Plan Year 2023

CCHP Senior Value Program (HMO)
東華實惠（HMO）計劃

2023 Formulary (List of Covered Drugs)
藥物表(保障藥物一覽表)

請閱讀：本文件包含有關我們在本計劃中涵蓋的藥物信息

HPMS Approved Formulary File Submission ID 00023365, Version Number 8

本藥物表是2022年10月4日修定本。如欲了解最新詳情或有疑問，請致電1-888-775-7888 與華人保健計劃會員服務中心聯絡（聽力殘障人仕請電 TTY 1-877-681-8898），每週 7天，上午8時至晚上8時 ，或瀏覽網址www.cchphealthplan.com/medicare。

- **有關支付疫苗費用的重要資訊：** 本計劃承擔大多數 D 部分所承保之疫苗接種，您無須支付費用。 聯絡會員服務部了解詳情。
- **有關支付胰島素費用的重要資訊：**無論您在任何費用分擔等級，本計劃承保各種胰島素的一個月供應量費用不會多於$35 。

H0571_2023FD007CH_C

CCHP
華人保健計劃

會員請注意:此藥物表已經修改，請查閱您服食的藥物是否仍受承保。

在此藥物一覽表（藥物表）中，“我們”或“我們的”代表 CCHP 東華實惠(HMO)計劃。“計劃”、“本計劃”或“我們的計劃”代表東華實惠(HMO)計劃。

此藥物表列出我們承保藥物的最新版本，效日期是: 2022 年 10月 4日。如欲索取最新的處方藥物表，請與我們聯繫。我們的聯絡資料連同最近更新藥物表的日期會列在本冊的封面及封底。

您通常須前往聯網藥房，以獲享配購處方藥物的保障。保障、藥物表、聯網藥房、月費及/或自付費/共同保險額，或於 2023 年 1 月 1 日起有更新。

甚麼是東華實惠(HMO)計劃藥物表？

東華實惠(HMO)計劃與一組醫療保健提供者商議之下，選擇了一批最能確保優質治療方案的處方藥物，並在此列出這份藥物表。只要您配購的藥物是基於治療所需、在東華實惠(HMO)計劃屬下的聯網藥房購買，以及附合其他條款，則受承保。欲了解如何配取處方藥物，請參閱保障說明書。

如需一份完整的東華實惠(HMO)計劃所涵蓋的處方藥物列表，請致電我們或到我們的網站查詢。我們的聯絡資料連同最近更新藥物表的日期會列在本冊的封面及封底。

藥物一覽表（藥物表）會有更改嗎？

大部分藥物保障範圍的更改會在 1 月 1 日作出，但藥物表也有可能會在年中添加或刪除藥物，如將某藥物移到另一個自付費等級，或加入新限制。我們必須遵守聯邦保健（Medicare）的規定進行更改。

下列更改是會影響到您今年的藥物保障：

- **新非商標藥物**，如果我們同時以相同或更少限制及相同或較低分擔費用等級的新非商標藥替代藥物表中的商標藥; 我們可能會立即在我們的藥物表中刪除商標藥。此外，在添加新非商標藥時，我們可能會決定將商標藥物保留在我們的藥物表中，但會立即將其移至不同的分擔費用等級或添加新的限制。如果您正在服用該商標藥物，我們可能未提前通知您有關的更改，但仍會在更改後通知您。
    - 如我們作出更改，您或處方醫生可要求本計劃對藥物進行例外處理及要求繼續承

保該商標藥物。了解如何提出例外處理，請參閱本冊「如何要求東華實惠(HMO)計劃對藥物作出 例外處理？」部分。

- **藥物在市場上被移除回收**。 如果藥物表內有藥物經聯邦藥物及食品管理局認為不安全或藥廠從市場上收回的藥物，我們會立刻將該藥物從藥物表內刪除，並通知服食該藥物的會員。
- **其他更改**。我們的更改可能影響到會員正在服用的藥物。例如: 我們可能增加一種並不是新的非商標藥以取代在藥物表上的商標藥，或會更改商標藥的分擔費用等級及添加新的限制，亦有可能亦有可能根據新的臨床醫療指南進行更改或增加事前批准條例，數量限制或階段治療限制，亦可能將藥物分擔費用等級提高。我們在更改前最少 30 日內通知會員或在會員提出加配藥物要求時我們會提供 30 天的藥量。
    - 如我們作出更改，您或處方醫生可要求本計劃對藥物進行例外處理及要求繼續承保該商標藥物。了解如何提出例外處理，請參閱本冊「如何要求東華實惠(HMO)計劃對藥物作出 例外處理？」部分。

