2025

CENTERS PLAN FOR HEALTHY LIVING

2025年《處方一覽表》（《承保藥品清單》）

Centers Plan for Dual Coverage Care (HMO D-SNP)
Centers Plan for Nursing Home Care (HMO I-SNP)
Centers Plan for Medicaid Advantage Plus (HMO D-SNP)

HPMS已核准《處方一覽表》，檔案提交ID：25208，第11版

本《處方一覽表》更新於2025年5月1日。

如需獲得更多最新資訊，或者如果您有其他問題，敬請致電1-888-807-5717（聽力障礙電傳使用者請致電711）聯絡Centers Plan for Dual Coverage Care (HMO D-SNP)、Centers Plan for Nursing Home Care (HMO I-SNP)、Centers Plan for Medicaid Advantage Plus (HMO D-SNP)會員服務部，工作時間為：每週7天，每天24小時，或者請瀏覽：www.centersplan.com/dsnp，www.centersplan.com/isnp，www.centersplan.com/map。

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多語言口譯服務

English	We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-807-5717 (TTY: 711). Someone who speaks English can help you. This is a free service.
Albanian	Ne kemi në dispozicion shërbime përkthimi për t'ju përgjigjiur çdo pyetjeje që mund të keni lidhur me shëndetin tuaj apo me planin tuaj të mjekimit. Për të siguruar një përkthyes/e, na telefononi në 1-888-807-5717 (TTY: 711). Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.
Arabic	لدينا خدمات ترجمة فورية مجانية للإجابة عن أي أسئلة قد تراودك بشأن خطتنا للصحة أو الأدوية. للحصول على مترجم فوري، اتصل بنا فحسب على الرقم 1-888-807-5717 (لمستخدمي الهاتف النصي: 711). يمكن لشخصٍ يتحدث العربية مساعدتك. هذه خدمة مجانية.
Bengali	আমাদের স্বাস্থ্য বা ওষুধ পরিকল্পনা সম্পর্কে আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যে দোভাষী পরিষেবা রয়েছে। দোভাষী পেতে হলে, আমাদের কেবল 1-888-807-5717 (TTY: 711) -এ কল করে যোগাযোগ করুন। বাংলাভাষী কেউ আপনাকে সাহায্য করতে পারেন। এটি বিনামূল্যে প্রাপ্ত পরিষেবা।
Simplified Chinese	我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-888-807-5717 (TTY 711)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。
Traditional Chinese	您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-888-807-5717 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務
French	Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pouvez avoir sur notre régime d'assurance-maladie ou d'assurance-médicaments. Pour obtenir un interprète, il suffit de nous appeler au 1-888-807-5717 (TTY : 711). Une personne qui parle français peut vous aider. Il s'agit d'un service gratuit.
French Creole	Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen konsènan plan sante ak medikaman nou an. Pou w jwenn yon entèprèt, annik rele nou nan 1-888-807-5717 (TTY : 711). Yon moun ki pale Kreyòl Ayisyen ka ede w. Sèvis sa a gratis.
German	Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Für einen Dolmetscher, rufen Sie uns einfach unter der Rufnummer 1-888-807-5717 (TTY: 711) an. Eine Person, die Deutsch spricht, kann Ihnen helfen. Dies ist ein kostenloser Dienst.
Greek	Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε τυχόν ερωτήσεις μπορεί να έχετε σχετικά με το πλάνο ιατρικής ή φαρμακευτικής περίθαλψής μας. Για να επικοινωνήσετε με διερμηνέα, απλώς καλέστε μας στο 1-888-807-5717 (TTY: 711). Κάποιος που μιλάει Ελληνικά μπορεί να σας βοηθήσει. Αυτή είναι μια δωρεάν υπηρεσία.
Hindi	**हमारे स्वास्थ्य या ड्रग योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं हैं। दुभाषिया की सेवा प्राप्त करने के लिए**, **हमें** 1-888-807-5717 (TTY: 711) **पर कॉल करें। हिंदीअंग्रेज़ी जानने वाला कोई व्यक्ति आपकी सहायता कर सकता है। यह निशुल्क सेवा है।**

Italian	Disponiamo di servizi di interpretariato gratuiti per eventuali domande sul nostro piano di assistenza sanitaria e farmaceutica. Per ricevere il supporto di un interprete, chiamare il numero 1-888-807-5717 (TTY: 711). Sarà disponibile qualcuno che parli italiano. Il servizio è gratuito.
Japanese	弊社の健康および薬品に対するプランについて、お客様がお尋ねになりたいすべてのご質問にお答えするため弊社は無料通訳サービスを用意しております。通訳サービスを受けるには、弊社までお電話ください：1-888-807-5717（TTY: 711）。日本語が話せる方がお手伝いします。こうしたサービスは無料です。
Korean	귀하의 건강 또는 약품 플랜에 대한 질문에 답변해드리는 무료 통역 서비스를 제공합니다. 통역사를 구하려면 1-888-807-5717 (TTY: 711) 번으로 전화하십시오. 한국어를 할 줄 아는 사람이 도와줄 수 있습니다. 이 서비스는 무료입니다.
Polish	Oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania dotyczące naszego planu zdrowotnego lub planu przyjmowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić pod numer 1-888-807-5717 (TTY: 711). Pomocy udzieli osoba mówiąca po Polskie. Usługa jest bezpłatna.
Portugese	Contamos com serviços gratuitos de interpretação para sanar suas dúvidas sobre o plano de saúde ou medicamentos. Para conseguir um intérprete, entre em contato conosco pelo 1-888-807-5717 (TTY: 711). Alguém que fala português irá ajudá-lo. Este serviço é gratuito.
Russian	Мы предоставляем бесплатные услуги переводчика, чтобы ответить на любые ваши вопросы о нашем плане медицинского обслуживания или программе лекарственных препаратов. Чтобы воспользоваться услугами переводчика, просто позвоните нам по телефону 1-888-807-5717 (TTY : 711). Вам может помочь русскоязычный человек. Это бесплатная услуга.
Spanish	Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para recibir la ayuda de un intérprete, llámenos al 1-888-807-5717 (TTY: 711). Alguien que hable español puede ayudarle. Éste es un servicio gratuito.
Tagalog	Mayroon kaming mga libreng serbisyo ng pag-interpret upang sagutin ang mga katanungan mo tungkol sa kalusugan o plano sa paggagamot. Para makakuha ng taga-interpret, tawagan kami sa 1-888-807-5717 (TTY: 711). Taong nagsasalita ng tagalog ang makakatulong sa iyo. Ito ay libreng serbisyo.
Urdu	ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمان کی خدمات ہیں۔ ترجمان حاصل کرنے کے لیے، ہمیں 1-888-807-5717 (TTY: 711) پر کال کریں۔ کوئی اردو بولنے والا آپ کی مدد کر سکتا ہے۔ یہ مفت خدمت ہے۔
Vietnamese	Chúng tôi có dịch vụ thông dịch miễn phí để trả lời mọi câu hỏi về chương trình bảo hiểm y tế hoặc thuốc của chúng tôi. Để yêu cầu người thông dịch, chỉ cần gọi cho chúng tôi theo số 1-888-807-5717 (TTY: 711). Ai đó nói tiếng Việt có thể giúp bạn. Đây là dịch vụ miễn phí.
Yiddish	מיר האבן אומזיסטע איבערזעצונג סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט האבן וועגן אייער געזונטהייט אדער דראג פלאן. צו באקומען אן איבערזעצער, רופט אונז ביי 1-888-807-5717 (TTY: 711). איינער וואס רעדט אידיש קען אייך העלפן. דאס איז אן אומזיסטע סערוויס.

Centers Plan for Dual Coverage Care (HMO D-SNP)
Centers Plan for Nursing Home Care (HMO I-SNP)
Centers Plan for Medicaid Advantage Plus (HMO D-SNP)
2025年《處方一覽表》

（承保藥物清單或藥物清單）

請閱讀：本文件含有關於
本計劃承保藥品的相關資訊

HPMS已核准《處方一覽表》，檔案提交ID：25208，版本號11。

現有會員注意：此處方一覽表自去年以來發生了變更。請閱覽此文件，確保《處方一覽表》仍然包含您服用的藥品。

本藥品清單（處方一覽表）中的「我們」或「我們的」指代Centers Plan for Healthy Living, LLC。其中的「計劃」或「我們的計劃」指代Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus。

本文件包含一份本計劃的藥品清單（《處方一覽表》），最後更新日期為2025年5月1日。如需獲得最新藥物清單（《處方一覽表》），請聯絡我們。我們的聯絡方式和藥物清單（《處方一覽表》）最新更新日期會分別出現在封面和封底。

一般情況下，您必須使用網絡內藥房來使用您的處方藥福利。福利、《處方一覽表》、藥房網絡和/或自付費用/共同保險費可能會在2025年1月1日發生變更，並在當年中不時發生變更。

Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus《處方一覽表》是什麼？

在本文件中，我們使用「藥物清單」和「處方一覽表」這兩個術語來表示相同的意思。《處方一覽表》是本計劃在諮詢醫療保健提供者團隊後選擇的《承保藥品清單》，這個清單上列出了有效的治療計劃所必須的處方療法。本計劃一般會承保《處方一覽表》內列出的藥品，只要這些藥品屬於具有醫療必要性的藥品，且處方由Centers Plan for Healthy Living網絡內的藥房開出，也符合其他的計劃規則。如想獲得關於如何開處方藥的更多資訊，請查閱您的《承保福利說明》。

《處方一覽表》會發生變更嗎？

大部分藥物承保變更發生在1月1日，但在一年當中我們可能會新增或移除處方一覽表中的藥品，將其轉移到另外一個分攤費用層級或增加新的限制。在進行這些變更時，我們須遵循Medicare的規定。我們會每月在網站上發佈《處方一覽表》更新，網址為：www.centersplan.com/dsnp、www.centersplan.com/isnp、www.centersplan.com/map。

當年可影響您的變更：在以下案例中，您將因年中的承保變更受到影響：

- **立即替換某些新版本的品牌藥和原始生物仿製劑。**如果我們要用某藥物的某個新版本來替換它，而該新版本將具有相同或更少的限制，我們可立即將該藥品從我們的《處方一覽表》上移除。當我們將一種藥物的新版本添加到我們的《處方一覽表》中時，我們也可能決定將品牌藥或原始生物製劑繼續保留在我們的《處方一覽表》中，但可立即添加新的限制。

  只有當我們正在添加一個新學名版本的品牌藥物名稱，或者添加已經在《處方一覽表》上的原始生物製劑的某些新生物仿製藥版本時，我們才會做出這些變更（例如，添加一種可互換的生物仿製藥，可以在藥房取代原生物製品，而不需要新的處方）。

  如果您目前正在服用該品牌藥或原始生物製劑，我們可能不會在立即進行變更之前提前告知您，但我們之後會向您提供有關我們所做出的具體變更的資訊。

  如果我們做出此類變更，您或您的處方醫生可以要求我們例外對待並繼續為您承保發生變更的藥物。如需更多資訊，請參閱以下標題為「如何向Centers Plan for Healthy Living請求處方一覽表特例處理？」的部分。

  您可能首次聽說某些藥品類型。欲瞭解更多資訊，請參閱以下標題為「什麼是原始生物製劑，與生物仿製藥有何關係？」的部分。

- **退市的藥品。**如果製造商停止銷售某種藥物，或者食品藥品監督管理局(FDA)出於安全或有效性原因決定停止銷售某種藥物，我們可能會立即將該藥物從我們的《處方一覽表》中刪除，並在稍後通知服用該藥物的會員。

- **其他變更。**我們可能會進行影響目前服用藥品的會員的其他變動。例如，我們可能會在添加同等效力學名藥時從《處方一覽表》刪除某種品牌藥，或者在添加生物仿製藥時刪除某種原始生物製劑。我們也可能對品牌藥或原始生物製劑施加新的限制。我們可以根據新的臨床指導原則進行變更。如果我們將藥品從處方一覽表中移除，增加了一種藥品的事前核准、數量限制以及/或者分步治療限制，我們必須在變更生效前至少30天內通知受影響的會員這一變更情況。或者，在會員要求續開藥品時，可能會收到30天的藥物供應量和變更通知。

  如果我們做出此類變更，您或您的處方醫生可以要求我們進行特例處理並繼續為您承保您一直服用的藥物。我們為您提供的通知還將包含您如何請求特例處理的資訊，您還可以在下面標題為「如何向Centers Plan for Healthy Living《處方一覽表》請求特例處理？」部分中找到相關資訊。

如果您正在服藥，此變更不會影響到您。一般情況下，如果您正在服用我們的2025年《處方一覽表》上的藥品，且此藥品年初屬於承保藥品，我們不會在2025年保險年期間中斷或減少藥品承保。這意味著正在服用該藥品的會員能夠在該保險年的剩餘時間以相同的分攤費用取得該藥品，且無需受到新的限制。您當年不會受到任何對您不產生影響的變化的直接通知。但是，自下一年的1月1日開始，這些變更的影響就會生效，因此請務必查看新福利年度《處方一覽表》上的藥品是否有任何變化。

