



# 2023 處方集

(承保藥物清單)

**請閱讀：本文件內含  
本計劃承保藥物的相關資訊**

處方集 ID 00023423, 第 17版

自 11/01/2022 以來，我們對本處方集無任何更改。

如需更多最新資訊或有其他疑問，請致電 Clever Care Health Plan 客戶服務部，電話：~~1833-808153~~(普通話)或者 ~~1833-808161~~(廣東話)(聽障專線：711)，10 月 1 日至 3 月 31 日服務時間為每週七天，上午 8 時至晚上 8 時；4 月 1 日至 9 月 30 日服務時間為週一至週五，上午 8 時至晚上 8 時，或造訪 ~~zhdevercarehealthplan.com/formulary~~。

**原有會員請注意：**本處方集自去年以來已有變動。請查閱本文件以確定您所服用的藥物仍包含在內。

當本藥物清單提及「我們」或「我們的」，均指 Clever Care Health Plan。當提及「計劃」、「我們的計劃」或「您的計劃」時，指的是 Clever Care Longevity Medicare Advantage (HMO)、Clever Care Fortune Medicare Advantage (HMO)、Clever Care Value Medicare Advantage (HMO) 或 Clever Care Jasmine Medicare Advantage (HMO C-SNP) 計劃。

本文件包含我們計劃的藥物清單（處方集），最近更新日期為 11/01/2023。  
若需要更新後的處方集，請與我們聯絡。我們的聯絡資訊與處方集的最近更新日期都列於封面與封底。

通常，您必須使用網絡內藥房才能享用您的處方藥福利。福利、處方集、藥局網絡和 / 或定額手續費 / 共同保險額可能在 2024 年 1 月 1 日變更，並在年度當中不定時變動。

## Clever Care Medicare Advantage 處方集是什麼？

處方集是 Clever Care 諮詢健康照護提供者團隊後選出的承保藥物清單，涵蓋所有我們認為高品質治療方案之處方治療所必需的藥物。只要藥物為醫療所必需、於 Clever Care 網絡內藥房配處方藥，以及遵守其他計劃規定，Clever Care 通常會承保在我們的處方集所列出的藥物。若需有關如何配處方藥的更多資訊，請查閱您的承保範圍證明。

## 處方集（藥物清單）會變更嗎？

藥物承保範圍的大多數變更均發生在 1 月 1 日，但我們可能會在年度當中新增或移除藥物清單上的藥物，將其移至不同的費用分攤層級或新增限制。進行這些變更時，我們必須遵循 Medicare 規定。

**今年可能影響您的變更：**在下述情況下，承保範圍變更會在該年度當中對您造成影響。

### 新的學名藥。

- 如果我們用屬於相同或更低費用分攤層級，且限制相同或較少的新學名藥替換，我們可能會立即移除藥物清單上的原廠藥。此外，在增加新的學名藥時，我們可能會決定保留藥物清單上的原廠藥，但立即將其移至不同的費用分攤層級或新增限制。如果您目前正服用該原廠藥，我們可能不會在進行變更前事先告知，但我們之後會提供您我們所做具體變更的相關資訊。
  - 如果我們做出這類變更，您或您的開立處方者可要求我們為您進行例外處理，繼續為您承保該原廠藥。我們提供您的通知也將包含如何申請例外處理的資訊，且您可在以下章節找到資訊，標題為「我該如何申請 Clever Care 處方集的例外處理？」

### 藥物遭下市。

若食品藥物管理局 (Food and Drug Administration, FDA) 認為我們處方集上的某藥物不安全或製藥商將此藥物下市，我們將立刻將此藥物從我們的處方集上除名，並通知使用此藥物的會員。

### 其他變更。

- 我們可能實施會影響目前用藥之會員的其他變更。例如，我們可能會新增學名藥，以取代目前在處方集上的原廠藥；或對原廠藥新增新限制或移到不同的費用分攤層級，或兩者一併實施。或者，我們可能基於新的臨床準則進行變更。若我們從我們的處方集移去藥物，或對某藥物新增預先授權、數量限制和／或階段療法等限制，或者將一種藥物移至較高費用分攤層級，我們必須在變更生效前至少 30 天，或在會員要求續配該藥物時，通知受影響的會員，屆時該會員可獲得此藥物 30 天的用量。
  - 如果我們做出這類其他變更，您或您的開立處方者可要求我們為您進行例外處理，繼續為您承保該原廠藥。我們提供您的通知也將包含如何申請例外處理的資訊，且您也可在以下章節找到資訊，標題為「我該如何申請 Clever Care 處方集的例外處理？」

## 如果您目前正在服用該藥物，這些變更將不會對您造成影響。

通常，除上述情況外，若您正在服用我們 2023 年處方集年初承保的藥物，我們將不會在 2023 承保年度期間終止或減低承保。也就是說，對於在剩餘承保年度中繼續服用該等藥物的會員，這些藥物的費用分攤將維持不變，且無新的限制。若變更不會對您造成影響，您今年就不會直接收到變更通知。但是，下一年的 1 月 1 日，此類變更會影響到您，因此請務必在新福利年度的藥物清單中查清是否有藥物變更。

隨附的處方集是截至 11/1/2023 的最新資訊。若要取得 Clever Care 承保藥物的最新資訊，請聯絡我們。我們的聯絡資訊列於封面與封底。如果年中發生非維護性的處方集變更，我們會在我們的網站上發布所有通知，並將在變更生效前 30 天向您發送通知。

## 我該如何使用處方集？

有兩個方法可以在處方集內找到您的藥物：

### **醫療狀況**

處方集從第 3 頁開始。本處方集內的藥物分類方式，是按藥物用來治療的醫療狀況類型而分門別類。例如，用來治療心臟病症的藥物列於「心血管藥物」類別之下。若您知道您的藥物用途，請在第 1 頁開始的清單上找尋類別名稱。然後在此類別名稱下找出您的藥物。

### **按英文字母順序排列的清單**

如果您不確定您該在哪個類別下尋找，您應從第 1 頁開始的索引中尋找您的藥物。該索引依英文字母順序列出本文件所包含的所有藥物。原廠藥及學名藥都列在此索引中。在索引中找出您的藥物。您會在您的藥物旁看到頁碼，您可以在該頁找到該藥物的承保資訊。翻到索引所標示的頁數，在清單的第一欄找到您的藥物名稱。

## 什麼是學名藥？

Clever Care 同時承保原廠藥和學名藥。學名藥是經過 FDA 批准，具有與原廠藥相同主成分的藥物。通常，學名藥的費用低於原廠藥。

## 我的承保是否有任何限制？

某些承保藥物可能在承保範圍上有額外要求或限制。這些要求和限制可能包括：

**預先授權：**對於某些藥物，Clever Care 要求您或您的醫師應獲得預先授權。這表示您拿處方籤配藥前，將必須先得到 Clever Care 的核准。如果您未獲得核准，Clever Care 可能無法承保該藥物。

**藥量限制：**對於某些藥物，Clever Care 對將承保的藥物數量有限制。例如，我的計劃為每 30 天的處方提供 12 錠的 rizatriptan（MAXALT 的學名藥）。這可能是對標準一個月或三個月供應量之外所提供的額外量。

**階段療法：**在某些情況下，在為您的疾病承保另一種藥物之前，Clever Care 會要求您先嘗試用特定藥物進行治療。例如，如果藥物 A 及藥物 B 均可治療您的醫療狀況，Clever Care 可能要求您先嘗試藥物 A 後，才會承保藥物 B。如果藥物 A 對您無效，我們之後才會承保藥物 B。

您可以在從第 3 頁開始的處方集找出您的藥物是否有任何額外要求或限制。您亦可以造訪我們的網站，取得有關適用特定承保藥物的限制的更多資訊。我們已在網站上發布了預先授權及階段療法限制的說明文件。您也可要求我們將這些文件的副本寄給您。我們的聯絡資訊與處方集的最近更新日期都列於封面與封底。

您可以要求 Clever Care 針對這些藥物的限制或限額，或對可能治療您健康狀況之其他、類似藥物清單做出例外處理。請參閱第 iv 頁的「我該如何申請 Clever Care 處方集的例外處理？」章節，以瞭解如何要求例外處理的資訊。

## 什麼是非處方 (OTC) 藥物？

非處方 (over-the-counter, OTC) 藥物為 Medicare 處方藥物計劃通常不會承保的非處方藥物。Clever Care 支付某些 OTC 藥物的費用。可以上網查詢 OTC 項目列表，網址：[zh.clevercarehealthplan.com](http://zh.clevercarehealthplan.com)。Clever Care 將向您免費提供這些 OTC 藥物。由我們負擔的這些 OTC 藥物費用不會計入您的 D 部份藥物費用總額（即 OCT 藥物費用不會計入承保缺口）。

## 如果處方集上沒有我的藥物，我該怎麼辦？

如果此處方集（承保藥物清單）中沒有您的藥物，您應首先聯絡客戶服務部，並詢問是否承保您的藥物。如果您發現 Clever Care 不承保您的藥物，您有兩個選擇：

- 您可以要求客戶服務部提供 Clever Care 承保的類似藥物清單。您收到此清單後，請將清單拿給您的醫師並請其開立 Clever Care 所承保之類似藥物的處方。
- 您可以要求 Clever Care 做出例外處理並承保您的藥物。請參閱下列資訊瞭解如何申請例外處理。

## 我該如何申請 Clever Care 處方集的例外處理？

您可以要求 Clever Care 對我們的承保規則做出例外處理。有數種類型的情況您可以要求我們做出例外處理。

- 您可以要求我們承保某藥物，即便此藥物不在我們的處方集上。若經核准，此藥物將以預先決定的費用分攤層級承保，您將不能要求我們以更低的費用分攤層級提供此藥物。
- 您可以要求以更低的費用分攤層級來承保此藥物除非此藥物屬於專科層級。若經核准，這將可能降低您必須對您的藥物付出的金額。
- 您可以要求我們取消對您藥物的承保限制或限額。例如，對於某些藥物，Clever Care 會限制我們對該藥物的承保數量。若您的藥物有數量上的限制，可以要求我們取消此限制並承保較大的數量。

通常，Clever Care 將只在下列情況下才會核准您所要求的例外處理：若該計劃處方集上包括數種替代藥物、費用分攤較低藥物或額外的使用限制，可能會對治療您的病況無法產生同等效果，和／或可能對您造成不良的醫療效果。

您應與我們聯絡，要求我們針對處方集或使用限制例外處理做出初步承保決定。**您申請處方集、層級或使用限制的例外處理時，應提交開立處方者或醫師提供的聲明，證實您的要求。**通常，我們必須在收到您開立處方者的佐證聲明 72 小時內做出決定。若您或您的醫師認為等候 72 小時才做決定對您的健康可能造成嚴重危害，您可以要求加快（快速）例外處理審核。若您的加快要求得到准許，我們必須在收到您醫師或其他開立處方者的佐證聲明後 24 小時內告知您我們的決定。

## 在與自己的醫師討論變更我自己的藥物或要求例外處理之前，我該做什麼？

身為我們計劃的全新或續保會員，您可能正在服用未包含在我們處方集上的藥物。或者，您可能正在服用我們處方集所包含的藥物，但您取得該藥的能力受到限制。例如，您可能需取得我們的預先授權，才能配您的處方藥。您應該洽詢您的醫師，決定您是否應該改用我們承保的適合藥物，或要求處方集例外處理，以便我們承保您使用的藥物。當您和您的醫師討論決定採取正確行動時，在您成為我們計劃會員的最初 90 天，在某些情況下我們可能會承保您的藥物。

針對您每一種不屬於我們處方集內的藥物，或您取得此藥物的能力受到限制時，我們將承保暫時性的 30 天用藥量。如果您處方開立的天數較短，我們將允許您續配處方，直到我們為您提供的藥量達到 30 天份量上限為止。您最初 30 天的用藥量用完後，我們將不再對這些藥物付費，即便您成為該計劃的會員不到 90 天。

如果您是長期照護機構的住民，且需要不在我們處方集上的藥物，或如果您取得藥物的能力受到限制，但您已成為我們的計劃會員超過 90 天，在您申請處方集例外處理期間，我們將支付該藥物 31 天的緊急用量。

### 注意事項：

- **正要從長期照護 (long-term care, LTC) 機構或醫院出院回家，並立即需要過渡藥量的計劃現有會員：**我們會承保一次 30 天藥量，或如果您的處方天數更短則藥量更少（在此情況下，我們會允許您多次領取處方藥，直到合計領取達 30 天藥量為止）。
- **正要從家中或醫院移至長期照護 (LTC) 機構，並立即需要過渡藥量的計劃現有會員：**我們會承保一次 31 天藥量，或如果您的處方天數更短則藥量更少（在此情況下，我們會允許您多次領取處方藥，直到合計領取達 31 天藥量為止）。

### 如需更多資訊

欲獲得有關您的 Clever Care 處方藥物承保的更多詳細資訊，請參閱您的 *承保範圍證明* 及其他計劃資料。如果您對 Clever Care 有任何疑問，請聯絡我們。我們的聯絡資訊與處方集的最近更新日期都列於封面與封底。

若您對 Medicare 處方藥物承保有任何一般疑問，請致電 Medicare，電話：1-800-MEDICARE (1-800-633-4227)，每天 24 小時／每週 7 天提供服務。聽障專線使用者請撥打 1-877-486-2048。或瀏覽 <http://www.medicare.gov>。

## Clever Care 處方集

從第 1 頁開始的處方集提供有關 Clever Care 所承保藥物的承保資訊。若您無法在本清單上找到您的藥物，請翻到從第 I-1 頁開始的索引查詢。

表格第一欄所列的是藥物名稱。原廠藥以大寫字母表示（如 JARDIANCE），學名藥則以斜體小寫字母表示（如 *jasmiel*）。

要求／限制欄位的資訊會告訴您 Clever Care 對您藥物的承保是否有任何特殊要求。

## 圖例

| 要求符號 | 名稱                           | 說明                                                                                                                                                                                                       |
|------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BvD  | Medicare B 部分與 Medicare D 部分 | 某些藥物可能需要根據 Medicare 承保規則，進行 B 部分或 D 部分承保範圍判斷。                                                                                                                                                            |
| CB   | 福利上限                         | 該處方設有福利上限的限額。                                                                                                                                                                                            |
| EX   | 排除的藥物                        | 此類處方藥通常不屬於 Medicare 處方藥物計劃承保範圍。您在為此類藥物配處方藥時所支付的費用，不會計入您的總藥物費用中。也就是說，您所支付的費用對您達到重大傷病承保階段 (catastrophic coverage) 並沒有幫助。此外，如果您正在接受額外補助 (Extra Help) 來支付您的處方藥費用，您將不會得到任何支付此藥物的額外補助。                         |
| GC   | 缺口承保                         | 我們在承保缺口 (Coverage Gap) 階段為該處方藥提供額外的承保。如需有關該承保的更多資訊，請參閱您的承保範圍證明。                                                                                                                                          |
| LA   | 取得來源有限                       | 該處方可能只能在特定的藥房才可取得。如需更多資訊，請查閱您的藥局目錄，或致電 1-833-808-8153 (普通話) 或者 1-833-808-8161 (廣東話) (聽障專線：711) 與 Clever Care 客戶服務部聯絡。或者造訪 <a href="http://zh.clevercarehealthplan.com">zh.clevercarehealthplan.com</a> 。 |
| NSO  | 僅限初次服用                       | 如果您尚未服用過此藥物，您或您的醫師需要獲得預先授權。                                                                                                                                                                              |
| PA   | 預先授權                         | 此處方的承保需要預先授權。                                                                                                                                                                                            |
| QL   | 藥量限制                         | 該藥物有劑量或處方數量限制。每日最大劑量限制由 FDA 定義。                                                                                                                                                                          |
| SI   | 優選胰島素                        | 這個處方是 Senior Savings Model Program 的一部分。                                                                                                                                                                 |
| ST   | 階段療法                         | 已嘗試過其他一線或首選藥物療法後，才會提供此處方的承保。                                                                                                                                                                             |

## Clever Care Longevity Medicare Advantage (HMO)

Los Angeles、Orange、San Bernardino 和 San Diego 郡。

| 初始承保階段                            | 標準零售費用分攤（網絡內） |                | 標準費用分攤（郵購）     | 零售成本分攤（網絡外）*  |
|-----------------------------------|---------------|----------------|----------------|---------------|
|                                   | 30 天藥量        | 100 天藥量        | 100 天藥量        | 30 天藥量        |
| 層級 1：<br>首選學名藥                    | 定額手續費<br>\$0  | 定額手續費<br>\$0   | 定額手續費<br>\$0   | 定額手續費 \$0     |
| 層級 2：學名藥                          | 定額手續費<br>\$0  | 定額手續費<br>費 \$0 | 定額手續費<br>\$0   | 定額手續費 \$0     |
| 層級 3：<br>首選原廠藥                    | 定額手續費<br>\$35 | 定額手續費<br>\$105 | 定額手續費<br>\$70  | 定額手續費<br>\$35 |
| 層級 4：<br>非首選藥物                    | 定額手續費<br>\$99 | 定額手續費<br>\$297 | 定額手續費<br>\$198 | 定額手續費<br>\$99 |
| 層級 5：<br>專科層級藥物                   | 33% 共同保<br>險額 | 33% 共同保<br>險額  | 33% 共同保險<br>額  | 33% 共同保險<br>額 |
| 層級 6：<br>精選照護藥物**                 | 定額手續費<br>\$0  | 定額手續費<br>\$0   | 定額手續費<br>\$0   | 定額手續費 \$0     |
| *網絡外藥局無法提供 100 天長期藥量。             |               |                |                |               |
| **第 6 級補充藥物包括通用 Viagra、處方止咳藥和維生素。 |               |                |                |               |

### 關於您為胰島素支付費用的重要信息

Clever Care 目前參與 CMS 提供的 D 部分 Senior Savings Model，此項計劃旨在提供會員價格合宜的胰島素，讓會員可以控制糖尿病。視胰島素品牌而定，在所有承保階段中一個月藥量您的自付費用將為 \$0 或 \$35。與 Senior Savings Model 相關的藥物將標有「SI」。

從 Medicare 獲得幫助 - 如果您選擇此計劃是因為您正在尋找每月 \$35 或更低的胰島素保險，那麼重要的是要知道，由於 Medicare D 部分計劃的變化，您可能在 2023 年有其他的選擇，甚至以更低的費用。請聯繫 Medicare，電話：1-800- MEDICARE (1-800-633-4227)，每星期 7 天，每天 24 小時，幫助您對比您的選項。殘障專線：1-877-486-2048。

額外幫助的資源 – 請聯繫我們的客戶服務部獲取額外的資訊，電話：(833) 808-8153 (普通話) 或者 (833) 808-8161 (粵語)。殘障專線 711。我們的工作時間是從10月1日至3月31日，每星期7天，早上8點至晚上8點。從4月1日至9月30日，星期一至星期五，早上8點至晚上8點。

## Clever Care Fortune Medicare Advantage (HMO)

Los Angeles, Orange、San Bernardino、Riverside 以及 San Diego 郡

| 初始承保階段                            | 標準零售費用分攤（網絡內） |                | 標準費用分攤（郵購）     | 零售成本分攤（網絡外）*  |
|-----------------------------------|---------------|----------------|----------------|---------------|
|                                   | 30 天藥量        | 100 天藥量        | 100 天藥量        | 30 天藥量        |
| 層級 1：<br>首選學名藥                    | 定額手續費<br>\$0  | 定額手續費<br>\$0   | 定額手續費<br>\$0   | 定額手續費 \$0     |
| 層級 2：學名藥                          | 定額手續費<br>\$0  | 定額手續費<br>費 \$0 | 定額手續費<br>\$0   | 定額手續費 \$0     |
| 層級 3：<br>首選原廠藥                    | 定額手續費<br>\$35 | 定額手續費<br>\$105 | 定額手續費<br>\$70  | 定額手續費<br>\$35 |
| 層級 4：<br>非首選藥物                    | 定額手續費<br>\$99 | 定額手續費<br>\$297 | 定額手續費<br>\$198 | 定額手續費<br>\$99 |
| 層級 5：<br>專科層級藥物                   | 33% 共同保險額     | 33% 共同保險額      | 33% 共同保險額      | 33% 共同保險額     |
| 層級 6：<br>精選照護藥物**                 | 定額手續費<br>\$0  | 定額手續費<br>\$0   | 定額手續費<br>\$0   | 定額手續費 \$0     |
| *網絡外藥局無法提供 100 天長期藥量。             |               |                |                |               |
| **第 6 級補充藥物包括通用 Viagra、處方止咳藥和維生素。 |               |                |                |               |

### 關於您為胰島素支付費用的重要信息

Clever Care 目前參與 CMS 提供的 D 部分 Senior Savings Model，此項計劃旨在提供會員價格合宜的胰島素，讓會員可以控制糖尿病。視胰島素品牌而定，在所有承保階段中一個月藥量您的自付費用將為 \$0 或 \$35。與 Senior Savings Model 相關的藥物將標有「SI」。

從 Medicare 獲得幫助 - 如果您選擇此計劃是因為您正在尋找每月 \$35 或更低的胰島素保險，那麼重要的是要知道，由於 Medicare D 部分計劃的變化，您可能在 2023 年有其他的選擇，甚至以更低的費用。請聯繫 Medicare，電話：1-800- MEDICARE (1-800-633-4227)，每星期 7 天，每天 24 小時，幫助您對比您的選項。殘障專線：1-877-486-2048。

額外幫助的資源 – 請聯繫我們的客戶服務部獲取額外的資訊，電話：(833) 808-8153 (普通話) 或者 (833) 808-8161 (粵語)。殘障專線 711。我們的工作時間是從10月1日至3月31日，每星期7天，早上8點至晚上8點。從4月1日至9月30日，星期一至星期五，早上8點至晚上8點。