大部分更改是不會影響到您現正服用的藥物的保障：一般來說，除非是上列情況，如果您正在服用我們的 2023 年年初藥物表中的藥物，我們在 2023 年保障期內不會停止或減少對此藥物的保障。這意味著會員服用的這些藥物在保障期內會繼續得到保障，並在無額外限制下以同樣的自付費配購藥物。今年您不會收到通知有關的您不受影響的更改。 但在明年的 1 月 1 日起，您可能會受到影響，請在新年度福利的 “藥品清單” 中查看自己是否有藥品更改。

此藥物表為2022 年10月 4 日起更新。欲索取最新的藥物表，請與我們聯絡。我們的聯絡資料連同最近更新藥物表的日期會列在本冊的封面及封底。如果藥物表在年中有任何更改，我們會寄發糾正通知，您亦可瀏覽www.cchphealthplan.com/medicare 查閱變更。

如何使用此藥物表？

以下列出兩種方法查閱藥物表內的藥物：

按疾病狀況

藥物表從第3 頁開始，並以疾病情況來分類。例如，用來治療心臟病的藥物歸屬於「心血管藥物－其它」一欄。如果您知道您的藥物用來作何種用途的話，請查閱分類目錄從第7 頁開始，然後 按該目錄的分類找出您要配購的藥物。

按藥物名稱的英文字母排列

如果您不確定藥物屬於那一項分類，您可以查閱藥物表第 3 頁開始的藥物名稱的英文字母索

引。英文字母索引列出藥物表所有的藥物，包括商標及非商標藥物。請查閱索引，找出您要配購 的藥物。在藥物名稱的同一欄中，找出有關該藥物保障資料的頁數，然後到該頁內查閱藥物的資 料。

甚麼是非商標藥物？

東華實惠(HMO)計劃承保商標藥物及非商標藥物。非商標藥物與商標藥物通常是採用同樣的成份製成。非商標藥物是經過聯邦藥物及食品管理局（FDA）認可而價格比商標藥物較廉宜。

保障的藥物有其它的限制嗎？

某些保障藥物可能有附加的限制或規定，這些限制或規定可能包括以下幾點：

- **需取得事先批准：**東華實惠(HMO)計劃要求某些藥物需事先取得批准方能購買。這就是說， 您 (或您的醫生) 必須取得東華實惠(HMO)計劃的批准，方能配購這些處方藥物。否則，東華實惠(HMO)計劃是不會承保該藥物的保障。

- **數量限制：**東華實惠(HMO)計劃對某些藥物的保障設有數量的限制。如東華實惠(HMO)計劃提供 SAVELLA，每張處方只可配60 tablets。配購一個月或三個月的藥量可能有其他限制。

- **選擇胰島素：**某些胰島素藥物，CCHP 東華耆英計劃（HMO）對會員的自付費限為每月 $35 的供應及承保每三個月為最高 $105。 對於某些非專利胰島素藥物，東華實惠（HMO）計劃對會員的自付費限為每月$12 的供應及承保每三個月為最高 $36。

- **階段治療：**在某些情況下，東華實惠(HMO)計劃可能要求您在治療疾病時，先嘗試建議的藥 物，然後再考慮是否承保另一類的藥物。例如A 類藥物與B 類藥物皆可以治療您的疾病， 東華實惠(HMO)計劃可能讓您先使用A 類藥物，若沒有成效才保障B 類藥物的費用。

您可從第3 頁開始，找到您欲配購的處方藥物是否有附加規定或限制。查詢更多有關藥物的限制及附加規定，請瀏覽我們的網址。我們的網址上載了關於事前批准及階段治療的條款限制的文件。您亦可以 聯絡我們索取一分影印本。我們的聯絡資料連同最近更新藥物表的日期會列在本冊的封面及封底。

