니다. 연락처 정보는 표지에 나와 있습니다.

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약 이름	약물 등급	요건/제한
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine 120-12 mg/5 ml cup outer 120 mg-12 mg /5 ml (5 ml)</i>	2	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	NDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	NDS; QL (180 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i> (codeine-butalbital-asa-caff)	2	NDS; QL (180 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	2	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	2	NDS; QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	2	NDS; QL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	NDS; QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Zebutal)	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	2	NDS; QL (5 per 28 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	NDS; QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	2	NDS; QL (180 per 30 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

약 이름	약물 등급	요건/제한
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	2	NDS; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	2	NDS; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	2	NDS; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	NDS; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	2	NDS; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	NDS; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	NDS; QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	NDS; QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	NDS; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	NDS; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	NDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	NDS; QL (180 per 30 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

약 이름	약물 등급	요건/제한
<i>methadose oral tablet, soluble 40 mg</i> (methadone)	2	NDS; QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; NDS; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	NDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	NDS; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	NDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	NDS; QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	PA; NDS; QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	NDS; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	NDS; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	NDS; QL (120 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	3	NDS; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	NDS; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	NDS; QL (240 per 30 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

약 이름	약물 등급	요건/제한
OXYCONTIN ORAL (oxycodone) TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	NDS; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	NDS; QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	NDS; QL (60 per 30 days)
<i>tencon oral tablet 50-325 mg</i> (butalbital- acetaminophen)	2	QL (180 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	NDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	NDS; QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	NDS; QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	NDS; QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	3	NDS; QL (240 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i> (butalbital- acetaminophen-caff)	2	QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	2	QL (150 per 30 days)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg</i>	2	QL (120 per 30 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

약 이름	약물 등급	요건/제한
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	2	QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL (100 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	5	PA; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>ec-naproxen dr 500 mg tablet</i> (naproxen)	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)	2	PA; QL (90 per 30 days)
<i>indomethacin oral capsule 25 mg</i>	1	QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	QL (120 per 30 days)
<i>indomethacin oral capsule, extended release 75 mg</i>	2	QL (60 per 30 days)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>ketorolac injection cartridge 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection solution 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection solution 30 mg/ml, 30 mg/ml (1 ml)</i>	2	QL (20 per 30 days)
<i>ketorolac injection syringe 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection syringe 30 mg/ml</i>	2	QL (20 per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	QL (20 per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	QL (20 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	2	
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> (EC-Naproxen)	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	2	QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	1	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	
<i>lidocaine hcl 1% 50 mg/5 ml vial sdv, p/f 10 mg/ml (1 %)</i> (Xylocaine-MPF)	2	
<i>lidocaine hcl 2% ampul outer, p/f, sdv 20 mg/ml (2 %)</i> (Xylocaine-MPF)	2	

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약 이름	약물 등급	요건/제한
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i> (Xylocaine)	2	
<i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i> (Xylocaine)	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PA
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	

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약 이름	약물 등급	요건/제한
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (2688 per 365 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	NDS; QL (1.5 per 30 days)
<i>varenicline oral tablet 0.5 mg</i>	2	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	2	QL (336 per 365 days)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	2	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	NDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	NDS; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)	2	NDS; QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	2	NDS; QL (90 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	NDS; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	QL (1200 per 30 days)

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약 이름	약물 등급	요건/제한
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>estazolam oral tablet 1 mg</i>	2	NDS; QL (60 per 30 days)
<i>estazolam oral tablet 2 mg</i>	2	NDS; QL (30 per 30 days)
<i>flurazepam oral capsule 15 mg</i>	2	NDS; QL (60 per 30 days)
<i>flurazepam oral capsule 30 mg</i>	2	NDS; QL (30 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	2	NDS; QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	2	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	4	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	2	NDS; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	NDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	NDS; QL (150 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	2	NDS; QL (10 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	NDS; QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	NDS; QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	NDS; QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	NDS; QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	

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약 이름	약물 등급	요건/제한
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	5	PA BvD; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	2	
Antibacterials, Miscellaneous		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	2	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	
<i>clindamycin 600 mg/4 ml addvan sdv,outer</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin RF)	5	NDS

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약 이름	약물 등급	요건/제한
FIRVANQ ORAL RECON SOLN (vancomycin) 25 MG/ML	4	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml (Zyvox)	2	
linezolid oral suspension for reconstitution 100 mg/5 ml (Zyvox)	5	NDS
linezolid oral tablet 600 mg (Zyvox)	2	
methenamine hippurate oral tablet 1 gram (Hiprex)	2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml (Metro I.V.)	2	
metronidazole oral tablet 250 mg, 500 mg	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg (Macrochantin)	2	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)	2	QL (60 per 30 days)
polymyxin b sulfate injection recon soln 500,000 unit	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	NDS
trimethoprim oral tablet 100 mg	1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	2	
vancomycin oral capsule 125 mg (Vancocin)	2	QL (56 per 14 days)
vancomycin oral capsule 250 mg (Vancocin)	2	QL (112 per 14 days)
vancomycin oral recon soln 25 mg/ml (Firvanq)	4	
XIFAXAN ORAL TABLET 200 MG	5	PA; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)
Cephalosporins		
cefactor oral capsule 250 mg, 500 mg	2	
cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	2	
cefactor oral tablet extended release 12 hr 500 mg	2	

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약 이름	약물 등급	요건/제한
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefazolin intravenous recon soln 3 gram</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefixime oral capsule 400 mg</i> (Suprax)	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	2	
<i>cefotaxime injection recon soln 1 gram</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 600 mg</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	

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약 이름	약물 등급	요건/제한
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin 1 gm/ 50 ml inj 1 gram/50 ml</i>	2	
<i>nafcillin injection recon soln 1 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	NDS
<i>nafcillin injection recon soln 2 gram</i>	2	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit</i> (penicillin g potassium)	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	

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약 이름	약물 등급	요건/제한
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml</i> (Cipro)	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	

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약 이름	약물 등급	요건/제한
<i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg, 50 mg</i> (Doryx)	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxine NL)	2	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>mondoxine nl oral capsule 100 mg</i> (doxycycline monohydrate)	2	
<i>mondoxine nl oral capsule 75 mg</i> (doxycycline monohydrate)	2	QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	PA NSO; NDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel protein-bound)	5	PA BvD; NDS
<i>adrucil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i> (fluorouracil)	2	PA BvD

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

약 이름	약물 등급	요건/제한
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG (pemetrexed disodium)	5	NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeke)	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	
<i>bortezomib injection recon soln 1 mg</i>	4	PA NSO
<i>bortezomib injection recon soln 2.5 mg</i>	5	PA NSO; NDS

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약 이름	약물 등급	요건/제한
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NDS; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	2	
<i>cladribine intravenous solution 10 mg/10 ml</i>	2	PA BvD
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml, 500 mg/ml</i>	5	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA BvD; ST

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약 이름	약물 등급	요건/제한
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NDS; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; LA; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)</i>	2	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	PA BvD; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL 40 MG/ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS

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약 이름	약물 등급	요건/제한
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	2	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Afinitor)	5	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	5	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NDS
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)

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약 이름	약물 등급	요건/제한
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NDS; QL (60 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	2	PA BvD
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	4	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)

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약 이름	약물 등급	요건/제한
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 560 MG	5	NDS; QL (28 per 28 days)
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	2	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NDS; QL (2 per 28 days)

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약 이름	약물 등급	요건/제한
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NDS; QL (28 per 28 days)
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)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	5	NDS
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	4	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	PA NSO; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)

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약 이름	약물 등급	요건/제한
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB)	5	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	2	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	PA BvD
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	5	PA BvD; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NDS
<i>pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg</i>	5	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)

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약 이름	약물 등급	요건/제한
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA NSO; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

약 이름	약물 등급	요건/제한
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NDS
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	2	
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	5	PA NSO; NDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
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)	5	PA NSO; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)