## Clever Care Value Medicare Advantage (HMO)

Los Angeles、Orange、San Bernardino、Riverside 以及 San Diego 郡

| 初始承保階段                                                                | 標準零售費用分攤（網絡內） |                | 標準費用分攤（郵購）     | 零售成本分攤（網絡外）*  |
|-----------------------------------------------------------------------|---------------|----------------|----------------|---------------|
|                                                                       | 30 天藥量        | 100 天藥量        | 100 天藥量        | 30 天藥量        |
| 層級 1：<br>首選學名藥                                                        | 定額手續費<br>\$0  | 定額手續費<br>\$0   | 定額手續費<br>\$0   | 定額手續費 \$0     |
| 層級 2：學名藥                                                              | 定額手續費<br>\$10 | 定額手續費<br>\$30  | 定額手續費<br>\$20  | 定額手續費<br>\$10 |
| 層級 3：<br>首選原廠藥                                                        | 定額手續費<br>\$47 | 定額手續費<br>\$141 | 定額手續費<br>\$94  | 定額手續費<br>\$47 |
| 層級 4：<br>非首選藥物                                                        | 定額手續費<br>\$99 | 定額手續費<br>\$297 | 定額手續費<br>\$198 | 定額手續費<br>\$99 |
| 層級 5：<br>專科層級藥物                                                       | 33% 共同保險額     | 33% 共同保險額      | 33% 共同保險額      | 33% 共同保險額     |
| 層級 6：<br>精選照護藥物**                                                     | 定額手續費<br>\$0  | 定額手續費<br>\$0   | 定額手續費<br>\$0   | 定額手續費 \$0     |
| <p>*網絡外藥局無法提供 100 天長期藥量。</p> <p>**第 6 級補充藥物包括通用 Viagra、處方止咳藥和維生素。</p> |               |                |                |               |

### 關於您為胰島素支付費用的重要信息

Clever Care 目前參與 CMS 提供的 D 部分 Senior Savings Model，此項計劃旨在提供會員價格合宜的胰島素，讓會員可以控制糖尿病。視胰島素品牌而定，在所有承保階段中一個月藥量您的自付費用將為 \$0 或 \$35。與 Senior Savings Model 相關的藥物將標有「SI」。

從 **Medicare** 獲得幫助 - 如果您選擇此計劃是因為您正在尋找每月 **\$35** 或更低的胰島素保險，那麼重要的是要知道，由於 **Medicare D** 部分計劃的變化，您可能在 **2023** 年有其他的選擇，甚至以更低的費用。請聯繫 **Medicare**，電話：**1-800- MEDICARE (1-800-633-4227)**，每星期 7 天，每天 24 小時，幫助您對比您的選項。殘障專線：**1-877-486-2048**。

額外幫助的資源 – 請聯繫我們的客戶服務部獲取額外的資訊，電話：**(833) 808-8153 (普通話)** 或者 **(833) 808-8161 (粵語)**。殘障專線 **711**。我們的工作時間是從 10 月 1 日至 3 月 31 日，每星期 7 天，早上 8 點至晚上 8 點。從 4 月 1 日至 9 月 30 日，星期一至星期五，早上 8 點至晚上 8 點。

**Clever Care Jasmine Medicare Advantage (HMO C-SNP)**

Los Angeles、Orange、San Bernardino 以及 Riverside 郡

| 年自付額                                                       | 您每年為第 2-5 層的 D 部分處方藥支付 \$505。 |           |            |              |
|------------------------------------------------------------|-------------------------------|-----------|------------|--------------|
| 初始承保階段                                                     | 標準零售費用分攤（網絡內）                 |           | 標準費用分攤（郵購） | 零售成本分攤（網絡外）* |
|                                                            | 30 天藥量                        | 100 天藥量   | 100 天藥量    | 30 天藥量       |
| 層級 1：<br>首選學名藥                                             | 定額手續費 \$0                     | 定額手續費 \$0 | 定額手續費 \$0  | 定額手續費 \$0    |
| 層級 2：學名藥                                                   | 25% 共同保險額                     | 25% 共同保險額 | 25% 共同保險額  | 25% 共同保險額    |
| 層級 3：<br>首選原廠藥                                             | 25% 共同保險額                     | 25% 共同保險額 | 25% 共同保險額  | 25% 共同保險額    |
| 層級 4：<br>非首選藥物                                             | 25% 共同保險額                     | 25% 共同保險額 | 25% 共同保險額  | 25% 共同保險額    |
| 層級 5：<br>專科層級藥物                                            | 定額手續費 \$0                     | 定額手續費 \$0 | 定額手續費 \$0  | 定額手續費 \$0    |
| 層級 6：<br>精選照護藥物**                                          | 定額手續費 \$0                     | 定額手續費 \$0 | 定額手續費 \$0  | 定額手續費 \$0    |
| *網絡外藥局無法提供 100 天長期藥量。<br>**第 6 級補充藥物包括通用 Viagra、處方止咳藥和維生素。 |                               |           |            |              |

**關於您為胰島素支付費用的重要信息**

Clever Care 目前參與 CMS 提供的 D 部分 Senior Savings Model，此項計劃旨在提供會員價格合宜的胰島素，讓會員可以控制糖尿病。視胰島素品牌而定，在所有承保階段中一個月藥量您的自付費用將為 \$0 或 \$35。與 Senior Savings Model 相關的藥物將標有「SI」。

從 Medicare 獲得幫助 - 如果您選擇此計劃是因為您正在尋找每月 \$35 或更低的胰島素保險，那麼重要的是要知道，由於 Medicare D 部分計劃的變化，您可能在 2023 年有其他的選擇，甚至以更低的費用。請聯繫 Medicare，電話：1-800- MEDICARE (1-800-633-4227)，每星期 7 天，每天 24 小時，幫助您對比您的選項。殘障專線：1-877-486-2048。

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### **獲得額外補助**

如果您符合處方藥物額外補助 (Extra Help) 資格，則您的定額手續費及共同保險額可能更低。符合額外補助資格的會員將收到「取得處方藥物額外補助會員之承保範圍證明附約」（LIS 附約）。請閱讀該附約，瞭解您的費用。您也可以致電客戶服務部。我們的聯絡資訊列在封面上。

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| 藥物名稱                                                                                                                    | 藥物 等級 | 要求/限制                      |
|-------------------------------------------------------------------------------------------------------------------------|-------|----------------------------|
| <b>Analgesics</b>                                                                                                       |       |                            |
| <b>Analgesics, Miscellaneous</b>                                                                                        |       |                            |
| <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

| 藥物名稱                                                                                               | 藥物 等級 | 要求/限制                         |
|----------------------------------------------------------------------------------------------------|-------|-------------------------------|
| <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)     |

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| 藥物名稱                                                                                                             | 藥物 等級 | 要求/限制                         |
|------------------------------------------------------------------------------------------------------------------|-------|-------------------------------|
| <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)     |

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

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| 藥物名稱                                                                                                 | 藥物 等級 | 要求/限制                         |
|------------------------------------------------------------------------------------------------------|-------|-------------------------------|
| <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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| 藥物名稱                                                                                                                       | 藥物 等級 | 要求/限制               |
|----------------------------------------------------------------------------------------------------------------------------|-------|---------------------|
| <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     |                     |
| <b>Anesthetics</b>                                                                                                         |       |                     |
| <b>Local Anesthetics</b>                                                                                                   |       |                     |
| <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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| 藥物名稱                                                                               | 藥物 等級 | 要求/限制                   |
|------------------------------------------------------------------------------------|-------|-------------------------|
| <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) |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>                             |       |                         |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>                             |       |                         |
| <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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| 藥物名稱                                                                                          | 藥物 等級 | 要求/限制                     |
|-----------------------------------------------------------------------------------------------|-------|---------------------------|
| <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     |                           |
| <b>Antianxiety Agents</b>                                                                     |       |                           |
| <b>Benzodiazepines</b>                                                                        |       |                           |
| <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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| 藥物名稱                                                               | 藥物 等級 | 要求/限制                     |
|--------------------------------------------------------------------|-------|---------------------------|
| <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)  |
| <b>Antibacterials</b>                                              |       |                           |
| <b>Aminoglycosides</b>                                             |       |                           |
| <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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| 藥物名稱                                                                                      | 藥物 等級 | 要求/限制                     |
|-------------------------------------------------------------------------------------------|-------|---------------------------|
| <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     |                           |
| <b>Antibacterials, Miscellaneous</b>                                                      |       |                           |
| <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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| 藥物名稱                                                                                             | 藥物 等級 | 要求/限制                        |
|--------------------------------------------------------------------------------------------------|-------|------------------------------|
| FIRVANQ ORAL RECON SOLN (vancomycin)<br>25 MG/ML                                                 | 4     |                              |
| <i>linezolid in dextrose 5% intravenous<br/>piggyback 600 mg/300 ml</i> (Zyvox)                  | 2     |                              |
| <i>linezolid oral suspension for<br/>reconstitution 100 mg/5 ml</i> (Zyvox)                      | 5     | NDS                          |
| <i>linezolid oral tablet 600 mg</i> (Zyvox)                                                      | 2     |                              |
| <i>methenamine hippurate oral tablet 1<br/>gram</i> (Hiprex)                                     | 2     |                              |
| <i>metronidazole in nacl (iso-os)<br/>intravenous piggyback 500 mg/100<br/>ml</i> (Metro I.V.)   | 2     |                              |
| <i>metronidazole oral tablet 250 mg,<br/>500 mg</i>                                              | 1     |                              |
| <i>nitrofurantoin macrocrystal oral<br/>capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)          | 2     | QL (120 per 30 days)         |
| <i>nitrofurantoin monohyd/m-cryst oral<br/>capsule 100 mg</i> (Macrobid)                         | 2     | QL (60 per 30 days)          |
| <i>polymyxin b sulfate injection recon<br/>soln 500,000 unit</i>                                 | 2     |                              |
| SYNERCID INTRAVENOUS<br>RECON SOLN 500 MG                                                        | 5     | NDS                          |
| <i>trimethoprim oral tablet 100 mg</i>                                                           | 1     |                              |
| <i>vancomycin intravenous recon soln<br/>1,000 mg, 10 gram, 5 gram, 500 mg,<br/>750 mg</i>       | 2     |                              |
| <i>vancomycin oral capsule 125 mg</i> (Vancocin)                                                 | 2     | QL (56 per 14 days)          |
| <i>vancomycin oral capsule 250 mg</i> (Vancocin)                                                 | 2     | QL (112 per 14 days)         |
| <i>vancomycin oral recon soln 25 mg/ml</i> (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) |
| <b>Cephalosporins</b>                                                                            |       |                              |
| <i>cefactor oral capsule 250 mg, 500<br/>mg</i>                                                  | 2     |                              |
| <i>cefactor oral suspension for<br/>reconstitution 125 mg/5 ml, 250 mg/5<br/>ml, 375 mg/5 ml</i> | 2     |                              |
| <i>cefactor oral tablet extended release<br/>12 hr 500 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

| 藥物名稱                                                                                 | 藥物 等級 | 要求/限制 |
|--------------------------------------------------------------------------------------|-------|-------|
| <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     |       |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                                                | 藥物 等級 | 要求/限制                     |
|-----------------------------------------------------------------------------------------------------|-------|---------------------------|
| <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                       |
| <b>Macrolides</b>                                                                                   |       |                           |
| <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     |                           |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                                                      | 藥物 等級 | 要求/限制       |
|-----------------------------------------------------------------------------------------------------------|-------|-------------|
| <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     |             |
| <b>Miscellaneous B-Lactam Antibiotics</b>                                                                 |       |             |
| <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     |             |
| <b>Penicillins</b>                                                                                        |       |             |
| <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     |             |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                                               | 藥物 等級 | 要求/限制 |
|----------------------------------------------------------------------------------------------------|-------|-------|
| <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     |       |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                                        | 藥物 等級 | 要求/限制 |
|---------------------------------------------------------------------------------------------|-------|-------|
| <b>Quinolones</b>                                                                           |       |       |
| <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     |       |
| <b>Sulfonamides</b>                                                                         |       |       |
| <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     |       |
| <b>Tetracyclines</b>                                                                        |       |       |
| <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     |       |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                                  | 藥物 等級 | 要求/限制                             |
|---------------------------------------------------------------------------------------|-------|-----------------------------------|
| <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                               |
| <b>Anticancer Agents</b>                                                              |       |                                   |
| <b>Anticancer Agents</b>                                                              |       |                                   |
| <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

| 藥物名稱                                                               | 藥物 等級 | 要求/限制                             |
|--------------------------------------------------------------------|-------|-----------------------------------|
| 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                       |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                           | 藥物 等級 | 要求/限制                                |
|--------------------------------------------------------------------------------|-------|--------------------------------------|
| 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                           |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                                  | 藥物 等級 | 要求/限制                             |
|---------------------------------------------------------------------------------------|-------|-----------------------------------|
| <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                               |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                                              | 藥物 等級 | 要求/限制                             |
|---------------------------------------------------------------------------------------------------|-------|-----------------------------------|
| 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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| 藥物名稱                                                              | 藥物 等級 | 要求/限制                             |
|-------------------------------------------------------------------|-------|-----------------------------------|
| <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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| 藥物名稱                                                                                     | 藥物 等級 | 要求/限制                             |
|------------------------------------------------------------------------------------------|-------|-----------------------------------|
| 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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| 藥物名稱                                                                                                                                                                                                                                 | 藥物 等級 | 要求/限制                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------|
| KISQALI FEMARA CO-PACK<br>ORAL TABLET 200 MG/DAY(200<br>MG X 1)-2.5 MG                                                                                                                                                               | 5     | PA NSO; NDS; QL (49<br>per 28 days)  |
| KISQALI FEMARA CO-PACK<br>ORAL TABLET 400 MG/DAY(200<br>MG X 2)-2.5 MG                                                                                                                                                               | 5     | PA NSO; NDS; QL (70<br>per 28 days)  |
| KISQALI FEMARA CO-PACK<br>ORAL TABLET 600 MG/DAY(200<br>MG X 3)-2.5 MG                                                                                                                                                               | 5     | PA NSO; NDS; QL (91<br>per 28 days)  |
| KISQALI ORAL TABLET 200<br>MG/DAY (200 MG X 1)                                                                                                                                                                                       | 5     | PA NSO; NDS; QL (21<br>per 28 days)  |
| KISQALI ORAL TABLET 400<br>MG/DAY (200 MG X 2)                                                                                                                                                                                       | 5     | PA NSO; NDS; QL (42<br>per 28 days)  |
| KISQALI ORAL TABLET 600<br>MG/DAY (200 MG X 3)                                                                                                                                                                                       | 5     | PA NSO; NDS; QL (63<br>per 28 days)  |
| KOSELUGO ORAL CAPSULE 10<br>MG                                                                                                                                                                                                       | 5     | PA NSO; NDS; QL (300<br>per 30 days) |
| KOSELUGO ORAL CAPSULE 25<br>MG                                                                                                                                                                                                       | 5     | PA NSO; NDS; QL (120<br>per 30 days) |
| KRAZATI ORAL TABLET 200 MG                                                                                                                                                                                                           | 5     | PA NSO; NDS; QL (180<br>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<br>per 28 days)  |
| LENVIMA ORAL CAPSULE 10<br>MG/DAY (10 MG X 1), 12<br>MG/DAY (4 MG X 3), 14<br>MG/DAY(10 MG X 1-4 MG X 1),<br>18 MG/DAY (10 MG X 1-4 MG<br>X2), 20 MG/DAY (10 MG X 2), 24<br>MG/DAY(10 MG X 2-4 MG X 1), 4<br>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<br/>suspension for reconstitution 22.5 mg</i>                                                                                                                                                  | 4     | PA NSO                               |
| <i>leuprolide subcutaneous kit 1 mg/0.2<br/>ml</i>                                                                                                                                                                                   | 5     | PA NSO; NDS                          |
| LONSURF ORAL TABLET 15-6.14<br>MG                                                                                                                                                                                                    | 5     | PA NSO; NDS; QL (100<br>per 28 days) |
| LONSURF ORAL TABLET 20-8.19<br>MG                                                                                                                                                                                                    | 5     | PA NSO; NDS; QL (80<br>per 28 days)  |

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

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| 藥物名稱                                                                                                                        | 藥物 等級 | 要求/限制                             |
|-----------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------|
| <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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| 藥物名稱                                                                      | 藥物 等級 | 要求/限制                                 |
|---------------------------------------------------------------------------|-------|---------------------------------------|
| 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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| 藥物名稱                                                                                            | 藥物 等級 | 要求/限制                             |
|-------------------------------------------------------------------------------------------------|-------|-----------------------------------|
| 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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| 藥物名稱                                                                                         | 藥物 等級 | 要求/限制                             |
|----------------------------------------------------------------------------------------------|-------|-----------------------------------|
| 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)  |
| <b>Anticonvulsants</b>                                                                       |       |                                   |
| <b>Anticonvulsants</b>                                                                       |       |                                   |
| APTiom ORAL TABLET 200 MG, 400 MG                                                            | 5     | ST; NDS; QL (30 per 30 days)      |
| APTiom 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) |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                                     | 藥物 等級 | 要求/限制                             |
|------------------------------------------------------------------------------------------|-------|-----------------------------------|
| 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)             |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                                                                   | 藥物 等級 | 要求/限制                 |
|------------------------------------------------------------------------------------------------------------------------|-------|-----------------------|
| <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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| 藥物名稱                                                                                             | 藥物 等級 | 要求/限制                            |
|--------------------------------------------------------------------------------------------------|-------|----------------------------------|
| <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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| 藥物名稱                                                                                                                      | 藥物 等級 | 要求/限制                             |
|---------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------|
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>                                                                     | 2     |                                   |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)                                                           | 2     |                                   |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)                                                      | 1     |                                   |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>                                                      | 2     |                                   |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                                                           | 2     |                                   |
| <i>valproic acid oral capsule 250 mg</i>                                                                                  | 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                               |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)                                                                | 5     | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Vigadrone)                                                                          | 5     | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)                                                                | 5     | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigadrone oral tablet 500 mg</i> (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     |                                   |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)                                                                   | 2     |                                   |

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| 藥物名稱                                                                                                         | 藥物 等級 | 要求/限制                              |
|--------------------------------------------------------------------------------------------------------------|-------|------------------------------------|
| <i>zonisamide oral capsule 50 mg</i>                                                                         | 2     |                                    |
| ZTALMY ORAL SUSPENSION 50 MG/ML                                                                              | 5     | PA NSO; NDS; QL (1080 per 30 days) |
| <b>Antidementia Agents</b>                                                                                   |       |                                    |
| <b>Antidementia Agents</b>                                                                                   |       |                                    |
| <i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)                                                           | 1     | QL (30 per 30 days)                |
| <i>donepezil oral tablet 23 mg</i> (Aricept)                                                                 | 2     | QL (30 per 30 days)                |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>                                                     | 2     | QL (30 per 30 days)                |
| <i>ergoloid oral tablet 1 mg</i>                                                                             | 2     |                                    |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>                                   | 2     | QL (30 per 30 days)                |
| <i>galantamine oral solution 4 mg/ml</i>                                                                     | 2     | QL (200 per 30 days)               |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>                                                             | 2     | QL (60 per 30 days)                |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)                      | 2     | ST; QL (30 per 30 days)            |
| <i>memantine oral solution 2 mg/ml</i>                                                                       | 2     | QL (300 per 30 days)               |
| <i>memantine oral tablet 10 mg, 5 mg</i> (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)            |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                                         | 2     | QL (60 per 30 days)                |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch) | 2     | QL (30 per 30 days)                |
| <b>Antidepressants</b>                                                                                       |       |                                    |
| <b>Antidepressants</b>                                                                                       |       |                                    |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                                  | 2     |                                    |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>                                        | 2     |                                    |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                                    | 2     |                                    |

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| 藥物名稱                                                                                       | 藥物 等級 | 要求/限制                        |
|--------------------------------------------------------------------------------------------|-------|------------------------------|
| 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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| 藥物名稱                                                                                                | 藥物 等級 | 要求/限制                   |
|-----------------------------------------------------------------------------------------------------|-------|-------------------------|
| FETZIMA ORAL CAPSULE,EXT<br>REL 24HR DOSE PACK 20 MG<br>(2)- 40 MG (26)                             | 4     | ST                      |
| FETZIMA ORAL<br>CAPSULE,EXTENDED RELEASE<br>24 HR 120 MG, 20 MG, 40 MG, 80<br>MG                    | 4     | ST; QL (30 per 30 days) |
| <i>fluoxetine oral capsule 10 mg, 20 mg, (Prozac)<br/>40 mg</i>                                     | 1     |                         |
| <i>fluoxetine oral solution 20 mg/5 ml (4<br/>mg/ml)</i>                                            | 2     |                         |
| <i>fluvoxamine oral tablet 100 mg, 25<br/>mg, 50 mg</i>                                             | 2     |                         |
| <i>imipramine hcl oral tablet 10 mg, 25<br/>mg, 50 mg</i>                                           | 2     |                         |
| <i>imipramine pamoate oral capsule<br/>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)<br/>15 mg, 30 mg, 45 mg</i>              | 2     |                         |
| <i>nefazodone oral tablet 100 mg, 150<br/>mg, 200 mg, 250 mg, 50 mg</i>                             | 2     |                         |
| <i>nortriptyline oral capsule 10 mg, 25 (Pamelor)<br/>mg, 50 mg, 75 mg</i>                          | 1     |                         |
| <i>nortriptyline oral solution 10 mg/5<br/>ml</i>                                                   | 2     |                         |
| <i>paroxetine hcl oral suspension 10 (Paxil)<br/>mg/5 ml</i>                                        | 2     |                         |
| <i>paroxetine hcl oral tablet 10 mg, 20 (Paxil)<br/>mg, 30 mg, 40 mg</i>                            | 1     |                         |
| <i>paroxetine hcl oral tablet extended (Paxil CR)<br/>release 24 hr 12.5 mg, 25 mg, 37.5<br/>mg</i> | 2     |                         |
| <i>perphenazine-amitriptyline oral<br/>tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-<br/>25 mg, 4-50 mg</i>  | 2     |                         |
| <i>phenelzine oral tablet 15 mg (Nardil)</i>                                                        | 2     |                         |