您可以要求東華實惠(HMO)計劃對這些附加規定或限制作出例外處理，或提供治療同一種症狀的其 它承保藥物名稱。了解如何提出例外處理，請參閱本冊「如何要求東華實惠(HMO)計劃對藥物作出 例外處理？」部分，第IV 頁。

什麼是非處方藥物(OTC)？

配購非處方藥物無須醫生處方，通常不受聯邦健保處方藥物計劃的保障。東華實惠(HMO) 計劃會保障某些非處方藥物。

FREESTYLE LITE METER
FREESTYLE FREEDOM LITE METER
FREESTYLE LITE TEST STRIPS
FREESTYLE INSULINX METER
FREESTYLE INSULINX TEST STRIPS
FREESTYLE CONTROL SOLUTION
PRECISION XTRA METER
PRECISION XTRA TEST STRIPS
MEDISENSE CONTROL SOLUTION
LANCETS
LANCET DEVICES
LANCET KIT
NICOTINE PATCHES
NICOTINE GUM
NICTOTINE LOZENGES
KETOTIFEN FUMARATE OPHTHALMIC
LORATADINE
LORATADINE/PSEUDOEPHEDRINE
CETIRIZINE
CETIRIZINE/PSEUDOEPHEDRINE
FEXOFENADINE
FEXOFENADINE/PSEUDOEPHEDRINE
LEVOCETIRIZINE
OLOPATADINE

東華實惠(HMO)計劃免費提供以上非處方藥物。這些藥物的費用將不計算入您的D 部份藥物費用總 額(即非處方藥物費用不計算入承保間斷期藥物費用額)。

如果我的藥物不包括在藥物表內該怎麼辦？

如果您的藥物並不包括在藥物表（藥物一覽表）內，您應該首先與會員服務中心聯絡，求證該藥物 是否受保障。如需更多資料，請與我們聯絡。我們的聯絡資料連同最近更新藥物表的日期會列在本冊的封面及封底。

如果您的藥物不受保障，您有以下兩種選擇：

- 您可以向會員服務中心索取一份受東華實惠(HMO)計劃保障的同類型藥物表。然後出示給您 的醫生，要求醫生處方受保障的藥物。

- 您也可以向東華實惠(HMO)計劃要求對您所需的藥物作出例外保障處理。請參閱以下，了 解如何提出例外處理。

如何要求東華實惠(HMO)計劃對藥物作出例外處理？

您可以要求東華實惠(HMO)計劃對藥物保障作出例外處理。以下是幾種可以提出例外處理的例子。

- 您可以要求本計劃承保沒有列在藥物表之內的藥物。若計劃批准您的要求，您的藥物將會有 一個特定的分攤費用，而您將不能再申請降低該藥物的分攤費。

- 除了特殊藥物外，您可以要求本計劃以較低的分攤費等級承保您的藥物，以減低您需要支付 的藥物費用。

- 您也可以要求我們取消對您所需藥物的限制或規定。例如東華實惠(HMO) 計劃對某些藥物 有數量的限制，您可以要求我們取消此限制或增加承保的數量。

一般來說，如果其它在藥物表上的藥物及較低分擔費用藥物對您的病情無效或引起不良的副作用， 東華實惠(HMO)計劃才會批准您的要求作例外情況處理。

您可以聯絡我們要求對您的申請作一個初級的審定附加條件等級限制例外處理。**當在申請對藥物表或附加條件等級限制等例外處理時，您必須附加一份醫生或處方藥劑師的證明作為支持申請的理據。**一般來說，我們會在收到有關醫生的證明文件後 72 小時內對您的申請作出答覆。如果您或您的醫生認為在等候的72 小時內會危害到您的健康情況，您可以要求加快例外處理。如果您的加快申請獲得批准，我們會在收到有關醫生或處方藥劑師 的證明文件後的24 小時內作出決定。

在與醫生商量改藥或申請例外處理之前，我該怎麼辦？

無論是新會員或現任會員，您正在服食的藥物可能不包括在藥物表內，又或藥物在藥物表內但有限制。例如，您需預先取得我們的批准方能配購藥物。您應與醫生商量您是否可轉用另一種保障之內 的藥物，或提出例外處理的申請以使您的藥物受到保障。在某情況下，您與醫生商量的期間內，我們可以在您成為會員的首90 天之內承保您所需的藥物。