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약 이름	약물 등급	요건/제한
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
VELCADE INJECTION RECON (bortezomib) SOLN 3.5 MG	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	2	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> (vincristine)	2	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	2	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)

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약 이름	약물 등급	요건/제한
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO

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약 이름	약물 등급	요건/제한
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NDS; QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
APTOM ORAL TABLET 200 MG, 400 MG	5	ST; NDS; QL (30 per 30 days)
APTOM ORAL TABLET 600 MG, 800 MG	5	ST; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)

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약 이름	약물 등급	요건/제한
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	4	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	4	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST; QL (480 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	5	NDS
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NDS
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)

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약 이름	약물 등급	요건/제한
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	2	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter (Blue))	2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	2	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> (Lamictal ODT Starter (Green))	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	2	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
<i>methsuximide oral capsule 300 mg</i> (Celontin)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	

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약 이름	약물 등급	요건/제한
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	NDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	2	
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)

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약 이름	약물 등급	요건/제한
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	2	
topiramate oral capsule, sprinkle 15 mg, 25 mg (Topamax)	2	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Topamax)	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	
valproic acid oral capsule 250 mg	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 5 MG/SPRAY (0.1 ML)	4	
VALTOCO NASAL SPRAY, NON-AEROSOL 20 MG/2 SPRAY (10MG/0.1ML X2)	5	NDS
vigabatrin oral powder in packet 500 mg (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	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)	4	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	2	

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약 이름	약물 등급	요건/제한
zonisamide oral capsule 50 mg	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
donepezil oral tablet 10 mg, 5 mg (Aricept)	1	QL (30 per 30 days)
donepezil oral tablet 23 mg (Aricept)	2	QL (30 per 30 days)
donepezil oral tablet, disintegrating 10 mg, 5 mg	2	QL (30 per 30 days)
ergoloid oral tablet 1 mg	2	
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	2	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	2	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	2	QL (60 per 30 days)
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	2	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml	2	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg (Namenda)	2	QL (60 per 30 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	4	ST
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	ST; QL (30 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	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)	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	

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약 이름	약물 등급	요건/제한
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NDS
bupropion hcl oral tablet 100 mg, 75 mg	2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL)	2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR)	2	
citalopram oral solution 10 mg/5 ml	2	QL (600 per 30 days)
citalopram oral tablet 10 mg (Celexa)	1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg (Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	2	
desipramine oral tablet 10 mg, 25 mg (Norpramin)	2	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	2	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin oral concentrate 10 mg/ml	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	2	QL (60 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 40 mg	2	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	

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약 이름	약물 등급	요건/제한
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, (Prozac) 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 75 mg</i>	2	
<i>maprotiline oral tablet 50 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg (Remeron)</i>	2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet,disintegrating (Remeron SolTab) 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 (Pamelor) mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral suspension 10 (Paxil) mg/5 ml</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 (Paxil) mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended (Paxil CR) release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4- 25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg (Nardil)</i>	2	

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약 이름	약물 등급	요건/제한
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	4	PA NSO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	4	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i>	2	QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	2	QL (90 per 30 days)
VIIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 per 30 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	GC; QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)

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약 이름	약물 등급	요건/제한
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	GC; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	GC; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	GC; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	GC; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NDS; QL (112 per 28 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	2	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	GC; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	3	GC; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)

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약 이름	약물 등급	요건/제한
<i>pioglitazone-metformin oral tablet</i> 15-500 mg	2	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet</i> (Actoplus MET) 15-850 mg	2	QL (90 per 30 days)
<i>repaglinide oral tablet</i> 0.5 mg, 1 mg	2	QL (120 per 30 days)
<i>repaglinide oral tablet</i> 2 mg	2	QL (240 per 30 days)
<i>repaglinide-metformin oral tablet</i> 1- 500 mg, 2-500 mg	2	QL (150 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	GC; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NDS; 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	3	GC; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	GC; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5- 1,000 MG, 5-1,000 MG	3	GC; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	GC; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5- 1,000 MG, 5-2.5-1,000 MG	3	QL (60 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	3	GC; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	GC; QL (9 per 30 days)

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약 이름	약물 등급	요건/제한
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	GC; 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	3	GC; QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	SI; QL (24 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	SI; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	SI; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	SI; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)

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약 이름	약물 등급	요건/제한
NOVOLOG FLEXPEN U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	SI; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 (insulin asp prt-insulin aspart) INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	SI; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN (insulin asp prt-insulin aspart) U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	SI; QL (30 per 28 days)
NOVOLOG PENFILL U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	SI; QL (30 per 28 days)
NOVOLOG U-100 INSULIN (insulin aspart u-100) ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	SI; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS (insulin glargine-yfgn) SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS (insulin glargine-yfgn) INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	SI; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	SI; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (60 per 30 days)

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약 이름	약물 등급	요건/제한
<i>glipizide oral tablet extended release</i> (Glucotrol XL) 24hr 10 mg	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release</i> (Glucotrol XL) 24hr 2.5 mg, 5 mg	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b injection recon soln</i> 50 mg	2	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution</i> 50 mg (AmBisome)	5	PA BvD; NDS
<i>caspofungin intravenous recon soln</i> 50 mg, 70 mg (Cancidas)	2	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	QL (180 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	2	QL (300 per 30 days)
<i>ciclopirox topical shampoo 1 %</i>	2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	2	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche</i> 10 mg	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream</i> 1-0.05 %	2	QL (90 per 30 days)
<i>clotrimazole-betamethasone topical lotion</i> 1-0.05 %	2	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	2	QL (170 per 30 days)

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약 이름	약물 등급	요건/제한
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	2	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	5	PA; NDS
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical foam 2 %</i> (Extina)	2	ST; QL (100 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML (posaconazole)	5	NDS
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	5	PA; NDS
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)

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약 이름	약물 등급	요건/제한
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>posaconazole intravenous solution 300 mg/16.7 ml</i> (Noxafil)	5	NDS
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	5	PA; NDS
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	2	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine (gout) oral tablet 0.6 mg</i> (Colcris)	4	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG (colchicine (gout))	2	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	2	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
Antimigraine Agents		
Antimigraine Agents		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)

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약 이름	약물 등급	요건/제한
<i>dihydroergotamine injection solution 1 mg/ml</i>	2	QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	2	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i> (Imitrex)	2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i> (Imitrex)	2	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (4 per 28 days)

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약 이름	약물 등급	요건/제한
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	2	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	QL (6 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECATOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD
APONVIE INTRAVENOUS EMULSION 7.2 MG/ML	4	QL (4.4 per 28 days)

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약 이름	약물 등급	요건/제한
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	2	
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	2	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA BvD; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))	2	QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	2	
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	
<i>granisetron hcl oral tablet 1 mg</i>	2	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	2	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

약 이름	약물 등급	요건/제한
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	
<i>promethazine injection solution 25 mg/ml</i> (Phenergan)	2	
<i>promethazine injection solution 50 mg/ml</i> (Phenergan)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine)	2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	5	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
KRINTAFEL ORAL TABLET 150 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	NDS

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약 이름	약물 등급	요건/제한
<i>paromomycin oral capsule 250 mg</i> (Humatin)	2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	2	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	2	
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	5	PA; NDS; QL (60 per 30 days)
<i>benztropine injection solution 1 mg/ml</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	4	

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약 이름	약물 등급	요건/제한
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 75) <i>tablet 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 100) <i>tablet 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 125) <i>tablet 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 150) <i>tablet 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 200) <i>tablet 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS
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	3	QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg,</i> (Mirapex) <i>0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5</i> <i>mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 0.5</i> <i>mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended</i> <i>release 24 hr 12 mg, 2 mg, 4 mg, 6</i> <i>mg, 8 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG	5	PA; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	2	QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	5	ST; NDS; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	5	ST; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 28 days)