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| 藥物名稱                                                                               | 藥物 等級 | 要求/限制                   |
|------------------------------------------------------------------------------------|-------|-------------------------|
| <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)     |
| <b>Antidiabetic Agents</b>                                                         |       |                         |
| <b>Antidiabetic Agents, Miscellaneous</b>                                          |       |                         |
| <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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| 藥物名稱                                                                                                                     | 藥物 等級 | 要求/限制                         |
|--------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------|
| 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 (Riomet)</i>                                                                      | 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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| 藥物名稱                                                                                                   | 藥物 等級 | 要求/限制                             |
|--------------------------------------------------------------------------------------------------------|-------|-----------------------------------|
| <i>pioglitazone-metformin oral tablet</i><br>15-500 mg                                                 | 2     | QL (90 per 30 days)               |
| <i>pioglitazone-metformin oral tablet</i> (Actoplus MET)<br>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-<br>500 mg, 2-500 mg                                        | 2     | QL (150 per 30 days)              |
| RYBELSUS ORAL TABLET 14<br>MG, 3 MG, 7 MG                                                              | 3     | GC; QL (30 per 30 days)           |
| SYMLINPEN 120<br>SUBCUTANEOUS PEN INJECTOR<br>2,700 MCG/2.7 ML                                         | 5     | PA; NDS; QL (10.8 per<br>28 days) |
| SYMLINPEN 60<br>SUBCUTANEOUS PEN INJECTOR<br>1,500 MCG/1.5 ML                                          | 5     | PA; NDS; QL (10.8 per<br>28 days) |
| SYNJARDY ORAL TABLET 12.5-<br>1,000 MG, 12.5-500 MG, 5-1,000<br>MG, 5-500 MG                           | 3     | GC; QL (60 per 30 days)           |
| SYNJARDY XR ORAL TABLET,<br>IR - ER, BIPHASIC 24HR 10-1,000<br>MG, 25-1,000 MG                         | 3     | GC; QL (30 per 30 days)           |
| SYNJARDY XR ORAL TABLET,<br>IR - ER, BIPHASIC 24HR 12.5-<br>1,000 MG, 5-1,000 MG                       | 3     | GC; QL (60 per 30 days)           |
| TRADJENTA ORAL TABLET 5<br>MG                                                                          | 3     | GC; QL (30 per 30 days)           |
| TRIJARDY XR ORAL TABLET, IR<br>- ER, BIPHASIC 24HR 10-5-1,000<br>MG, 25-5-1,000 MG                     | 3     | QL (30 per 30 days)               |
| TRIJARDY XR ORAL TABLET, IR<br>- ER, BIPHASIC 24HR 12.5-2.5-<br>1,000 MG, 5-2.5-1,000 MG               | 3     | QL (60 per 30 days)               |
| TRULICITY SUBCUTANEOUS<br>PEN INJECTOR 0.75 MG/0.5 ML,<br>1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5<br>MG/0.5 ML | 3     | GC; QL (2 per 28 days)            |
| VICTOZA SUBCUTANEOUS PEN<br>INJECTOR 0.6 MG/0.1 ML (18<br>MG/3 ML)                                     | 3     | GC; QL (9 per 30 days)            |

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| 藥物名稱                                                                             | 藥物 等級 | 要求/限制                   |
|----------------------------------------------------------------------------------|-------|-------------------------|
| 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) |
| <b>Insulins</b>                                                                  |       |                         |
| 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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| 藥物名稱                                                                                                               | 藥物 等級 | 要求/限制                     |
|--------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| NOVOLOG FLEXPEN U-100 (insulin aspart u-100)<br>INSULIN SUBCUTANEOUS<br>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)<br>INSULN SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML (70-30)    | 2     | SI; QL (40 per 28 days)   |
| NOVOLOG MIX 70-30FLEXPEN (insulin asp prt-insulin aspart)<br>U-100 SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML (70-30) | 2     | SI; QL (30 per 28 days)   |
| NOVOLOG PENFILL U-100 (insulin aspart u-100)<br>INSULIN SUBCUTANEOUS<br>CARTRIDGE 100 UNIT/ML                      | 2     | SI; QL (30 per 28 days)   |
| NOVOLOG U-100 INSULIN (insulin aspart u-100)<br>ASPART SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML                        | 2     | SI; QL (40 per 28 days)   |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS (insulin glargine-yfgn)<br>SOLUTION 100 UNIT/ML                        | 3     | SI; QL (40 per 28 days)   |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS (insulin glargine-yfgn)<br>INSULIN PEN 100 UNIT/ML (3 ML)              | 3     | SI; QL (30 per 28 days)   |
| SOLIQUA 100/33<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT-33 MCG/ML                                                   | 3     | QL (30 per 30 days)       |
| TOUJEO MAX U-300 SOLOSTAR<br>SUBCUTANEOUS INSULIN PEN<br>300 UNIT/ML (3 ML)                                        | 3     | SI; QL (18 per 28 days)   |
| TOUJEO SOLOSTAR U-300<br>INSULIN SUBCUTANEOUS<br>INSULIN PEN 300 UNIT/ML (1.5 ML)                                  | 3     | SI; QL (13.5 per 28 days) |
| XULTOPHY 100/3.6<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT-3.6 MG /ML (3 ML)                                         | 3     | QL (15 per 28 days)       |
| <b>Sulfonylureas</b>                                                                                               |       |                           |
| <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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| 藥物名稱                                                                                      | 藥物 等級 | 要求/限制                 |
|-------------------------------------------------------------------------------------------|-------|-----------------------|
| <i>glipizide oral tablet extended release</i> (Glucotrol XL)<br>24hr 10 mg                | 1     | QL (60 per 30 days)   |
| <i>glipizide oral tablet extended release</i> (Glucotrol XL)<br>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     |                       |
| <b>Antifungals</b>                                                                        |       |                       |
| <b>Antifungals</b>                                                                        |       |                       |
| ABELCET INTRAVENOUS<br>SUSPENSION 5 MG/ML                                                 | 4     | PA BvD                |
| <i>amphotericin b injection recon soln</i><br>50 mg                                       | 2     | PA BvD                |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome) | 5     | PA BvD; NDS           |
| <i>caspofungin intravenous recon soln</i> (Cancidas)<br>50 mg, 70 mg                      | 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 10 mg</i>                                          | 2     |                       |
| <i>clotrimazole topical cream 1 %</i> (Antifungal<br>(clotrimazole))                      | 2     |                       |
| <i>clotrimazole topical solution 1 %</i>                                                  | 2     |                       |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>                                  | 2     | QL (90 per 30 days)   |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>                                 | 2     | QL (90 per 30 days)   |
| <i>econazole topical cream 1 %</i>                                                        | 2     | QL (170 per 30 days)  |

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| 藥物名稱                                                                                                          | 藥物 等級 | 要求/限制                    |
|---------------------------------------------------------------------------------------------------------------|-------|--------------------------|
| <i>fluconazole in nacl (iso-osm)<br/>intravenous piggyback 100 mg/50 ml,<br/>200 mg/100 ml, 400 mg/200 ml</i> | 2     |                          |
| <i>fluconazole oral suspension for<br/>reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)                       | 2     |                          |
| <i>fluconazole oral tablet 100 mg, 200<br/>mg</i> (Diflucan)                                                  | 2     |                          |
| <i>fluconazole oral tablet 150 mg, 50<br/>mg</i>                                                              | 2     |                          |
| <i>flucytosine oral capsule 250 mg, 500<br/>mg</i> (Ancobon)                                                  | 5     | NDS                      |
| <i>griseofulvin microsize oral<br/>suspension 125 mg/5 ml</i>                                                 | 2     |                          |
| <i>griseofulvin microsize oral tablet 500<br/>mg</i>                                                          | 2     |                          |
| <i>griseofulvin ultramicrosize oral<br/>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<br/>200 mg</i>                                                            | 2     |                          |
| NOXAFIL INTRAVENOUS (posaconazole)<br>SOLUTION 300 MG/16.7 ML                                                 | 5     | NDS                      |
| NOXAFIL ORAL SUSP,DELAYED<br>RELEASE FOR RECON 300 MG                                                         | 5     | PA; NDS                  |
| <i>nyamyc topical powder 100,000<br/>unit/gram</i> (nystatin)                                                 | 2     | QL (60 per 30 days)      |
| <i>nystatin oral suspension 100,000<br/>unit/ml</i>                                                           | 2     | QL (900 per 30 days)     |
| <i>nystatin oral tablet 500,000 unit</i>                                                                      | 2     |                          |
| <i>nystatin topical cream 100,000<br/>unit/gram</i>                                                           | 2     | QL (60 per 30 days)      |
| <i>nystatin topical ointment 100,000<br/>unit/gram</i>                                                        | 2     | QL (60 per 30 days)      |

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| 藥物名稱                                                                                  | 藥物 等級 | 要求/限制                    |
|---------------------------------------------------------------------------------------|-------|--------------------------|
| <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     |                          |
| <b>Antigout Agents</b>                                                                |       |                          |
| <b>Antigout Agents, Other</b>                                                         |       |                          |
| <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     |                          |
| <b>Antihistamines</b>                                                                 |       |                          |
| <b>Antihistamines</b>                                                                 |       |                          |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                                    | 2     |                          |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                         | 2     |                          |

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| 藥物名稱                                                                | 藥物 等級 | 要求/限制                    |
|---------------------------------------------------------------------|-------|--------------------------|
| <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     |                          |
| <b>Anti-Infectives (Skin And Mucous Membrane)</b>                   |       |                          |
| <b>Anti-Infectives (Skin And Mucous Membrane)</b>                   |       |                          |
| <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     |                          |
| <b>Antimigraine Agents</b>                                          |       |                          |
| <b>Antimigraine Agents</b>                                          |       |                          |
| AJOVY AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML      | 3     | PA; QL (1.5 per 30 days) |
| AJOVY SYRINGE<br>SUBCUTANEOUS SYRINGE 225 MG/1.5 ML                 | 3     | PA; QL (1.5 per 30 days) |

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

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                               | 藥物 等級 | 要求/限制                   |
|--------------------------------------------------------------------|-------|-------------------------|
| <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)      |
| <b>Antimycobacterials</b>                                          |       |                         |
| <b>Antimycobacterials</b>                                          |       |                         |
| <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     |                         |
| <b>Antinausea Agents</b>                                           |       |                         |
| <b>Antinausea Agents</b>                                           |       |                         |
| 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)    |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                       | 藥物 等級 | 要求/限制                      |
|----------------------------------------------------------------------------|-------|----------------------------|
| <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

| 藥物名稱                                                                              | 藥物 等級 | 要求/限制                        |
|-----------------------------------------------------------------------------------|-------|------------------------------|
| <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)          |
| <b>Antiparasite Agents</b>                                                        |       |                              |
| <b>Antiparasite Agents</b>                                                        |       |                              |
| <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                          |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                                  | 藥物 等級 | 要求/限制                        |
|---------------------------------------------------------------------------------------|-------|------------------------------|
| <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     |                              |
| <b>Antiparkinsonian Agents</b>                                                        |       |                              |
| <b>Antiparkinsonian Agents</b>                                                        |       |                              |
| <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     |                              |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

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

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

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| 藥物名稱                                                                  | 藥物 等級 | 要求/限制                      |
|-----------------------------------------------------------------------|-------|----------------------------|
| <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<br>INTRAMUSCULAR SYRINGE<br>1,092 MG/3.5 ML            | 5     | NDS; QL (3.5 per 180 days) |
| INVEGA HAFYERA<br>INTRAMUSCULAR SYRINGE<br>1,560 MG/5 ML              | 5     | NDS; QL (5 per 180 days)   |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 117<br>MG/0.75 ML            | 5     | NDS; QL (0.75 per 28 days) |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 156<br>MG/ML                 | 5     | NDS; QL (1 per 28 days)    |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 234<br>MG/1.5 ML             | 5     | NDS; QL (1.5 per 28 days)  |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 39<br>MG/0.25 ML             | 3     | QL (0.25 per 28 days)      |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 78<br>MG/0.5 ML              | 5     | NDS; QL (0.5 per 28 days)  |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 273<br>MG/0.88 ML              | 5     | NDS; QL (0.88 per 84 days) |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 410<br>MG/1.32 ML              | 5     | NDS; QL (1.32 per 84 days) |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 546<br>MG/1.75 ML              | 5     | NDS; QL (1.75 per 84 days) |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 819<br>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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| 藥物名稱                                                                                                     | 藥物 等級 | 要求/限制                            |
|----------------------------------------------------------------------------------------------------------|-------|----------------------------------|
| <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)     |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

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

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| 藥物名稱                                                                                                   | 藥物 等級 | 要求/限制                     |
|--------------------------------------------------------------------------------------------------------|-------|---------------------------|
| 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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| 藥物名稱                                                                                                      | 藥物 等級 | 要求/限制 |
|-----------------------------------------------------------------------------------------------------------|-------|-------|
| <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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| 藥物名稱                                                                                                           | 藥物 等級 | 要求/限制                     |
|----------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| <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                       |

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

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| 藥物名稱                                                                    | 藥物 等級 | 要求/限制                         |
|-------------------------------------------------------------------------|-------|-------------------------------|
| 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     |                               |
| <b>Antivirals, Miscellaneous</b>                                        |       |                               |
| 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)           |
| <b>Hcv Antivirals</b>                                                   |       |                               |

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| 藥物名稱                                                                                                 | 藥物 等級 | 要求/限制                        |
|------------------------------------------------------------------------------------------------------|-------|------------------------------|
| 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) |
| <b>Interferons</b>                                                                                   |       |                              |
| 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                          |
| <b>Nucleosides And Nucleotides</b>                                                                   |       |                              |
| <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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| 藥物名稱                                                                         | 藥物 等級 | 要求/限制                   |
|------------------------------------------------------------------------------|-------|-------------------------|
| <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             |
| <b>Blood Products/Modifiers/Volume Expanders</b>                             |       |                         |
| <b>Anticoagulants</b>                                                        |       |                         |
| <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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| 藥物名稱                                                                                                     | 藥物 等級 | 要求/限制                        |
|----------------------------------------------------------------------------------------------------------|-------|------------------------------|
| <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)          |
| <b>Blood Formation Modifiers</b>                                                                         |       |                              |
| 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) |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

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

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| 藥物名稱                                                                                                                      | 藥物 等級 | 要求/限制                         |
|---------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------|
| 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                       |
| <b>Hematologic Agents, Miscellaneous</b>                                                                                  |       |                               |
| 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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| 藥物名稱                                                                                           | 藥物 等級 | 要求/限制                        |
|------------------------------------------------------------------------------------------------|-------|------------------------------|
| 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)<br><i>1,000 mg/10 ml (100 mg/ml)</i> | 2     |                              |
| <i>tranexamic acid oral tablet 650 mg</i>                                                      | 2     |                              |
| <b>Platelet-Aggregation Inhibitors</b>                                                         |       |                              |
| <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)          |
| <b>Caloric Agents</b>                                                                          |       |                              |
| <b>Caloric Agents</b>                                                                          |       |                              |
| 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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| 藥物名稱                                                                      | 藥物 等級 | 要求/限制  |
|---------------------------------------------------------------------------|-------|--------|
| 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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| 藥物名稱                                                                                             | 藥物 等級 | 要求/限制                         |
|--------------------------------------------------------------------------------------------------|-------|-------------------------------|
| PROCALAMINE 3%<br>INTRAVENOUS PARENTERAL<br>SOLUTION 3 %                                         | 4     | PA BvD                        |
| PROSOL 20 % INTRAVENOUS<br>PARENTERAL SOLUTION                                                   | 4     | PA BvD                        |
| TRAVASOL 10 % INTRAVENOUS<br>PARENTERAL SOLUTION 10 %                                            | 4     | PA BvD                        |
| TROPHAMINE 10 %<br>INTRAVENOUS PARENTERAL<br>SOLUTION 10 %                                       | 4     | PA BvD                        |
| <b>Cardiovascular Agents</b>                                                                     |       |                               |
| <b>Alpha-Adrenergic Agents</b>                                                                   |       |                               |
| <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     |                               |
| <b>Angiotensin II Receptor Antagonists</b>                                                       |       |                               |
| <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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| 藥物名稱                                                                                                                                          | 藥物 等級 | 要求/限制                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------|
| EDARBYCLOR ORAL TABLET<br>40-12.5 MG, 40-25 MG                                                                                                | 3     |                             |
| ENTRESTO ORAL TABLET 24-26<br>MG                                                                                                              | 3     | GC; QL (180 per 30<br>days) |
| ENTRESTO ORAL TABLET 49-51<br>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<br/>mg, 75 mg</i> (Avapro)                                                                              | 2     |                             |
| <i>irbesartan-hydrochlorothiazide oral<br/>tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)                                                      | 2     |                             |
| <i>losartan oral tablet 100 mg, 25 mg,<br/>50 mg</i> (Cozaar)                                                                                 | 1     |                             |
| <i>losartan-hydrochlorothiazide oral<br/>tablet 100-12.5 mg, 100-25 mg, 50-<br/>12.5 mg</i> (Hyzaar)                                          | 1     |                             |
| <i>olmesartan oral tablet 20 mg, 40 mg,<br/>5 mg</i> (Benicar)                                                                                | 2     |                             |
| <i>olmesartan-amlodipin-hcthiiazid oral<br/>tablet 20-5-12.5 mg, 40-10-12.5 mg,<br/>40-10-25 mg, 40-5-12.5 mg, 40-5-25<br/>mg</i> (Tribenzor) | 2     |                             |
| <i>olmesartan-hydrochlorothiazide oral<br/>tablet 20-12.5 mg, 40-12.5 mg, 40-25<br/>mg</i> (Benicar HCT)                                      | 2     |                             |
| <i>telmisartan oral tablet 20 mg, 40 mg,<br/>80 mg</i> (Micardis)                                                                             | 2     |                             |
| <i>telmisartan-amlodipine oral tablet<br/>40-10 mg, 40-5 mg, 80-10 mg, 80-5<br/>mg</i> (Twynsta)                                              | 2     |                             |
| <i>telmisartan-hydrochlorothiazid oral<br/>tablet 40-12.5 mg, 80-12.5 mg, 80-25<br/>mg</i> (Micardis HCT)                                     | 2     |                             |
| <i>valsartan oral tablet 160 mg, 320 mg,<br/>40 mg, 80 mg</i> (Diovan)                                                                        | 2     |                             |
| <i>valsartan-hydrochlorothiazide oral<br/>tablet 160-12.5 mg, 160-25 mg, 320-<br/>12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)             | 2     |                             |
| <b>Angiotensin-Converting Enzyme<br/>Inhibitors</b>                                                                                           |       |                             |
| <i>benazepril oral tablet 10 mg, 20 mg,<br/>40 mg</i> (Lotensin)                                                                              | 1     |                             |

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| 藥物名稱                                                                                              | 藥物 等級 | 要求/限制                     |
|---------------------------------------------------------------------------------------------------|-------|---------------------------|
| <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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| 藥物名稱                                                                                                     | 藥物 等級 | 要求/限制 |
|----------------------------------------------------------------------------------------------------------|-------|-------|
| <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     |       |
| <b>Antiarrhythmic Agents</b>                                                                             |       |       |
| <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>pacerone 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     |       |
| <b>Beta-Adrenergic Blocking Agents</b>                                                                   |       |       |
| <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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| 藥物名稱                                                                                                       | 藥物 等級 | 要求/限制 |
|------------------------------------------------------------------------------------------------------------|-------|-------|
| <i>atenolol-chlorthalidone oral tablet</i> (Tenoretic 100)<br>100-25 mg                                    | 2     |       |
| <i>atenolol-chlorthalidone oral tablet</i> (Tenoretic 50)<br>50-25 mg                                      | 2     |       |
| <i>betaxolol oral tablet</i> 10 mg, 20 mg                                                                  | 2     |       |
| <i>bisoprolol fumarate oral tablet</i> 10 mg, 5 mg                                                         | 2     |       |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i> 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg                       | 2     |       |
| <i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)                                    | 1     |       |
| <i>labetalol intravenous solution</i> 5 mg/ml                                                              | 2     |       |
| <i>labetalol intravenous syringe</i> 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)                            | 2     |       |
| <i>labetalol oral tablet</i> 100 mg, 200 mg, 300 mg                                                        | 2     |       |
| <i>metoprolol succinate oral tablet</i> (Toprol XL)<br>extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg | 1     |       |
| <i>metoprolol ta-hydrochlorothiaz oral tablet</i> 100-25 mg, 100-50 mg, 50-25 mg                           | 2     |       |
| <i>metoprolol tartrate intravenous solution</i> 5 mg/5 ml                                                  | 2     |       |
| <i>metoprolol tartrate oral tablet</i> 100 mg, 50 mg (Lopressor)                                           | 1     |       |
| <i>metoprolol tartrate oral tablet</i> 25 mg                                                               | 1     |       |
| <i>nadolol oral tablet</i> 20 mg, 40 mg, 80 mg (Corgard)                                                   | 2     |       |
| <i>nebivolol oral tablet</i> 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)                                         | 2     |       |
| <i>pindolol oral tablet</i> 10 mg, 5 mg                                                                    | 2     |       |
| <i>propranolol intravenous solution</i> 1 mg/ml                                                            | 2     |       |
| <i>propranolol oral capsule, extended release</i> 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)          | 2     |       |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