如果您的藥物不在藥物表內或取不到藥物的情況下，您必須在聯網藥房配購藥物，我們會為每一種藥物提供30 天的臨時保障（如果您的藥物處方是少於30 天, 我們會允許續配最多 30 天藥量）。但在30 天之後，即使您是加入不到90 天的新會員，我們也不再保障有關所需的藥物。

如果您住在長期療養院內，您需要的藥物不在藥物表內，又或有困難取到藥物，但您又超過了90 天的新會員期，在申請藥物例外處理的過程中，我們會提供31 天的緊急藥物補給量。

欲了解有關詳情

欲了解更多有關東華實惠(HMO)計劃處方藥物保障，請參閱保障說明書及計劃的其它說明資料。 如對東華實惠(HMO)計劃有任何疑問，請與我們聯絡。我們的聯絡資料連同最近更新藥物表的日期會列在本冊的封面及封底。

如您對聯邦保健藥物保障有任何疑問，可於每週7 天，每天24 小時，致電聯邦保健1-800-MEDICARE (1-800-633-4227)，聽力殘障人士請致電TTY 1-877-486-2048，或瀏覽：www.medicare.gov。

東華實惠(HMO)計劃處方藥物表

在第三頁的藥物目錄表提供了東華實惠(HMO)計劃承保的部份處方藥物資料。如您對查閱藥物有任何疑問，請查閱索引目錄第 I-1 頁。

藥物表內第一欄是藥物的名稱，商標藥物以大寫字母列出，如(VYVANSE)，而非商標藥物則以斜體小寫字母列出，如（*alendronate*）。

在特殊要求該欄，說明了東華實惠(HMO)計劃對您所需的藥物是否有特別的規定及限制。

- 有LD 標誌的藥物表示該藥物受聯邦藥物及食品管理局（FDA）的限制，並只能在指定藥房購買。詳情請查閱醫生名錄，醫療服務及藥房手冊或請每週七天，上午 8 時至晚上 8 時致電1-888-775-7888 與會員服務中心聯絡。聽力殘障人士請致電TTY 1-877-681-8898。

- 有 NM 標誌的藥物表示該非郵寄服務藥物在零售及郵寄藥房都只供應 30 天的藥量。

- 有PA 標誌的藥物表示該藥物需要預先取得批准。這就是說，在配購藥物前，您 (或您的醫生) 必須取得東華實惠(HMO)計劃的批准，方能配購這些處方藥物。否則，東華實惠(HMO)計劃是不會承保該藥物的保障。

- 有PA BvD 標誌的藥物表示，該藥物同時在聯邦保健D 部分或B 部分藥物承保。您(或您的醫生)需要東華實惠(HMO) 計劃事前批准來確定該藥物被哪一個藥物保障部分承保，你才能配藥。若沒有事前批准，東華實惠(HMO) 計劃可能不承保該藥物。

- 有 PA NSO 標誌的藥物表示，如會員從未配購該藥物，您(或您的醫生)需要取得東華實惠 HMO) 計劃事前批准才能配藥。若沒有事前批准，東華實惠(HMO) 計劃可能不承保該藥物。

- 有 QL 標誌的藥物表示該藥物有數量的限制。東華實惠(HMO) 計劃設有具體的限制包括: 每日的數量限制, 每月的數量限制或 s 每年的數量限制。

- 有 ST 標誌的藥物表示該藥物在某些情況下，東華實惠(HMO)計劃可能要求您在治療疾病時，先嘗試建議的藥物，然後再考慮是否承保另一類的藥物。例如 A 類藥物與 B 類藥物皆可以治療您的疾病，東華實惠(HMO)計劃可能讓您先使用 A 類藥物，若沒有成效才保障 B 類藥物的費用。