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약 이름	약물 등급	요건/제한
<i>asenapine maleate sublingual tablet</i> (Saphris) 10 mg, 2.5 mg, 5 mg	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution</i> 25 mg/ml	2	
<i>chlorpromazine oral concentrate</i> 100 mg/ml, 30 mg/ml	2	
<i>chlorpromazine oral tablet</i> 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	2	
<i>clozapine oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	2	
<i>clozapine oral tablet, disintegrating</i> 100 mg, 12.5 mg, 25 mg	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating</i> 150 mg	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating</i> 200 mg	5	ST; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	4	ST
<i>fluphenazine decanoate injection</i> <i>solution</i> 25 mg/ml	2	
<i>fluphenazine hcl injection solution</i> 2.5 mg/ml	2	
<i>fluphenazine hcl oral concentrate</i> 5 mg/ml	2	
<i>fluphenazine hcl oral elixir</i> 2.5 mg/5 ml	2	
<i>fluphenazine hcl oral tablet</i> 1 mg, 10 mg, 2.5 mg, 5 mg	2	
<i>haloperidol decanoate intramuscular</i> <i>solution</i> 100 mg/ml (1 ml), 50 mg/ml(1ml)	2	
<i>haloperidol decanoate intramuscular</i> (Haldol Decanoate) <i>solution</i> 100 mg/ml, 50 mg/ml	2	
<i>haloperidol lactate injection solution</i> 5 mg/ml	2	

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약 이름	약물 등급	요건/제한
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 84 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	2	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	2	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	
<i>quetiapine oral tablet 150 mg</i>	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	
REXULTI ORAL TABLET 0.25 MG	5	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NDS; QL (60 per 30 days)

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약 이름	약물 등급	요건/제한
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	
<i>risperidone oral tablet 0.25 mg</i>	2	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	5	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	5	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	5	NDS; QL (0.56 per 56 days)

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약 이름	약물 등급	요건/제한
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	NDS
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	5	NDS; QL (24 per 365 days)

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약 이름	약물 등급	요건/제한
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir oral capsule 150 mg</i>	2	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	5	NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	5	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS
<i>darunavir ethanolate oral tablet 600 mg, 800 mg</i> (Prezista)	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	5	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet 600-300-300 mg</i> (Symfi)	5	NDS

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약 이름	약물 등급	요건/제한
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada)	5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	5	NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	

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약 이름	약물 등급	요건/제한
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	5	NDS; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	2	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG	5	NDS
PREZISTA ORAL TABLET 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

약 이름	약물 등급	요건/제한
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150- 150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NDS
SYM TUZA ORAL TABLET 800- 150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50- 300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NDS
TRIZIVIR ORAL TABLET 300- 150-300 MG (abacavir-lamivudine- zidovudine)	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS

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약 이름	약물 등급	요건/제한
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	4	QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
XOFLUZA 40 MG TAB (80 MG DOSE)	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)
Hcv Antivirals		

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약 이름	약물 등급	요건/제한
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	5	PA; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; 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)	5	PA NSO; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	2	
<i>cidofovir intravenous solution 75 mg/ml</i>	5	NDS

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약 이름	약물 등급	요건/제한
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	5	PA BvD; NDS
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	5	PA BvD; NDS
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA BvD; NDS
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	
VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)	5	PA BvD; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i> (Pradaxa)	2	ST; QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	QL (24 per 30 days)

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약 이름	약물 등급	요건/제한
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	5	NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	5	NDS; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin)	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NDS
DOPTelet (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)

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약 이름	약물 등급	요건/제한
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NDS
MOZOBIL SUBCUTANEOUS (plerixafor) SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
<i>plerixafor subcutaneous solution 24</i> (Mozobil) <i>mg/1.2 ml (20 mg/ml)</i>	5	NDS

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약 이름	약물 등급	요건/제한
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
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	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	5	PA; NDS
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	5	PA; NDS
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
CABLIVI INJECTION KIT 11 MG	5	PA; NDS; QL (30 per 30 days)

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약 이름	약물 등급	요건/제한
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NDS
<i>protamine intravenous solution 10 mg/ml</i>	2	
SIKLOS ORAL TABLET 100 MG	4	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution</i> (Cyklokapron) <i>1,000 mg/10 ml (100 mg/ml)</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD

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약 이름	약물 등급	요건/제한
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	4	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	
<i>dextrose 5%-water iv soln single use</i>	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD

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약 이름	약물 등급	요건/제한
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	
EDARBI ORAL TABLET 40 MG, 80 MG	3	

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약 이름	약물 등급	요건/제한
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24-26 MG	3	GC; QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	GC; QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50- 12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320- 12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	2	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	

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약 이름	약물 등급	요건/제한
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	2	ST; QL (1200 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	

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약 이름	약물 등급	요건/제한
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 400 mg</i> (Pacerone)	2	
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacерone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	2	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	
<i>procainamide intravenous syringe 100 mg/ml</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg</i>	1	
<i>quinidine sulfate oral tablet 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	

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약 이름	약물 등급	요건/제한
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	

약 이름	약물 등급	요건/제한
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	2	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg (sotalol)	2	
sotalol af oral tablet 120 mg, 160 mg, 80 mg (sotalol)	2	
sotalol oral tablet 120 mg, 160 mg, 80 mg (Sotalol AF)	2	
sotalol oral tablet 240 mg (Betapace)	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	2	
Calcium-Channel Blocking Agents		
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (diltiazem hcl)	2	
diltiazem hcl intravenous solution 5 mg/ml	2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	2	
diltiazem hcl oral capsule,extended release 24 hr 360 mg (Taztia XT)	2	
diltiazem hcl oral capsule,extended release 24 hr 420 mg (Tiadylt ER)	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT)	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	2	
diltiazem hcl oral tablet 90 mg	2	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg (diltiazem hcl)	2	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (diltiazem hcl)	2	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (diltiazem hcl)	2	

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약 이름	약물 등급	요건/제한
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg</i> (Calan SR)	2	
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	2	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	GC; QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	GC; QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	2	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	2	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> (Lanoxin)	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	2	QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i> (Adrenalin)	1	
<i>hydralazine injection solution 20 mg/ml</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	5	PA; NDS; QL (18 per 30 days)
<i>metirosine oral capsule 250 mg</i> (Demser)	5	NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	QL (120 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)	5	PA; NDS; QL (18 per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	4	QL (4 per 30 days)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine)	4	QL (4 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	
<i>amlodipine-valsartan-hcthiacid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	ST; QL (300 per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	

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약 이름	약물 등급	요건/제한
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NDS; 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)	5	PA; NDS; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)</i>	1	

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약 이름	약물 등급	요건/제한
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>torsemide oral tablet 10 mg, 100 mg, 5 mg</i>	2	
<i>torsemide oral tablet 20 mg</i> (Soaanz)	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	2	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	2	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	2	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	
<i>colestipol oral packet 5 gram</i> (Colestid)	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 per 30 days)
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	QL (30 per 30 days)

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약 이름	약물 등급	요건/제한
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG	5	PA; NDS; QL (28 per 28 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; NDS; QL (56 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	GC; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>niacor oral tablet 500 mg</i> (niacin)	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	ST; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	

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약 이름	약물 등급	요건/제한
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	2	QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	4	ST; QL (600 per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	2	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	2	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	PA BvD

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약 이름	약물 등급	요건/제한
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	5	PA; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	5	PA; NDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	2	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg</i>	2	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	2	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i> (Zenzedi)	2	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenzedi)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	5	PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	5	PA; NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	5	PA; NDS; QL (60 per 30 days)

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약 이름	약물 등급	요건/제한
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; NDS
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NDS; QL (30 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	
GILENYA ORAL CAPSULE 0.25 MG	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS

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약 이름	약물 등급	요건/제한
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS
<i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	QL (90 per 30 days)

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약 이름	약물 등급	요건/제한
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	2	QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	5	PA; NDS; QL (2800 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	5	PA; NDS; QL (30 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	5	PA; NDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)

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약 이름	약물 등급	요건/제한
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2 QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		2
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2 QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		2