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

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| 藥物名稱                                                                                                                 | 藥物 等級 | 要求/限制                    |
|----------------------------------------------------------------------------------------------------------------------|-------|--------------------------|
| <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     |                          |
| <b>Cardiovascular Agents, Miscellaneous</b>                                                                          |       |                          |
| 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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| 藥物名稱                                                                                                                                   | 藥物 等級 | 要求/限制                        |
|----------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------|
| <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)           |
| <b>Dihydropyridines</b>                                                                                                                |       |                              |
| <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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| 藥物名稱                                                                                                                                                     | 藥物 等級 | 要求/限制                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------|
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>                                                                                       | 2     |                               |
| <b>Diuretics</b>                                                                                                                                         |       |                               |
| <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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| 藥物名稱                                                                                                        | 藥物 等級 | 要求/限制                   |
|-------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| <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     |                         |
| <b>Dyslipidemics</b>                                                                                        |       |                         |
| <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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| 藥物名稱                                                                                           | 藥物 等級 | 要求/限制                        |
|------------------------------------------------------------------------------------------------|-------|------------------------------|
| <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<br>SUBCUTANEOUS PEN INJECTOR<br>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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| 藥物名稱                                                                                                 | 藥物 等級 | 要求/限制                    |
|------------------------------------------------------------------------------------------------------|-------|--------------------------|
| REPATHA PUSHTRONEX<br>SUBCUTANEOUS WEARABLE<br>INJECTOR 420 MG/3.5 ML                                | 3     | QL (7 per 28 days)       |
| REPATHA SURECLICK<br>SUBCUTANEOUS PEN INJECTOR<br>140 MG/ML                                          | 3     | QL (6 per 28 days)       |
| REPATHA SYRINGE<br>SUBCUTANEOUS SYRINGE 140<br>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)     |
| <b>Renin-Angiotensin-Aldosterone System Inhibitors</b>                                               |       |                          |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)                                               | 2     |                          |
| CAROSPIR ORAL SUSPENSION<br>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)  |
| <b>Vasodilators</b>                                                                                  |       |                          |
| <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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| 藥物名稱                                                                                                  | 藥物 等級 | 要求/限制                         |
|-------------------------------------------------------------------------------------------------------|-------|-------------------------------|
| <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     |                               |
| <b>Central Nervous System Agents</b>                                                                  |       |                               |
| <b>Central Nervous System Agents</b>                                                                  |       |                               |
| <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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| 藥物名稱                                                                                                          | 藥物 等級 | 要求/限制                        |
|---------------------------------------------------------------------------------------------------------------|-------|------------------------------|
| <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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| 藥物名稱                                                                                     | 藥物 等級 | 要求/限制                         |
|------------------------------------------------------------------------------------------|-------|-------------------------------|
| 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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| 藥物名稱                                                                                                 | 藥物 等級 | 要求/限制                            |
|------------------------------------------------------------------------------------------------------|-------|----------------------------------|
| MAVENCLAD (6 TABLET PACK)<br>ORAL TABLET 10 MG                                                       | 5     | PA; NDS                          |
| MAVENCLAD (7 TABLET PACK)<br>ORAL TABLET 10 MG                                                       | 5     | PA; NDS                          |
| MAVENCLAD (8 TABLET PACK)<br>ORAL TABLET 10 MG                                                       | 5     | PA; NDS                          |
| MAVENCLAD (9 TABLET PACK)<br>ORAL TABLET 10 MG                                                       | 5     | PA; NDS                          |
| MAYZENT ORAL TABLET 0.25<br>MG                                                                       | 5     | PA; NDS; QL (112 per<br>28 days) |
| MAYZENT ORAL TABLET 1 MG,<br>2 MG                                                                    | 5     | PA; NDS; QL (30 per 30<br>days)  |
| MAYZENT STARTER(FOR 1MG<br>MAINT) ORAL TABLETS,DOSE<br>PACK 0.25 MG (7 TABS)                         | 4     | PA                               |
| MAYZENT STARTER(FOR 2MG<br>MAINT) ORAL TABLETS,DOSE<br>PACK 0.25 MG (12 TABS)                        | 5     | PA; NDS                          |
| <i>metadate er oral tablet extended<br/>release 20 mg</i> (methylphenidate hcl)                      | 2     | QL (90 per 30 days)              |
| <i>methylphenidate hcl oral capsule, er<br/>biphasic 30-70 10 mg, 20 mg, 40 mg,<br/>50 mg, 60 mg</i> | 2     | QL (30 per 30 days)              |
| <i>methylphenidate hcl oral capsule, er<br/>biphasic 30-70 30 mg</i>                                 | 2     | QL (60 per 30 days)              |
| <i>methylphenidate hcl oral capsule,er<br/>biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)       | 2     | QL (30 per 30 days)              |
| <i>methylphenidate hcl oral capsule,er<br/>biphasic 50-50 30 mg</i> (Ritalin LA)                     | 2     | QL (60 per 30 days)              |
| <i>methylphenidate hcl oral capsule,er<br/>biphasic 50-50 60 mg</i>                                  | 2     | QL (30 per 30 days)              |
| <i>methylphenidate hcl oral solution 10<br/>mg/5 ml, 5 mg/5 ml</i> (Methylin)                        | 2     | QL (900 per 30 days)             |
| <i>methylphenidate hcl oral tablet 10<br/>mg, 20 mg, 5 mg</i> (Ritalin)                              | 2     | QL (90 per 30 days)              |
| <i>methylphenidate hcl oral tablet<br/>extended release 10 mg</i>                                    | 2     | QL (90 per 30 days)              |
| <i>methylphenidate hcl oral tablet<br/>extended release 20 mg</i> (Metadate ER)                      | 2     | QL (90 per 30 days)              |

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| 藥物名稱                                                                                                                 | 藥物 等級 | 要求/限制                          |
|----------------------------------------------------------------------------------------------------------------------|-------|--------------------------------|
| <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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| 藥物名稱                                                                         | 藥物 等級                            | 要求/限制                    |
|------------------------------------------------------------------------------|----------------------------------|--------------------------|
| <b>Contraceptives</b>                                                        |                                  |                          |
| <b>Contraceptives</b>                                                        |                                  |                          |
| <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<br>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<br>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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| 藥物名稱                                                                                                         | 藥物 等級 | 要求/限制               |
|--------------------------------------------------------------------------------------------------------------|-------|---------------------|
| <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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| 藥物名稱                                                                   |                                  | 藥物 等級 | 要求/限制               |
|------------------------------------------------------------------------|----------------------------------|-------|---------------------|
| <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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| 藥物名稱                                                                                                   |                                     | 藥物 等級 | 要求/限制               |
|--------------------------------------------------------------------------------------------------------|-------------------------------------|-------|---------------------|
| <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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| 藥物名稱                                                                             |                                  | 藥物 等級 | 要求/限制               |
|----------------------------------------------------------------------------------|----------------------------------|-------|---------------------|
| 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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| 藥物名稱                                                                             |                                  | 藥物 等級 | 要求/限制 |
|----------------------------------------------------------------------------------|----------------------------------|-------|-------|
| <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-lynh 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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| 藥物名稱                                                                          | 藥物 等級                                 | 要求/限制               |
|-------------------------------------------------------------------------------|---------------------------------------|---------------------|
| <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)<br>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)<br>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)<br>2 |                     |
| <i>orsythia oral tablet 0.1-20 mg-mcg</i>                                     | (levonorgestrel-ethinyl estrad)<br>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)<br>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)<br>2  |                     |
| <i>portia 28 oral tablet 0.15-0.03 mg</i>                                     | (levonorgestrel-ethinyl estrad)<br>2  |                     |
| <i>previfem oral tablet 0.25-35 mg-mcg</i>                                    | (norgestimate-ethinyl estradiol)<br>1 |                     |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i>                                | (desogestrel-ethinyl estradiol)<br>2  |                     |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>            | (levonorgestrel-ethinyl estrad)<br>2  | QL (91 per 84 days) |
| <i>sharobel oral tablet 0.35 mg</i>                                           | (norethindrone (contraceptive))<br>1  |                     |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                  | (desog-e.estradiol/e.estradiol)<br>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)<br>2 | QL (91 per 84 days) |
| <b>SLYND ORAL TABLET 4 MG (28)</b>                                            | 4                                     |                     |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>                               | (norgestimate-ethinyl estradiol)<br>2 |                     |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i>                                       | (levonorgestrel-ethinyl estrad)<br>2  |                     |

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

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| 藥物名稱                                                                     | 藥物 等級                            | 要求/限制                   |
|--------------------------------------------------------------------------|----------------------------------|-------------------------|
| <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<br>QL (3 per 28 days) |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>                  |                                  | 2<br>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                       |
| <b>Cough And Cold Products</b>                                           |                                  |                         |
| <b>Cough And Cold Products</b>                                           |                                  |                         |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>                           | 6                                | EX                      |
| <b>Dental And Oral Agents</b>                                            |                                  |                         |
| <b>Dental And Oral Agents</b>                                            |                                  |                         |
| <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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| 藥物名稱                                                                                   | 藥物 等級 | 要求/限制                |
|----------------------------------------------------------------------------------------|-------|----------------------|
| <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 acetonide dental paste 0.1 %</i> (Oralone)                            | 2     |                      |
| <b>Dermatological Agents</b>                                                           |       |                      |
| <b>Dermatological Agents, Other</b>                                                    |       |                      |
| <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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| 藥物名稱                                                          | 藥物 等級 | 要求/限制                        |
|---------------------------------------------------------------|-------|------------------------------|
| 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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| 藥物名稱                                                                     | 藥物 等級 | 要求/限制                |
|--------------------------------------------------------------------------|-------|----------------------|
| TRUE COMFORT PRO ALCOHOL (alcohol swabs)<br>PADS                         | 1     |                      |
| ULTILET ALCOHOL STERL (alcohol swabs)<br>SWAB                            | 1     |                      |
| VALCHLOR TOPICAL GEL 0.016 %                                             | 5     | NDS                  |
| WEBCOL ALCOHOL PREPS (alcohol swabs)<br>20'S,LARGE                       | 1     |                      |
| zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)          | 2     |                      |
| <b>Dermatological Antibacterials</b>                                     |       |                      |
| clindamycin phosphate topical foam (Clindacin)<br>1 %                    | 2     | QL (100 per 30 days) |
| clindamycin phosphate topical (Cleocin T)<br>solution 1 %                | 2     | QL (180 per 30 days) |
| clindamycin phosphate topical swab (Clindacin ETZ)<br>1 %                | 2     |                      |
| clindamycin-benzoyl peroxide topical (Neuac)<br>gel 1.2 %(1 % base) -5 % | 2     |                      |
| clindamycin-benzoyl peroxide topical<br>gel 1-5 %                        | 2     |                      |
| ery pads topical swab 2 % (erythromycin with<br>ethanol)                 | 2     |                      |
| erythromycin with ethanol topical gel (Erygel)<br>2 %                    | 2     | QL (180 per 30 days) |
| erythromycin with ethanol topical<br>solution 2 %                        | 2     | QL (180 per 30 days) |
| erythromycin-benzoyl peroxide (Benzamycin)<br>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<br>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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| 藥物名稱                                                                            | 藥物 等級 | 要求/限制 |
|---------------------------------------------------------------------------------|-------|-------|
| <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     |       |
| <b>Dermatological Anti-Inflammatory Agents</b>                                  |       |       |
| <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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| 藥物名稱                                                                | 藥物 等級 | 要求/限制                |
|---------------------------------------------------------------------|-------|----------------------|
| <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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| 藥物名稱                                                                               | 藥物 等級 | 要求/限制                |
|------------------------------------------------------------------------------------|-------|----------------------|
| <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     |                      |
| <b>Dermatological Retinoids</b>                                                    |       |                      |
| <i>adapalene topical cream 0.1 %</i> (Differin)                                    | 2     |                      |
| <i>adapalene topical gel 0.1 %</i> (Differin)                                      | 2     |                      |

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| 藥物名稱                                                                                           | 藥物 等級 | 要求/限制 |
|------------------------------------------------------------------------------------------------|-------|-------|
| 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    |
| <b>Scabicides And Pediculicides</b>                                                            |       |       |
| <i>malathion topical lotion 0.5 %</i> (Ovide)                                                  | 2     |       |
| <i>permethrin topical cream 5 %</i> (Elimite)                                                  | 2     |       |
| <b>Devices</b>                                                                                 |       |       |
| <b>Devices</b>                                                                                 |       |       |
| 1ST TIER UNIFINE PENTP 5MM (pen needle, diabetic)<br>31G 31 GAUGE X 3/16"                      | 2     |       |
| 1ST TIER UNIFINE PNTIP 4MM (pen needle, diabetic)<br>32G 32 GAUGE X 5/32"                      | 2     |       |
| 1ST TIER UNIFINE PNTIP 6MM (pen needle, diabetic)<br>31G 31 GAUGE X 1/4"                       | 2     |       |
| 1ST TIER UNIFINE PNTIP 8MM (pen needle, diabetic)<br>31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" | 2     |       |
| 1ST TIER UNIFINE PNTIP (pen needle, diabetic)<br>29GX1/2" 29 GAUGE X 1/2"                      | 2     |       |
| 1ST TIER UNIFINE PNTIP (pen needle, diabetic)<br>31GX3/16 31 GAUGE X 3/16"                     | 2     |       |
| 1ST TIER UNIFINE PNTIP (pen needle, diabetic)<br>32GX5/32 32 GAUGE X 5/32"                     | 2     |       |
| ABOUTTIME PEN NEEDLE 30G X (pen needle, diabetic)<br>8MM 30 GAUGE X 5/16"                      | 2     |       |
| ABOUTTIME PEN NEEDLE 31G X (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                      | 2     |       |
| ABOUTTIME PEN NEEDLE 31G X (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                      | 2     |       |
| ABOUTTIME PEN NEEDLE 32G X (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                      | 2     |       |

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

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

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| 藥物名稱                                                                                  | 藥物 等級 | 要求/限制 |
|---------------------------------------------------------------------------------------|-------|-------|
| 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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| 藥物名稱                                                               | 藥物 等級                               | 要求/限制 |
|--------------------------------------------------------------------|-------------------------------------|-------|
| BD VEO INS 0.3 ML 6MMX31G<br>(1/2) 0.3 ML 31 GAUGE X 15/64"        | 2                                   |       |
| BD VEO INS SYRING 1 ML<br>6MMX31G 1 ML 31 GAUGE X 15/64"           | (insulin syringe-needle<br>u-100) 2 |       |
| BD VEO INS SYRN 0.3 ML<br>6MMX31G 0.3 ML 31 GAUGE X 15/64"         | (insulin syringe-needle<br>u-100) 2 |       |
| BD VEO INS SYRN 0.5 ML<br>6MMX31G 1/2 ML 31 GAUGE X 15/64"         | (insulin syringe-needle<br>u-100) 2 |       |
| BORDERED GAUZE 2"X2" 2 X 2 "                                       | (gauze bandage) 1                   |       |
| CAREFINE PEN NEEDLE 12.7MM<br>29G 29 GAUGE X 1/2"                  | (pen needle, diabetic) 2            |       |
| CAREFINE PEN NEEDLE 4MM<br>32G 32 GAUGE X 5/32"                    | (pen needle, diabetic) 2            |       |
| CAREFINE PEN NEEDLE 5MM<br>32G 32 GAUGE X 3/16"                    | (pen needle, diabetic) 2            |       |
| CAREFINE PEN NEEDLE 6MM<br>31G 31 GAUGE X 1/4"                     | (pen needle, diabetic) 2            |       |
| CAREFINE PEN NEEDLE 8MM<br>30G 30 GAUGE X 5/16"                    | (pen needle, diabetic) 2            |       |
| CAREFINE PEN NEEDLES 6MM<br>32G 32 GAUGE X 1/4"                    | (pen needle, diabetic) 2            |       |
| CAREFINE PEN NEEDLES 8MM<br>31G 31 GAUGE X 5/16"                   | (pen needle, diabetic) 2            |       |
| CAREONE SYR 0.3 ML 31GX5/16"<br>SHORT, HRI 0.3 ML 31 GAUGE X 5/16" | (Advocate Syringes) 2               |       |
| CARETOUCH PEN NEEDLE 29G<br>12MM 29 GAUGE X 1/2"                   | (pen needle, diabetic) 2            |       |
| CARETOUCH PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4"                   | (pen needle, diabetic) 2            |       |
| CARETOUCH PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16"                 | (pen needle, diabetic) 2            |       |
| CARETOUCH PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"                 | (pen needle, diabetic) 2            |       |
| CARETOUCH PEN NEEDLE<br>32GX3/16" 32 GAUGE X 3/16"                 | (pen needle, diabetic) 2            |       |
| CARETOUCH PEN NEEDLE<br>32GX5/32" 32 GAUGE X 5/32"                 | (pen needle, diabetic) 2            |       |

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| 藥物名稱                                                                                 | 藥物 等級                             | 要求/限制 |
|--------------------------------------------------------------------------------------|-----------------------------------|-------|
| CARETOUCH SYR 0.3 ML<br>31GX5/16" 0.3 ML 31 GAUGE X<br>5/16"                         | (insulin syringe-needle<br>u-100) | 2     |
| CARETOUCH SYR 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16"                         | (insulin syringe-needle<br>u-100) | 2     |
| CARETOUCH SYR 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16"                         | (insulin syringe-needle<br>u-100) | 2     |
| CARETOUCH SYR 1 ML<br>28GX5/16" 1 ML 28 X 5/16"                                      |                                   | 2     |
| CARETOUCH SYR 1 ML<br>29GX5/16" 1 ML 29 GAUGE X 5/16"                                |                                   | 2     |
| CARETOUCH SYR 1 ML<br>30GX5/16" 1 ML 30 GAUGE X 5/16"                                | (insulin syringe-needle<br>u-100) | 2     |
| CARETOUCH SYR 1 ML<br>31GX5/16" 1 ML 31 GAUGE X 5/16"                                | (insulin syringe-needle<br>u-100) | 2     |
| CLICKFINE 31G X 5/16"<br>NEEDLES 8MM, UNIVERSAL 31<br>GAUGE X 5/16"                  | (pen needle, diabetic)            | 2     |
| CLICKFINE PEN NEEDLE<br>32GX5/32" 32GX4MM, STERILE<br>32 GAUGE X 5/32"               | (pen needle, diabetic)            | 2     |
| CLICKFINE UNIVERSAL 31G X<br>1/4" 6MM, STORE BRAND 31<br>GAUGE X 1/4"                | (pen needle, diabetic)            | 2     |
| COMFORT EZ INS 0.3 ML<br>30GX1/2" 0.3 ML 30 GAUGE X<br>1/2"                          | (insulin syringe-needle<br>u-100) | 2     |
| COMFORT EZ INS 0.3 ML<br>30GX5/16" 0.3 ML 30 GAUGE X<br>5/16"                        | (insulin syringe-needle<br>u-100) | 2     |
| COMFORT EZ INS 1 ML<br>31GX5/16" 1 ML 31 GAUGE X 5/16"                               | (insulin syringe-needle<br>u-100) | 2     |
| COMFORT EZ INSULIN SYR 0.3<br>ML 0.3 ML 31 GAUGE X 5/16"                             | (insulin syringe-needle<br>u-100) | 2     |
| COMFORT EZ INSULIN SYR 0.5<br>ML 0.5 ML 30 GAUGE X 5/16", 0.5<br>ML 31 GAUGE X 5/16" | (insulin syringe-needle<br>u-100) | 2     |
| COMFORT EZ PEN NEEDLE<br>12MM 29G 29 GAUGE X 1/2"                                    | (pen needle, diabetic)            | 2     |

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| 藥物名稱                                                                      | 藥物 等級                                  | 要求/限制 |
|---------------------------------------------------------------------------|----------------------------------------|-------|
| COMFORT EZ PEN NEEDLES<br>4MM 32G SINGLE USE, MICRO<br>32 GAUGE X 5/32"   | (pen needle, diabetic)<br>2            |       |
| COMFORT EZ PEN NEEDLES<br>4MM 33G 33 GAUGE X 5/32"                        | (pen needle, diabetic)<br>2            |       |
| COMFORT EZ PEN NEEDLES<br>5MM 31G MINI 31 GAUGE X<br>3/16"                | (pen needle, diabetic)<br>2            |       |
| COMFORT EZ PEN NEEDLES<br>5MM 32G SINGLE USE,MINI,HRI<br>32 GAUGE X 3/16" | (pen needle, diabetic)<br>2            |       |
| COMFORT EZ PEN NEEDLES<br>5MM 33G 33 GAUGE X 3/16"                        | (pen needle, diabetic)<br>2            |       |
| COMFORT EZ PEN NEEDLES<br>6MM 31G 31 GAUGE X 1/4"                         | (pen needle, diabetic)<br>2            |       |
| COMFORT EZ PEN NEEDLES<br>6MM 32G 32 GAUGE X 1/4"                         | (pen needle, diabetic)<br>2            |       |
| COMFORT EZ PEN NEEDLES<br>6MM 33G 33 GAUGE X 1/4"                         | (pen needle, diabetic)<br>2            |       |
| COMFORT EZ PEN NEEDLES<br>8MM 31G SHORT 31 GAUGE X<br>5/16"               | (pen needle, diabetic)<br>2            |       |
| COMFORT EZ PEN NEEDLES<br>8MM 32G 32 GAUGE X 5/16"                        | (pen needle, diabetic)<br>2            |       |
| COMFORT EZ PEN NEEDLES<br>8MM 33G 33 GAUGE X 5/16"                        | 2                                      |       |
| COMFORT EZ PRO PEN NDL 30G<br>8MM 30 GAUGE X 5/16"                        | 2                                      |       |
| COMFORT EZ PRO PEN NDL 31G<br>4MM 31 GAUGE X 5/32"                        | (pen needle, diabetic,<br>safety)<br>2 |       |
| COMFORT EZ PRO PEN NDL 31G<br>5MM 31 GAUGE X 3/16"                        | (pen needle, diabetic,<br>safety)<br>2 |       |
| COMFORT EZ SYR 0.3 ML<br>29GX1/2" 0.3 ML 29 GAUGE X<br>1/2"               | (insulin syringe-needle<br>u-100)<br>2 |       |
| COMFORT EZ SYR 0.5 ML<br>28GX1/2" 1/2 ML 28 GAUGE X<br>1/2"               | (insulin syringe-needle<br>u-100)<br>2 |       |
| COMFORT EZ SYR 0.5 ML<br>29GX1/2" 0.5 ML 29 GAUGE X<br>1/2"               | (insulin syringe-needle<br>u-100)<br>2 |       |