隨信附上的《處方一覽表》最後更新日期為2025/5/1。如想獲得本計劃藥品保險的最新資訊，請聯絡我們。我們的聯絡資料在封面和封底。 我們的網站上每個月都會公佈修訂的《處方一覽表》。如果您因為《處方一覽表》發生改動而受到影響，我們將透過郵件通知您。我們將向您傳送一份「《處方一覽表》改動通知」(FCN)。

如何使用《處方一覽表》？

有兩個方法可以在《處方一覽表》中尋找您的藥品：

醫療狀況

《處方一覽表》從第1頁開始。此《處方一覽表》中的藥品根據它們用於治療的醫療狀況類型劃分為不同種類。例如，用於治療心臟狀況的藥品被列於「心血管藥物」種類之下。如果您知道自己藥品的作用，則可從第1頁開始的清單中查詢種類名稱。然後在這一種類下方查詢您的藥品。

字母排列

如果您不確定應該在哪個種類下方查詢，您應該在從第I-1頁開始的索引中尋找您的藥品。索引提供了一份清單，將本文件包含的所有藥品按照字母順序進行排列。品牌藥品和學名藥都列於此索引之中。查詢索引，找到您的藥品。在您的藥品旁邊，您將看到承保資訊所在頁面的頁碼。翻至索引中所列頁面，並在清單第一欄找到您的藥品名稱。

什麼是學名藥？

本計劃承保品牌藥和學名藥。學名藥是通過FDA審核的與品牌藥品具有相同活性成分的藥品。一般來說，學名藥和品牌藥效果一樣好，而且通常比品牌藥便宜。我們為多種品牌藥提供了可替代的學名藥。根據州法律，在藥房，學名藥通常可以取代品牌藥，而不需要新的處方。

什麼是原始生物製劑，與生物仿製藥有何關係？

在《處方一覽表》上，我們所說的「藥品」是指一種藥物或一種生物製劑。生物製品是比典型藥物更複雜的藥物。由於生物製劑比一般藥物更為複雜，不能完全複製，因此其替代形式被稱為生物仿製劑。一般來說，生物仿製藥和原始生物產品一樣有效，而且價格更低。某些生物製劑可以採用原始生物仿製劑作為替代。一些生物仿製藥是可互換的生物仿製藥，根據州法律，可以在藥房取代原生物製品，而不需要新的處方，就像學名藥可以取代品牌藥物一樣。

- 有關藥物類型的討論，請參閱《承保福利說明》，第5章，第3.1節，「《藥物清單》說明有哪些D部分藥品享受保險。」

我的受保範圍是否有約束或限制?

部分承保藥品可能有額外承保要求或限制。這些要求和限制可能包括：

- **事前核准**：我們計劃要求您或您的處方醫生為某些藥品獲得事前核准。這意味著您獲得處方藥之前需要獲得本計劃的核准。若您未獲得核准，我們可能不承保此藥物。

- **數量限制**：對於某些藥品，我們計劃限制我們承保的藥量。例如，本計劃將sumatriptan 100 mg一個月內的單次處方量限制為9片 。這可能是對一個月或三個月標準供應藥量的補充。

- **分步治療**：在某些情況下，我們計劃會要求您在其承保治療您所患病症的藥物前先試用其他藥物。例如，如果藥品A和藥品B都可治療您的疾病情況，我們可能會要求您先試用藥品A，否則就不承保藥品B。如果藥品A對您無效，本計劃將承保藥品B。

如想瞭解您的藥品是否有其他額外要求或限制，您可從第1頁開始檢視《處方一覽表》。您也可以瀏覽我們的網站，瞭解有關特定承保藥品所受約束的詳細資訊。我們已在網上發佈解釋我們的事先核

准和逐步治療限制的文件。您也可以要求我們向您傳送一份副本。我們的聯絡方式和《處方一覽表》最新更新日期會分別出現在封面和封底。

您可以要求我們對這些約束和限制作出特例處理，或對也許能夠治療您的健康狀況的其他類似藥物清單作出特例處理。參見第v頁的「如何向Centers Plan for Healthy Living請求特例處理」部分，瞭解請求特例處理的方法。

如果我的藥品未納入此《處方一覽表》該怎麼辦？

如果您的藥品未納入此《處方一覽表》（《承保藥品清單》），您首先應該聯絡會員服務部，詢問您的藥品是否在承保範圍內。

如果您瞭解到我們計劃不承保您的藥品，您有兩個選項：

- 您可以向會員服務部索取一份本計劃承保的類似藥品清單。當您收到這份清單之後，將這份清單給您的醫生檢視並要求他們開一種與本計劃的承保藥品類似的藥品。

- 您可以向我們請求特例處理並要求承保您的藥品。參見下方資訊，了解如何請求特例處理。

如何向**Centers Plan for Healthy Living**請求處方一覽表特例處理？

您可以向我們請求對我們的承保規則進行特例處理。您可以向我們請求進行幾類特例處理。

- 即使一種藥品不在我們的《處方一覽表》之上，您也可以向我們請求承保此藥品。如果請求被核准，此藥品將以事先決定的費用分攤水準被承保，而您無法要求我們提供更低的費用分攤水準。

- 您可以要求我們免除承保範圍限制，包括事前核准、分步治療或您藥物的數量限制。例如，對於某些藥品，我們計劃限制我們承保的藥量。如果您的藥品有藥量限制，您可以向我們請求撤銷此限制並承保更大藥量。

一般情況下，只有當計劃《處方一覽表》上包含的替代藥品或採取限制對您的治療效果不佳以及/或者可能對您產生副作用，我們才會核准您的特例請求。

您或您的處方醫生應聯絡我們，申請《處方一覽表》特例處理，包括承保範圍限制的特例處理。**當您要求例外處理，您的開藥醫生將需要解釋您為什麼需要該項例外處獲得核准的醫療理由。**一般情況下，我們必須在收到您的開藥醫生出具的支援性聲明後的72小時內作出決定。如果您或您的醫生認為（而我們也同意）等待72小時才能裁定可能會對您的健康造成嚴重傷害，您可以請求加急（快速）裁定。如果我們同意，或者如果您的處方醫生要求快速做出決定，我們必須在收到您的處方醫生的支援性聲明後24小時內做出決定。

如果我的藥物不在《處方一覽表》上或有限制，我該怎麼辦？

作為我們的計劃的新會員或持續會員，您可能正在服用不在我們的《處方一覽表》上的藥品。或者，您可能正在服用我們《處方一覽表》上的藥物，但該藥物有承保範圍限制，例如事前核准。您應與您的處方醫生討論請求承保範圍裁定，以證明您符合核准標準，改用我們承保的替代藥物，或請求《處方一覽表》特例處理，以便我們承保您服用的藥物。在您和您的醫生決定正確的處理措施之時，我們可能會在特定情況下在您成為我們的計劃會員的最初90天內承保您的藥品。

對於您的每種不在我們的《處方一覽表》上或有承保限制的藥物，我們將承保30天的臨時供應量。如果您所開的處方藥用量天數較少，我們將允許再次配藥，以便提供最多30天的藥品供應。如果保險未獲核准，結束您最初30天的供應藥量之後，我們不會為這些藥品支付費用，即使您成為本計劃會員的時間不超過90天亦如此。

如果您是一家長期護理機構的住院病患且您需要的藥品並不在我們的《處方一覽表》上或者如果您獲得藥品的能力有限，而您加入我們計劃成為會員已經超過90天，在您尋求《處方一覽表》特例處理期間，我們將承保31天的緊急用藥用量。

如果下列一個護理等級變更情況適用於您，您可能有資格獲得您目前正在服用的藥品的過渡用量：

- 如果您從醫院或其他機構轉到長期護理機構
- 如果您離開長期護理機構回家
- 如果您從專業護理機構出院

以上所列的護理等級變更只是您可能有資格獲得過渡用量的一些原因。要瞭解更多資訊，請致電聯絡藥房服務台：1-888-807-5717（聽力障礙電傳使用者請致電711），工作時間為每週7天，每天24小時。

更多資訊

為獲得關於您的Centers Plan for Dual Coverage Care 、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus處方藥品承保的詳細資訊，請閱覽您的《承保福利說明》和其他計劃材料。

如果您對我們計劃有疑問，請聯絡我們。我們的聯絡方式和《處方一覽表》最新更新日期會分別出現在封面和封底。

如果您對聯邦醫療保險處方藥品承保有一般性問題，請致電聯邦醫療保險，電話是1-800-MEDICARE (1-800-633-4227)，每週7天、每天24小時開通。聽力障礙電傳使用者應致電：1-877-486-2048。或者瀏覽 http://www.medicare.gov。

Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus《處方一覽表》

從下頁1開始的《處方一覽表》為您提供有關Centers Plan for Healthy Living承保的藥物資訊。如果您在藥物清單上找藥物有困難，請翻至I-1頁，開始閱讀索引部分。

圖表第一列是藥品名稱。品牌藥名稱大寫（如：LIPITOR），學名藥為斜體小寫（如：*atorvastatin*）。

要求/限制欄中的資訊告知您我們對您的藥品承保是否有任何特殊要求。

請注意：

本藥物清單包括Medicare D部分承保下的藥物。如果您有紐約州Medicaid (Medicaid)，某些處方藥品可能享受您的Medicaid藥房計劃保險。請致電Medicaid熱線1-800-541-2831，工作時間為：週一至週五早8點至晚8點，週六早9點至下午1點；可提供語言協助。或瀏覽https://member.emedny.org/瞭解更多有關您的Medicaid藥物承保範圍的資訊，並瀏覽https://member.emedny.org/pharmacy/search-drugs搜尋Medicaid的承保藥物和非處方藥(OTC)產品清單。

文件文字部分可能會有以下縮寫

承保註釋縮寫

使用管理約束		
縮寫	說明	解釋
AGE (年齡) （不超過x歲）	事前核准 年齡編輯	只有年齡超過這一年齡界限的受益人才需要事前核准。
NDS	非延期 供應	此藥品僅限於提供一個月或更短時間的供應。超出一個月的供應後，您將無法配藥。
PA	事前核准約束	您（或您的醫生）在配藥之前需要獲得本計劃的事先核准。沒有事先核准，本計劃可能不承保此藥。
PA BvD	B部分及D部分判定的 事前核准約束	此藥品可能由您的B部分醫療或D部分處方藥保險進行承保。在您獲得此藥配藥之前，您（或者您的醫生）必須首先獲得本計劃的事前核准，以確定Medicare D部分承保此藥品。沒有事先核准，本計劃可能不承保此藥。
PA-HRM	高風險藥物的 事前核准	本藥品已經被CMS視為潛在有害藥品，因此針對Medicare 65歲及以上受益者是高危藥品。如果您的年齡為65歲或以上，您（或您的醫生）必須在配藥之前獲得本計劃的事前核准。沒有事先核准，本計劃可能不承保此藥品
PA NSO	僅適用於新會員的 事前核准	如果您是一名新會員或者如果您之前未曾服用過此藥，您（或您的醫生）必須在您為此藥配藥之前獲得本計劃的事前核准。 沒有事先核准，本計劃可能不承保此藥。

使用管理約束		
縮寫	說明	解釋
PA NSO-HRM	HRM新會員 需要PA	本藥品已經被CMS視為潛在有害藥品，因此針對Medicare 65歲及以上受益者是高危藥品。如果您的年齡為65歲或以上，您（或您的醫生）必須在配藥之前獲得本計劃的事前核准。沒有事先核准，本計劃可能不承保此藥。然而，一旦您收到事前核准並開始服用此藥物，則無需在下一年獲得新的事前核准。
QL	數量限制約束	本計劃限制每份處方或某指定期間所承保的藥量。
ST	分步治療約束	在本計劃將為此藥提供承保之前，您必須首先使用其他藥品以應對您的醫療病症。只有當其他藥品對您並不起作用的情況下，此藥才可能獲得承保。

在本文件
正文中可以找到以下額外的承保註釋縮寫。

其他特殊承保要求		
縮寫	說明	解釋
LA	取得管道有限的 藥物	該處方可能只允許在一些藥房配藥。欲瞭解更多訊息，請參閱您的《藥房名錄》或致電藥房服務台：1-888-807-5717，工作時間為每週7天，早8點至晚8點。聽力障礙電傳使用者應致電711。
NM	非郵購 藥品	您可在您的處方一覽表中 按折扣藥品分攤費用郵購多數藥品的1個月以上供給量。透過郵購無法獲得的藥品在您處方一覽表中的要求/限制一欄中以「NM」標註。
NDS	不提供 延期供應	此藥品不提供延期供應