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약 이름	약물 등급	요건/제한
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron) 2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron) 2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron) 1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive)) 1	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad) 2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol) 2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol) 2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol) 2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol) 2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad) 2	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive)) 1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28)) 2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri) 2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28)) 2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Syeda) 2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol) 2	
ELLA ORAL TABLET 30 MG	4	QL (6 per 365 days)

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약 이름		약물 등급	요건/제한
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	

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약 이름		약물 등급	요건/제한
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estradiol)	2	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(LoJaimiess)	2	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	2	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	

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약 이름		약물 등급	요건/제한
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
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)	2	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	2	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	2	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	2	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
loryna (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
lutra (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	1	

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약 이름		약물 등급	요건/제한
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	2	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Merzee)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tri-Legest Fe)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Mili)	2	
<i>norlyda oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		2	

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약 이름	약물 등급	요건/제한
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol) 2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol) 2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol) 2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad) 2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol) 2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol) 2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad) 2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol) 1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol) 2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad) 2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive)) 1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol) 2	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad) 2	QL (91 per 84 days)
SLYND ORAL TABLET 4 MG (28)	4	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol) 2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad) 2	

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약 이름		약물 등급	요건/제한
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tulana oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>tyblume oral tablet, chewable 0.1 mg-20 mcg</i>		4	

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

약 이름		약물 등급	요건/제한
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>		2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>		2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>		2	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	
Cough And Cold Products			
Cough And Cold Products			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		6	EX
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Paroex Oral Rinse)	1	
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)	1	
<i>oralone dental paste 0.1 %</i>	(triamcinolone acetonide)	2	

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약 이름	약물 등급	요건/제한
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	
<i>sf 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	1	
<i>triamcinolone acetanide dental paste 0.1 %</i> (Oralene)	2	
Dermatological Agents		
Dermatological Agents, Other		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>acyclovir topical cream 5 %</i> (Zovirax)	2	QL (5 per 4 days)
<i>acyclovir topical ointment 5 %</i> (Zovirax)	2	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	
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	2	
BD SINGLE USE SWAB (alcohol swabs)	1	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i> (Calsodore)	2	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD (alcohol swabs)	1	
CURITY ALCOHOL PREPS 2 PLY,MEDIUM (alcohol swabs)	1	
DROPSAFE ALCOHOL 70% PREP PADS (alcohol swabs)	1	

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약 이름	약물 등급	요건/제한
EASY COMFORT ALCOHOL 70% (alcohol swabs) PAD	1	
EASY TOUCH ALCOHOL 70% (alcohol swabs) PADS GAMMA-STERILIZED	1	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
HEB INCONTROL ALCOHOL 70% (alcohol swabs) PADS	1	
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 per 30 days)
IV ANTISEPTIC WIPES (alcohol swabs)	1	
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (180 per 30 days)
<i>penciclovir topical cream 1 %</i> (Denavir)	2	
<i>podofilox topical solution 0.5 %</i>	2	
PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	
PURE COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	
RA ISOPROPYL ALCOHOL 70% (alcohol swabs) WIPES	1	
REGRANEX TOPICAL GEL 0.01 %	5	PA; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
SURE COMFORT ALCOHOL (alcohol swabs) PREP PADS	1	
SURE-PREP ALCOHOL PREP (alcohol swabs) PADS	1	
TRUE COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	

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약 이름	약물 등급	요건/제한
TRUE COMFORT PRO ALCOHOL (alcohol swabs) PADS	1	
ULTILET ALCOHOL STERL (alcohol swabs) SWAB	1	
VALCHLOR TOPICAL GEL 0.016 %	5	NDS
WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE	1	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)	2	
Dermatological Antibacterials		
clindamycin phosphate topical foam (Clindacin) 1 %	2	QL (100 per 30 days)
clindamycin phosphate topical (Cleocin T) solution 1 %	2	QL (180 per 30 days)
clindamycin phosphate topical swab (Clindacin ETZ) 1 %	2	
clindamycin-benzoyl peroxide topical (Neuac) gel 1.2 %(1 % base) -5 %	2	
clindamycin-benzoyl peroxide topical gel 1-5 %	2	
ery pads topical swab 2 % (erythromycin with ethanol)	2	
erythromycin with ethanol topical gel (Erygel) 2 %	2	QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %	2	QL (180 per 30 days)
erythromycin-benzoyl peroxide (Benzamycin) topical gel 3-5 %	2	
gentamicin topical cream 0.1 %	2	QL (120 per 30 days)
gentamicin topical ointment 0.1 %	2	QL (120 per 30 days)
metronidazole topical cream 0.75 % (Rosadan)	2	
metronidazole topical gel 0.75 % (Rosadan)	2	
metronidazole topical gel 1 % (Metrogel)	2	
metronidazole topical lotion 0.75 % (MetroLotion)	2	
mupirocin topical ointment 2 % (Centany)	1	QL (220 per 30 days)
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	2	
rosadan topical cream 0.75 % (metronidazole)	2	
selenium sulfide topical lotion 2.5 %	2	

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약 이름	약물 등급	요건/제한
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	2	
<i>ala-scalp topical lotion 2 %</i>	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	

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약 이름	약물 등급	요건/제한
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	2	
<i>desonide topical cream 0.05 %</i> (DesOwen)	2	
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	2	QL (120 per 30 days)
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	2	QL (120 per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	2	QL (180 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	2	QL (236 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	QL (120 per 30 days)

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약 이름	약물 등급	요건/제한
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Proctosol HC)	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>hydrocortisone-min oil-wht pet topical ointment 1 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	2	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	2	
<i>adapalene topical gel 0.1 %</i> (Differin)	2	

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약 이름	약물 등급	요건/제한
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	
<i>permethrin topical cream 5 %</i> (Elimite)	2	
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	2	
1ST TIER UNIFINE PNTIP 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	
1ST TIER UNIFINE PNTIP 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	2	
1ST TIER UNIFINE PNTIP 8MM (pen needle, diabetic) 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	2	
1ST TIER UNIFINE PNTIP (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	2	
1ST TIER UNIFINE PNTIP (pen needle, diabetic) 31GX3/16 31 GAUGE X 3/16"	2	
1ST TIER UNIFINE PNTIP (pen needle, diabetic) 32GX5/32 32 GAUGE X 5/32"	2	
ABOUTTIME PEN NEEDLE 30G X (pen needle, diabetic) 8MM 30 GAUGE X 5/16"	2	
ABOUTTIME PEN NEEDLE 31G X (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	
ABOUTTIME PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	
ABOUTTIME PEN NEEDLE 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	

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약 이름	약물 등급	요건/제한
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		2
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		2
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		2

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약 이름	약물 등급	요건/제한
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	2	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	
ASSURE ID PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	2	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	2	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	2	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	
BD ECLIPSE 30GX1/2" SYRINGE (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	2	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	2	
BD INS SYRN UF 1 ML (insulin syringe-needle 12.7MMX30G NOT FOR RETAIL u-100) SALE 1 ML 30 GAUGE X 1/2"	2	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	2	
BD INSULIN SYR 1 ML 25GX5/8" (insulin syringe-needle 1 ML 25 GAUGE X 5/8" u-100)	2	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	2	
BD INSULIN SYR 1 ML 28GX1/2" (Comfort EZ Insulin (OTC) 1 ML 28 GAUGE X 1/2" Syringe)	2	
BD INSULIN SYRINGE 1 ML W/O (insulin syringe NEEDLE needleless)	2	

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약 이름	약물 등급	요건/제한
BD LUER-LOK SYRINGE 1 ML (Easy Touch Luer Lock Insulin)	2	
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	2	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "	2	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	2	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	2	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	2	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" (pen needle, diabetic)	2	
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16" (pen needle, diabetic)	2	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2" (pen needle, diabetic)	2	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16" (pen needle, diabetic)	2	

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약 이름		약물 등급	요건/제한
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		2	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	

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약 이름	약물 등급	요건/제한
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		2
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"		2
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	2
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	2
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	2
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
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)	2
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2