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| 藥物名稱                                                                                          | 藥物 等級 | 要求/限制 |
|-----------------------------------------------------------------------------------------------|-------|-------|
| COMFORT EZ SYR 0.5 ML<br>30GX1/2" 0.5 ML 30 GAUGE X<br>1/2" (insulin syringe-needle<br>u-100) | 2     |       |
| COMFORT EZ SYR 1 ML<br>28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle<br>u-100)        | 2     |       |
| COMFORT EZ SYR 1 ML<br>29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle<br>u-100)        | 2     |       |
| COMFORT EZ SYR 1 ML<br>30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle<br>u-100)        | 2     |       |
| COMFORT EZ SYR 1 ML<br>30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle<br>u-100)       | 2     |       |
| COMFORT POINT PEN NDL<br>31GX1/3" 31 GAUGE X 1/3"                                             | 2     |       |
| COMFORT POINT PEN NDL<br>31GX1/6" 31 GAUGE X 1/6"                                             | 2     |       |
| COMFORT TOUCH PEN NDL 31G (pen needle, diabetic)<br>4MM 31 GAUGE X 5/32"                      | 2     |       |
| COMFORT TOUCH PEN NDL 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                      | 2     |       |
| COMFORT TOUCH PEN NDL 31G (pen needle, diabetic)<br>6MM 31 GAUGE X 1/4"                       | 2     |       |
| COMFORT TOUCH PEN NDL 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                      | 2     |       |
| COMFORT TOUCH PEN NDL 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                      | 2     |       |
| COMFORT TOUCH PEN NDL 32G (pen needle, diabetic)<br>5MM 32 GAUGE X 3/16"                      | 2     |       |
| COMFORT TOUCH PEN NDL 32G (pen needle, diabetic)<br>6MM 32 GAUGE X 1/4"                       | 2     |       |
| COMFORT TOUCH PEN NDL 32G (pen needle, diabetic)<br>8MM 32 GAUGE X 5/16"                      | 2     |       |
| COMFORT TOUCH PEN NDL 33G (pen needle, diabetic)<br>4MM 33 GAUGE X 5/32"                      | 2     |       |
| COMFORT TOUCH PEN NDL 33G (pen needle, diabetic)<br>6MM 33 GAUGE X 1/4"                       | 2     |       |
| COMFORT TOUCH PEN NDL (pen needle, diabetic)<br>33GX5MM 33 GAUGE X 3/16"                      | 2     |       |
| CURAD GAUZE PADS 2" X 2" 2 X (gauze bandage)<br>2 "                                           | 1     |       |
| CURITY GAUZE SPONGES (12<br>PLY)-200/BAG 2 X 2 "                                              | 1     |       |

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| 藥物名稱                                                                                   | 藥物 等級 | 要求/限制 |
|----------------------------------------------------------------------------------------|-------|-------|
| 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     |       |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                    | 藥物 等級                             | 要求/限制 |
|-------------------------------------------------------------------------|-----------------------------------|-------|
| DROPLET INS SYR 0.3 ML<br>31GX8MM 0.3 ML 31 GAUGE X<br>5/16"            | (insulin syringe-needle<br>u-100) | 2     |
| DROPLET INS SYR 1 ML<br>29GX12.5MM 1 ML 29 GAUGE X<br>1/2"              | (insulin syringe-needle<br>u-100) | 2     |
| DROPLET INS SYR 1 ML<br>30GX12.5MM 1 ML 30 GAUGE X<br>1/2"              | (insulin syringe-needle<br>u-100) | 2     |
| DROPLET INS SYR 1 ML<br>30GX6MM 1 ML 30 GAUGE X<br>15/64"               |                                   | 2     |
| DROPLET INS SYR 1 ML<br>30GX8MM 1 ML 30 GAUGE X<br>5/16"                | (insulin syringe-needle<br>u-100) | 2     |
| DROPLET INS SYR 1 ML<br>31GX6MM 1 ML 31 GAUGE X<br>15/64"               | (insulin syringe-needle<br>u-100) | 2     |
| DROPLET INS SYR 1 ML<br>31GX8MM 1 ML 31 GAUGE X<br>5/16"                | (insulin syringe-needle<br>u-100) | 2     |
| DROPLET MICRON 34G X 9/64"<br>34 GAUGE X 9/64"                          |                                   | 2     |
| DROPLET PEN NEEDLE 29GX1/2" (pen needle, diabetic)<br>29 GAUGE X 1/2"   |                                   | 2     |
| DROPLET PEN NEEDLE 29GX3/8"<br>29 GAUGE X 3/8"                          |                                   | 2     |
| DROPLET PEN NEEDLE (pen needle, diabetic)<br>30GX5/16" 30 GAUGE X 5/16" |                                   | 2     |
| DROPLET PEN NEEDLE 31GX1/4" (pen needle, diabetic)<br>31 GAUGE X 1/4"   |                                   | 2     |
| DROPLET PEN NEEDLE (pen needle, diabetic)<br>31GX3/16" 31 GAUGE X 3/16" |                                   | 2     |
| DROPLET PEN NEEDLE (pen needle, diabetic)<br>31GX5/16" 31 GAUGE X 5/16" |                                   | 2     |
| DROPLET PEN NEEDLE 32GX1/4" (pen needle, diabetic)<br>32 GAUGE X 1/4"   |                                   | 2     |
| DROPLET PEN NEEDLE (pen needle, diabetic)<br>32GX3/16" 32 GAUGE X 3/16" |                                   | 2     |
| DROPLET PEN NEEDLE (pen needle, diabetic)<br>32GX5/16" 32 GAUGE X 5/16" |                                   | 2     |

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| 藥物名稱                                                                                                                                                                                         | 藥物 等級 | 要求/限制 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| DROPLET PEN NEEDLE (pen needle, diabetic)<br>32GX5/32" 32 GAUGE X 5/32"                                                                                                                      | 2     |       |
| DROPSAFE INS SYR 0.3 ML 31G<br>6MM 0.3 ML 31 GAUGE X 15/64"                                                                                                                                  | 2     |       |
| DROPSAFE INS SYR 0.3 ML 31G<br>8MM 0.3 ML 31 GAUGE X 5/16"                                                                                                                                   | 2     |       |
| DROPSAFE INS SYR 0.5 ML 31G<br>6MM 0.5 ML 31 GAUGE X 15/64"                                                                                                                                  | 2     |       |
| DROPSAFE INS SYR 0.5 ML 31G<br>8MM 0.5 ML 31 GAUGE X 5/16"                                                                                                                                   | 2     |       |
| DROPSAFE INSUL SYR 1 ML 31G<br>6MM 1 ML 31 GAUGE X 15/64"                                                                                                                                    | 2     |       |
| DROPSAFE INSUL SYR 1 ML 31G<br>8MM 1 ML 31 GAUGE X 5/16"                                                                                                                                     | 2     |       |
| DROPSAFE INSULN 1 ML 29G<br>12.5MM 1 ML 29 GAUGE X 1/2"                                                                                                                                      | 2     |       |
| DROPSAFE PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4"                                                                                                                                              | 2     |       |
| DROPSAFE PEN NEEDLE (pen needle, diabetic,<br>31GX3/16" 31 GAUGE X 3/16" safety)                                                                                                             | 2     |       |
| DROPSAFE PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"                                                                                                                                            | 2     |       |
| DRUG MART ULTRA COMFORT (insulin syringe-needle<br>SYR 0.3 ML 29 GAUGE X 1/2", 0.3 u-100)<br>ML 31 GAUGE X 5/16", 0.5 ML 31<br>GAUGE X 5/16", 1 ML 29 GAUGE<br>X 1/2", 1 ML 30 GAUGE X 5/16" | 2     |       |
| EASY COMFORT 0.3 ML 31G 1/2"<br>0.3 ML 31 X 1/2"                                                                                                                                             | 2     |       |
| EASY COMFORT 0.3 ML 31G (insulin syringe-needle<br>5/16" 0.3 ML 31 GAUGE X 5/16" u-100)                                                                                                      | 2     |       |
| EASY COMFORT 0.3 ML (insulin syringe-needle<br>SYRINGE 0.3 ML 30 GAUGE X u-100)<br>5/16"                                                                                                     | 2     |       |
| EASY COMFORT 0.5 ML (insulin syringe-needle<br>30GX1/2" 0.5 ML 30 GAUGE X u-100)<br>1/2"                                                                                                     | 2     |       |
| EASY COMFORT 0.5 ML (insulin syringe-needle<br>31GX5/16" 0.5 ML 31 GAUGE X u-100)<br>5/16"                                                                                                   | 2     |       |

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| 藥物名稱                                                                                     | 藥物 等級 | 要求/限制 |
|------------------------------------------------------------------------------------------|-------|-------|
| EASY COMFORT 0.5 ML<br>32GX5/16" 1/2 ML 32 GAUGE X<br>5/16"                              | 2     |       |
| EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X<br>5/16" (insulin syringe-needle<br>u-100) | 2     |       |
| EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle<br>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<br>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<br>u-100)    | 2     |       |
| EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle<br>u-100) | 2     |       |
| EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle<br>u-100) | 2     |       |
| EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle<br>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<br>u-100)  | 2     |       |

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| 藥物名稱                                                                                 | 藥物 等級                                  | 要求/限制 |
|--------------------------------------------------------------------------------------|----------------------------------------|-------|
| EASY TOUCH 0.5 ML SYR<br>27GX1/2" 1/2 ML 27 GAUGE X<br>1/2"                          | (insulin syringe-needle<br>u-100)<br>2 |       |
| EASY TOUCH 0.5 ML SYR<br>29GX1/2" 0.5 ML 29 GAUGE X<br>1/2"                          | 2                                      |       |
| EASY TOUCH 0.5 ML SYR<br>30GX1/2" 0.5 ML 30 GAUGE X<br>1/2"                          | (insulin syringe-needle<br>u-100)<br>2 |       |
| EASY TOUCH 0.5 ML SYR<br>30GX5/16 0.5 ML 30 GAUGE X<br>5/16"                         | 2                                      |       |
| EASY TOUCH 1 ML SYR<br>27GX1/2" 1 ML 27 GAUGE X 1/2"                                 | (insulin syringe-needle<br>u-100)<br>2 |       |
| EASY TOUCH 1 ML SYR<br>29GX1/2" 1 ML 29 GAUGE X 1/2"                                 | 2                                      |       |
| EASY TOUCH 1 ML SYR<br>30GX1/2" 1 ML 30 GAUGE X 1/2"                                 | 2                                      |       |
| EASY TOUCH FLIPLOK 1 ML<br>27GX0.5 1 ML 27 GAUGE X 1/2"                              | 2                                      |       |
| EASY TOUCH INSULIN 1 ML<br>29GX1/2 1 ML 29 GAUGE X 1/2"                              | 2                                      |       |
| EASY TOUCH INSULIN 1 ML<br>30GX1/2 1 ML 30 GAUGE X 1/2"                              | 2                                      |       |
| EASY TOUCH INSULIN SYR 0.3<br>ML 0.3 ML 30 GAUGE X 5/16", 0.3<br>ML 31 GAUGE X 5/16" | (insulin syringe-needle<br>u-100)<br>2 |       |
| EASY TOUCH INSULIN SYR 0.5<br>ML 0.5 ML 30 GAUGE X 5/16", 0.5<br>ML 31 GAUGE X 5/16" | (insulin syringe-needle<br>u-100)<br>2 |       |
| EASY TOUCH INSULIN SYR 1<br>ML 1 ML 30 GAUGE X 5/16, 1 ML<br>31 GAUGE X 5/16         | (insulin syringe-needle<br>u-100)<br>2 |       |
| EASY TOUCH INSULIN SYR 1<br>ML RETRACTABLE 1 ML 30<br>GAUGE X 1/2"                   | (insulin syringe-needle<br>u-100)<br>2 |       |
| EASY TOUCH INSULN 1 ML<br>29GX1/2" 1 ML 29 GAUGE X 1/2"                              | 2                                      |       |
| EASY TOUCH INSULN 1 ML<br>30GX1/2" 1 ML 30 GAUGE X 1/2"                              | 2                                      |       |
| EASY TOUCH INSULN 1 ML<br>30GX5/16 1 ML 30 GAUGE X 5/16"                             | 2                                      |       |

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| 藥物名稱                                                           | 藥物 等級                               | 要求/限制 |
|----------------------------------------------------------------|-------------------------------------|-------|
| EASY TOUCH INSULN 1 ML<br>30GX5/16 1 ML 30 GAUGE X 5/16"       | 2                                   |       |
| EASY TOUCH INSULN 1 ML<br>31GX5/16 1 ML 31 GAUGE X 5/16"       | 2                                   |       |
| EASY TOUCH INSULN 1 ML<br>31GX5/16 1 ML 31 GAUGE X 5/16"       | 2                                   |       |
| EASY TOUCH LUER LOK INSUL 1 ML<br>(insulin syringe needleless) | 2                                   |       |
| EASY TOUCH PEN NEEDLE<br>29GX1/2" 29 GAUGE X 1/2"              | (pen needle, diabetic)<br>2         |       |
| EASY TOUCH PEN NEEDLE<br>30GX5/16 30 GAUGE X 5/16"             | (pen needle, diabetic)<br>2         |       |
| EASY TOUCH PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4"              | (pen needle, diabetic)<br>2         |       |
| EASY TOUCH PEN NEEDLE<br>31GX3/16 31 GAUGE X 3/16"             | (pen needle, diabetic)<br>2         |       |
| EASY TOUCH PEN NEEDLE<br>31GX5/16 31 GAUGE X 5/16"             | (pen needle, diabetic)<br>2         |       |
| EASY TOUCH PEN NEEDLE<br>32GX1/4" 32 GAUGE X 1/4"              | (pen needle, diabetic)<br>2         |       |
| EASY TOUCH PEN NEEDLE<br>32GX3/16 32 GAUGE X 3/16"             | (pen needle, diabetic)<br>2         |       |
| EASY TOUCH PEN NEEDLE<br>32GX5/32 32 GAUGE X 5/32"             | (pen needle, diabetic)<br>2         |       |
| EASY TOUCH SAF PEN NDL 29G<br>5MM 29 GAUGE X 3/16"             | 2                                   |       |
| EASY TOUCH SAF PEN NDL 29G<br>8MM 29 GAUGE X 5/16"             | 2                                   |       |
| EASY TOUCH SAF PEN NDL 30G<br>5MM 30 GAUGE X 3/16"             | 2                                   |       |
| EASY TOUCH SAF PEN NDL 30G<br>8MM 30 GAUGE X 5/16"             | 2                                   |       |
| EASY TOUCH SYR 0.5 ML 28G<br>12.7MM 1/2 ML 28 GAUGE X 1/2"     | (insulin syringe-needle u-100)<br>2 |       |
| EASY TOUCH SYR 0.5 ML 29G<br>12.7MM 0.5 ML 29 GAUGE X 1/2"     | (insulin syringe-needle u-100)<br>2 |       |
| EASY TOUCH SYR 1 ML 27G<br>16MM 1 ML 27 GAUGE X 5/8"           | 2                                   |       |
| EASY TOUCH SYR 1 ML 28G<br>12.7MM 1 ML 28 GAUGE X 1/2"         | (insulin syringe-needle u-100)<br>2 |       |

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

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| 藥物名稱                                                                      | 藥物 等級                             | 要求/限制 |
|---------------------------------------------------------------------------|-----------------------------------|-------|
| FREESTYLE PREC 0.5 ML<br>30GX5/16 0.5 ML 30 GAUGE X<br>5/16"              | (insulin syringe-needle<br>u-100) | 2     |
| FREESTYLE PREC 0.5 ML<br>31GX5/16 0.5 ML 31 GAUGE X<br>5/16"              | (insulin syringe-needle<br>u-100) | 2     |
| FREESTYLE PREC 1 ML<br>30GX5/16" 1 ML 30 GAUGE X 5/16                     | (insulin syringe-needle<br>u-100) | 2     |
| FREESTYLE PREC 1 ML<br>31GX5/16" 1 ML 31 GAUGE X 5/16                     | (insulin syringe-needle<br>u-100) | 2     |
| GAUZE PAD TOPICAL<br>BANDAGE 2 X 2 "                                      | (gauze bandage)                   | 1     |
| GNP ULT C 0.3 ML 29GX1/2" (1/2)<br>1/2 UNIT 0.3 ML 29 GAUGE X 1/2"        |                                   | 2     |
| GNP ULTRA COMFORT 0.5 ML<br>SYR 1/2 ML 29 , 1/2 ML 30<br>GAUGE            | (insulin syringe-needle<br>u-100) | 2     |
| GNP ULTRA COMFORT 1 ML<br>SYRINGE 1 ML 28 GAUGE, 1 ML<br>30 GAUGE X 7/16" | (insulin syringe-needle<br>u-100) | 2     |
| GNP ULTRA COMFORT 1 ML<br>SYRINGE 1 ML 29 GAUGE                           |                                   | 2     |
| GNP ULTRA COMFORT 3/10 ML<br>SYR 0.3 ML 30                                | (insulin syringe-needle<br>u-100) | 2     |
| HEALTHWISE INS 0.3 ML<br>30GX5/16" 0.3 ML 30 GAUGE X<br>5/16"             | (insulin syringe-needle<br>u-100) | 2     |
| HEALTHWISE INS 0.3 ML<br>31GX5/16" 0.3 ML 31 GAUGE X<br>5/16"             | (insulin syringe-needle<br>u-100) | 2     |
| HEALTHWISE INS 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16"             | (insulin syringe-needle<br>u-100) | 2     |
| HEALTHWISE INS 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16"             | (insulin syringe-needle<br>u-100) | 2     |
| HEALTHWISE INS 1 ML<br>30GX5/16" 1 ML 30 GAUGE X 5/16                     | (insulin syringe-needle<br>u-100) | 2     |
| HEALTHWISE INS 1 ML<br>31GX5/16" 1 ML 31 GAUGE X 5/16                     | (insulin syringe-needle<br>u-100) | 2     |
| HEALTHWISE PEN NEEDLE 31G<br>5MM 31 GAUGE X 3/16"                         | (pen needle, diabetic)            | 2     |

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| 藥物名稱                                                                                                 | 藥物 等級 | 要求/限制 |
|------------------------------------------------------------------------------------------------------|-------|-------|
| HEALTHWISE PEN NEEDLE 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                             | 2     |       |
| HEALTHWISE PEN NEEDLE 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                             | 2     |       |
| HEALTHY ACCENTS PENTIP (pen needle, diabetic)<br>4MM 32G 32 GAUGE X 5/32"                            | 2     |       |
| HEALTHY ACCENTS PENTIP (pen needle, diabetic)<br>5MM 31G 31 GAUGE X 3/16"                            | 2     |       |
| HEALTHY ACCENTS PENTIP (pen needle, diabetic)<br>6MM 31G 31 GAUGE X 1/4"                             | 2     |       |
| HEALTHY ACCENTS PENTIP (pen needle, diabetic)<br>8MM 31G 31 GAUGE X 5/16"                            | 2     |       |
| HEALTHY ACCENTS PENTIP<br>12MM 29G 29 GAUGE X 1/2"                                                   | 2     |       |
| INCONTROL PEN NEEDLE 12MM (pen needle, diabetic)<br>29G 29 GAUGE X 1/2"                              | 2     |       |
| INCONTROL PEN NEEDLE 4MM (pen needle, diabetic)<br>32G 32 GAUGE X 5/32"                              | 2     |       |
| INCONTROL PEN NEEDLE 5MM (pen needle, diabetic)<br>31G 31 GAUGE X 3/16"                              | 2     |       |
| INCONTROL PEN NEEDLE 6MM (pen needle, diabetic)<br>31G 31 GAUGE X 1/4"                               | 2     |       |
| INCONTROL PEN NEEDLE 8MM (pen needle, diabetic)<br>31G 31 GAUGE X 5/16"                              | 2     |       |
| INPEN (FOR HUMALOG) BLUE<br>SUBCUTANEOUS INSULIN PEN                                                 | 3     |       |
| INPEN (NOVOLOG OR FIASP)<br>BLUE SUBCUTANEOUS INSULIN<br>PEN                                         | 3     |       |
| INSULIN SYR 0.3 ML 30GX5/16" (Advocate Syringes)<br>0.3 ML 30 GAUGE X 5/16"                          | 2     |       |
| INSULIN SYR 0.3 ML (UltiCare Insuln Syr(half<br>31GX1/4(1/2) 0.3 ML 31 GAUGE X unit))<br>1/4"        | 2     |       |
| INSULIN SYRIN 0.3 ML 30GX1/2" (Comfort EZ Insulin<br>SHORT NEEDLE 0.3 ML 30 Syringe)<br>GAUGE X 1/2" | 2     |       |
| INSULIN SYRIN 0.5 ML 28GX1/2" (Comfort EZ Insulin<br>1/2 ML 28 GAUGE X 1/2" Syringe)                 | 2     |       |
| INSULIN SYRIN 0.5 ML 29GX1/2" (Comfort EZ Insulin<br>(OTC) 0.5 ML 29 GAUGE X 1/2" Syringe)           | 2     |       |