效力和劑型縮寫	
縮寫	說明
8 hr	8小時
12 hr	12小時
24 hr	24小時
72 hr	72小時
act	活性
aero	氣溶膠
admin	服用
ampul	安瓿
app	塗藥裝置
appl	塗藥裝置
auto	自動
cap	膠囊
chew	咀嚼片
CT	計數
comb	組合套裝
conc	濃縮
del	延遲
delayed	延遲
disinteg	崩解
disintegrat	崩解
dose	劑量
DR	延遲釋放
EC	腸溶衣
emolnt	潤膚劑
ENFit	腸道給藥接頭
er	延時釋放
ER	延時釋放
ext	延時
extnd	延時
extend	延時
gast	胃
HFA	氫氟烷
hi	高
IR	立即釋放
liqd	液體
loz	錠劑
lo	低
lozeng	錠劑
mini lozenge	微型錠劑

效力和劑型縮寫	
縮寫	說明
misc	其他
MP	計量泵
muco	黏液
pak	包
pack	包
PCA	病患控制給藥
pell	微丸
pk	包裝
Powdr	粉末
pt	病患
recon	復原
rel	釋放
releas	釋放
soln	溶液
sprinkl	口服顆粒製劑
susp	懸浮液
suspen	懸浮液
syring	注射器
tab	片劑
TD	經皮
var	可變
w/	及

目錄

藥物名稱		要求/限額
鎮痛藥物		
鎮痛藥物，雜項		
acetaminophen-codeine oral solution 120-12 mg/5 ml		NM; NDS; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		NM; NDS; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		NM; NDS; QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	NM; NDS; QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		PA-HRM; NM; NDS; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	NM; NDS; QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	NM; NDS; QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	NM; NDS; QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg		PA; NM; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg		PA; NDS; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		NM; NDS; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml		NDS; QL (2700 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		NM; NDS; QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		NM; NDS; QL (180 per 30 days)

您可翻至本文件的介紹部分以瞭解表格中的這些標識和縮寫代表什麼

藥物名稱		要求/限額
hydrocodone-acetaminophen oral tablet 5-325 mg		NM; NDS; QL (240 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	NM; NDS; QL (180 per 30 days)
methadone oral tablet 10 mg		NM; NDS; QL (120 per 30 days)
methadone oral tablet 5 mg		NM; NDS; QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		PA; NM; NDS; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml		NM; NDS; QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		NM; NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG		NM; NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG		NM; NDS; QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	(MS Contin)	NM; NDS; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	NM; NDS; QL (90 per 30 days)
oxycodone oral capsule 5 mg		NM; NDS; QL (180 per 30 days)
oxycodone oral tablet 10 mg, 5 mg		NM; NDS; QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	NM; NDS; QL (120 per 30 days)
oxycodone oral tablet 20 mg		NM; NDS; QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	NM; NDS; QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	NM; NDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	NM; NDS; QL (240 per 30 days)
tramadol oral tablet 50 mg		NM; NDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		NM; NDS; QL (300 per 30 days)
非甾體類抗炎劑		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		

您可翻至本文件的介紹部分以瞭解表格中的這些標識和縮寫代表什麼

藥物名稱		要求/限額
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	QL (1000 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	(Pennsaid)	PA; NM; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	
etodolac oral capsule 200 mg, 300 mg		
etodolac oral tablet 400 mg	(Lodine)	
etodolac oral tablet 500 mg		
flurbiprofen oral tablet 100 mg		
ibu oral tablet 400 mg	(ibuprofen)	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	
ibuprofen oral tablet 400 mg	(IBU)	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	
indomethacin oral capsule 25 mg, 50 mg		PA-HRM; AGE (Max 64 Years)
ketorolac oral tablet 10 mg		PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg		
nabumetone oral tablet 500 mg, 750 mg		
naproxen oral tablet 250 mg, 375 mg		
naproxen oral tablet 500 mg	(Naprosyn)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	
sulindac oral tablet 150 mg, 200 mg		
麻醉藥物		
局部麻醉藥物		
dermacinrx lidocan 5% patch outer	(lidocaine)	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	QL (30 per 30 days)

您可翻至本文件的介紹部分以瞭解表格中的這些標識和縮寫代表什麼

藥物名稱		要求/限額
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	QL (30 per 30 days)
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		PA; QL (240 per 30 days)
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	
lidocaine-prilocaine topical cream 2.5-2.5 %		PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		PA; QL (90 per 30 days)
抗成癮/物質濫用治療劑		
抗成癮/物質濫用治療劑		
acamprosate oral tablet,delayed release (dr/ec) 333 mg		
buprenorphine hcl sublingual tablet 2 mg, 8 mg		QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	(Suboxone)	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		
disulfiram oral tablet 250 mg, 500 mg		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml		
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml		
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	QL (4 per 30 days)
naltrexone oral tablet 50 mg		
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		QL (240 per 180 days)

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藥物名稱		要求/限額
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)		QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	
抗焦慮藥物		
苯二氮		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	NM; NDS; QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	NM; NDS; QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		NM; NDS; QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		QL (180 per 30 days)
diazepam injection solution 5 mg/ml		QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	QL (120 per 30 days)
lorazepam 2 mg/ml oral concent	(Lorazepam Intensol)	NM; NDS; QL (150 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml		QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	NM; NDS; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	NM; NDS; QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	NM; NDS; QL (150 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	(Restoril)	NM; NDS; QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	NM; NDS; QL (120 per 30 days)

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藥物名稱		要求/限額
triazolam oral tablet 0.125 mg		NM; NDS; QL (120 per 30 days)
triazolam oral tablet 0.25 mg	(Halcion)	NM; NDS; QL (60 per 30 days)
抗菌藥物		
氨基糖苷類抗生素		
amikacin injection solution 500 mg/2 ml		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		PA; NM; QL (235.2 per 28 days)
gentamicin injection solution 20 mg/2 ml, 40 mg/ml		
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml		
neomycin oral tablet 500 mg		
streptomycin intramuscular recon soln 1 gram		NM
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		NM; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	PA BvD; NM
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		
抗菌藥物，雜項		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	NM
daptomycin intravenous recon soln 350 mg, 500 mg		NM
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	NM
linezolid oral tablet 600 mg	(Zyvox)	
methenamine hippurate oral tablet 1 gram		

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藥物名稱		要求/限額
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	
metronidazole oral tablet 250 mg, 500 mg		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	QL (60 per 30 days)
trimethoprim oral tablet 100 mg		
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		
vancomycin oral capsule 125 mg	(Vancocin)	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG		PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		PA; NM; QL (90 per 30 days)
頭孢菌素		
cefaclor oral capsule 250 mg, 500 mg		
cefadroxil oral capsule 500 mg		
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		
cefazolin injection recon soln 1 gram, 10 gram, 500 mg		
cefdinir oral capsule 300 mg		
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
cefepime injection recon soln 1 gram, 2 gram		
cefixime oral capsule 400 mg		
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram		
cefpodoxime oral tablet 100 mg, 200 mg		
cefprozil oral tablet 250 mg, 500 mg		
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	(Tazicef)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg		
cefuroxime axetil oral tablet 250 mg, 500 mg		

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藥物名稱		要求/限額
cefuroxime sodium injection recon soln 750 mg		
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram		
cephalexin oral capsule 250 mg, 500 mg		
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
tazicef injection recon soln 1 gram, 2 gram, 6 gram	(ceftazidime)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		NM
大環內酯類		
azithromycin intravenous recon soln 500 mg	(Zithromax)	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
clarithromycin oral tablet 250 mg, 500 mg		
DIFICID ORAL TABLET 200 MG		NM; QL (20 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	
erythromycin oral tablet 250 mg, 500 mg		
其他 β-內醯胺類抗生素		
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		PA; NM; LA
ertapenem injection recon soln 1 gram		
imipenem-cilastatin intravenous recon soln 250 mg		
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	

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藥物名稱		要求/限額
meropenem intravenous recon soln 1 gram, 500 mg		
青黴素		
amoxicillin oral capsule 250 mg, 500 mg		
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		
amoxicillin oral tablet 500 mg, 875 mg		
amoxicillin oral tablet,chewable 125 mg, 250 mg		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		
ampicillin oral capsule 500 mg		
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		
dicloxacillin oral capsule 250 mg, 500 mg		
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT		

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藥物名稱		要求/限額
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT		
nafcillin injection recon soln 1 gram, 10 gram, 2 gram		
penicillin g potassium injection recon soln 20 million unit	(Pfizerpen-G)	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		
penicillin v potassium oral tablet 250 mg, 500 mg		
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram		
喹諾酮類		
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	
ciprofloxacin hcl oral tablet 750 mg		
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		
levofloxacin oral solution 250 mg/10 ml		
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		
moxifloxacin 400 mg/250 ml bag suv, p/f, outer		
moxifloxacin oral tablet 400 mg		
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	(Avelox in NaCl (iso-osmotic))	
磺胺類		
sulfadiazine oral tablet 500 mg		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	

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藥物名稱		要求/限額
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	
四環素		
demeclocycline oral tablet 150 mg, 300 mg		
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	
doxycycline hyclate oral capsule 100 mg		
doxycycline hyclate oral capsule 50 mg	(Morgidox)	
doxycycline hyclate oral tablet 100 mg, 20 mg		
doxycycline hyclate oral tablet 150 mg, 75 mg	(Acticlate)	
doxycycline hyclate oral tablet 50 mg	(Targadox)	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	
doxycycline monohydrate oral capsule 150 mg		QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg	(Monodox)	
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	
doxycycline monohydrate oral tablet 50 mg		
minocycline oral capsule 100 mg, 50 mg, 75 mg		
tetracycline oral capsule 250 mg, 500 mg		
tigecycline intravenous recon soln 50 mg	(Tygacil)	NM
抗癌藥物		
抗癌藥物		
abiraterone oral tablet 250 mg	(Abirtega)	PA NSO; NM; QL (120 per 30 days)
abiraterone oral tablet 500 mg	(Zytiga)	PA NSO; NM; QL (120 per 30 days)
abirtega oral tablet 250 mg	(abiraterone)	PA NSO; NM; QL (120 per 30 days)

藥物名稱		要求/限額
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		PA NSO; NM; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		PA NSO; NM; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		PA NSO; NM; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		PA NSO; NM; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)		PA NSO; NM
anastrozole oral tablet 1 mg	(Arimidex)	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML		PA NSO; NM; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		PA NSO; NM; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		PA NSO; NM; QL (240 per 30 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG		NM
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		PA NSO; NM; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	(Vidaza)	NM
BALVERSA ORAL TABLET 3 MG		PA NSO; NM; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		PA NSO; NM; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		PA NSO; NM; QL (28 per 28 days)
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	PA NSO; NM
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	(Bendeka)	PA NSO; NM
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	PA NSO; NM
bexarotene oral capsule 75 mg	(Targretin)	PA NSO; NM
bexarotene topical gel 1 %	(Targretin)	PA NSO; NM
bicalutamide oral tablet 50 mg	(Casodex)	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)		PA NSO; NM; QL (75 per 28 days)
bleomycin injection recon soln 15 unit, 30 unit		
bortezomib injection recon soln 1 mg, 2.5 mg		PA NSO

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藥物名稱	要求/限額
bortezomib injection recon soln 3.5 mg (Velcade)	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML	PA NSO
BOSULIF ORAL CAPSULE 100 MG	PA NSO; NM; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	PA NSO; NM; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	PA NSO; NM; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	PA NSO; NM; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	PA NSO; NM; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	PA NSO; NM; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	PA NSO; NM; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	PA NSO; NM; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	PA NSO; NM; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	PA NSO; NM; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	PA NSO; NM
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	PA NSO; NM; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	PA NSO; NM; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	PA NSO; NM; LA; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	PA BvD; NM
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	PA BvD; NM
cyclophosphamide intravenous solution 500 mg/ml (Frindovyx)	PA BvD; NM
cyclophosphamide oral capsule 25 mg, 50 mg	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	PA NSO; NM; QL (120 per 28 days)

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藥物名稱		要求/限額
DANZITEN ORAL TABLET 71 MG, 95 MG		PA NSO; NM; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	(Sprycel)	PA NSO; NM; QL (30 per 30 days)
dasatinib oral tablet 20 mg	(Sprycel)	PA NSO; NM; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG		PA NSO; NM
DAURISMO ORAL TABLET 100 MG		PA NSO; NM; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG		PA NSO; NM; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg	(Dacogen)	NM
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Caelyx)	PA BvD; NM
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML		PA NSO; NM
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML		PA NSO; NM
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML		PA NSO; NM; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG		NM
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML		PA NSO; NM
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML		PA NSO; NM
ERIVEDGE ORAL CAPSULE 150 MG		PA NSO; NM; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG		PA NSO; NM; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG		PA NSO; NM; QL (90 per 30 days)
erlotinib oral tablet 100 mg	(Tarceva)	PA NSO; NM; QL (60 per 30 days)
erlotinib oral tablet 150 mg		PA NSO; NM; QL (90 per 30 days)
erlotinib oral tablet 25 mg		PA NSO; NM; QL (60 per 30 days)