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약 이름		약물 등급	요건/제한
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI, HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		2	
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	2	
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	

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약 이름	약물 등급	요건/제한
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) 2	
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	2	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	2	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic) 2	
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic) 2	
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic) 2	
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic) 2	
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 2	
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic) 2	
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic) 2	
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic) 2	
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic) 2	
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic) 2	
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic) 2	
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage) 1	
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	

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약 이름	약물 등급	요건/제한
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 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"	2	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	2	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	2	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	2	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	2	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	2	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	2	
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	

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약 이름	약물 등급	요건/제한
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		2
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		2
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	2
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	2

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

약 이름	약물 등급	요건/제한
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	2	
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	2	
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	2	
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	2	
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	2	
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	2	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
DROPSAFE PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	2	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
DRUG MART ULTRA COMFORT (insulin syringe-needle SYR 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 31 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	2	
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	2	
EASY COMFORT 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100)	2	
EASY COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16"	2	
EASY COMFORT 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	2	
EASY COMFORT 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	

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약 이름		약물 등급	요건/제한
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		2	
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		2	
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	

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약 이름	약물 등급	요건/제한
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	2	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	2	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	2	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	2	
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) 2	
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) 2	
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) 2	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	

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약 이름		약물 등급	요건/제한
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		2	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		2	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		2	
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	2	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		2	
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		2	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		2	
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"		2	
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	

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약 이름		약물 등급	요건/제한
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	2	
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		2	
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	2	
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	2	
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Lite Touch Insulin Syringe)	2	
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Lite Touch Insulin Syringe)	2	
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	2	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Lite Touch Insulin Syringe)	2	

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약 이름	약물 등급	요건/제한
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		2
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		2
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	2
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2

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약 이름	약물 등급	요건/제한
HEALTHWISE PEN NEEDLE 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	
HEALTHWISE PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 4MM 32G 32 GAUGE X 5/32"	2	
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 5MM 31G 31 GAUGE X 3/16"	2	
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 6MM 31G 31 GAUGE X 1/4"	2	
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 8MM 31G 31 GAUGE X 5/16"	2	
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"	2	
INCONTROL PEN NEEDLE 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	2	
INCONTROL PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	
INCONTROL PEN NEEDLE 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	2	
INCONTROL PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	2	
INCONTROL PEN NEEDLE 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	2	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INSULIN SYR 0.3 ML 30GX5/16" (Advocate Syringes) 0.3 ML 30 GAUGE X 5/16"	2	
INSULIN SYR 0.3 ML (UltiCare Insuln Syr(half 31GX1/4(1/2) 0.3 ML 31 GAUGE X unit)) 1/4"	2	
INSULIN SYRIN 0.3 ML 30GX1/2" (Comfort EZ Insulin SHORT NEEDLE 0.3 ML 30 Syringe) GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML 28GX1/2" (Comfort EZ Insulin 1/2 ML 28 GAUGE X 1/2" Syringe)	2	
INSULIN SYRIN 0.5 ML 29GX1/2" (Comfort EZ Insulin (OTC) 0.5 ML 29 GAUGE X 1/2" Syringe)	2	

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약 이름	약물 등급	요건/제한
INSULIN SYRIN 0.5 ML 30GX1/2" (Comfort EZ Insulin Syringe)	2	
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" (Advocate Syringes)	2	
INSULIN SYRINGE 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe)	2	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE (insulin syringe-needle u-100)	2	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	2	
INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100)	2	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	2	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	2	
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2" (BD Eclipse Luer-Lok)	2	
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16" (Advocate Syringes)	2	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Lite Touch Insulin Syringe)	2	
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	2	
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	2	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	2	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" (pen needle, diabetic)	2	

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약 이름	약물 등급	요건/제한
INSUPEN PEN NEEDLE (pen needle, diabetic) 29GX12MM 29 GAUGE X 1/2"	2	
INSUPEN PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	
INSUPEN PEN NEEDLE (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	2	
INSUPEN PEN NEEDLE (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"	2	
LISCO SPONGES 100/BAG 2 X 2 "	1	
LITE TOUCH 31GX1/4" PEN (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	2	
LITE TOUCH INSULIN 0.5 ML (insulin syringe-needle SYR 1/2 ML 28 GAUGE, 1/2 ML 29 u-100) , 1/2 ML 30 GAUGE	2	
LITE TOUCH INSULIN 1 ML SYR (insulin syringe-needle 1 ML 28 GAUGE, 1 ML 30 GAUGE u-100) X 7/16"	2	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	2	
LITE TOUCH INSULIN SYR 1 ML (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	2	
LITE TOUCH PEN NEEDLE 29G (pen needle, diabetic) 29 GAUGE X 1/2"	2	
LITE TOUCH PEN NEEDLE 31G (pen needle, diabetic) 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	
LITETOUCH INS 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	2	
LITETOUCH INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	2	
LITETOUCH INS 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	
LITETOUCH INS 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	
LITETOUCH SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X u-100) 1/2"	2	

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약 이름		약물 등급	요건/제한
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		2	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		2	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		2	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		2	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		2	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		2	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		2	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	

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MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" (pen needle, diabetic)	2	
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (1st Tier Unifine Pentips)	2	
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" (CareFine Pen Needle)	2	
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (BD Ultra-Fine Micro Pen Needle)	2	
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" (Comfort EZ Pen Needles)	2	
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" (Advocate Pen Needle)	2	
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" (Comfort EZ Pen Needles)	2	
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4" (Comfort EZ Pen Needles)	2	
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16" (pen needle, diabetic)	2	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	2	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" (insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) (insulin syringes (disposable))	2	

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약 이름	약물 등급	요건/제한
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"	2	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
NOVOFINE 30 NEEDLE	2	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)	2	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	2	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)

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약 이름	약물 등급	요건/제한
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16"	2	
PEN NEEDLE 30G 5MM OUTER (Embrace Pen Needle) 30 GAUGE X 3/16"	2	
PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle) GAUGE X 5/16"	2	
PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16"	2	
PEN NEEDLE, DIABETIC (1st Tier Unifine Pentips NEEDLE 29 GAUGE X 1/2" Plus)	2	
PEN NEEDLES 12MM 29G (pen needle, diabetic) 29GX12MM,STRL 29 GAUGE X 1/2"	2	
PEN NEEDLES 4MM 32G 32 (pen needle, diabetic) GAUGE X 5/32"	2	
PEN NEEDLES 6MM 31G (1st Tier Unifine 31GX6MM, STRL 31 GAUGE X Pentips) 1/4"	2	

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약 이름	약물 등급	요건/제한
PEN NEEDLES 8MM 31G (pen needle, diabetic) 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	2	
PENTIPS PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	2	
PENTIPS PEN NEEDLE 31GX3/16" (pen needle, diabetic) MINI, 5MM 31 GAUGE X 3/16"	2	
PENTIPS PEN NEEDLE 31GX5/16" (pen needle, diabetic) SHORT, 8MM 31 GAUGE X 5/16"	2	
PENTIPS PEN NEEDLE 32G 6MM (pen needle, diabetic) 32 GAUGE X 1/4"	2	
PENTIPS PEN NEEDLE 32GX5/32" (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	
PENTIPS PEN NEEDLE 6MM 31G (pen needle, diabetic) 31 GAUGE X 1/4"	2	
PIP PEN NEEDLE 31G X 5MM 31 (pen needle, diabetic) GAUGE X 3/16"	2	
PIP PEN NEEDLE 32G X 4MM 32 (pen needle, diabetic) GAUGE X 5/32"	2	
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
PRO COMFORT 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	2	
PRO COMFORT 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	2	
PRO COMFORT 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	2	
PRO COMFORT 1 ML 30GX1/2" 1 (insulin syringe-needle ML 30 GAUGE X 1/2" u-100)	2	
PRO COMFORT 1 ML 30GX5/16" 1 (insulin syringe-needle ML 30 GAUGE X 5/16 u-100)	2	
PRO COMFORT 1 ML 31GX5/16" 1 (insulin syringe-needle ML 31 GAUGE X 5/16 u-100)	2	
PRO COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	
PRO COMFORT PEN NDL 32G X (pen needle, diabetic) 1/4" 32 GAUGE X 1/4"	2	
PRO COMFORT PEN NDL 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	