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| 藥物名稱                                                                                         | 藥物 等級 | 要求/限制 |
|----------------------------------------------------------------------------------------------|-------|-------|
| 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 1/2" (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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| 藥物名稱                                                                                                            | 藥物 等級 | 要求/限制 |
|-----------------------------------------------------------------------------------------------------------------|-------|-------|
| INSUPEN PEN NEEDLE (pen needle, diabetic)<br>29GX12MM 29 GAUGE X 1/2"                                           | 2     |       |
| INSUPEN PEN NEEDLE (pen needle, diabetic)<br>31GX3/16" 31 GAUGE X 3/16"                                         | 2     |       |
| INSUPEN PEN NEEDLE (pen needle, diabetic)<br>32GX4MM 32 GAUGE X 5/32"                                           | 2     |       |
| INSUPEN PEN NEEDLE (pen needle, diabetic)<br>33GX4MM 33 GAUGE X 5/32"                                           | 2     |       |
| LISCO SPONGES 100/BAG 2 X 2 "                                                                                   | 1     |       |
| LITE TOUCH 31GX1/4" PEN (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 1/4"                                        | 2     |       |
| LITE TOUCH INSULIN 0.5 ML (insulin syringe-needle<br>SYR 1/2 ML 28 GAUGE, 1/2 ML 29 u-100)<br>, 1/2 ML 30 GAUGE | 2     |       |
| LITE TOUCH INSULIN 1 ML SYR (insulin syringe-needle<br>1 ML 28 GAUGE, 1 ML 30 GAUGE u-100)<br>X 7/16"           | 2     |       |
| LITE TOUCH INSULIN 1 ML SYR<br>1 ML 29 GAUGE                                                                    | 2     |       |
| LITE TOUCH INSULIN SYR 1 ML (insulin syringe-needle<br>1 ML 31 GAUGE X 5/16 u-100)                              | 2     |       |
| LITE TOUCH PEN NEEDLE 29G (pen needle, diabetic)<br>29 GAUGE X 1/2"                                             | 2     |       |
| LITE TOUCH PEN NEEDLE 31G (pen needle, diabetic)<br>31 GAUGE X 3/16", 31 GAUGE X<br>5/16"                       | 2     |       |
| LITETOUCH INS 0.3 ML 29GX1/2" (insulin syringe-needle<br>0.3 ML 29 GAUGE X 1/2" u-100)                          | 2     |       |
| LITETOUCH INS 0.3 ML (insulin syringe-needle<br>30GX5/16" 0.3 ML 30 GAUGE X u-100)<br>5/16"                     | 2     |       |
| LITETOUCH INS 0.3 ML (insulin syringe-needle<br>31GX5/16" 0.3 ML 31 GAUGE X u-100)<br>5/16"                     | 2     |       |
| LITETOUCH INS 0.5 ML (insulin syringe-needle<br>31GX5/16" 0.5 ML 31 GAUGE X u-100)<br>5/16"                     | 2     |       |
| LITETOUCH SYR 0.5 ML (insulin syringe-needle<br>28GX1/2" 1/2 ML 28 GAUGE X u-100)<br>1/2"                       | 2     |       |

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| 藥物名稱                                                                            | 藥物 等級                             | 要求/限制 |
|---------------------------------------------------------------------------------|-----------------------------------|-------|
| LITETOUCH SYR 0.5 ML<br>29GX1/2" 0.5 ML 29 GAUGE X<br>1/2"                      | (insulin syringe-needle<br>u-100) | 2     |
| LITETOUCH SYR 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16"                    | (insulin syringe-needle<br>u-100) | 2     |
| LITETOUCH SYRIN 1 ML<br>28GX1/2" 1 ML 28 GAUGE X 1/2"                           | (insulin syringe-needle<br>u-100) | 2     |
| LITETOUCH SYRIN 1 ML<br>29GX1/2" 1 ML 29 GAUGE X 1/2"                           | (insulin syringe-needle<br>u-100) | 2     |
| LITETOUCH SYRIN 1 ML<br>30GX5/16" 1 ML 30 GAUGE X 5/16"                         | (insulin syringe-needle<br>u-100) | 2     |
| MAGELLAN INSUL SYRINGE 0.3<br>ML 0.3 ML 30 X 5/16"                              |                                   | 2     |
| MAGELLAN INSUL SYRINGE 0.5<br>ML 0.5 ML 30 GAUGE X 5/16"                        |                                   | 2     |
| MAGELLAN INSULIN SYR 0.3<br>ML 0.3 ML 29 GAUGE X 1/2"                           |                                   | 2     |
| MAGELLAN INSULIN SYR 0.5<br>ML 0.5 ML 29 GAUGE X 1/2"                           |                                   | 2     |
| MAGELLAN INSULIN SYRINGE<br>1 ML 1 ML 29 GAUGE X 1/2", 1<br>ML 30 GAUGE X 5/16" |                                   | 2     |
| MAXICOMFORT II PEN NDL<br>31GX6MM 31 GAUGE X 1/4"                               | (pen needle, diabetic)            | 2     |
| MAXICOMFORT INS 0.5 ML<br>27GX1/2" 1/2 ML 27 GAUGE X<br>1/2"                    | (insulin syringe-needle<br>u-100) | 2     |
| MAXI-COMFORT INS 0.5 ML 28G<br>1/2 ML 28 GAUGE X 1/2"                           | (insulin syringe-needle<br>u-100) | 2     |
| MAXICOMFORT INS 1 ML<br>27GX1/2" 1 ML 27 GAUGE X 1/2"                           | (insulin syringe-needle<br>u-100) | 2     |
| MAXI-COMFORT INS 1 ML<br>28GX1/2" 1 ML 28 GAUGE X 1/2"                          | (insulin syringe-needle<br>u-100) | 2     |
| MAXICOMFORT PEN NDL 29G X<br>5MM 29 GAUGE X 3/16"                               |                                   | 2     |
| MAXICOMFORT PEN NDL 29G X<br>8MM 29 GAUGE X 5/16"                               |                                   | 2     |
| MICRODOT PEN NEEDLE<br>31GX6MM 31 GAUGE X 1/4"                                  | (pen needle, diabetic)            | 2     |

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| 藥物名稱                                                                                                       | 藥物 等級 | 要求/限制 |
|------------------------------------------------------------------------------------------------------------|-------|-------|
| 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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| 藥物名稱                                                                                     | 藥物 等級 | 要求/限制               |
|------------------------------------------------------------------------------------------|-------|---------------------|
| 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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| 藥物名稱                                                                               | 藥物 等級 | 要求/限制               |
|------------------------------------------------------------------------------------|-------|---------------------|
| OMNIPOD DASH PODS (GEN 4)<br>SUBCUTANEOUS CARTRIDGE                                | 3     |                     |
| OMNIPOD GO PODS 10<br>UNITS/DAY SUBCUTANEOUS<br>CARTRIDGE                          | 3     | QL (10 per 30 days) |
| OMNIPOD GO PODS 15<br>UNITS/DAY SUBCUTANEOUS<br>CARTRIDGE                          | 3     | QL (10 per 30 days) |
| OMNIPOD GO PODS 20<br>UNITS/DAY SUBCUTANEOUS<br>CARTRIDGE                          | 3     | QL (10 per 30 days) |
| OMNIPOD GO PODS 25<br>UNITS/DAY SUBCUTANEOUS<br>CARTRIDGE                          | 3     | QL (10 per 30 days) |
| OMNIPOD GO PODS 30<br>UNITS/DAY SUBCUTANEOUS<br>CARTRIDGE                          | 3     | QL (10 per 30 days) |
| OMNIPOD GO PODS 40<br>UNITS/DAY SUBCUTANEOUS<br>CARTRIDGE                          | 3     | QL (10 per 30 days) |
| OMNIPOD GO PODS<br>SUBCUTANEOUS CARTRIDGE                                          | 3     | QL (10 per 30 days) |
| PC UNIFINE PENTIPS 8MM (pen needle, diabetic)<br>NEEDLE SHORT 31 GAUGE X<br>5/16"  | 2     |                     |
| PEN NEEDLE 30G 5MM OUTER (Embrace Pen Needle)<br>30 GAUGE X 3/16"                  | 2     |                     |
| PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle)<br>GAUGE X 5/16"                 | 2     |                     |
| PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic)<br>GAUGE X 5/16"                  | 2     |                     |
| PEN NEEDLE, DIABETIC (1st Tier Unifine Pentips<br>NEEDLE 29 GAUGE X 1/2" Plus)     | 2     |                     |
| PEN NEEDLES 12MM 29G (pen needle, diabetic)<br>29GX12MM,STRL 29 GAUGE X<br>1/2"    | 2     |                     |
| PEN NEEDLES 4MM 32G 32 (pen needle, diabetic)<br>GAUGE X 5/32"                     | 2     |                     |
| PEN NEEDLES 6MM 31G (1st Tier Unifine<br>31GX6MM, STRL 31 GAUGE X Pentips)<br>1/4" | 2     |                     |

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| 藥物名稱                                                                                       | 藥物 等級 | 要求/限制 |
|--------------------------------------------------------------------------------------------|-------|-------|
| PEN NEEDLES 8MM 31G (pen needle, diabetic)<br>31GX8MM,STRL,SHORT (OTC) 31<br>GAUGE X 5/16" | 2     |       |
| PENTIPS PEN NEEDLE 29GX1/2" (pen needle, diabetic)<br>29 GAUGE X 1/2"                      | 2     |       |
| PENTIPS PEN NEEDLE 31GX3/16" (pen needle, diabetic)<br>MINI, 5MM 31 GAUGE X 3/16"          | 2     |       |
| PENTIPS PEN NEEDLE 31GX5/16" (pen needle, diabetic)<br>SHORT, 8MM 31 GAUGE X 5/16"         | 2     |       |
| PENTIPS PEN NEEDLE 32G 6MM (pen needle, diabetic)<br>32 GAUGE X 1/4"                       | 2     |       |
| PENTIPS PEN NEEDLE 32GX5/32" (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                | 2     |       |
| PENTIPS PEN NEEDLE 6MM 31G (pen needle, diabetic)<br>31 GAUGE X 1/4"                       | 2     |       |
| PIP PEN NEEDLE 31G X 5MM 31 (pen needle, diabetic)<br>GAUGE X 3/16"                        | 2     |       |
| PIP PEN NEEDLE 32G X 4MM 32 (pen needle, diabetic)<br>GAUGE X 5/32"                        | 2     |       |
| PREVENT PEN NEEDLE 31GX1/4"<br>31 GAUGE X 1/4"                                             | 2     |       |
| PREVENT PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"                                           | 2     |       |
| PRO COMFORT 0.5 ML 30GX1/2" (insulin syringe-needle<br>0.5 ML 30 GAUGE X 1/2" u-100)       | 2     |       |
| PRO COMFORT 0.5 ML 30GX5/16" (insulin syringe-needle<br>0.5 ML 30 GAUGE X 5/16" u-100)     | 2     |       |
| PRO COMFORT 0.5 ML 31GX5/16" (insulin syringe-needle<br>0.5 ML 31 GAUGE X 5/16" u-100)     | 2     |       |
| PRO COMFORT 1 ML 30GX1/2" 1 (insulin syringe-needle<br>ML 30 GAUGE X 1/2" u-100)           | 2     |       |
| PRO COMFORT 1 ML 30GX5/16" 1 (insulin syringe-needle<br>ML 30 GAUGE X 5/16 u-100)          | 2     |       |
| PRO COMFORT 1 ML 31GX5/16" 1 (insulin syringe-needle<br>ML 31 GAUGE X 5/16 u-100)          | 2     |       |
| PRO COMFORT PEN NDL (pen needle, diabetic)<br>31GX5/16" 31 GAUGE X 5/16"                   | 2     |       |
| PRO COMFORT PEN NDL 32G X (pen needle, diabetic)<br>1/4" 32 GAUGE X 1/4"                   | 2     |       |
| PRO COMFORT PEN NDL 4MM (pen needle, diabetic)<br>32G 32 GAUGE X 5/32"                     | 2     |       |

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

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| 藥物名稱                                                                                                                                                                              | 藥物 等級 | 要求/限制 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| SKY SAFETY PEN NEEDLE 30G<br>5MM 30 GAUGE X 3/16"                                                                                                                                 | 2     |       |
| SKY SAFETY PEN NEEDLE 30G<br>8MM 30 GAUGE X 5/16"                                                                                                                                 | 2     |       |
| SM STERILE PADS 2" X 2" 2"X2", (gauze bandage)<br>STERILE 2 X 2 "                                                                                                                 | 1     |       |
| SM ULT CFT 0.3 ML<br>31GX5/16(1/2) 0.3 ML 31 GAUGE<br>X 5/16"                                                                                                                     | 2     |       |
| SURE CMFT SFTY PEN NDL 31G<br>6MM 31 GAUGE X 1/4"                                                                                                                                 | 2     |       |
| SURE CMFT SFTY PEN NDL 32G<br>4MM 32 GAUGE X 5/32"                                                                                                                                | 2     |       |
| NEEDLES, INSULIN DISP., (insulin syringe-needle<br>SAFETY u-100)                                                                                                                  | 2     |       |
| SURE COMFORT 0.5 ML (insulin syringe-needle<br>SYRINGE 0.5 ML 30 GAUGE X u-100)<br>1/2", 0.5 ML 30 GAUGE X 5/16",<br>0.5 ML 31 GAUGE X 5/16", 1/2 ML<br>28 GAUGE X 1/2"           | 2     |       |
| SURE COMFORT 1 ML SYRINGE (insulin syringe-needle<br>1 ML 28 GAUGE X 1/2", 1 ML 29 u-100)<br>GAUGE X 1/2", 1 ML 30 GAUGE X<br>1/2", 1 ML 30 GAUGE X 5/16, 1<br>ML 31 GAUGE X 5/16 | 2     |       |
| SURE COMFORT 3/10 ML (insulin syringe-needle<br>SYRINGE 0.3 ML 29 GAUGE X u-100)<br>1/2", 0.3 ML 30 GAUGE X 1/2", 0.3<br>ML 30 GAUGE X 5/16"                                      | 2     |       |
| SURE COMFORT 3/10 ML (insulin syringe-needle<br>SYRINGE INSULIN SYRINGE 0.3 u-100)<br>ML 31 GAUGE X 5/16"                                                                         | 2     |       |
| SURE COMFORT 30G PEN (pen needle, diabetic)<br>NEEDLE 30 GAUGE X 5/16"                                                                                                            | 2     |       |
| SURE COMFORT INS 0.3 ML (insulin syringe-needle<br>31GX1/4 0.3 ML 31 GAUGE X 1/4" u-100)                                                                                          | 2     |       |
| SURE COMFORT INS 0.5 ML (insulin syringe-needle<br>31GX1/4 1/2 ML 31 GAUGE X 1/4" u-100)                                                                                          | 2     |       |
| SURE COMFORT INS 1 ML (insulin syringe-needle<br>31GX1/4" 1 ML 31 GAUGE X 1/4" u-100)                                                                                             | 2     |       |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                                                                                  | 藥物 等級 | 要求/限制 |
|---------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 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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| 藥物名稱                                                                                         | 藥物 等級 | 要求/限制 |
|----------------------------------------------------------------------------------------------|-------|-------|
| TECHLITE 0.5 ML 29GX12MM<br>(1/2) 0.5 ML 29 GAUGE X 1/2"                                     | 2     |       |
| TECHLITE 0.5 ML 30GX12MM<br>(1/2) 0.5 ML 30 GAUGE X 1/2"                                     | 2     |       |
| TECHLITE 0.5 ML 30GX8MM<br>(1/2) 0.5 ML 30 GAUGE X 5/16"                                     | 2     |       |
| TECHLITE 0.5 ML 31GX6MM<br>(1/2) 0.5 ML 31 GAUGE X 15/64"                                    | 2     |       |
| TECHLITE 0.5 ML 31GX8MM<br>(1/2) 0.5 ML 31 GAUGE X 5/16"                                     | 2     |       |
| TECHLITE INS SYR 1 ML<br>29GX12MM 1 ML 29 GAUGE X<br>1/2" (insulin syringe-needle<br>u-100)  | 2     |       |
| TECHLITE INS SYR 1 ML<br>30GX12MM 1 ML 30 GAUGE X<br>1/2" (insulin syringe-needle<br>u-100)  | 2     |       |
| TECHLITE INS SYR 1 ML<br>30GX8MM 1 ML 30 GAUGE X<br>5/16 (insulin syringe-needle<br>u-100)   | 2     |       |
| TECHLITE INS SYR 1 ML<br>31GX6MM 1 ML 31 GAUGE X<br>15/64" (insulin syringe-needle<br>u-100) | 2     |       |
| TECHLITE INS SYR 1 ML<br>31GX8MM 1 ML 31 GAUGE X<br>5/16 (insulin syringe-needle<br>u-100)   | 2     |       |
| TECHLITE PEN NEEDLE<br>29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)                       | 2     |       |
| TECHLITE PEN NEEDLE<br>29GX3/8" 29 GAUGE X 3/8"                                              | 2     |       |
| TECHLITE PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)                       | 2     |       |
| TECHLITE PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)                     | 2     |       |
| TECHLITE PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)                     | 2     |       |
| TECHLITE PEN NEEDLE<br>32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)                       | 2     |       |
| TECHLITE PEN NEEDLE<br>32GX5/16" 32 GAUGE X 5/16" (pen needle, diabetic)                     | 2     |       |
| TECHLITE PEN NEEDLE<br>32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)                     | 2     |       |

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| 藥物名稱                                                                                                         | 藥物 等級                             | 要求/限制 |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------|-------|
| TERUMO INS SYR 0.3 ML<br>29GX1/2" 0.3 ML 29 GAUGE X<br>1/2"                                                  | (Comfort EZ Insulin<br>Syringe)   | 2     |
| TERUMO INS SYRINGE U100-1<br>ML 1 ML 27 GAUGE X 1/2", 1 ML<br>28 GAUGE X 1/2", 1 ML 29<br>GAUGE X 1/2"       | (insulin syringe-needle<br>u-100) | 2     |
| TERUMO INS SYRINGE U100-1<br>ML 1 ML 30 GAUGE X 3/8"                                                         | (Thinpro Insulin<br>Syringe)      | 2     |
| TERUMO INS SYRINGE U100-1/2<br>ML 1/2 ML 30 X 3/8"                                                           | (insulin syringe-needle<br>u-100) | 2     |
| TERUMO INS SYRINGE U100-1/3<br>ML 0.3 ML 30 X 3/8"                                                           | (insulin syringe-needle<br>u-100) | 2     |
| TERUMO INS SYRNG U100-1/2<br>ML 0.5 ML 29 GAUGE X 1/2", 1/2<br>ML 27 GAUGE X 1/2", 1/2 ML 28<br>GAUGE X 1/2" | (insulin syringe-needle<br>u-100) | 2     |
| THINPRO INS SYRIN U100-0.3<br>ML 0.3 ML 29 GAUGE X 1/2", 0.3<br>ML 30 X 3/8"                                 | (insulin syringe-needle<br>u-100) | 2     |
| THINPRO INS SYRIN U100-0.3<br>ML 0.3 ML 31 X 3/8"                                                            |                                   | 2     |
| THINPRO INS SYRIN U100-0.5<br>ML 0.5 ML 29 GAUGE X 1/2", 1/2<br>ML 28 GAUGE X 1/2", 1/2 ML 30 X<br>3/8"      | (insulin syringe-needle<br>u-100) | 2     |
| THINPRO INS SYRIN U100-0.5<br>ML 0.5 ML 31 X 3/8"                                                            |                                   | 2     |
| THINPRO INS SYRIN U100-1 ML<br>1 ML 28 GAUGE X 1/2", 1 ML 29<br>GAUGE X 1/2", 1 ML 30 GAUGE X<br>3/8"        | (insulin syringe-needle<br>u-100) | 2     |
| THINPRO INS SYRIN U100-1 ML<br>1 ML 31 X 3/8"                                                                |                                   | 2     |
| TOPCARE CLICKFINE 31G X 1/4"<br>31 GAUGE X 1/4"                                                              | (pen needle, diabetic)            | 2     |
| TOPCARE CLICKFINE 31G X<br>5/16" 31 GAUGE X 5/16"                                                            | (pen needle, diabetic)            | 2     |