目錄

Analgesics 3
Anesthetics 7
Anti-Addiction/Substance Abuse Treatment Agents 8
Antianxiety Agents 8
Antibacterials 9
Anticancer Agents 16
Anticonvulsants 28
Antidementia Agents 33
Antidepressants 33
Antidiabetic Agents 36
Antifungals 40
Antigout Agents 42
Antihistamines 42
Anti-Infectives (Skin And Mucous Membrane) 42
Antimigraine Agents 43
Antimycobacterials 44
Antinausea Agents 45
Antiparasite Agents 46
Antiparkinsonian Agents 47
Antipsychotic Agents 49
Antivirals (Systemic) 54
Blood Products/Modifiers/Volume Expanders 60
Caloric Agents 63
Cardiovascular Agents 65
Central Nervous System Agents 76
Contraceptives 80
Dental And Oral Agents 89

Dermatological Agents 89
Devices 94
Enzyme Replacement/Modifiers 130
Eye, Ear, Nose, Throat Agents 131
Gastrointestinal Agents 135
Genitourinary Agents 138
Heavy Metal Antagonists 139
Hormonal Agents, Stimulant/Replacement/Modifying 139
Immunological Agents 145
Inflammatory Bowel Disease Agents 153
Metabolic Bone Disease Agents 154
Miscellaneous Therapeutic Agents 155
Ophthalmic Agents 157
Replacement Preparations 158
Respiratory Tract Agents 160
Skeletal Muscle Relaxants 164
Sleep Disorder Agents 165
Vasodilating Agents 165
Vitamins And Minerals 166

藥物名稱		藥物等級	規定／限制
Analgesics			
Analgesics, Miscellaneous			
acetaminophen-codeine oral solution 120-12 mg/5 ml		2	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		2	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		2	QL (180 per 30 days)
ascomp with codeine oral capsule 30-50-325-40 mg	(codeine-butalbital-asa-caff)	2	QL (180 per 30 days)
buprenorphine hcl injection solution 0.3 mg/ml	(Buprenex)	2	
buprenorphine hcl injection syringe 0.3 mg/ml		2	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	2	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		2	QL (180 per 30 days)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		2	QL (180 per 30 days)
codeine sulfate oral tablet 30 mg, 60 mg		2	QL (180 per 30 days)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	2	QL (180 per 30 days)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	2	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	2	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	2	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	(Actiq)	5	PA; NM; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	(Actiq)	2	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		2	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		2	QL (2700 per 30 days)

藥物名稱	藥物等級	規定／限制
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	2	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg	2	QL (240 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	QL (150 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	2	
hydromorphone oral liquid 1 mg/ml (Dilaudid)	2	QL (1200 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	2	QL (180 per 30 days)
methadone injection solution 10 mg/ml	2	QL (120 per 30 days)
methadone oral solution 10 mg/5 ml	2	QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	2	QL (1200 per 30 days)
methadone oral tablet 10 mg	2	QL (120 per 30 days)
methadone oral tablet 5 mg	2	QL (180 per 30 days)
methadose oral tablet,soluble 40 mg (methadone)	2	QL (30 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	2	PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml	2	QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg (MS Contin)	2	QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg (MS Contin)	2	QL (90 per 30 days)
oxycodone oral capsule 5 mg	2	QL (180 per 30 days)
oxycodone oral solution 5 mg/5 ml	2	QL (1300 per 30 days)
oxycodone oral tablet 10 mg	2	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg (Roxicodone)	2	QL (120 per 30 days)
oxycodone oral tablet 20 mg	2	QL (120 per 30 days)
oxycodone oral tablet 5 mg (Roxicodone)	2	QL (180 per 30 days)

藥物名稱		藥物等級	規定／限制
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(OxyContin)	3	QL (60 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	2	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	2	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	2	QL (240 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	(oxycodone)	3	QL (60 per 30 days)
oxymorphone oral tablet 10 mg		2	QL (120 per 30 days)
oxymorphone oral tablet 5 mg		2	QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg		2	QL (60 per 30 days)
tramadol oral tablet 50 mg	(Ultram)	1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet)	2	QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG		3	QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG		3	QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG		3	QL (240 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	2	QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	(Cataflam)	2	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		2	QL (60 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		2	QL (150 per 30 days)