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PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic)	2	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	2	
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	2	
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort Touch Pen Needle)	2	
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	2	
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	2	
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4" (pen needle, diabetic)	2	
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	2	
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	2	

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RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	2	
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29 (Lite Touch Insulin Syringe)	2	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4" (pen needle, diabetic)	2	
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	2	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	2	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	2	
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	2	
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort EZ PRO Safety Pen Ndl)	2	
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	2	
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	2	
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	2	

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약 이름	약물 등급	요건/제한
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	2	
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	2	
SM STERILE PADS 2" X 2" 2"X2", (gauze bandage) STERILE 2 X 2 "	1	
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
NEEDLES, INSULIN DISP., (insulin syringe-needle SAFETY u-100)	2	
SURE COMFORT 0.5 ML (insulin syringe-needle SYRINGE 0.5 ML 30 GAUGE X u-100) 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"	2	
SURE COMFORT 1 ML SYRINGE (insulin syringe-needle 1 ML 28 GAUGE X 1/2", 1 ML 29 u-100) 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	2	
SURE COMFORT 3/10 ML (insulin syringe-needle SYRINGE 0.3 ML 29 GAUGE X u-100) 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	2	
SURE COMFORT 3/10 ML (insulin syringe-needle SYRINGE INSULIN SYRINGE 0.3 u-100) ML 31 GAUGE X 5/16"	2	
SURE COMFORT 30G PEN (pen needle, diabetic) NEEDLE 30 GAUGE X 5/16"	2	
SURE COMFORT INS 0.3 ML (insulin syringe-needle 31GX1/4 0.3 ML 31 GAUGE X 1/4" u-100)	2	
SURE COMFORT INS 0.5 ML (insulin syringe-needle 31GX1/4 1/2 ML 31 GAUGE X 1/4" u-100)	2	
SURE COMFORT INS 1 ML (insulin syringe-needle 31GX1/4" 1 ML 31 GAUGE X 1/4" u-100)	2	

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약 이름	약물 등급	요건/제한
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	
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)	2	
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)	2	
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
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)	2	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	2	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	2	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	2	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	2	

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약 이름	약물 등급	요건/제한
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	2	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	2	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	2	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	2	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	2	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	2	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" (pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	2	

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약 이름	약물 등급	요건/제한
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe) 2	
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) 2	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe) 2	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100) 2	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100) 2	
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) 2	
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) 2	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"	2	
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) 2	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"	2	
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) 2	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	2	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic) 2	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic) 2	

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약 이름		약물 등급	요건/제한
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)	2	
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		2	
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	

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약 이름		약물 등급	요건/제한
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		2	
TRUE COMFORT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	

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약 이름	약물 등급	요건/제한
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100) 2	
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) 2	
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark) 2	
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100) 2	
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100) 2	
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100) 2	
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic) 2	
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic) 2	
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic) 2	
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic) 2	
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 2	
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic) 2	
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	2	
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) 2	

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약 이름	약물 등급	요건/제한
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		2
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"		2
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"		2
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		2
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		2
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		2
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"		2
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"		2
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"		2
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"		2
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		2
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		2
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)	2
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)	2

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약 이름	약물 등급	요건/제한
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) 2	
ULTILET PEN NEEDLE 29 GAUGE	2	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic) 2	
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) 2	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100) 2	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) 2	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	2	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	2	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic) 2	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic) 2	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 2	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic) 2	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic) 2	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	

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약 이름		약물 등급	요건/제한
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	

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약 이름	약물 등급	요건/제한
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32" (pen needle, diabetic)	2	
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	2	
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16" (pen needle, diabetic)	2	
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" (pen needle, diabetic)	2	
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16" (pen needle, diabetic)	2	
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	2	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32" (pen needle, diabetic)	2	
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" (pen needle, diabetic)	2	
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	2	
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" (pen needle, diabetic)	2	

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약 이름	약물 등급	요건/제한
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 29GX1/2" 12MM 29 GAUGE X 1/2"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX3/16" MINI 31 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	2	
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	2	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	2	
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	2	
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	
UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	
VANISHPOINT 0.5 ML 30GX1/2" (insulin syringe-needle SY OUTER 0.5 ML 30 GAUGE X u-100) 1/2"	2	
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	2	
VANISHPOINT U-100 29X1/2 SYR (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	2	

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약 이름	약물 등급	요건/제한
VERIFINE INS SYR 1 ML 29G 1/2" (insulin syringe-needle u-100)	2	
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	2	
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		

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약 이름	약물 등급	요건/제한
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
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	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NDS
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NDS; QL (14 per 28 days)
<i>javygtor oral tablet, soluble 100 mg</i> (sapropterin)	5	PA; NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA; NDS
ORFADIN ORAL CAPSULE 20 MG (nitisinone)	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS

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약 이름	약물 등급	요건/제한
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
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	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>alcaïne ophthalmic (eye) drops 0.5 %</i> (proparacaine)	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	4	
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	2	QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	

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약 이름	약물 등급	요건/제한
<i>bepotastine besilate ophthalmic (eye) (Bepreve)</i> <i>drops 1.5 %</i>	2	ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclopentolate ophthalmic (eye) (Cyclogyl)</i> <i>drops 0.5 %, 1 %, 2 %</i>	2	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	5	PA; NDS; QL (20 per 28 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NDS; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops</i> <i>0.05 %</i>	2	
<i>ipratropium bromide nasal</i> <i>spray,non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal</i> <i>spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
<i>levofloxacin ophthalmic (eye) drops</i> <i>1.5 %</i>	2	
<i>olopatadine nasal spray,non-aerosol (Patanase)</i> <i>0.6 %</i>	2	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops</i> <i>0.1 %</i>	(Eye Allergy Itch-Redness Rlf)	2
<i>olopatadine ophthalmic (eye) drops</i> <i>0.2 %</i>	(Eye Allergy Itch Relief)	2
<i>proparacaine ophthalmic (eye) drops</i> <i>0.5 %</i>	(Alcaine)	2
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA; NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>bacitracin ophthalmic (eye) ointment</i> <i>500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	(Polycin)	2
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	(sulfacetamide sodium)	2
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 per 7 days)

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약 이름	약물 등급	요건/제한
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	QL (3.5 per 4 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	2	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	

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약 이름	약물 등급	요건/제한
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(neomycin-bacitracin-poly-hc)	2
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	(neomycin-bacitracin-polymyxin)	2
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	(Ocuflox)	2
<i>ofloxacin otic (ear) drops 0.3 %</i>		2
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	(bacitracin-polymyxin b)	2
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	(Polytrim)	1
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>		2
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>		2
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>		2
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>		2
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>		2
<i>trifluridine ophthalmic (eye) drops 1 %</i>		2
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		4
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		3
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %		3
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>		2
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %		3

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약 이름	약물 등급	요건/제한
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	4	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	2	QL (10 per 13 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	2	QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Nasonex 24hr Allergy)	2	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	

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약 이름	약물 등급	요건/제한
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) (cyclosporine) DROPPERETTE 0.05 %	2	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>esomeprazole magnesium oral</i> (Nexium) <i>capsule, delayed release(dr/ec) 20 mg</i>	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium) <i>capsule, delayed release(dr/ec) 40 mg</i>	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium Packet) <i>granules dr for susp in packet 10 mg, 20 mg</i>	2	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium Packet) <i>granules dr for susp in packet 40 mg</i>	2	ST; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	
<i>esomeprazole sodium intravenous</i> (Nexium IV) <i>recon soln 40 mg</i>	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	
<i>famotidine intravenous solution 10 mg/ml</i>	2	