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| 藥物名稱                                                                                                                                                                                                                                               | 藥物 等級                          | 要求/限制 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------|
| 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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| 藥物名稱                                                                                   | 藥物 等級 | 要求/限制 |
|----------------------------------------------------------------------------------------|-------|-------|
| 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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| 藥物名稱                                                            | 藥物 等級                            | 要求/限制 |
|-----------------------------------------------------------------|----------------------------------|-------|
| 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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| 藥物名稱                                                                                                                                   | 藥物 等級 | 要求/限制 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" 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" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 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 SAFE1 ML 31G 8MM 1 ML 31 X 5/16"                                                                                             | 2     |       |
| ULTIGUARD SAFE1 ML 31G 5MM 31 GAUGE X 3/16"                                                                                            | 2     |       |
| ULTIGUARD SAFE1 ML 31G 6MM 31 GAUGE X 1/4"                                                                                             | 2     |       |
| ULTIGUARD SAFE1 ML 31G 8MM 31 GAUGE X 5/16"                                                                                            | 2     |       |
| ULTIGUARD SAFE1 ML 32G 6MM 32 GAUGE X 1/4"                                                                                             | 2     |       |
| ULTIGUARD SAFE0.3 ML 31G 8MM 0.3 ML 31 X 5/16"                                                                                         | 2     |       |
| ULTIGUARD SAFE0.5 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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| 藥物名稱                                                                                          | 藥物 等級                          | 要求/限制 |
|-----------------------------------------------------------------------------------------------|--------------------------------|-------|
| 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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| 藥物名稱                                                   |                                | 藥物 等級 | 要求/限制 |
|--------------------------------------------------------|--------------------------------|-------|-------|
| 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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| 藥物名稱                                                                                  | 藥物 等級 | 要求/限制 |
|---------------------------------------------------------------------------------------|-------|-------|
| 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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| 藥物名稱                                                                                             | 藥物 等級 | 要求/限制 |
|--------------------------------------------------------------------------------------------------|-------|-------|
| UNIFINE PENTIPS NEEDLES 29G<br>29 GAUGE                                                          | 2     |       |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>29GX1/2" 12MM 29 GAUGE X 1/2"                     | 2     |       |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>30GX3/16" 30 GAUGE X 3/16"                        | 2     |       |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>31GX1/4" ULTRA SHORT, 6MM<br>31 GAUGE X 1/4"      | 2     |       |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>31GX3/16" MINI 31 GAUGE X<br>3/16"                | 2     |       |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>31GX5/16" SHORT 31 GAUGE X<br>5/16"               | 2     |       |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>32GX5/32" 32 GAUGE X 5/32"                        | 2     |       |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>33GX5/32" 33 GAUGE X 5/32"                        | 2     |       |
| UNIFINE SAFECONTROL<br>30GX3/16" 30 GAUGE X 3/16"                                                | 2     |       |
| UNIFINE SAFECONTROL<br>30GX5/16" 30 GAUGE X 5/16"                                                | 2     |       |
| UNIFINE SAFECONTROL 32G<br>4MM 32 GAUGE X 5/32"                                                  | 2     |       |
| UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                         | 2     |       |
| UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic)<br>6MM 31 GAUGE X 1/4"                          | 2     |       |
| UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                         | 2     |       |
| UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                         | 2     |       |
| VANISHPOINT 0.5 ML 30GX1/2" (insulin syringe-needle<br>SY OUTER 0.5 ML 30 GAUGE X u-100)<br>1/2" | 2     |       |
| VANISHPOINT INS 1 ML<br>30GX3/16" 1 ML 30 GAUGE X<br>3/16"                                       | 2     |       |
| VANISHPOINT U-100 29X1/2 SYR (insulin syringe-needle<br>1 ML 29 GAUGE X 1/2" u-100)              | 2     |       |

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| 藥物名稱                                                                                      | 藥物 等級 | 要求/限制 |
|-------------------------------------------------------------------------------------------|-------|-------|
| VERIFINE INS SYR 1 ML 29G 1/2" (insulin syringe-needle u-100)                             | 2     |       |
| VERIFINE PEN NEEDLE 29G (pen needle, diabetic)<br>12MM 29 GAUGE X 1/2"                    | 2     |       |
| VERIFINE PEN NEEDLE 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                    | 2     |       |
| VERIFINE PEN NEEDLE 31G X (pen needle, diabetic)<br>6MM 31 GAUGE X 1/4"                   | 2     |       |
| VERIFINE PEN NEEDLE 31G X (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                  | 2     |       |
| VERIFINE PEN NEEDLE 32G (pen needle, diabetic)<br>6MM 32 GAUGE X 1/4"                     | 2     |       |
| VERIFINE PEN NEEDLE 32G X (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                  | 2     |       |
| VERIFINE PEN NEEDLE 32G X (pen needle, diabetic)<br>5MM 32 GAUGE X 3/16"                  | 2     |       |
| VERIFINE PLUS PEN NDL 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                  | 2     |       |
| VERIFINE PLUS PEN NDL 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                  | 2     |       |
| VERIFINE PLUS PEN NDL 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                  | 2     |       |
| VERIFINE SYRING 0.5 ML 29G (insulin syringe-needle u-100)<br>1/2" 0.5 ML 29 GAUGE X 1/2"  | 2     |       |
| VERIFINE SYRING 1 ML 31G (insulin syringe-needle u-100)<br>5/16" 1 ML 31 GAUGE X 5/16"    | 2     |       |
| VERIFINE SYRNG 0.3 ML 31G (insulin syringe-needle u-100)<br>5/16" 0.3 ML 31 GAUGE X 5/16" | 2     |       |
| VERIFINE SYRNG 0.5 ML 31G (insulin syringe-needle u-100)<br>5/16" 0.5 ML 31 GAUGE X 5/16" | 2     |       |
| VERSALON ALL PURPOSE<br>SPONGE 25'S,N-STERILE,3PLY 2<br>X 2 "                             | 1     |       |
| V-GO 20 DEVICE                                                                            | 3     |       |
| V-GO 30 DEVICE                                                                            | 3     |       |
| V-GO 40 DEVICE                                                                            | 3     |       |
| <b>Enzyme Replacement/Modifiers</b>                                                       |       |       |
| <b>Enzyme Replacement/Modifiers</b>                                                       |       |       |

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| 藥物名稱                                                                                                                                                                                     | 藥物 等級 | 要求/限制                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------|
| 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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| 藥物名稱                                                                                                                                                                                                                                               | 藥物 等級 | 要求/限制               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------|
| 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     |                     |
| <b>Eye, Ear, Nose, Throat Agents</b>                                                                                                                                                                                                               |       |                     |
| <b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>                                                                                                                                                                                                |       |                     |
| <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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| 藥物名稱                                                                                   | 藥物 等級 | 要求/限制                        |
|----------------------------------------------------------------------------------------|-------|------------------------------|
| <i>bepotastine besilate ophthalmic (eye)</i> (Bepreve)<br><i>drops 1.5 %</i>           | 2     | ST                           |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                                             | 2     |                              |
| <i>cyclopentolate ophthalmic (eye)</i> (Cyclogyl)<br><i>drops 0.5 %, 1 %, 2 %</i>      | 2     |                              |
| CYSTADROPS OPHTHALMIC<br>(EYE) DROPS 0.37 %                                            | 5     | PA; NDS; QL (20 per 28 days) |
| CYSTARAN OPHTHALMIC (EYE)<br>DROPS 0.44 %                                              | 5     | PA; NDS; QL (60 per 28 days) |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                                        | 2     |                              |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>                     | 2     | QL (30 per 28 days)          |
| <i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>                     | 2     | QL (15 per 10 days)          |
| <i>levofloxacin ophthalmic (eye) drops 1.5 %</i>                                       | 2     |                              |
| <i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)                            | 2     | QL (30.5 per 30 days)        |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)         | 2     |                              |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)              | 2     |                              |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)                             | 2     |                              |
| TEPEZZA INTRAVENOUS<br>RECON SOLN 500 MG                                               | 5     | PA; NDS                      |
| <b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>                                   |       |                              |
| <i>acetic acid otic (ear) solution 2 %</i>                                             | 2     |                              |
| <i>bacitracin ophthalmic (eye) ointment 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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| 藥物名稱                                                                                                            | 藥物 等級 | 要求/限制               |
|-----------------------------------------------------------------------------------------------------------------|-------|---------------------|
| <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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| 藥物名稱                                                                             | 藥物 等級                           | 要求/限制 |
|----------------------------------------------------------------------------------|---------------------------------|-------|
| <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     |
| <b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>                           |                                 |       |
| 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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| 藥物名稱                                                                                           | 藥物 等級 | 要求/限制                |
|------------------------------------------------------------------------------------------------|-------|----------------------|
| <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 (Durezol) 0.05 %</i>                                   | 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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| 藥物名稱                                                                                                         | 藥物 等級 | 要求/限制                   |
|--------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| RESTASIS MULTIDOSE<br>OPHTHALMIC (EYE) DROPS 0.05<br>%                                                       | 3     | QL (5.5 per 28 days)    |
| RESTASIS OPHTHALMIC (EYE) (cyclosporine)<br>DROPPERETTE 0.05 %                                               | 2     | QL (60 per 30 days)     |
| XHANCE NASAL AEROSOL<br>BREATH ACTIVATED 93<br>MCG/ACTUATION                                                 | 3     | ST; QL (32 per 30 days) |
| XIIDRA OPHTHALMIC (EYE)<br>DROPPERETTE 5 %                                                                   | 3     | QL (60 per 30 days)     |
| <b>Gastrointestinal Agents</b>                                                                               |       |                         |
| <b>Antiulcer Agents And Acid Suppressants</b>                                                                |       |                         |
| <i>amoxicil-clarithromy-lansopraz oral<br/>combo pack 500-500-30 mg</i>                                      | 2     |                         |
| <i>cimetidine hcl oral solution 300 mg/5<br/>ml</i>                                                          | 2     |                         |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer<br>(cimetidine))                                          | 2     |                         |
| <i>cimetidine oral tablet 300 mg, 400<br/>mg, 800 mg</i>                                                     | 2     |                         |
| <i>esomeprazole magnesium oral</i> (Nexium)<br><i>capsule, delayed release(dr/ec) 20 mg</i>                  | 2     | QL (30 per 30 days)     |
| <i>esomeprazole magnesium oral</i> (Nexium)<br><i>capsule, delayed release(dr/ec) 40 mg</i>                  | 2     | QL (60 per 30 days)     |
| <i>esomeprazole magnesium oral</i> (Nexium Packet)<br><i>granules dr for susp in packet 10 mg,<br/>20 mg</i> | 2     | ST; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral</i> (Nexium Packet)<br><i>granules dr for susp in packet 40 mg</i>            | 2     | ST; QL (60 per 30 days) |
| <i>esomeprazole sodium intravenous<br/>recon soln 20 mg</i>                                                  | 2     |                         |
| <i>esomeprazole sodium intravenous</i> (Nexium IV)<br><i>recon soln 40 mg</i>                                | 2     |                         |
| <i>famotidine (pf) intravenous solution<br/>20 mg/2 ml</i>                                                   | 1     |                         |
| <i>famotidine (pf)-nacl (iso-os)<br/>intravenous piggyback 20 mg/50 ml</i>                                   | 2     |                         |
| <i>famotidine intravenous solution 10<br/>mg/ml</i>                                                          | 2     |                         |

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| 藥物名稱                                                                                       | 藥物 等級 | 要求/限制                   |
|--------------------------------------------------------------------------------------------|-------|-------------------------|
| <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     |                         |
| <b>Gastrointestinal Agents, Other</b>                                                      |       |                         |
| <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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| 藥物名稱                                                                 | 藥物 等級 | 要求/限制                             |
|----------------------------------------------------------------------|-------|-----------------------------------|
| <i>diphenoxylate-atropine oral tablet</i> (Lomotil)<br>2.5-0.025 mg  | 2     |                                   |
| <i>enulose oral solution</i> 10 gram/15 ml (lactulose)               | 2     |                                   |
| GATTEX 30-VIAL<br>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<br>MCG, 290 MCG, 72 MCG                     | 3     | QL (30 per 30 days)               |
| LOKELMA ORAL POWDER IN<br>PACKET 10 GRAM                             | 3     | QL (34 per 30 days)               |
| LOKELMA ORAL POWDER IN<br>PACKET 5 GRAM                              | 3     | QL (30 per 30 days)               |
| <i>loperamide oral capsule</i> 2 mg (Anti-Diarrheal<br>(loperamide)) | 2     |                                   |
| <i>lubiprostone oral capsule</i> 24 mcg, 8<br>mcg (Amitiza)          | 3     | QL (60 per 30 days)               |
| <i>methscopolamine oral tablet</i> 2.5 mg,<br>5 mg                   | 2     |                                   |
| <i>metoclopramide hcl injection</i><br><i>solution</i> 5 mg/ml       | 2     |                                   |
| <i>metoclopramide hcl injection syringe</i><br><i>5 mg/ml</i>        | 2     |                                   |
| <i>metoclopramide hcl oral solution</i> 5<br><i>mg/5 ml</i>          | 2     |                                   |
| <i>metoclopramide hcl oral tablet</i> 10 (Reglan)<br><i>mg, 5 mg</i> | 1     |                                   |
| MOVANTIK ORAL TABLET 12.5<br>MG, 25 MG                               | 3     | QL (30 per 30 days)               |
| OCALIVA ORAL TABLET 10 MG,<br>5 MG                                   | 5     | PA; NDS; QL (30 per 30<br>days)   |
| RAVICTI ORAL LIQUID 1.1<br>GRAM/ML                                   | 5     | PA; NDS                           |
| RELISTOR ORAL TABLET 150<br>MG                                       | 5     | PA; NDS; QL (90 per 30<br>days)   |
| RELISTOR SUBCUTANEOUS<br>SOLUTION 12 MG/0.6 ML                       | 5     | PA; NDS; QL (16.8 per<br>28 days) |

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

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| 藥物名稱                                                                            | 藥物 等級 | 要求/限制               |
|---------------------------------------------------------------------------------|-------|---------------------|
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>                        | 2     |                     |
| <i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)       | 5     | NDS                 |
| PHOSLYRA ORAL SOLUTION<br>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<br>TABLET,CHEWABLE 500 MG                                         | 3     |                     |
| <b>Genitourinary Agents</b>                                                     |       |                     |
| <b>Antispasmodics, Urinary</b>                                                  |       |                     |
| <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<br>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     |                     |
| <b>Genitourinary Agents, Miscellaneous</b>                                      |       |                     |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)           | 1     | QL (30 per 30 days) |

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| 藥物名稱                                                                                | 藥物 等級 | 要求/限制                         |
|-------------------------------------------------------------------------------------|-------|-------------------------------|
| <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                           |
| <b>Heavy Metal Antagonists</b>                                                      |       |                               |
| <b>Heavy Metal Antagonists</b>                                                      |       |                               |
| <i>deferiasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle) | 5     | PA; NDS                       |
| <i>deferiasirox oral tablet 180 mg, 360 mg</i> (Jadenu)                             | 5     | PA; NDS                       |
| <i>deferiasirox oral tablet 90 mg</i> (Jadenu)                                      | 2     | PA                            |
| <i>deferiasirox 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) |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying</b>                             |       |                               |
| <b>Androgens</b>                                                                    |       |                               |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                                   | 2     |                               |

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

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| 藥物名稱                                                                                                                                                         | 藥物 等級 | 要求/限制                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------|
| NORDITROPIN FLEXP<br>SUBCUTANEOUS PEN INJECTOR<br>10 MG/1.5 ML (6.7 MG/ML), 15<br>MG/1.5 ML (10 MG/ML), 30 MG/3<br>ML (10 MG/ML), 5 MG/1.5 ML (3.3<br>MG/ML) | 5     | PA; NDS                              |
| <i>octreotide acetate injection solution</i><br>1,000 mcg/ml, 200 mcg/ml                                                                                     | 2     |                                      |
| <i>octreotide acetate injection solution</i> (Sandostatin)<br>100 mcg/ml, 50 mcg/ml                                                                          | 2     |                                      |
| <i>octreotide acetate injection solution</i> (Sandostatin)<br>500 mcg/ml                                                                                     | 5     | NDS                                  |
| <i>octreotide acetate injection syringe</i><br>100 mcg/ml (1 ml), 50 mcg/ml (1 ml),<br>500 mcg/ml (1 ml)                                                     | 2     |                                      |
| ORGOVYX ORAL TABLET 120<br>MG                                                                                                                                | 5     | PA NSO; NDS                          |
| ORILISSA ORAL TABLET 150 MG                                                                                                                                  | 5     | PA; NDS; QL (28 per 28<br>days)      |
| ORILISSA ORAL TABLET 200 MG                                                                                                                                  | 5     | PA; NDS; QL (56 per 28<br>days)      |
| SEROSTIM SUBCUTANEOUS<br>RECON SOLN 4 MG, 5 MG, 6 MG                                                                                                         | 5     | PA; NDS                              |
| SIGNIFOR SUBCUTANEOUS<br>SOLUTION 0.3 MG/ML (1 ML), 0.6<br>MG/ML (1 ML), 0.9 MG/ML (1 ML)                                                                    | 5     | PA; NDS; QL (60 per 30<br>days)      |
| SOMATULINE DEPOT (lanreotide)<br>SUBCUTANEOUS SYRINGE 120<br>MG/0.5 ML                                                                                       | 5     | PA NSO; NDS; QL (0.5<br>per 28 days) |
| SOMATULINE DEPOT<br>SUBCUTANEOUS SYRINGE 60<br>MG/0.2 ML                                                                                                     | 5     | PA NSO; NDS; QL (0.2<br>per 28 days) |
| SOMATULINE DEPOT<br>SUBCUTANEOUS SYRINGE 90<br>MG/0.3 ML                                                                                                     | 5     | PA NSO; NDS; QL (0.3<br>per 28 days) |
| SOMAVERT SUBCUTANEOUS<br>RECON SOLN 10 MG, 15 MG, 20<br>MG, 25 MG, 30 MG                                                                                     | 5     | PA; NDS                              |
| SUPPRELIN LA IMPLANT KIT 50<br>MG (65 MCG/DAY)                                                                                                               | 5     | PA; NDS                              |
| SYNAREL NASAL SPRAY, NON-<br>AEROSOL 2 MG/ML                                                                                                                 | 5     | PA; NDS                              |

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| 藥物名稱                                                                                                                                                  | 藥物 等級 | 要求/限制              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------|
| TRIPTODUR INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 22.5 MG                                                                                   | 5     | PA; NDS            |
| <b>Progestins</b>                                                                                                                                     |       |                    |
| <i>hydroxyprogesterone caproate<br/>intramuscular oil 250 mg/ml</i>                                                                                   | 5     | NDS                |
| <i>medroxyprogesterone intramuscular<br/>suspension 150 mg/ml</i> (Depo-Provera)                                                                      | 2     | QL (1 per 84 days) |
| <i>medroxyprogesterone intramuscular<br/>syringe 150 mg/ml</i> (Depo-Provera)                                                                         | 2     | QL (1 per 84 days) |
| <i>medroxyprogesterone oral tablet 10<br/>mg, 2.5 mg, 5 mg</i> (Provera)                                                                              | 1     |                    |
| <i>megestrol oral suspension 400 mg/10<br/>ml (40 mg/ml)</i>                                                                                          | 2     |                    |
| <i>norethindrone acetate oral tablet 5<br/>mg</i>                                                                                                     | 2     |                    |
| <i>progesterone intramuscular oil 50<br/>mg/ml</i>                                                                                                    | 2     |                    |
| <i>progesterone micronized oral<br/>capsule 100 mg, 200 mg</i> (Prometrium)                                                                           | 2     |                    |
| <b>Thyroid And Antithyroid Agents</b>                                                                                                                 |       |                    |
| <i>levothyroxine oral tablet 100 mcg,<br/>112 mcg, 125 mcg, 137 mcg, 150<br/>mcg, 175 mcg, 200 mcg, 25 mcg, 50<br/>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<br/>mcg, 50 mcg</i> (Cytomel)                                                                                   | 2     |                    |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                                                                            | 1     |                    |
| <i>propylthiouracil oral tablet 50 mg</i>                                                                                                             | 2     |                    |
| <b>Immunological Agents</b>                                                                                                                           |       |                    |
| <b>Immunological Agents</b>                                                                                                                           |       |                    |
| ACTEMRA ACTPEN<br>SUBCUTANEOUS PEN INJECTOR<br>162 MG/0.9 ML                                                                                          | 5     | PA; NDS            |
| ACTEMRA INTRAVENOUS<br>SOLUTION 200 MG/10 ML (20<br>MG/ML), 400 MG/20 ML (20<br>MG/ML), 80 MG/4 ML (20 MG/ML)                                         | 5     | PA; NDS            |
| ACTEMRA SUBCUTANEOUS<br>SYRINGE 162 MG/0.9 ML                                                                                                         | 5     | PA; NDS            |

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

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| 藥物名稱                                                                                        | 藥物 等級 | 要求/限制       |
|---------------------------------------------------------------------------------------------|-------|-------------|
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)                                 | 2     | PA BvD      |
| DUPIXENT PEN<br>SUBCUTANEOUS PEN INJECTOR<br>200 MG/1.14 ML, 300 MG/2 ML                    | 5     | PA; NDS     |
| DUPIXENT SYRINGE<br>SUBCUTANEOUS SYRINGE 100<br>MG/0.67 ML, 200 MG/1.14 ML, 300<br>MG/2 ML  | 5     | PA; NDS     |
| ENBREL MINI SUBCUTANEOUS<br>CARTRIDGE 50 MG/ML (1 ML)                                       | 5     | PA; NDS     |
| ENBREL SUBCUTANEOUS<br>RECON SOLN 25 MG (1 ML)                                              | 5     | PA; NDS     |
| ENBREL SUBCUTANEOUS<br>SOLUTION 25 MG/0.5 ML                                                | 5     | PA; NDS     |
| ENBREL SUBCUTANEOUS<br>SYRINGE 25 MG/0.5 ML (0.5), 50<br>MG/ML (1 ML)                       | 5     | PA; NDS     |
| ENBREL SURECLICK<br>SUBCUTANEOUS PEN INJECTOR<br>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<br>INTRAVENOUS SOLUTION 10 %, 5 %                                            | 5     | PA BvD; NDS |
| GAMIFANT INTRAVENOUS<br>SOLUTION 5 MG/ML                                                    | 5     | PA; NDS     |
| GAMMAGARD LIQUID<br>INJECTION SOLUTION 10 %                                                 | 5     | PA BvD; NDS |
| GAMMAGARD S-D (IGA < 1<br>MCG/ML) INTRAVENOUS<br>RECON SOLN 10 GRAM, 5 GRAM                 | 5     | PA BvD; NDS |
| GAMMAPLEX (WITH SORBITOL)<br>INTRAVENOUS SOLUTION 5 %                                       | 5     | PA BvD; NDS |
| GAMMAPLEX INTRAVENOUS<br>SOLUTION 10 %, 10 % (100 ML),<br>10 % (200 ML)                     | 5     | PA BvD; NDS |