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藥物名稱		要求/限額
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		
etoposide intravenous solution 20 mg/ml		
everolimus (antineoplastic) oral tablet 10 mg	(Torpenz)	PA NSO; NM; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	PA NSO; NM; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	PA NSO; NM; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		PA BvD; NM
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		PA BvD
floxuridine injection recon soln 0.5 gram		PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		PA BvD
flutamide oral capsule 125 mg	(Eulexin)	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		PA NSO; NM; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		PA NSO; NM; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG		PA NSO; NM; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	(Faslodex)	NM
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		PA NSO; NM
GAVRETO ORAL CAPSULE 100 MG		PA NSO; NM; QL (120 per 30 days)
gefitinib oral tablet 250 mg	(Iressa)	PA NSO; NM; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA NSO; NM; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	(lomustine)	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	(lomustine)	NM
GOMEKLI ORAL CAPSULE 1 MG		PA NSO; NM; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG		PA NSO; NM; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG		PA NSO; NM; QL (224 per 28 days)

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藥物名稱	要求/限額
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	PA NSO; NM; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM
hydroxyurea oral capsule 500 mg (Hydrea)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA NSO; NM; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PA NSO; NM; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	PA NSO; NM; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	PA NSO; NM; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram (Ifex)	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	
imatinib oral tablet 100 mg (Gleevec)	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	PA NSO; NM; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	PA NSO; NM; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PA NSO; NM; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	PA NSO; NM; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	PA NSO; NM
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	PA NSO; NM
IMKELDI ORAL SOLUTION 80 MG/ML	PA NSO; NM; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	PA NSO; NM; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	PA NSO; NM; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	PA NSO; NM; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	PA NSO; NM; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	PA NSO; NM; QL (240 per 30 days)

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藥物名稱	要求/限額
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	PA NSO; NM; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM
JYLAMVO ORAL SOLUTION 2 MG/ML	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	PA NSO; NM; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	PA NSO; NM; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	PA NSO; NM; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	PA NSO; NM; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	PA NSO; NM; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	PA NSO; NM; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	PA NSO; NM; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	PA NSO; NM; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	PA NSO; NM; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	PA NSO; NM; QL (180 per 30 days)
lapatinib oral tablet 250 mg (Tykerb)	PA NSO; NM
LAZCLUZE ORAL TABLET 240 MG	PA NSO; NM; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	PA NSO; NM; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	PA NSO; NM; QL (28 per 28 days)

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藥物名稱	要求/限額
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	PA NSO; NM
letrozole oral tablet 2.5 mg (Femara)	
LEUKERAN ORAL TABLET 2 MG	NM
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	PA NSO; NM; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	PA NSO; NM; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	PA NSO; NM
LORBRENA ORAL TABLET 100 MG	PA NSO; NM; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	PA NSO; NM; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	PA NSO; NM; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	PA NSO; NM; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	PA NSO; NM; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	PA NSO; NM
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	PA NSO; NM
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	PA NSO; NM
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	PA NSO; NM
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	PA NSO; NM
LYNPARZA ORAL TABLET 100 MG, 150 MG	PA NSO; NM; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	NM
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	PA NSO; NM; QL (140 per 28 days)

藥物名稱	要求/限額
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM
MATULANE ORAL CAPSULE 50 MG	NM
megestrol oral tablet 20 mg, 40 mg	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	PA NSO; NM; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	PA NSO; NM; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	PA NSO; NM; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	PA NSO; NM; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml (Purixan)	NM
mercaptopurine oral tablet 50 mg	
methotrexate sodium (pf) injection recon soln 1 gram	
methotrexate sodium (pf) injection solution 25 mg/ml	
methotrexate sodium injection solution 25 mg/ml	
methotrexate sodium oral tablet 2.5 mg	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM
NERLYNX ORAL TABLET 40 MG	PA NSO; NM; QL (180 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	NM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA NSO; NM; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	PA NSO; NM; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	PA NSO; NM; LA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM
OGSIVEO ORAL TABLET 100 MG, 150 MG	PA NSO; NM; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	PA NSO; NM; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	PA NSO; NM; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	PA NSO; NM; QL (24 per 28 days)

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藥物名稱		要求/限額
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		PA NSO; NM; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG		PA NSO; NM
ONUREG ORAL TABLET 200 MG, 300 MG		PA NSO; NM; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML		PA NSO; NM
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML		PA NSO; NM
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML		PA NSO; NM
ORSERDU ORAL TABLET 345 MG		PA NSO; NM; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG		PA NSO; NM; QL (90 per 30 days)
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	(Abraxane)	PA BvD; NM
pazopanib oral tablet 200 mg	(Votrient)	PA NSO; NM; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		PA NSO; NM; QL (30 per 30 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg		NM
pemetrexed disodium intravenous solution 25 mg/ml		NM
pemetrexed intravenous recon soln 100 mg, 500 mg		NM
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML		NM
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)		PA NSO; NM; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)		PA NSO; NM; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		PA NSO; NM; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	(mercaptopurine)	NM
QINLOCK ORAL TABLET 50 MG		PA NSO; NM; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG		PA NSO; NM; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG		PA NSO; NM; QL (120 per 30 days)

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藥物名稱	要求/限額
RETEVMO ORAL TABLET 120 MG, 160 MG	PA NSO; NM; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	PA NSO; NM; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	PA NSO; NM; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	PA NSO; NM; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	PA NSO; NM; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	PA NSO; NM; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	PA NSO; NM; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	PA NSO; NM
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	PA NSO; NM; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	PA NSO; NM; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	PA NSO; NM; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	PA NSO; NM; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA NSO; NM; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM
RYDAPT ORAL CAPSULE 25 MG	PA NSO; NM; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	PA NSO; NM
SCEMBLIX ORAL TABLET 100 MG	PA NSO; NM; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	PA NSO; NM; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	PA NSO; NM; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	NM
sorafenib oral tablet 200 mg (Nexavar)	PA NSO; NM; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	PA NSO; NM; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	PA NSO; NM; QL (28 per 28 days)

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藥物名稱		要求/限額
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG		PA NSO; NM
TABLOID ORAL TABLET 40 MG	(thioguanine)	
TABRECTA ORAL TABLET 150 MG, 200 MG		PA NSO; NM; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		PA NSO; NM; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG		PA NSO; NM; LA; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML		PA NSO; NM
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		PA NSO; NM; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg		
TASIGNA ORAL CAPSULE 150 MG, 200 MG		PA NSO; NM; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG		PA NSO; NM; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG		PA NSO; NM; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML		PA NSO; NM
TEPMETKO ORAL TABLET 225 MG		PA NSO; NM; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML		PA NSO; NM
TIBSOVO ORAL TABLET 250 MG		PA NSO; NM; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG		
TIVDAK INTRAVENOUS RECON SOLN 40 MG		PA NSO; NM; QL (5 per 21 days)
toposar intravenous solution 20 mg/ml	(etoposide)	
toremifene oral tablet 60 mg	(Fareston)	NM
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	PA NSO; NM; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(everolimus (antineoplastic))	PA NSO; NM; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG		PA NSO; NM

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藥物名稱	要求/限額
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	PA NSO
tretinoin (antineoplastic) oral capsule 10 mg	NM
TRUQAP ORAL TABLET 160 MG, 200 MG	PA NSO; NM; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM
TUKYSA ORAL TABLET 150 MG	PA NSO; NM; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	PA NSO; NM; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	PA NSO; NM; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	PA NSO; NM
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM
VENCLEXTA ORAL TABLET 10 MG	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	PA NSO; NM; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	PA NSO; NM; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	PA NSO; NM; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM; QL (56 per 28 days)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	
VITRAKVI ORAL CAPSULE 100 MG	PA NSO; NM; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	PA NSO; NM; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA NSO; NM; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA NSO; NM; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	PA NSO; NM
VYLOY INTRAVENOUS RECON SOLN 100 MG	PA NSO; NM

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藥物名稱	要求/限額
WELIREG ORAL TABLET 40 MG	PA NSO; NM; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA NSO; NM; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	PA NSO; NM; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	PA NSO; NM; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	PA NSO; NM; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	PA NSO; NM; 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)	PA NSO; NM; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	PA NSO; NM; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	PA NSO; NM; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	PA NSO; NM; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	PA NSO; NM; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	PA NSO; NM; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	PA NSO; NM
YONSA ORAL TABLET 125 MG	PA NSO; NM; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	PA NSO; NM; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	PA NSO; NM; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	PA NSO; NM
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	NM

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藥物名稱		要求/限額
ZYDELIG ORAL TABLET 100 MG, 150 MG		PA NSO; NM; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG		PA NSO; NM; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG		PA NSO; NM
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML		PA NSO; NM; QL (20 per 28 days)
抗痙攣劑		
抗痙攣劑		
APTIOM ORAL TABLET 200 MG, 400 MG		ST; NM; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG		ST; NM; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	
carbamazepine oral tablet 200 mg	(Epitol)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	
carbamazepine oral tablet,chewable 100 mg, 200 mg		
clobazam oral suspension 2.5 mg/ml	(Onfi)	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		PA NSO; NM; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		PA NSO; NM; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		PA NSO; NM; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		PA NSO; NM; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		

藥物名稱		要求/限額
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		PA NSO; NM
epitol oral tablet 200 mg	(carbamazepine)	
EPRONTIA ORAL SOLUTION 25 MG/ML		ST
ethosuximide oral capsule 250 mg	(Zarontin)	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	
felbamate oral suspension 600 mg/5 ml		
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		PA NSO; NM
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		ST; NM; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		ST; NM; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG		ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG		ST; NM; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	

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藥物名稱		要求/限額
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	
levetiracetam oral solution 100 mg/ml	(Keppra)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	
levetiracetam oral tablet for suspension 250 mg	(Spritam)	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		PA NSO-HRM; AGE (Max 64 Years)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	
phenytoin sodium intravenous solution 50 mg/ml		
phenytoin sodium intravenous syringe 50 mg/ml		

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藥物名稱		要求/限額
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	QL (900 per 30 days)
primidone oral tablet 125 mg		
primidone oral tablet 250 mg, 50 mg	(Mysoline)	
rufinamide oral suspension 40 mg/ml	(Banzel)	ST; NM
rufinamide oral tablet 200 mg	(Banzel)	ST
rufinamide oral tablet 400 mg	(Banzel)	ST; NM
SEZABY INTRAVENOUS RECON SOLN 100 MG		PA BvD; NM
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG		ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	(levetiracetam)	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		PA NSO; NM; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	
topiramate oral capsule, sprinkle 50 mg		
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		
valproic acid (as sodium salt) oral solution 250 mg/5 ml		
valproic acid oral capsule 250 mg		
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		NM; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	(Vigadrone)	PA NSO; NM; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	PA NSO; NM; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	PA NSO; NM; QL (180 per 30 days)

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藥物名稱		要求/限額
vigadrone oral tablet 500 mg	(vigabatrin)	PA NSO; NM; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	(vigabatrin)	PA NSO; NM; 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)		ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		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)		ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML		
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	
zonisamide oral capsule 50 mg		
ZTALMY ORAL SUSPENSION 50 MG/ML		PA NSO; NM; QL (1080 per 30 days)
失智症治療藥物		
失智症治療藥物		
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg		
donepezil oral tablet,disintegrating 5 mg		QL (30 per 30 days)
ergoloid oral tablet 1 mg		
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		QL (30 per 30 days)
galantamine oral solution 4 mg/ml		QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		ST; QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml		QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg		QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		

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藥物名稱		要求/限額
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	QL (30 per 30 days)
抗抑鬱藥物		
抗抑鬱藥物		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		ST; NM
bupropion hcl oral tablet 100 mg, 75 mg		
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	
citalopram oral solution 10 mg/5 ml		
citalopram oral tablet 10 mg	(Celexa)	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	(Celexa)	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		
doxepin oral concentrate 10 mg/ml		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG		ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG		ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	QL (60 per 30 days)

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藥物名稱		要求/限額
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		ST; NM; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml		
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		
MARPLAN ORAL TABLET 10 MG		
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	
mirtazapine oral tablet 45 mg, 7.5 mg		
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	
nortriptyline oral solution 10 mg/5 ml		
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		
phenelzine oral tablet 15 mg	(Nardil)	

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藥物名稱		要求/限額
protriptyline oral tablet 10 mg, 5 mg		
RALDESY ORAL SOLUTION 10 MG/ML		PA NSO; NM; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	(Zoloft)	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		PA NSO; NM
tranylcypromine oral tablet 10 mg	(Parnate)	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		
trimipramine oral capsule 100 mg, 25 mg, 50 mg		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		PA NSO; NM; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		PA NSO; NM; QL (14 per 14 days)
降糖藥		
降糖藥物，雜項		
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		QL (30 per 30 days)