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<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Prevacid 24Hr)	1	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	1	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>nizatidine oral solution 150 mg/10 ml</i>	2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	2	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	

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약 이름	약물 등급	요건/제한
<i>diphenoxylate-atropine oral tablet</i> (Lomotil) 2.5-0.025 mg	2	
<i>enulose oral solution</i> 10 gram/15 ml (lactulose)	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NDS
<i>generlac oral solution</i> 10 gram/15 ml (lactulose)	2	
<i>glycopyrrolate oral tablet</i> 1 mg (Robinul)	2	
<i>glycopyrrolate oral tablet</i> 2 mg (Robinul Forte)	2	
<i>lactulose oral solution</i> 10 gram/15 ml (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (30 per 30 days)
<i>loperamide oral capsule</i> 2 mg (Anti-Diarrheal (loperamide))	2	
<i>lubiprostone oral capsule</i> 24 mcg, 8 mcg (Amitiza)	3	QL (60 per 30 days)
<i>methscopolamine oral tablet</i> 2.5 mg, 5 mg	2	
<i>metoclopramide hcl injection</i> <i>solution</i> 5 mg/ml	2	
<i>metoclopramide hcl injection syringe</i> <i>5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution</i> 5 <i>mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet</i> 10 (Reglan) <i>mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS
RELISTOR ORAL TABLET 150 MG	5	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)

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약 이름	약물 등급	요건/제한
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; NDS; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	NDS
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	3	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium,potassium,mag sulfates)	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

약 이름	약물 등급	요건/제한
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
<i>lanthanum oral tablet, chewable</i> (Fosrenol) 1,000 mg, 500 mg, 750 mg	5	NDS
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	5	NDS
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	2	
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	2	
<i>trospium oral tablet 20 mg</i>	2	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)

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약 이름	약물 등급	요건/제한
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	
ENTADFI ORAL CAPSULE 5-5 MG	4	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiopronin oral tablet 100 mg</i> (Thiola)	5	NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu)	5	PA; NDS
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	2	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	5	PA; NDS
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	5	PA; NDS
<i>deferoxamine injection recon soln 2 gram</i>	5	PA; NDS
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	5	PA; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	5	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	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	3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	2	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	QL (4 per 28 days)

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약 이름	약물 등급	요건/제한
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	QL (8 per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	2	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	2	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	

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약 이름	약물 등급	요건/제한
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	2	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
HEMADY ORAL TABLET 20 MG	4	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablet 32 mg</i>	2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	2	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	

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약 이름	약물 등급	요건/제한
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
<i>triamcinolone acetonide injection</i> (Kenalog) <i>suspension 40 mg/ml</i>	2	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin ac 4 mcg/ml ampul p/f,</i> (DDAVP) <i>outer, sdv</i>	5	NDS
<i>desmopressin injection solution 4</i> (DDAVP) <i>mcg/ml</i>	2	
<i>desmopressin nasal spray, non-</i> <i>aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2</i> (DDAVP) <i>mg</i>	2	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NDS
<i>lanreotide subcutaneous syringe 120</i> (Somatuline Depot) <i>mg/0.5 ml</i>	5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NDS

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약 이름	약물 등급	요건/제한
NORDITROPIN FLEXP 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)	5	PA; NDS
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml</i>	2	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>500 mcg/ml</i>	5	NDS
<i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1 ml),</i> <i>500 mcg/ml (1 ml)</i>	2	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA NSO; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	PA; NDS
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	5	PA; NDS

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약 이름	약물 등급	요건/제한
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; NDS
Progestins		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	5	NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS

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약 이름	약물 등급	요건/제한
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) <i>250 mg/5 ml</i>	2	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) <i>100 mg, 25 mg</i>	2	PA BvD
<i>cyclosporine modified oral capsule</i> <i>50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) <i>100 mg/ml</i>	2	PA BvD

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약 이름	약물 등급	요건/제한
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	5	PA BvD; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NDS

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약 이름	약물 등급	요건/제한
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEN PSOR-UV- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS

약 이름	약물 등급	요건/제한
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 %)	5	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	5	PA; NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

약 이름	약물 등급	요건/제한
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47), 10 MG (4)- 20 MG (4)-30 MG(19)	5	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	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	3	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	2	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NDS
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NDS

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약 이름	약물 등급	요건/제한
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
Vaccines		
ABRYSSO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	

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약 이름	약물 등급	요건/제한
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	
AREXVY ANTIGEN COMPONENT 120 MCG	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	3	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD

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약 이름	약물 등급	요건/제한
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	

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약 이름	약물 등급	요건/제한
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF- 48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	

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약 이름	약물 등급	요건/제한
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 ML toxoids-td)	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	3	QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR (typhoid vi polysacch SYRINGE 25 MCG/0.5 ML vaccine)	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	

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약 이름	약물 등급	요건/제한
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg</i> (Lotronex)	2	
<i>alosetron oral tablet 1 mg</i> (Lotronex)	5	NDS
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	4	
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	2	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	2	QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 28 days)

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약 이름	약물 등급	요건/제한
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	5	NDS
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>cinacalcet oral tablet 30 mg</i> (Sensipar)	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i> (Sensipar)	5	NDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NDS; QL (120 per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	5	PA; NDS; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	3	QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	2	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	2	

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약 이름	약물 등급	요건/제한
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i> (Atelvia)	2	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	2	QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	5	NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)

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약 이름	약물 등급	요건/제한
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	4	PA; QL (90 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	2	
<i>leucovorin calcium injection solution 10 mg/ml</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	4	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	5	NDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	2	
MESNEX ORAL TABLET 400 MG	5	NDS
<i>nitisinone oral capsule 20 mg</i> (Orfadin)	5	PA; NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NDS

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약 이름	약물 등급	요건/제한
<i>pyridostigmine bromide oral syrup</i> (Mestinon) 60 mg/5 ml	2	
<i>pyridostigmine bromide oral tablet</i> 30 mg	2	
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	2	
<i>pyridostigmine bromide oral tablet</i> (Mestinon Timespan) <i>extended release</i> 180 mg	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NDS
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NDS; QL (24 per 14 days)
VOWST ORAL CAPSULE	5	PA; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release</i> 500 mg	2	
<i>acetazolamide oral tablet</i> 125 mg, 250 mg	2	
<i>acetazolamide sodium injection recon soln</i> 500 mg	2	

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약 이름	약물 등급	요건/제한
ALPHAGAN P OPHTHALMIC (brimonidine) (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %</i> (Alphagan P)	2	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	4	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	2	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	

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약 이름	약물 등급	요건/제한
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	2	QL (2.5 per 25 days)
VYZULTA OPTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>electrolyte-148 intravenous parenteral solution</i> (Plasma-Lyte 148)	2	
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride)	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride)	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride)	2	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	

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약 이름	약물 등급	요건/제한
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A (electrolyte-a) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	2	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq</i> (K-Tab)	2	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	4	
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	

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약 이름	약물 등급	요건/제한
<i>sodium chloride 0.9% solution</i> <i>viaflex, single use</i>	2	
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) 2	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol) 3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol) 3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	(Pulmicort) 2	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	(Pulmicort) 2	PA BvD; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	(fluticasone propionate) 3	QL (12 per 30 days)

약 이름	약물 등급	요건/제한
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION (fluticasone propionate)	3	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION (fluticasone propionate)	3	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	3	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)	2	
Bronchodilators		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (Proventil HFA)	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	2	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 %)	2	PA BvD; QL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	2	PA BvD; QL (120 per 30 days)
albuterol sulfate oral syrup 2 mg/5 ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	2	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)

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약 이름	약물 등급	요건/제한
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i> (theophylline)	2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NDS
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution</i> (Acetadote) <i>200 mg/ml (20 %)</i>	2	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100- 125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)

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약 이름	약물 등급	요건/제한
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NDS; QL (90 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV	5	PA BvD; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NDS
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	2	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50- 75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; NDS; 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)	5	PA; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>chlorzoxazone oral tablet 250 mg</i>	5	NDS; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 50 mg</i>	2	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	2	