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| 藥物名稱                                                                                                                                                                 | 藥物 等級 | 要求/限制       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|
| GAMUNEX-C INJECTION<br>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<br>START SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML                                                                                       | 5     | PA; NDS     |
| HUMIRA PEN PSOR-UEVITS-<br>ADOL HS SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML                                                                                     | 5     | PA; NDS     |
| HUMIRA PEN SUBCUTANEOUS<br>PEN INJECTOR KIT 40 MG/0.8 ML                                                                                                             | 5     | PA; NDS     |
| HUMIRA SUBCUTANEOUS<br>SYRINGE KIT 40 MG/0.8 ML                                                                                                                      | 5     | PA; NDS     |
| HUMIRA(CF) PEDI CROHNS<br>STARTER SUBCUTANEOUS<br>SYRINGE KIT 80 MG/0.8 ML, 80<br>MG/0.8 ML-40 MG/0.4 ML                                                             | 5     | PA; NDS     |
| HUMIRA(CF) PEN CROHNS-UC-<br>HS SUBCUTANEOUS PEN<br>INJECTOR KIT 80 MG/0.8 ML                                                                                        | 5     | PA; NDS     |
| HUMIRA(CF) PEN PEDIATRIC<br>UC SUBCUTANEOUS PEN<br>INJECTOR KIT 80 MG/0.8 ML                                                                                         | 5     | PA; NDS     |
| HUMIRA(CF) PEN PSOR-UV-<br>ADOL HS SUBCUTANEOUS PEN<br>INJECTOR KIT 80 MG/0.8 ML-40<br>MG/0.4 ML                                                                     | 5     | PA; NDS     |
| HUMIRA(CF) PEN<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 40 MG/0.4 ML, 80 MG/0.8 ML                                                                                        | 5     | PA; NDS     |
| HUMIRA(CF) SUBCUTANEOUS<br>SYRINGE KIT 10 MG/0.1 ML, 20<br>MG/0.2 ML, 40 MG/0.4 ML                                                                                   | 5     | PA; NDS     |

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| 藥物名稱                                                                                                                                              | 藥物 等級 | 要求/限制       |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|
| 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     |

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| 藥物名稱                                                                                                                                                                                          | 藥物 等級 | 要求/限制       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|
| ORENCIA CLICKJECT<br>SUBCUTANEOUS AUTO-<br>INJECTOR 125 MG/ML                                                                                                                                 | 5     | PA; NDS     |
| ORENCIA SUBCUTANEOUS<br>SYRINGE 125 MG/ML, 50 MG/0.4<br>ML, 87.5 MG/0.7 ML                                                                                                                    | 5     | PA; NDS     |
| OTEZLA ORAL TABLET 30 MG                                                                                                                                                                      | 5     | PA; NDS     |
| OTEZLA STARTER ORAL<br>TABLETS,DOSE PACK 10 MG (4)-<br>20 MG (4)-30 MG (47), 10 MG (4)-<br>20 MG (4)-30 MG(19)                                                                                | 5     | PA; NDS     |
| PRIVIGEN INTRAVENOUS<br>SOLUTION 10 %                                                                                                                                                         | 5     | PA BvD; NDS |
| PROGRAF INTRAVENOUS<br>SOLUTION 5 MG/ML                                                                                                                                                       | 4     | PA BvD      |
| PROGRAF ORAL GRANULES IN<br>PACKET 0.2 MG, 1 MG                                                                                                                                               | 4     | PA BvD; ST  |
| RASUVO (PF) SUBCUTANEOUS<br>AUTO-INJECTOR 10 MG/0.2 ML,<br>12.5 MG/0.25 ML, 15 MG/0.3 ML,<br>17.5 MG/0.35 ML, 20 MG/0.4 ML,<br>22.5 MG/0.45 ML, 25 MG/0.5 ML,<br>30 MG/0.6 ML, 7.5 MG/0.15 ML | 3     |             |
| RENFLEXIS INTRAVENOUS<br>RECON SOLN 100 MG                                                                                                                                                    | 5     | PA; NDS     |
| REZUROCK ORAL TABLET 200<br>MG                                                                                                                                                                | 5     | PA NSO; NDS |
| RIDAURA ORAL CAPSULE 3 MG                                                                                                                                                                     | 5     | NDS         |
| RINVOQ ORAL TABLET<br>EXTENDED RELEASE 24 HR 15<br>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<br>SOLUTION 60 MG/ML                                                                                                                                                      | 5     | PA; NDS     |
| SKYRIZI SUBCUTANEOUS PEN<br>INJECTOR 150 MG/ML                                                                                                                                                | 5     | PA; NDS     |
| SKYRIZI SUBCUTANEOUS<br>SYRINGE 150 MG/ML, 75 MG/0.83<br>ML                                                                                                                                   | 5     | PA; NDS     |

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| 藥物名稱                                                                                        | 藥物 等級 | 要求/限制       |
|---------------------------------------------------------------------------------------------|-------|-------------|
| 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     |
| <b>Vaccines</b>                                                                             |       |             |
| 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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| 藥物名稱                                                                                             | 藥物 等級 | 要求/限制               |
|--------------------------------------------------------------------------------------------------|-------|---------------------|
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SUSPENSION<br>2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3     |                     |
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2<br>LF-(2.5-5-3-5 MCG)-5LF/0.5 ML    | 3     |                     |
| AREXVY (PF) INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 120 MCG/0.5<br>ML                  | 3     |                     |
| AREXVY ANTIGEN<br>COMPONENT 120 MCG                                                              | 3     |                     |
| BCG VACCINE, LIVE (PF)<br>PERCUTANEOUS SUSPENSION<br>FOR RECONSTITUTION 50 MG                    | 3     |                     |
| BEXSERO INTRAMUSCULAR<br>SYRINGE 50-50-50-25 MCG/0.5<br>ML                                       | 3     |                     |
| BOOSTRIX TDAP<br>INTRAMUSCULAR SUSPENSION<br>2.5-8-5 LF-MCG-LF/0.5ML                             | 3     |                     |
| BOOSTRIX TDAP<br>INTRAMUSCULAR SYRINGE 2.5-<br>8-5 LF-MCG-LF/0.5ML                               | 3     |                     |
| DAPTACEL (DTAP PEDIATRIC)<br>(PF) INTRAMUSCULAR<br>SUSPENSION 15-10-5 LF-MCG-<br>LF/0.5ML        | 3     |                     |
| DENG VAXIA (PF)<br>SUBCUTANEOUS SUSPENSION<br>FOR RECONSTITUTION<br>10EXP4.5-6 CCID50/0.5 ML     | 3     | QL (3 per 365 days) |
| ENGRIX-B (PF)<br>INTRAMUSCULAR SUSPENSION<br>20 MCG/ML                                           | 3     | PA BvD              |
| ENGRIX-B (PF)<br>INTRAMUSCULAR SYRINGE 20<br>MCG/ML                                              | 3     | PA BvD              |
| ENGRIX-B PEDIATRIC (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/0.5 ML                                | 3     | PA BvD              |

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

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| 藥物名稱                                                                                                                         | 藥物 等級 | 要求/限制  |
|------------------------------------------------------------------------------------------------------------------------------|-------|--------|
| PEDIARIX (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG-25LF-25 MCG-10LF/0.5 ML                                                     | 3     |        |
| PEDVAX HIB (PF)<br>INTRAMUSCULAR SOLUTION<br>7.5 MCG/0.5 ML                                                                  | 3     |        |
| PENTACEL (PF)<br>INTRAMUSCULAR KIT 15 LF<br>UNIT-20 MCG-5 LF/0.5 ML, 15LF-<br>48MCG-62DU -10 MCG/0.5ML                       | 3     |        |
| PREHEVBRIO (PF)<br>INTRAMUSCULAR SUSPENSION<br>10 MCG/ML                                                                     | 3     | PA BvD |
| PRIORIX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP3.4-4.2-<br>3.3CCID50/0.5ML                               | 3     |        |
| PROQUAD (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP3-4.3-3-<br>3.99 TCID50/0.5                               | 3     |        |
| QUADRACEL (PF)<br>INTRAMUSCULAR SUSPENSION<br>15 LF-48 MCG- 5 LF UNIT/0.5ML,<br>15 LF-48 MCG- 5 LF UNIT/0.5ML<br>(58 UNT/ML) | 3     |        |
| QUADRACEL (PF)<br>INTRAMUSCULAR SYRINGE 15<br>LF-48 MCG- 5 LF UNIT/0.5ML                                                     | 3     |        |
| RABAVERT (PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 2.5 UNIT                                                     | 3     | PA BvD |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SUSPENSION<br>10 MCG/ML, 40 MCG/ML, 5<br>MCG/0.5 ML                                      | 3     | PA BvD |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/ML, 5 MCG/0.5 ML                                                       | 3     | PA BvD |
| ROTARIX ORAL SUSPENSION<br>10EXP6 CCID50 /1.5 ML                                                                             | 3     |        |

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| 藥物名稱                                                                                 | 藥物 等級 | 要求/限制                 |
|--------------------------------------------------------------------------------------|-------|-----------------------|
| ROTARIX ORAL SUSPENSION<br>FOR RECONSTITUTION 10EXP6<br>CCID50/ML                    | 3     |                       |
| ROTATEQ VACCINE ORAL<br>SOLUTION 2 ML                                                | 3     |                       |
| SHINGRIX (PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 50<br>MCG/0.5 ML     | 3     | QL (2 per 365 days)   |
| TDVAX INTRAMUSCULAR (tetanus-diphtheria<br>SUSPENSION 2-2 LF UNIT/0.5 ML toxoids-td) | 3     |                       |
| TENIVAC (PF)<br>INTRAMUSCULAR SUSPENSION<br>5 LF UNIT- 2 LF UNIT/0.5ML               | 3     |                       |
| TENIVAC (PF)<br>INTRAMUSCULAR SYRINGE 5-2<br>LF UNIT/0.5 ML                          | 3     |                       |
| TETANUS,DIPHThERIA TOX<br>PED(PF) INTRAMUSCULAR<br>SUSPENSION 5-25 LF UNIT/0.5<br>ML | 3     |                       |
| TICOVAC INTRAMUSCULAR<br>SYRINGE 1.2 MCG/0.25 ML, 2.4<br>MCG/0.5 ML                  | 3     | QL (1.5 per 365 days) |
| TRUMENBA INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML                                     | 3     |                       |
| TWINRIX (PF)<br>INTRAMUSCULAR SYRINGE 720<br>ELISA UNIT- 20 MCG/ML                   | 3     |                       |
| TYPHIM VI INTRAMUSCULAR<br>SOLUTION 25 MCG/0.5 ML                                    | 3     |                       |
| TYPHIM VI INTRAMUSCULAR (typhoid vi polysacch<br>SYRINGE 25 MCG/0.5 ML vaccine)      | 3     |                       |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 25 UNIT/0.5 ML, 50<br>UNIT/ML                 | 3     |                       |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 25 UNIT/0.5 ML, 50<br>UNIT/ML                    | 3     |                       |

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| 藥物名稱                                                                                                                                | 藥物 等級 | 要求/限制                |
|-------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------|
| VARIVAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 1,350<br>UNIT/0.5 ML                                                  | 3     | QL (2 per 365 days)  |
| YF-VAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10 EXP4.74<br>UNIT/0.5 ML, 10 EXP4.74<br>UNIT/0.5 ML(2.5 ML IN 1 VIAL) | 3     |                      |
| <b>Inflammatory Bowel Disease Agents</b>                                                                                            |       |                      |
| <b>Inflammatory Bowel Disease Agents</b>                                                                                            |       |                      |
| <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     |                      |
| <b>Metabolic Bone Disease Agents</b>                                                                                                |       |                      |
| <b>Metabolic Bone Disease Agents</b>                                                                                                |       |                      |
| <i>alendronate oral solution 70 mg/75 ml</i>                                                                                        | 2     | QL (300 per 28 days) |

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

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| 藥物名稱                                                                        | 藥物 等級 | 要求/限制                |
|-----------------------------------------------------------------------------|-------|----------------------|
| ALPHAGAN P OPHTHALMIC (brimonidine)<br>(EYE) DROPS 0.1 %                    | 3     |                      |
| AZOPT OPHTHALMIC (EYE)<br>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)<br>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<br>(EYE) DROPS 0.02 %                                  | 3     | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC<br>(EYE) DROPS 0.02-0.005 %                            | 3     | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE)<br>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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| 藥物名稱                                                                                                                | 藥物 等級 | 要求/限制                |
|---------------------------------------------------------------------------------------------------------------------|-------|----------------------|
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>                                          | 2     |                      |
| <i>travoprost ophthalmic (eye) drops</i> (Travatan Z)<br>0.004 %                                                    | 2     | QL (2.5 per 25 days) |
| VYZULTA OPHTHALMIC (EYE)<br>DROPS 0.024 %                                                                           | 4     | QL (5 per 30 days)   |
| <b>Replacement Preparations</b>                                                                                     |       |                      |
| <b>Replacement Preparations</b>                                                                                     |       |                      |
| <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<br>SINGLE USE                                                                           | 4     |                      |
| ISOLYTE S PH 7.4<br>INTRAVENOUS PARENTERAL<br>SOLUTION                                                              | 4     |                      |
| ISOLYTE-P IN 5 % DEXTROSE<br>INTRAVENOUS PARENTERAL<br>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     |                      |

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

| 藥物名稱                                                                                  | 藥物 等級 | 要求/限制  |
|---------------------------------------------------------------------------------------|-------|--------|
| <i>magnesium sulfate injection syringe 4 meq/ml</i>                                   | 2     |        |
| NORMOSOL-M IN 5 %<br>DEXTROSE INTRAVENOUS<br>PARENTERAL SOLUTION                      | 4     |        |
| PLASMA-LYTE A (electrolyte-a)<br>INTRAVENOUS PARENTERAL<br>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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| 藥物名稱                                                                                                      | 藥物 等級                                 | 要求/限制                        |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------|
| <i>sodium chloride 0.9% solution</i><br><i>viaflex, single use</i>                                        | 2                                     |                              |
| <b>Respiratory Tract Agents</b>                                                                           |                                       |                              |
| <b>Anti-Inflammatories, Inhaled Corticosteroids</b>                                                       |                                       |                              |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE            | (fluticasone propion-salmeterol)<br>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)<br>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)<br>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)<br>2                      | PA BvD; QL (120 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>                                        | (Pulmicort)<br>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)<br>3         | QL (12 per 30 days)          |

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| 藥物名稱                                                                                                             | 藥物 等級                         | 要求/限制                        |
|------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|
| FLOVENT HFA INHALATION<br>HFA AEROSOL INHALER 220<br>MCG/ACTUATION                                               | (fluticasone propionate)<br>3 | QL (24 per 30 days)          |
| FLOVENT HFA INHALATION<br>HFA AEROSOL INHALER 44<br>MCG/ACTUATION                                                | (fluticasone propionate)<br>3 | QL (21.2 per 30 days)        |
| SYMBICORT INHALATION HFA<br>AEROSOL INHALER 160-4.5<br>MCG/ACTUATION, 80-4.5<br>MCG/ACTUATION                    | (budesonide-formoterol)<br>3  | QL (30.6 per 30 days)        |
| <b>Antileukotrienes</b>                                                                                          |                               |                              |
| <i>montelukast oral tablet 10 mg</i>                                                                             | (Singulair)<br>1              |                              |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i>                                                              | (Singulair)<br>1              |                              |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>                                                                      | (Accolate)<br>2               |                              |
| <b>Bronchodilators</b>                                                                                           |                               |                              |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>                                         | (Proventil HFA)<br>2          | QL (17 per 30 days)          |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>                             | 2                             | QL (13.4 per 30 days)        |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>                             | 2                             | QL (36 per 30 days)          |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i> | 2                             | PA BvD; QL (360 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>                                      | 2                             | PA BvD; QL (120 per 30 days) |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>                                                                    | 2                             |                              |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                                                                  | 2                             |                              |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>                                           | 2                             |                              |
| ANORO ELLIPTA INHALATION<br>BLISTER WITH DEVICE 62.5-25<br>MCG/ACTUATION                                         | 3                             | QL (60 per 30 days)          |
| ATROVENT HFA INHALATION<br>HFA AEROSOL INHALER 17<br>MCG/ACTUATION                                               | 4                             | QL (25.8 per 28 days)        |

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

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

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| 藥物名稱                                                                                                            | 藥物 等級 | 要求/限制                         |
|-----------------------------------------------------------------------------------------------------------------|-------|-------------------------------|
| <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<br>VL PRICE/ONE MG,SUV                                                               | 5     | PA BvD; NDS                   |
| PROLASTIN-C INTRAVENOUS<br>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,<br>SEQUENTIAL 100-150 MG (D)/<br>150 MG (N), 50-75 MG (D)/ 75 MG (N)                      | 5     | PA; NDS; QL (56 per 28 days)  |
| TRIKAFTA ORAL GRANULES IN<br>PACKET, SEQUENTIAL 100-50-<br>75MG (D) /75 MG (N), 80-40-60<br>MG (D) /59.5 MG (N) | 5     | PA; NDS; QL (56 per 28 days)  |
| TRIKAFTA ORAL TABLETS,<br>SEQUENTIAL 100-50-75 MG(D)<br>/150 MG (N), 50-25-37.5 MG (D)/75<br>MG (N)             | 5     | PA; NDS; QL (84 per 28 days)  |
| XOLAIR SUBCUTANEOUS<br>RECON SOLN 150 MG                                                                        | 5     | PA; NDS                       |
| XOLAIR SUBCUTANEOUS<br>SYRINGE 150 MG/ML, 75 MG/0.5<br>ML                                                       | 5     | PA; NDS                       |
| <b>Skeletal Muscle Relaxants</b>                                                                                |       |                               |
| <b>Skeletal Muscle Relaxants</b>                                                                                |       |                               |
| <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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| 藥物名稱                                                                             | 藥物 等級 | 要求/限制                             |
|----------------------------------------------------------------------------------|-------|-----------------------------------|
| <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     |                                   |
| <b>Sleep Disorder Agents</b>                                                     |       |                                   |
| <b>Sleep Disorder Agents</b>                                                     |       |                                   |
| <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> (Hetlioz)                                  | 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)               |
| <b>Vasodilating Agents</b>                                                       |       |                                   |
| <b>Vasodilating Agents</b>                                                       |       |                                   |
| 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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| 藥物名稱                                                                                            | 藥物 等級 | 要求/限制                            |
|-------------------------------------------------------------------------------------------------|-------|----------------------------------|
| 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                          |
| <b>Vitamins And Minerals</b>                                                                    |       |                                  |
| <b>Vitamins And Minerals</b>                                                                    |       |                                  |
| <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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| 藥物名稱                                                                                                     | 藥物 等級 | 要求/限制 |
|----------------------------------------------------------------------------------------------------------|-------|-------|
| <i>completenate tablet chew 29 mg iron-1 mg</i>                                                          | 2     |       |
| <i>cyanocobalamin (vitamin b-12) injection solution</i> (Dodex)                                          | 6     | EX    |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Drisdol)                        | 6     | EX    |
| <i>folic acid oral tablet 1 mg</i>                                                                       | 6     | EX    |
| <i>folivane-ob capsule 85-1 mg</i>                                                                       | 2     |       |
| <i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>                                                    | 2     |       |
| <i>marnatal-f capsule 60 mg iron-1 mg</i>                                                                | 2     |       |
| <i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)                             | 2     |       |
| <i>mynatal advance oral tablet 90-1-50 mg</i>                                                            | 2     |       |
| <i>mynatal capsule 65 mg iron- 1 mg</i>                                                                  | 2     |       |
| <i>mynatal oral tablet 90-1-50 mg</i>                                                                    | 2     |       |
| <i>mynatal plus captab 65 mg iron- 1 mg</i>                                                              | 2     |       |
| <i>mynatal-z captab 65 mg iron- 1 mg</i>                                                                 | 2     |       |
| <i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>                                       | 2     |       |
| <i>newgen tablet 32-1,000 mg-mcg</i>                                                                     | 2     |       |
| <i>niva-plus tablet 27 mg iron- 1 mg</i>                                                                 | 2     |       |
| <i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>                                                | 2     |       |
| <i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>                            | 2     |       |
| <i>o-cal prenatal tablet 15 mg iron-1,000 mcg</i>                                                        | 2     |       |
| <i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>                                                             | 2     |       |
| <i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid) | 2     |       |
| <i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>                                                 | 2     |       |
| <i>pnv-omega softgel 28-1-300 mg</i>                                                                     | 2     |       |
| <i>pr natal 400 combo pack 29-1-400 mg</i>                                                               | 2     |       |
| <i>pr natal 400 ec combo pack 29-1-400 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

| 藥物名稱                                                                       | 藥物 等級                            | 要求/限制 |
|----------------------------------------------------------------------------|----------------------------------|-------|
| <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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| 藥物名稱                                                        | 藥物 等級 | 要求/限制 |
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| <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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**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

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如需更多最新資訊或有其他疑問，請致電 Clever Care Health Plan 客戶服務部，電話：**1-833-808-8153 (普通話) 或者 1-833-808-8161 (廣東話) (聽障專線: 711)**，10 月 1 日至 3 月 31 日服務時間為每週七天，上午 8 時至晚上 8 時；4 月 1 日至 9 月 30 日服務時間為週一至週五，上午 8 時至晚上 8 時，或造訪 **[zh.clevercarehealthplan.com/formulary](https://zh.clevercarehealthplan.com/formulary)**。