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藥物名稱		要求/限額
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG		QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG		QL (30 per 30 days)
metformin oral solution 500 mg/5 ml	(Riomet)	QL (765 per 30 days)
metformin oral tablet 1,000 mg		QL (75 per 30 days)
metformin oral tablet 500 mg		QL (150 per 30 days)
metformin oral tablet 750 mg		QL (60 per 30 days)
metformin oral tablet 850 mg		QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg		QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg		QL (60 per 30 days)
mifepristone oral tablet 300 mg	(Korlym)	PA; NM; QL (112 per 28 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		PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg		QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)		PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg		QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	QL (90 per 30 days)

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藥物名稱	要求/限額
repaglinide oral tablet 0.5 mg, 1 mg	QL (120 per 30 days)
repaglinide oral tablet 2 mg	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapagliflozin propanediol-metformin)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapagliflozin propanediol-metformin)	QL (60 per 30 days)
胰島素	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	max $35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	max $35 copay per month supply; QL (30 per 28 days)

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藥物名稱		要求/限額
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		max $35 copay per month supply; QL (24 per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	max $35 copay per month supply; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	max $35 copay per month supply; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	max $35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	max $35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	max $35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max $35 copay per month supply; QL (30 per 28 days)

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藥物名稱		要求/限額
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		max $35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	max $35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	max $35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		max $35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	max $35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	max $35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	max $35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	max $35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	max $35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		max $35 copay per month supply; QL (15 per 28 days)
磺醯脲類		
glimepiride oral tablet 1 mg, 2 mg		QL (30 per 30 days)
glimepiride oral tablet 4 mg		QL (60 per 30 days)
glipizide oral tablet 10 mg		QL (120 per 30 days)
glipizide oral tablet 2.5 mg		QL (60 per 30 days)
glipizide oral tablet 5 mg		QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	(Glucotrol XL)	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	(Glucotrol XL)	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		QL (240 per 30 days)

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藥物名稱		要求/限額
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		PA-HRM; AGE (Max 64 Years)
抗真菌藥物		
抗真菌藥物		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		PA BvD
amphotericin b injection recon soln 50 mg		PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	PA BvD; NM
ciclopirox topical cream 0.77 %	(Ciclodan)	QL (180 per 30 days)
ciclopirox topical solution 8 %	(Ciclodan)	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg		
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	
clotrimazole-betamethasone topical cream 1-0.05 %		QL (90 per 30 days)
econazole nitrate topical cream 1 %		QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		
fluconazole oral suspension for reconstitution 10 mg/ml		
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	
fluconazole oral tablet 100 mg, 200 mg	(Diflucan)	
fluconazole oral tablet 150 mg, 50 mg		
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	NM
griseofulvin microsize oral suspension 125 mg/5 ml		
griseofulvin microsize oral tablet 500 mg		

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藥物名稱		要求/限額
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		
griseofulvin ultramicrosize oral tablet 165 mg	(Fulvicin P/G)	
itraconazole oral capsule 100 mg	(Sporanox)	
ketoconazole oral tablet 200 mg		
ketoconazole topical cream 2 %		QL (180 per 30 days)
ketoconazole topical shampoo 2 %		QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg	(Mycamine)	
miconazole-3 vaginal suppository 200 mg		
nyamyc topical powder 100,000 unit/gram	(nystatin)	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		
nystatin oral tablet 500,000 unit		
nystatin topical cream 100,000 unit/gram		QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nyamyc)	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		
nystop topical powder 100,000 unit/gram	(nystatin)	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	PA; NM
terbinafine hcl oral tablet 250 mg		
voriconazole intravenous recon soln 200 mg	(Vfend IV)	PA BvD; NM
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	PA; NM
voriconazole oral tablet 200 mg		
voriconazole oral tablet 50 mg	(Vfend)	
抗痛風藥物		
抗痛風藥物，其他		
allopurinol oral tablet 100 mg	(Zyloprim)	
allopurinol oral tablet 300 mg		
colchicine oral capsule 0.6 mg	(Mitigare)	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	(Colcrys)	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg		

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藥物名稱		要求/限額
probenecid-colchicine oral tablet 500-0.5 mg		
抗組胺藥物		
抗組胺藥物		
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	
抗感染藥物（皮膚和黏膜）		
抗感染藥物（皮膚和黏膜）		
clindamycin phosphate vaginal cream 2 %	(Cleocin)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	
terconazole vaginal cream 0.4 %, 0.8 %		
terconazole vaginal suppository 80 mg		
抗偏頭痛劑		
抗偏頭痛劑		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		PA; QL (1.5 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	ST; NM; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	QL (18 per 30 days)
rizatriptan oral tablet 5 mg		QL (18 per 30 days)

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藥物名稱		要求/限額
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		QL (18 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation		QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	(Imitrex STATdose Refill)	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		PA; QL (16 per 30 days)
抗分支桿菌藥		
抗分支桿菌藥		
dapsone oral tablet 100 mg, 25 mg		
ethambutol oral tablet 100 mg, 400 mg		
isoniazid oral tablet 100 mg, 300 mg		
PRIFTIN ORAL TABLET 150 MG		
pyrazinamide oral tablet 500 mg		
rifabutin oral capsule 150 mg		
rifampin intravenous recon soln 600 mg	(Rifadin)	
rifampin oral capsule 150 mg, 300 mg		
SIRTURO ORAL TABLET 100 MG, 20 MG		PA; NM
TRECATOR ORAL TABLET 250 MG		
止吐藥物		
止吐藥物		
aprepitant oral capsule 125 mg		PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	PA BvD
compro rectal suppository 25 mg	(prochlorperazine)	
dronabinol oral capsule 10 mg, 5 mg	(Marinol)	PA; QL (60 per 30 days)

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藥物名稱		要求/限額
dronabinol oral capsule 2.5 mg		PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg		
meclizine oral tablet 25 mg	(Dramamine (meclizine))	
ondansetron hcl oral tablet 4 mg, 8 mg		PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	
prochlorperazine rectal suppository 25 mg	(Compro)	
promethazine injection solution 25 mg/ml	(Phenergan)	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 25 mg	(Promethegan)	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
驅蟲藥物		
驅蟲藥物		
albendazole oral tablet 200 mg		NM
atovaquone oral suspension 750 mg/5 ml	(Mepron)	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	
chloroquine phosphate oral tablet 250 mg, 500 mg		
COARTEM ORAL TABLET 20-120 MG		
hydroxychloroquine oral tablet 100 mg		QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		PA; NM; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	
ivermectin oral tablet 6 mg		
mefloquine oral tablet 250 mg		

藥物名稱		要求/限額
nitazoxanide oral tablet 500 mg	(Alinia)	NM; QL (60 per 30 days)
paromomycin oral capsule 250 mg	(Humatin)	
pentamidine inhalation recon soln 300 mg	(Nebupent)	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	
praziquantel oral tablet 600 mg	(Biltricide)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		
pyrimethamine oral tablet 25 mg	(Daraprim)	PA; NM
quinine sulfate oral capsule 324 mg	(Qualaquin)	PA
tinidazole oral tablet 250 mg, 500 mg		
抗帕金森病藥物		
抗帕金森病藥物		
amantadine hcl oral capsule 100 mg		
amantadine hcl oral solution 50 mg/5 ml		
amantadine hcl oral tablet 100 mg		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		
bromocriptine oral tablet 2.5 mg		
cabergoline oral tablet 0.5 mg		
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	
carbidopa-levodopa oral tablet 25-250 mg		
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		
entacapone oral tablet 200 mg		
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		PA; NM; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG		PA; NM
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML		PA; NM; QL (30 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		

藥物名稱	要求/限額
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg	
selegiline hcl oral capsule 5 mg	
selegiline hcl oral tablet 5 mg	
trihexyphenidyl oral tablet 2 mg, 5 mg	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	PA; NM; QL (560 per 28 days)
抗精神病藥物	
抗精神病藥物	
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	NM; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	NM; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	NM; QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	NM; QL (1 per 26 days)
aripiprazole oral solution 1 mg/ml	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	
aripiprazole oral tablet,disintegrating 10 mg	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	NM; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	NM; QL (3.9 per 14 days)

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藥物名稱	要求/限額
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	NM; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	NM; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	NM; QL (3.2 per 14 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	ST; NM; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	ST; NM; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	ST; NM
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	NM; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	NM; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	NM; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	NM; QL (2.25 per 21 days)

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藥物名稱	要求/限額
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	NM; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	NM; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	ST; NM; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	ST
fluphenazine decanoate injection solution 25 mg/ml	
fluphenazine hcl injection solution 2.5 mg/ml	
fluphenazine hcl oral concentrate 5 mg/ml	
fluphenazine hcl oral elixir 2.5 mg/5 ml	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml (Haldol Decanoate)	
haloperidol lactate injection solution 5 mg/ml	
haloperidol lactate intramuscular syringe 5 mg/ml	
haloperidol lactate oral concentrate 2 mg/ml	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	NM; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	NM; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	NM; QL (0.75 per 21 days)

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藥物名稱		要求/限額
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML		NM; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML		NM; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML		QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML		NM; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML		NM; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML		NM; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML		NM; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML		NM; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	(Latuda)	QL (30 per 30 days)
lurasidone oral tablet 80 mg	(Latuda)	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		PA NSO; NM; QL (30 per 30 days)
molindone oral tablet 10 mg		QL (240 per 30 days)
molindone oral tablet 25 mg		QL (270 per 30 days)
molindone oral tablet 5 mg		NM; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG		PA NSO; NM; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG		PA NSO; NM; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	
paliperidone oral tablet extended release 24hr 1.5 mg		QL (30 per 30 days)

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藥物名稱		要求/限額
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		NM; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		
prochlorperazine 10 mg/2 ml vl outer 10 mg/2 ml (5 mg/ml)		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	
quetiapine oral tablet 150 mg		QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		ST; NM; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	NM; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	
risperidone oral tablet 0.25 mg		
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	NM; QL (2 per 28 days)

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藥物名稱	要求/限額
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	ST; NM; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	NM; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	NM; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	NM; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	NM; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	NM; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	NM; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	NM; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	ST; NM; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	QL (6 per 28 days)

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藥物名稱		要求/限額
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG		QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG		NM; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG		NM; QL (1 per 28 days)
抗病毒藥物（全身）		
抗逆轉錄病毒藥物		
abacavir oral solution 20 mg/ml	(Ziagen)	
abacavir oral tablet 300 mg		
abacavir-lamivudine oral tablet 600-300 mg		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	NM; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG		NM
atazanavir oral capsule 150 mg		
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		NM; 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		NM
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		NM; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	NM; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG		NM
COMPLERA ORAL TABLET 200-25-300 MG		NM
darunavir oral tablet 600 mg, 800 mg	(Prezista)	NM
DELSTRIGO ORAL TABLET 100-300-300 MG		NM

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藥物名稱		要求/限額
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		NM
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		
DOVATO ORAL TABLET 50-300 MG		NM
EDURANT ORAL TABLET 25 MG		NM
efavirenz oral capsule 200 mg, 50 mg		
efavirenz oral tablet 600 mg		
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		NM
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	(Symfi Lo)	NM
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	NM
emtricitabine oral capsule 200 mg	(Emtriva)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	NM
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	
EMTRIVA ORAL SOLUTION 10 MG/ML		
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		
etravirine oral tablet 100 mg, 200 mg	(Intelence)	NM
EVOTAZ ORAL TABLET 300-150 MG		NM
fosamprenavir oral tablet 700 mg		NM
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		NM
GENVOYA ORAL TABLET 150-150-200-10 MG		NM
INTELENCE ORAL TABLET 25 MG		
ISENTRESS HD ORAL TABLET 600 MG		NM
ISENTRESS ORAL POWDER IN PACKET 100 MG		NM
ISENTRESS ORAL TABLET 400 MG		NM
ISENTRESS ORAL TABLET,CHEWABLE 100 MG		NM

藥物名稱		要求/限額
ISENTRESS ORAL TABLET,CHEWABLE 25 MG		
JULUCA ORAL TABLET 50-25 MG		NM
lamivudine oral solution 10 mg/ml	(Epivir)	
lamivudine oral tablet 100 mg		
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	
lamivudine-zidovudine oral tablet 150-300 mg		
LEXIVA ORAL SUSPENSION 50 MG/ML		
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	NM
nevirapine oral suspension 50 mg/5 ml		QL (1200 per 30 days)
nevirapine oral tablet 200 mg		QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg		QL (90 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg		QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG		
NORVIR ORAL SOLUTION 80 MG/ML		
ODEFSEY ORAL TABLET 200-25-25 MG		NM
PIFELTRO ORAL TABLET 100 MG		NM
PREZCOBIX ORAL TABLET 800-150 MG-MG		NM
PREZISTA ORAL SUSPENSION 100 MG/ML		NM
PREZISTA ORAL TABLET 150 MG, 75 MG		NM
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML		
REYATAZ ORAL POWDER IN PACKET 50 MG		NM