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약 이름	약물 등급	요건/제한
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>revonto intravenous recon soln 20 mg</i> (dantrolene)	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; NDS; QL (150 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; LA; NDS; QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
<i>tasimelteon oral capsule 20 mg</i> (Hetlioze)	5	PA; NDS; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	5	PA; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	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	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NDS; QL (30 per 30 days)
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> (Veletri)	5	PA; NDS

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약 이름	약물 등급	요건/제한
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; NDS; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	1	PA; QL (360 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	6	EX; CB (6 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	2	PA; QL (60 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)	2	PA; QL (30 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	5	PA; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NDS; QL (112 per 28 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	5	PA; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NDS; 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	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	2	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	2	

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약 이름	약물 등급	요건/제한
completenate tablet chew 29 mg iron-1 mg	2	
cyanocobalamin (vitamin b-12) (Dodex) injection solution	6	EX
ergocalciferol (vitamin d2) oral (Drisdol) capsule 1,250 mcg (50,000 unit)	6	EX
folic acid oral tablet 1 mg	6	EX
folivane-ob capsule 85-1 mg	2	
kosher prenatal plus iron tab 30 mg iron- 1 mg	2	
marnatal-f capsule 60 mg iron-1 mg	2	
m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	2	
mynatal advance oral tablet 90-1-50 mg	2	
mynatal capsule 65 mg iron- 1 mg	2	
mynatal oral tablet 90-1-50 mg	2	
mynatal plus captab 65 mg iron- 1 mg	2	
mynatal-z captab 65 mg iron- 1 mg	2	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	2	
newgen tablet 32-1,000 mg-mcg	2	
niva-plus tablet 27 mg iron- 1 mg	2	
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe	2	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	2	
o-cal prenatal tablet 15 mg iron-1,000 mcg	2	
pnv 29-1 tablet (rx) 29 mg iron- 1 mg	2	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	2	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	2	
pnv-omega softgel 28-1-300 mg	2	
pr natal 400 combo pack 29-1-400 mg	2	
pr natal 400 ec combo pack 29-1-400 mg	2	

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약 이름	약물 등급	요건/제한
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	
<i>prenal true combo pack 30 mg iron-1.4 mg-300 mg</i>	2	
<i>prenaisance oral capsule 29-1.25-55-325 mg</i>	2	
<i>prenaisance plus oral capsule 28-1-50-250 mg</i>	2	
<i>prenatabs fa tablet 29-1 mg</i>	2	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	(pnv,calcium 72-iron,carb-folic) 2	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid) 2	
<i>prenatal-u capsule 106.5-1 mg</i>	2	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid) 2	
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>taron-c dha capsule 35-1-200 mg</i>	2	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	2	
<i>triveen-duo dha combo pack 29-1-400 mg</i>	2	
<i>vinate care chewable tablet 40 mg iron- 1 mg</i>	2	

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약 이름	약물 등급	요건/제한
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	2	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	2	
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	2	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	2	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	2	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	2	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	2	
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	2	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	2	
<i>zatean-pn plus softgel 28-1-300 mg</i>	2	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	2	

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차별 금지 및 접근성 요건

차별은 위법입니다

Clever Care Health Plan Inc. (이하 Clever Care)는 해당 연방 민권 법률을 준수하며 인종, 피부색, 출신 국가, 연령, 장애, 또는 성별(임신 상태, 성적 성향, 성 정체성을 포함)을 근거로 차별하지 않습니다. Clever Care는 인종, 피부색, 출신 국가, 연령, 장애, 또는 성별(임신 상태, 성적 성향, 성 정체성을 포함)을 이유로 사람을 배제하거나, 다르게 대우하지 않습니다.

Clever Care는:

- 장애인에게는 당사와 효과적으로 의사소통할 수 있도록 다음과 같은 무료 지원 및 서비스를 제공합니다:
 - 자격이 있는 수화 통역사
 - 다른 형식의 서면 정보(큰 활자, 오디오, 접근 가능한 전자 형식, 기타 형식)
- 모국어가 영어가 아닌 사람에게 다음과 같은 무료 언어 서비스를 제공합니다:
 - 자격이 있는 통역사
 - 다른 언어로 된 서면 정보

이 서비스들이 필요하시면 1-833-808-8164 (TTY: 711)로 전화하십시오.

Clever Care가 이 서비스들을 제공하지 않았거나 다른 방식으로 인종, 피부색, 출신 국가, 연령, 장애, 또는 성별(임신 상태, 성적 성향, 성 정체성을 포함)에 근거하여 차별을 했다고 생각하실 경우 다음 접수처로 불만 사항을 접수하실 수 있습니다:

Clever Care Health Plan
Attn: Civil Rights Coordinator
7711 Center Ave
Suite 100
Huntington Beach CA 92647

이메일: civilrightscordinator@ccmapd.com

팩스: (657) 276-47218

귀하는 우편, 팩스, 또는 이메일을 통해 불만 사항을 접수하실 수 있습니다. 불만 사항을 접수하는데 도움이 필요하시면, 저희 Clever Care 민권 조정자(Civil Rights Coordinator)가 도움을 드릴 준비가 되어 있습니다.

또한 민권에 대한 진정을 미국 보건복지부, <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>에 있는 민권실 진정 포털을 통해 컴퓨터로 제출 하시거나 다음의 우편 또는 전화로 민권 사무국에 제출할 수 있습니다: U.S. Department of Health and Human Services, 200 Independence Avenue SW. Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD).
진정 양식은 hhs.gov/ocr/office/file/index.html에서 찾아보실 수 있습니다.



MULTI-LANGUAGE INTERPRETER SERVICES

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at (833) 388-8168 (TTY:711). Someone who speaks English/Language can help you. This is a free service.

Español (Spanish): Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (833) 388-8168 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 (833) 808-8153 (TTY:711) (普通話)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 (833) 808-8161 (TTY:711) (粵語)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa (833) 388-8168 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au (833) 388-8168 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi (833) 808-8163 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter (833) 388-8168 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (833) 808-8164 (TTY:711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону (833) 388-8168 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: انيديل فيودال لودج وأحصل اب قل عتت قلئس أي أن ع قباجل إل فين اجمال يروفال مجرتمل ا تامدخ مدقن انن! ام صخش موقيس. (833) 388-8168 (TTY:711) علع انب لاصتال ا يوس لكيل ع سيل، يروف مجرتم علع لوصحلل فين اجم قمدخ هذ. كتدع اسمب فيبر عل ثدحتي.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें (833) 388-8168 (TTY:711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero (833) 388-8168 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número (833) 388-8168 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan (833) 388-8168 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer (833) 388-8168 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、(833) 388-8168 (TTY:711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Khmer: យើងមានសេវាអ្នកបកប្រែដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរទាំងឡាយណាដែលអ្នកមានស្តីអំពីគម្រោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែ សូមទូរស័ព្ទមកយើងតាមរយៈលេខ (833) 388-8168 (TTY:711) ។ អ្នកនិយាយភាសាខ្មែរណាម្នាក់អាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

Thai: เรามีบริการล่ามฟรีเพื่อตอบคำถามที่คุณอาจมีเกี่ยวกับสุขภาพหรือยาของเรา หากคุณต้องการล่ามแปลภาษาไทยเพียงโทรหาเราที่ (833) 388-8168 (TTY:711) บุคคลที่พูดภาษาอังกฤษสามารถช่วยคุณได้ นี่คือการบริการฟรี

이 처방집은 11/1/2023 에 업데이트 되었습니다.

최신 정보 또는 기타 궁금하신 사항은 Clever Care Health Plan 고객 서비스로 **1-833-808-8164 (TTY: 711)**에, 10월 1일부터 3월 31일까지는 주 7일 오전 8시부터 오후 8시까지, 4월 1일부터 9월 30일까지는 평일(주 5일) 오전 8시부터 오후 8시까지 문의해 주십시오. 또는 **ko.clevercarehealthplan.com/formulary**에 방문해 주십시오.