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藥物名稱	要求/限額
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	NM
ritonavir oral tablet 100 mg (Norvir)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	NM
SELZENTRY ORAL SOLUTION 20 MG/ML	NM
SELZENTRY ORAL TABLET 25 MG	
SELZENTRY ORAL TABLET 75 MG	NM
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	
STRIBILD ORAL TABLET 150-150-200-300 MG	NM
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	NM
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	PA BvD; NM
SYMTUZA ORAL TABLET 800-150-200-10 MG	NM
TEMIXYS ORAL TABLET 300-300 MG	NM
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	
TIVICAY ORAL TABLET 10 MG	
TIVICAY ORAL TABLET 25 MG, 50 MG	NM
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	NM
TRIUMEQ ORAL TABLET 600-50-300 MG	NM; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	
TRIZIVIR ORAL TABLET 300-150-300 MG	NM
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	NM
VEMLIDY ORAL TABLET 25 MG	ST; NM; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	NM

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藥物名稱		要求/限額
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		NM
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		NM
VOCABRIA ORAL TABLET 30 MG		
zidovudine oral capsule 100 mg	(Retrovir)	
zidovudine oral syrup 10 mg/ml	(Retrovir)	
zidovudine oral tablet 300 mg		
抗病毒藥物，雜項		
LIVTENCITY ORAL TABLET 200 MG		PA; NM
oseltamivir oral capsule 30 mg	(Tamiflu)	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	(Tamiflu)	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG		QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG		QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		PA; NM; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		QL (60 per 180 days)
丙型肝炎抗病毒藥物		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG		PA; NM; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG		PA; NM; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG		PA; NM; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	PA; NM; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG		PA; NM; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG		PA; NM; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG		PA; NM; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	PA; NM; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG		PA; NM; QL (28 per 28 days)

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藥物名稱		要求/限額
干擾素		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)		NM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA; NM
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		PA; NM
核苷和核苷酸		
acyclovir oral capsule 200 mg		
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	
acyclovir oral tablet 400 mg, 800 mg		
acyclovir sodium intravenous solution 50 mg/ml		PA BvD
adefovir oral tablet 10 mg	(Hepsera)	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		
ribavirin oral tablet 200 mg		
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	NM
valganciclovir oral tablet 450 mg	(Valcyte)	
血液製品/改性劑/體積膨脹劑		
抗凝劑		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		
ELIQUIS ORAL TABLET 2.5 MG		QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		QL (74 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	QL (18 per 30 days)

藥物名稱		要求/限額
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	NM; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	NM; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	NM; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML		QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	QL (60 per 30 days)
血液生成劑		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		PA; NM; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT		PA; NM; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT		PA; NM; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		PA; NM
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		PA; NM

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藥物名稱	要求/限額
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PA; NM
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PA; NM
PROMACTA ORAL POWDER IN PACKET 12.5 MG	PA; NM; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	PA; NM; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	PA; NM; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	PA; NM; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	PA; NM; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	PA; QL (4 per 28 days)
血液劑，雜項	
anagrelide oral capsule 0.5 mg (Agrylin)	
anagrelide oral capsule 1 mg	
tranexamic acid oral tablet 650 mg	
血小板聚集抑制劑	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	
BRILINTA ORAL TABLET 60 MG, 90 MG	
cilostazol oral tablet 100 mg, 50 mg	
clopidogrel oral tablet 75 mg (Plavix)	
dipyridamole oral tablet 50 mg, 75 mg	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg	
prasugrel hcl oral tablet 10 mg, 5 mg (Effient)	QL (30 per 30 days)
熱量劑	
熱量劑	
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	PA BvD

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藥物名稱		要求/限額
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %		PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %		PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %		PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %		PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution		
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %		PA BvD
心血管藥物		
***α*-腎上腺素**		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	PA; NM; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		
prazosin oral capsule 1 mg, 2 mg, 5 mg		
血管緊張素II受體拮抗劑		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	

藥物名稱		要求/限額
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	
血管緊張素轉換酶抑制劑		
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	
benazepril oral tablet 5 mg		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	

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藥物名稱		要求/限額
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		
fosinopril oral tablet 10 mg, 20 mg, 40 mg		
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	
moexipril oral tablet 15 mg, 7.5 mg		
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		
抗心律失常藥物		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Pacerone)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	
flecainide oral tablet 100 mg, 150 mg, 50 mg		
MULTAQ ORAL TABLET 400 MG		
pacerone oral tablet 100 mg, 200 mg, 400 mg	(amiodarone)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		
propafenone oral tablet 150 mg, 225 mg, 300 mg		
quinidine sulfate oral tablet 200 mg, 300 mg		
β-腎上腺素受體阻斷劑		
acebutolol oral capsule 200 mg, 400 mg		

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藥物名稱		要求/限額
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	
bisoprolol fumarate oral tablet 10 mg, 5 mg		
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	
labetalol oral tablet 100 mg, 200 mg, 300 mg		
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	
metoprolol tartrate oral tablet 25 mg		
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(sotalol)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	
sotalol oral tablet 240 mg	(Betapace)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		
鈣通道阻斷劑		
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	
diltiazem 24hr er 360 mg cap once-a-day dosage	(Tiadylt ER)	
diltiazem 24hr er 420 mg cap	(Tiadylt ER)	

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藥物名稱		要求/限額
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	
diltiazem hcl oral tablet 90 mg		
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		
verapamil oral tablet 120 mg, 40 mg, 80 mg		
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		
心血管藥物，雜項		
CORLANOR ORAL SOLUTION 5 MG/5 ML		QL (600 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	PA; NM; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	QL (60 per 30 days)

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藥物名稱		要求/限額
metyrosine oral capsule 250 mg	(Demser)	NM
ranolazine oral tablet extended release 12 hr 1,000 mg		QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		PA; QL (30 per 30 days)
二氫吡啶類		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		
利尿劑		
amiloride oral tablet 5 mg		
amiloride-hydrochlorothiazide oral tablet 5-50 mg		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		
chlorthalidone oral tablet 25 mg, 50 mg		
furosemide injection solution 10 mg/ml		
furosemide injection syringe 10 mg/ml		
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	

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藥物名稱		要求/限額
hydrochlorothiazide oral capsule 12.5 mg		
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		
indapamide oral tablet 1.25 mg, 2.5 mg		
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		
血脂異常		
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	
cholestyramine light oral powder in packet 4 gram		
colesevelam oral powder in packet 3.75 gram	(WelChol)	
colesevelam oral tablet 625 mg	(WelChol)	
colestipol oral packet 5 gram		
colestipol oral tablet 1 gram	(Colestid)	
ezetimibe oral tablet 10 mg	(Zetia)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	QL (30 per 30 days)

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藥物名稱		要求/限額
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	
fenofibrate oral tablet 120 mg, 40 mg	(Fenoglide)	
fenofibrate oral tablet 160 mg, 54 mg		
fluvastatin oral capsule 20 mg, 40 mg		QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	
gemfibrozil oral tablet 600 mg	(Lopid)	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	(Vascepa)	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		
NEXLETOL ORAL TABLET 180 MG		ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		ST; QL (30 per 30 days)
niacin oral tablet 500 mg	(Niacor)	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		
niacor oral tablet 500 mg	(niacin)	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 80 mg		
pravastatin oral tablet 20 mg, 40 mg		QL (30 per 30 days)
prevalite oral powder in packet 4 gram		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		ST; QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	QL (30 per 30 days)

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藥物名稱		要求/限額
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		QL (30 per 30 days)
腎素-血管緊張素-醛固酮系統抑制劑		
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	
KERENDIA ORAL TABLET 10 MG, 20 MG		PA; QL (30 per 30 days)
血管擴張劑		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		
isosorbide dinitrate oral tablet 40 mg	(Isordil)	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	
isosorbide mononitrate oral tablet 10 mg, 20 mg		
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	
minoxidil oral tablet 10 mg, 2.5 mg		
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	
中樞神經系統藥物		
中樞神經系統藥物		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	(Strattera)	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	(Strattera)	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		PA; NM; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		PA; NM; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG		PA; NM; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG		PA; NM; QL (60 per 30 days)

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藥物名稱		要求/限額
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG		PA; NM; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG		PA; NM; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)		PA; NM
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		PA; NM; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		PA; NM; QL (1 per 28 days)
AVONEX PEN 30 MCG/0.5 ML		PA; NM; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		PA; NM; QL (15 per 30 days)
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	PA; QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	PA; NM; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	PA; NM
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	PA; NM; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	(Gilenya)	PA; NM; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	PA; NM; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	PA; NM; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	PA; NM; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	PA; NM; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	

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藥物名稱	要求/限額
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	PA; NM
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	PA; NM; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	PA; NM; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PA; NM; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	
lithium carbonate oral tablet 300 mg	
lithium carbonate oral tablet extended release 300 mg (Lithobid)	
lithium carbonate oral tablet extended release 450 mg	
lithium citrate oral solution 8 meq/5 ml	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	PA; NM
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	PA; NM
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	PA; NM
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	PA; NM
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	PA; NM
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	PA; NM
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	PA; NM
MAYZENT ORAL TABLET 0.25 MG	PA; NM; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	PA; NM; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	PA

藥物名稱		要求/限額
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		PA; NM
methylphenidate hcl oral solution 10 mg/5 ml	(Methylin)	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML		PA; NM; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML		PA; NM; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML		PA; NM; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML		PA; NM
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML		PA; NM; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML		PA; NM
riluzole oral tablet 50 mg	(Rilutek)	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	PA; NM; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		PA; NM; QL (120 per 30 days)
避孕藥		
避孕藥		
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	

藥物名稱		要求/限額
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		

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藥物名稱		要求/限額
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50 (28))	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	

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藥物名稱		要求/限額
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
femynor oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	QL (1 per 28 days)
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	QL (91 per 84 days)
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	

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藥物名稱		要求/限額
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
larissia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Balcoltra)	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	

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藥物名稱		要求/限額
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
NEXPLANON SUBDERMAL IMPLANT 68 MG		
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	

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藥物名稱		要求/限額
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg		
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg		
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	QL (91 per 84 days)

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藥物名稱		要求/限額
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	

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藥物名稱		要求/限額
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
valtya oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	QL (3 per 28 days)
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	
牙齒和口腔藥物		
牙齒和口腔藥物		
cevimeline oral capsule 30 mg	(Evoxac)	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	
dentagel dental gel 1.1 %	(fluoride (sodium))	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	

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藥物名稱		要求/限額
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	
皮膚病藥物		
皮膚病藥物，其他		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		
acyclovir topical ointment 5 %	(Zovirax)	QL (30 per 30 days)
ammonium lactate topical cream 12 %		
ammonium lactate topical lotion 12 %	(AmLactin)	
calcipotriene scalp solution 0.005 %		QL (120 per 30 days)
calcipotriene topical cream 0.005 %		QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		QL (120 per 30 days)
fluorouracil topical cream 5 %	(Efudex)	
fluorouracil topical solution 2 %, 5 %		
imiquimod topical cream in packet 5 %		QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %		
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		NM
PANRETIN TOPICAL GEL 0.1 %		NM; QL (60 per 28 days)
podofilox topical solution 0.5 %		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %		PA NSO; NM
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	
皮膚用抗菌藥物		
clindamycin phosphate topical solution 1 %		QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	
clindamycin-benzoyl peroxide topical gel 1-5 %		
erythromycin with ethanol topical solution 2 %		

藥物名稱		要求/限額
gentamicin topical cream 0.1 %		QL (90 per 30 days)
gentamicin topical ointment 0.1 %		QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	
metronidazole topical gel 0.75 %	(Rosadan)	
metronidazole topical gel 1 %	(Metrogel)	
mupirocin topical ointment 2 %	(Centany)	QL (220 per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	(clindamycin-benzoyl peroxide)	
rosadan topical cream 0.75 %	(metronidazole)	
selenium sulfide topical lotion 2.5 %		
silver sulfadiazine topical cream 1 %	(SSD)	
ssd topical cream 1 %	(silver sulfadiazine)	
皮膚用抗炎劑		
ala-cort topical cream 1 %	(hydrocortisone)	
betamethasone dipropionate topical cream 0.05 %		
betamethasone dipropionate topical lotion 0.05 %		
betamethasone dipropionate topical ointment 0.05 %		
betamethasone valerate topical cream 0.1 %		
betamethasone valerate topical lotion 0.1 %		
betamethasone valerate topical ointment 0.1 %		
betamethasone, augmented topical cream 0.05 %		
betamethasone, augmented topical gel 0.05 %		
betamethasone, augmented topical lotion 0.05 %		
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	
clobetasol scalp solution 0.05 %		
clobetasol topical cream 0.05 %		
clobetasol topical gel 0.05 %		
clobetasol topical lotion 0.05 %	(Clobex)	
clobetasol topical ointment 0.05 %		

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藥物名稱		要求/限額
clobetasol topical shampoo 0.05 %	(Clobex)	
clobetasol-emollient topical cream 0.05 %		
clobetasol-emollient topical foam 0.05 %	(Olux-E)	
EUCRISA TOPICAL OINTMENT 2 %		
fluocinolone topical cream 0.01 %		
fluocinolone topical cream 0.025 %	(Synalar)	
fluocinolone topical ointment 0.025 %	(Synalar)	
fluocinonide topical cream 0.05 %		
fluocinonide topical cream 0.1 %	(Vanos)	
fluocinonide topical gel 0.05 %		
fluocinonide topical ointment 0.05 %		
fluocinonide topical solution 0.05 %		
fluticasone propionate topical cream 0.05 %		
halobetasol propionate topical cream 0.05 %		
halobetasol propionate topical ointment 0.05 %		
hydrocortisone 2.5% cream		
hydrocortisone topical cream 1 %	(Ala-Cort)	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	
hydrocortisone topical lotion 2.5 %		
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	
hydrocortisone topical ointment 2.5 %		
hydrocortisone valerate topical cream 0.2 %		
mometasone topical cream 0.1 %		
mometasone topical ointment 0.1 %		
mometasone topical solution 0.1 %		
pimecrolimus topical cream 1 %	(Elidel)	QL (100 per 30 days)
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	
tacrolimus topical ointment 0.03 %, 0.1 %		QL (100 per 30 days)

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藥物名稱		要求/限額
triamcinolone acetonide topical cream 0.025 %, 0.1 %		
triamcinolone acetonide topical cream 0.5 %	(Triderm)	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		
triamcinolone acetonide topical ointment 0.05 %	(Trianex)	
皮膚用類視黃醇		
adapalene topical cream 0.1 %	(Differin)	
ALTRENO TOPICAL LOTION 0.05 %		PA
tazarotene topical cream 0.1 %	(Tazorac)	
tretinoin topical cream 0.025 %	(Avita)	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	PA
驅蟲劑和滅虱劑		
malathion topical lotion 0.5 %	(Ovide)	
permethrin topical cream 5 %	(Elimite)	QL (60 per 30 days)
用具		
用具		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST

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藥物名稱		要求/限額
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
ALCOHOL 70% SWABS	(Alcohol Pads)	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	PA; ST
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	PA; ST
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST

藥物名稱		要求/限額
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		PA; ST
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		PA; ST
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"		PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "		PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST

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藥物名稱		要求/限額
BD INS SYRNG UF 0.3 ML 8MMX31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
BD INS SYRNG UF 0.5 ML 8MMX31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"		PA; ST
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	(insulin syringe needleless)	PA; ST
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin u-500 syringe-needle)	PA; ST
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		PA; ST

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藥物名稱		要求/限額
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		PA; ST
BD SINGLE USE SWAB	(alcohol swabs)	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST

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藥物名稱		要求/限額
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST

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藥物名稱		要求/限額
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"		PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	PA; ST

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藥物名稱		要求/限額
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST

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藥物名稱		要求/限額
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		PA; ST
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage)	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "		PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "		PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2"		PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2"		PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"		PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"		PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"		PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"		PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST

藥物名稱		要求/限額
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"		PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		PA; ST
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"		PA; ST

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藥物名稱		要求/限額
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"		PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"		PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"		PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"		PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		PA; ST
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		PA; ST

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藥物名稱		要求/限額
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 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	(insulin syringe-needle u-100)	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST

藥物名稱		要求/限額
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		PA; ST
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	PA; ST

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

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藥物名稱		要求/限額
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST

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藥物名稱		要求/限額
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	PA; ST
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	PA; ST
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	PA; ST
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Ultra Comfort Insulin Syringe)	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST

藥物名稱		要求/限額
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		

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藥物名稱		要求/限額
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(Droplet Insulin Syr(half unit))	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" OUTER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Droplet Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(BD SafetyGlide Syringe)	PA; ST
INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Droplet Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	PA; ST

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藥物名稱		要求/限額
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST

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藥物名稱		要求/限額
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST

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MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"		PA; ST
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	PA; ST
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(CareFine Pen Needle)	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	PA; ST
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST

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藥物名稱		要求/限額
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
NOVOFINE 30 NEEDLE		PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		PA; ST

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藥物名稱		要求/限額
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"		PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE		QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)		QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST

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藥物名稱		要求/限額
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST

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藥物名稱		要求/限額
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		PA; ST
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	PA; ST
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Ultilet Insulin Syringe)	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		PA; ST

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藥物名稱		要求/限額
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"		PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"		PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort EZ PRO Safety Pen Ndl)	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"		PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"		PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"		PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"		PA; ST
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"		PA; ST
STERILE PADS 2" X 2" 2 X 2 "	(gauze bandage)	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		PA; ST

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藥物名稱		要求/限額
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST

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SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
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)	PA; ST
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)	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
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)	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST

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

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藥物名稱		要求/限額
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		PA; ST
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
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)	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		PA; ST

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藥物名稱		要求/限額
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"		PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST

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藥物名稱		要求/限額
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"		PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"		PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	PA; ST

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藥物名稱		要求/限額
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		PA; ST
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST

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藥物名稱		要求/限額
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"		PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"		PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"		PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"		PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"		PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"		PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	PA; ST
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)	PA; ST
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)	PA; ST
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)	PA; ST
ULTILET PEN NEEDLE 29 GAUGE		PA; ST

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

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藥物名稱		要求/限額
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST

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藥物名稱		要求/限額
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST

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藥物名稱		要求/限額
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"		PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"		PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"		PA; ST

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藥物名稱		要求/限額
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"		PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST

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藥物名稱		要求/限額
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		PA; ST
V-GO 20 DEVICE		QL (30 per 30 days)
V-GO 30 DEVICE		QL (30 per 30 days)
V-GO 40 DEVICE		QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	PA; ST
酶輔因子/分子伴侶		
酶輔因子/分子伴侶		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		PA; NM; QL (90 per 30 days)
酶替代/改性劑		
酶替代/改性劑		
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		
javygtor oral tablet,soluble 100 mg	(sapropterin)	PA; NM
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	PA; NM

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藥物名稱		要求/限額
ORFADIN ORAL SUSPENSION 4 MG/ML		PA; NM
PULMOZYME INHALATION SOLUTION 1 MG/ML		PA BvD; NM
sapropterin oral tablet,soluble 100 mg	(Javygtor)	PA; NM
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		PA; NM; LA
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, 60,000-189,600- 252,600 UNIT		
眼耳鼻喉藥劑		
眼耳鼻喉藥劑，雜項		
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		
cromolyn ophthalmic (eye) drops 4 %		
epinastine ophthalmic (eye) drops 0.05 %		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		QL (15 per 10 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	
眼耳鼻喉抗感染藥物		
acetic acid otic (ear) solution 2 %		
bacitracin ophthalmic (eye) ointment 500 unit/gram		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	

藥物名稱		要求/限額
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		QL (3.5 per 4 days)
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)		
gentamicin ophthalmic (eye) drops 0.3 %		
hydrocortisone-acetic acid otic (ear) drops 1-2 %		
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	

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藥物名稱		要求/限額
ofloxacin otic (ear) drops 0.3 %		
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		
sulfacetamide sodium ophthalmic (eye) drops 10 %		
sulfacetamide sodium ophthalmic (eye) ointment 10 %		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		
tobramycin ophthalmic (eye) drops 0.3 %		
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		
trifluridine ophthalmic (eye) drops 1 %		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		PA; NM; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		
眼耳鼻喉抗炎藥物		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	ST
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	
bromfenac ophthalmic (eye) drops 0.09 %		
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		
diclofenac sodium ophthalmic (eye) drops 0.1 %		
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		QL (50 per 25 days)

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藥物名稱		要求/限額
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		QL (60 per 30 days)
胃腸道藥物		
抗潰瘍劑和酸抑制劑		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		
cimetidine hcl oral solution 300 mg/5 ml		
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	QL (60 per 30 days)

藥物名稱		要求/限額
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg	(Acid Controller)	
famotidine oral tablet 40 mg	(Pepcid)	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	(Protonix)	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	(Protonix)	QL (60 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	QL (30 per 30 days)
sucralfate oral tablet 1 gram	(Carafate)	
胃腸道藥物，其他		
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	PA; NM
constulose oral solution 10 gram/15 ml	(lactulose)	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	
dicyclomine oral capsule 10 mg		
dicyclomine oral solution 10 mg/5 ml		
dicyclomine oral tablet 20 mg		
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	(lactulose)	
generlac oral solution 10 gram/15 ml	(lactulose)	
glycopyrrolate oral tablet 1 mg	(Robinul)	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml		
lactulose oral solution 10 gram/15 ml	(Constulose)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		QL (30 per 30 days)

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藥物名稱		要求/限額
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	QL (60 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml		
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		QL (30 per 30 days)
sodium polystyrene sulfonate oral powder		
sps (with sorbitol) oral suspension 15-20 gram/60 ml		
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	NM
ursodiol oral capsule 300 mg		
ursodiol oral tablet 250 mg		
ursodiol oral tablet 500 mg	(URSO Forte)	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		
XERMELO ORAL TABLET 250 MG		PA; NM; QL (84 per 28 days)
通便藥物		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML		
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		

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藥物名稱		要求/限額
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM		
磷酸鹽結合劑		
calcium acetate(phosphat bind) oral capsule 667 mg		
calcium acetate(phosphat bind) oral tablet 667 mg		
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	
sevelamer carbonate oral tablet 800 mg	(Renvela)	
sevelamer hcl oral tablet 400 mg, 800 mg		
泌尿生殖系統藥物		
解痙藥，泌尿系統藥物		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	
flavoxate oral tablet 100 mg		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	
oxybutynin chloride oral syrup 5 mg/5 ml		
oxybutynin chloride oral tablet 5 mg		
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		
tolterodine oral tablet 1 mg, 2 mg		
trospium oral capsule,extended release 24hr 60 mg		
trospium oral tablet 20 mg		
泌尿生殖系統藥物，雜項		
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	
finasteride oral tablet 5 mg	(Proscar)	
tamsulosin oral capsule 0.4 mg	(Flomax)	

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藥物名稱		要求/限額
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		
重金屬拮抗劑		
重金屬拮抗劑		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	PA; NM
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	PA; NM
trientine oral capsule 250 mg	(Syprine)	PA; NM; QL (240 per 30 days)
激素替代藥物，刺激/替代/改性		
雄激素類		
danazol oral capsule 100 mg, 200 mg, 50 mg		
oxandrolone oral tablet 10 mg, 2.5 mg		PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		PA
testosterone enanthate intramuscular oil 200 mg/ml		PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		PA; QL (2 per 28 days)
雌激素和抗雌激素		
DUAVEE ORAL TABLET 0.45-20 MG		PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	PA-HRM; AGE (Max 64 Years)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)

藥物名稱		要求/限額
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	
estradiol vaginal tablet 10 mcg	(Yuvafem)	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg		PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Mimvey)	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	
yuvafem vaginal tablet 10 mcg	(estradiol)	QL (18 per 28 days)
糖皮質激素/鹽皮質激素		
dexamethasone oral solution 0.5 mg/5 ml		
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		
fludrocortisone oral tablet 0.1 mg		
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	
methylprednisolone oral tablet 32 mg		

藥物名稱		要求/限額
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		PA BvD
prednisolone oral solution 15 mg/5 ml		PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)		PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	PA BvD
prednisone oral solution 5 mg/5 ml		PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	
垂體		
ACTHAR INJECTION GEL 80 UNIT/ML		PA; NM; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML		PA; NM; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML		PA; NM; QL (30 per 30 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)		
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		PA; NM
lanreotide subcutaneous syringe 120 mg/0.5 ml	(Somatuline Depot)	PA NSO; NM; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG		PA NSO; NM
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG		PA NSO; NM
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG		PA; NM

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藥物名稱		要求/限額
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG		PA; NM
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		PA; NM
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	
ORGOVYX ORAL TABLET 120 MG		PA NSO; NM
ORILISSA ORAL TABLET 150 MG		PA; NM; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG		PA; NM; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		PA; NM
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		PA; NM; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	(lanreotide)	PA NSO; NM; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	(lanreotide)	PA NSO; NM; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		PA; NM
孕激素		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(norethindrone acetate)	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	

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藥物名稱		要求/限額
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	
甲狀腺及甲狀腺拮抗劑		
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	
levothyroxine oral tablet 300 mcg	(Levo-T)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	
methimazole oral tablet 10 mg, 5 mg		
propylthiouracil oral tablet 50 mg		
免疫製劑		
免疫製劑		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		PA; NM
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)		PA; NM
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		PA; NM
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		PA; NM
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	(tacrolimus)	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	(tacrolimus)	PA BvD; NM
azathioprine oral tablet 50 mg	(Imuran)	PA BvD
azathioprine sodium injection recon soln 100 mg		PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		PA; NM; QL (8 per 28 days)

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藥物名稱		要求/限額
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		PA; NM; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		PA NSO; NM; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		PA; NM
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		PA; NM
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		PA; NM
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		PA; NM
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML		PA; NM
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML		PA; NM
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	PA BvD
cyclosporine modified oral capsule 50 mg		PA BvD
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	PA; NM
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	PA; NM
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	PA; NM

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藥物名稱		要求/限額
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	PA; NM
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		PA; NM
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML		PA; NM
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		PA; NM
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)		PA; NM
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		PA; NM
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		PA; NM
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		PA; NM
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	PA BvD; NM
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)		PA BvD; NM
gengraf oral capsule 100 mg, 25 mg	(cyclosporine modified)	PA BvD
gengraf oral solution 100 mg/ml	(cyclosporine modified)	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML		PA; NM; Only NDCs starting with 00074

藥物名稱		要求/限額
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		PA; NM
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		PA; NM; Only NDCs starting with 00074
infliximab intravenous recon soln 100 mg	(Remicade)	PA; NM
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		PA; NM
leflunomide oral tablet 10 mg, 20 mg	(Arava)	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	PA BvD; NM
mycophenolate mofetil oral tablet 500 mg	(CellCept)	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML		PA NSO; NM
NULOJIX INTRAVENOUS RECON SOLN 250 MG		PA BvD; NM
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		PA; NM

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藥物名稱	要求/限額
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	PA; NM
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	PA; NM
OTEZLA ORAL TABLET 20 MG, 30 MG	PA; NM
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	PA; NM
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	ST
REZUROCK ORAL TABLET 200 MG	PA NSO; NM
RINVOQ LQ ORAL SOLUTION 1 MG/ML	PA; NM; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PA; NM
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	PA; NM
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PA; NM
sirolimus oral solution 1 mg/ml	PA BvD; NM
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	PA; NM

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藥物名稱	要求/限額
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	PA; NM
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PA; NM
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	PA; NM
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PA; NM
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PA; NM
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	PA; NM; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	PA; NM
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	PA; NM
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	PA; NM
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PA; NM
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PA; NM
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PA; NM
XELJANZ ORAL SOLUTION 1 MG/ML	PA; NM
XELJANZ ORAL TABLET 10 MG, 5 MG	PA; NM
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PA; NM

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藥物名稱	要求/限額
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	PA; NM
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PA; NM
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PA; NM
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	PA; NM
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	PA; NM
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	PA; NM
疫苗	
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$0 copay

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藥物名稱	要求/限額
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PA BvD; $0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PA BvD; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD; $0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	$0 copay

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藥物名稱	要求/限額
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-20MCG-5LF- 62 DU/0.5 ML	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PA BvD; $0 copay

藥物名稱	要求/限額
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	$0 copay
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	

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藥物名稱		要求/限額
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML		
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML		$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML		$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML		$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML		$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML		
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML		$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML		
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML		$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT		$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML		$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT		$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)		$0 copay
炎症性腸道疾病藥物		
炎症性腸道疾病藥物		
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	
balsalazide oral capsule 750 mg	(Colazal)	

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藥物名稱		要求/限額
budesonide oral capsule,delayed,extend.release 3 mg		
budesonide rectal foam 2 mg/actuation	(Uceris)	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	
代謝性骨疾病藥物		
代謝性骨疾病藥物		
alendronate oral solution 70 mg/75 ml		QL (300 per 28 days)
alendronate oral tablet 10 mg		QL (30 per 30 days)
alendronate oral tablet 35 mg		QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		
calcitriol oral capsule 0.25 mcg, 0.5 mcg		
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	NM; QL (120 per 30 days)
ibandronate oral tablet 150 mg		QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		PA; NM; QL (2 per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	
paricalcitol oral capsule 4 mcg		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		QL (60 per 30 days)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)		PA; NM; QL (2.48 per 28 days)

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藥物名稱		要求/限額
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		PA; NM; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		PA; NM
各種治療劑		
各種治療劑		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		PA; NM
betaine oral powder 1 gram/scoop	(Cystadane)	PA; NM
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML		PA; NM
diazoxide oral suspension 50 mg/ml	(Proglycem)	
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	PA; NM; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML		
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		
hydroxyzine pamoate oral capsule 25 mg, 50 mg		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		
mesna oral tablet 400 mg	(Mesnex)	NM
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		PA NSO; NM; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG		QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		PA; QL (30 per 30 days)

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藥物名稱		要求/限額
VOWST ORAL CAPSULE		PA; NM; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML		
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML		
滴眼劑		
抗青光眼藥物		
acetazolamide oral capsule, extended release 500 mg		
acetazolamide oral tablet 125 mg, 250 mg		
acetazolamide sodium injection recon soln 500 mg		
betaxolol ophthalmic (eye) drops 0.5 %		
bimatoprost ophthalmic (eye) drops 0.03 %		QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	
brimonidine ophthalmic (eye) drops 0.2 %		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	
carteolol ophthalmic (eye) drops 1 %		
dorzolamide ophthalmic (eye) drops 2 %		
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		QL (2.5 per 25 days)

藥物名稱		要求/限額
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	QL (30 per 30 days)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		QL (5 per 30 days)
替代製劑		
替代製劑		
d5 % and 0.9 % sodium chloride intravenous parenteral solution		
d5 %-0.45 % sodium chloride intravenous parenteral solution		
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	
magnesium sulfate injection solution 500 mg/ml (50 %)		
magnesium sulfate injection syringe 500 mg/ml (50 %)		
potassium chloride intravenous solution 2 meq/ml		PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	
potassium chloride oral tablet extended release 15 meq, 20 meq		

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藥物名稱		要求/限額
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	
potassium citrate oral tablet extended release 5 meq (540 mg)		
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		
sodium chloride 0.9 % intravenous parenteral solution		
sodium chloride 0.9% solution mini-bag, single use		
呼吸道藥物		
消炎藥物，吸入糖皮質激素		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION		QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		QL (60 per 30 days)

藥物名稱		要求/限額
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	QL (30.9 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	PA BvD; QL (120 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	QL (60 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	QL (60 per 30 days)
抗白三烯藥物		
montelukast oral tablet 10 mg	(Singulair)	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	
支氣管擴張劑		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		PA BvD

藥物名稱	要求/限額
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	QL (4 per 28 days)
theophylline oral solution 80 mg/15 ml	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg (Spiriva with HandiHaler)	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	QL (60 per 30 days)
呼吸道藥物，其他	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	PA BvD

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藥物名稱		要求/限額
ALYFTREK ORAL TABLET 10-50-125 MG		PA; NM; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG		PA; NM; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG		NM; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML		PA; NM
cromolyn inhalation solution for nebulization 20 mg/2 ml		PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML		PA; NM; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML		PA; NM; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG		PA; NM; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG		PA; NM; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		PA; NM; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		PA; NM; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML		PA; NM; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML		PA; NM; LA; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		PA; NM; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		PA; NM; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	(Esbriet)	PA; NM; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	(Esbriet)	PA; NM; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		PA; NM; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	PA; NM; QL (90 per 30 days)
roflumilast oral tablet 250 mcg	(Daliresp)	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(Daliresp)	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)		PA; NM; QL (1 per 21 days)

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藥物名稱		要求/限額
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		PA; NM
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		PA; NM
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		PA; NM
骨骼肌鬆弛劑		
骨骼肌鬆弛劑		
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		
cyclobenzaprine oral tablet 10 mg, 5 mg		PA-HRM; AGE (Max 64 Years)
dantrolene oral capsule 100 mg, 50 mg		
dantrolene oral capsule 25 mg	(Dantrium)	
methocarbamol oral tablet 500 mg, 750 mg		PA-HRM; AGE (Max 64 Years)
tizanidine oral tablet 2 mg		
tizanidine oral tablet 4 mg	(Zanaflex)	
睡眠障礙藥物		
睡眠障礙藥物		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	PA; NM; LA; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	QL (30 per 30 days)
血管擴張劑		
血管擴張劑		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		PA; NM; QL (90 per 30 days)

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藥物名稱		要求/限額
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	PA; NM; LA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		PA; NM; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		PA
tadalafil oral tablet 5 mg	(Cialis)	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		PA; NM; 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		PA; NM; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		PA; NM; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		PA; NM
維生素和礦物質		
維生素和礦物質		
bal-care dha combo pack 27-1-430 mg		
bal-care dha essential pack 27 mg iron-1 mg -374 mg		
c-nate dha softgel 28 mg iron-1 mg -200 mg		
completenate tablet chew 29 mg iron- 1 mg		
folivane-ob capsule 85-1 mg		
kosher prenatal plus iron tab 30 mg iron-1 mg		
marnatal-f capsule 60 mg iron-1 mg		
m-natal plus tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	
mynatal advance oral tablet 90-1-50 mg		
mynatal capsule 65 mg iron- 1 mg		
mynatal oral tablet 90-1-50 mg		
mynatal plus captab 65 mg iron- 1 mg		
mynatal-z captab 65 mg iron- 1 mg		
mynate 90 plus oral tablet extended release 90 mg iron-1 mg		
newgen tablet 32-1,000 mg-mcg		

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藥物名稱		要求/限額
niva-plus tablet 27 mg iron- 1 mg		
obstetrix dha combo pack 29 mg iron-1,700 mcg dfe		
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg		
o-cal prenatal oral tablet 15 mg iron-1,000 mcg		
pnv 29-1 oral tablet 29 mg iron- 1 mg		
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg		
pnv-omega softgel 28-1-300 mg		
pr natal 400 combo pack 29-1-400 mg		
pr natal 400 ec combo pack 29-1-400 mg		
pr natal 430 combo pack 29 mg iron-1 mg -430 mg		
pr natal 430 ec combo pack 29-1-430 mg		
prena1 true combo pack 30 mg iron- 1.4 mg-300 mg		
prenaissance oral capsule 29-1.25-55-325 mg		
prenaissance plus oral capsule 28-1-50-250 mg		
prenatabs fa tablet 29-1 mg		
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		
prenatal 19 chewable tablet 29 mg iron- 1 mg		
prenatal low iron oral tablet 27 mg iron- 1 mg		
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv,calcium 72-iron,carb-folic)	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	
prenatal-u capsule 106.5-1 mg		
preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	
pretab oral tablet 29-1 mg		

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藥物名稱	要求/限額
r-natal ob softgel 20 mg iron- 1 mg-320 mg	
select-ob chewable caplet 29 mg iron- 1 mg	
select-ob chewable caplet 29 mg iron- 1 mg	
se-natal 19 chewable tablet 29 mg iron- 1 mg	
taron-c dha capsule 35-1-200 mg	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	
triveen-duo dha oral combo pack 29-1-400 mg	
virt-c dha softgel (rx) 35-1-200 mg	
virt-nate dha softgel 28 mg iron-1 mg -200 mg	
virt-pn dha softgel (rx) 27 mg iron-1 mg - 300 mg	
virt-pn plus oral capsule 28-1-300 mg	
vitafol gummies 3.33 mg iron- 0.33 mg	
vitafol nano tablet 18 mg iron- 1 mg	
vitafol-ob+dha combo pack 65-1-250 mg	
vp-ch-pnv oral capsule 30 mg iron-1 mg - 50 mg-260 mg	
vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg	
zatean-pn dha capsule 27 mg iron-1 mg - 300 mg	
zatean-pn plus softgel 28-1-300 mg	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	

HPMS已核准《處方一覽表》，檔案提交ID：25208，第11版

本《處方一覽表》更新於2025年5月1日。

如需獲得更多最新資訊，或者如果您有其他問題，敬請致電1-888-807-5717（聽力障礙電傳使用者請致電711）聯絡Centers Plan for Dual Coverage Care (HMO D-SNP)、Centers Plan for Nursing Home Care (HMO I-SNP)、Centers Plan for Medicaid Advantage Plus (HMO D-SNP)會員服務部，工作時間為：每週7天，每天24小時，或者請瀏覽：www.centersplan.com/dsnp，www.centersplan.com/isnp，www.centersplan.com/map。

Centers Plan for Dual Coverage Care (HMO D-SNP)是一項與Medicare和Medicaid簽有合約的HMO計劃。是否能夠註冊參加Centers Plan for Dual Coverage Care計劃取決於合約的續約。本計劃也與紐約州Medicaid簽訂了書面協議，以協調您的Medicaid福利。

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Centers Plan for Medicaid Advantage Plus (HMO D-SNP)是一項與Medicare和Medicaid簽有合約的HMO。是否能夠註冊參加Centers Plan for Medicaid Advantage Plus取決於合約的續約。本計劃也與紐約州Medicaid簽訂了書面協議，以協調您的Medicaid福利。

我們可以免費提供本資訊的其他語言版本。請致電會員服務部：1-877-940-9330（聽力障礙電傳使用者請致電711），工作時間為每週7天，早8點至晚8點。

This information is available for free in other languages. Please call Member Services at 1-877-940-9330 (TTY users please call 711), seven days a week, 8 am to 8 pm.

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