藥物名稱		藥物等級	規定／限制
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		2	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		2	QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	2	QL (1000 per 30 days)
diclofenac sodium topical gel 3 %		2	PA; QL (100 per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	(Pennsaid)	5	PA; NM; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	2	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	2	
ec-naproxen dr 500 mg tablet 500 mg	(naproxen)	2	
etodolac oral capsule 200 mg, 300 mg		2	
etodolac oral tablet 400 mg	(Lodine)	2	
etodolac oral tablet 500 mg		2	
flurbiprofen oral tablet 100 mg		2	
ibu oral tablet 400 mg, 600 mg, 800 mg	(ibuprofen)	1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	(Duexis)	2	PA; QL (90 per 30 days)
indomethacin oral capsule 25 mg		1	QL (240 per 30 days)
indomethacin oral capsule 50 mg		1	QL (120 per 30 days)
indomethacin oral capsule, extended release 75 mg		2	QL (60 per 30 days)
ketorolac oral tablet 10 mg		2	QL (20 per 30 days)
mefenamic acid oral capsule 250 mg		4	
meloxicam oral tablet 15 mg, 7.5 mg		1	

藥物名稱		藥物等級	規定／限制
nabumetone oral tablet 500 mg, 750 mg	(Relafen)	2	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	2	
naproxen oral tablet,delayed release (dr/ec) 500 mg	(EC-Naproxen)	2	
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	2	
sulindac oral tablet 150 mg, 200 mg		2	
Anesthetics			
Local Anesthetics			
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	2	QL (30 per 30 days)
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine-MPF)	1	
lidocaine (pf) injection solution 40 mg/ml (4 %)		1	
lidocaine hcl 1% 20 mg/2 ml vl sdv, p/f 10 mg/ml (1 %)	(Xylocaine-MPF)	2	
lidocaine hcl 2% ampul outer,p/f,sdv 20 mg/ml (2 %)	(Xylocaine-MPF)	2	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)	(Xylocaine)	2	
lidocaine hcl injection solution 5 mg/ml (0.5 %)	(Xylocaine)	1	
lidocaine hcl mucous membrane jelly 2 %		2	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		2	PA
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	2	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		2	PA; QL (90 per 30 days)
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	2	
lidocaine-prilocaine topical cream 2.5-2.5 %		2	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		3	PA; QL (90 per 30 days)

藥物名稱		藥物等級	規定／限制
Anti-Addiction/Substance Abuse Treatment Agents			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		2	
buprenorphine hcl sublingual tablet 2 mg, 8 mg		2	QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	(Suboxone)	2	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	2	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		2	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		2	
disulfiram oral tablet 250 mg, 500 mg		2	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		3	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml		1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		2	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	2	QL (4 per 30 days)
naltrexone oral tablet 50 mg		2	
NICOTROL INHALATION CARTRIDGE 10 MG		4	ST; QL (2688 per 365 days)
varenicline oral tablet 0.5 mg		2	QL (336 per 365 days)
varenicline oral tablet 1 mg	(Chantix)	2	QL (336 per 365 days)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	2	
Antianxiety Agents			
Benzodiazepines			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	1	QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	1	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	QL (120 per 30 days)

藥物名稱		藥物等級	規定／限制
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		2	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		2	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg		2	QL (180 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	(Tranxene T-Tab)	2	QL (180 per 30 days)
diazepam injection solution 5 mg/ml		2	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		2	
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	2	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		2	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
lorazepam 4 mg/ml vial inner 4 mg/ml	(Ativan)	1	
lorazepam injection solution 2 mg/ml	(Ativan)	2	QL (2 per 30 days)
lorazepam injection solution 4 mg/ml	(Ativan)	4	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml		1	QL (2 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	QL (150 per 30 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg		2	QL (120 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	1	QL (30 per 30 days)
Antibacterials			
Aminoglycosides			
gentamicin injection solution 20 mg/2 ml, 40 mg/ml		2	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		2	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml		2	
neomycin oral tablet 500 mg		2	

藥物名稱		藥物等級	規定／限制
streptomycin intramuscular recon soln 1 gram		5	NM; NDS
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	5	PA BvD; NM; NDS
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	5	PA BvD; NM; NDS
tobramycin sulfate injection solution 40 mg/ml		2	
Antibacterials, Miscellaneous			
chloramphenicol sod succinate intravenous recon soln 1 gram		2	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	2	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml		2	
clindamycin pediatric oral recon soln 75 mg/5 ml	(clindamycin palmitate hcl)	2	
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)		2	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	2	
clindamycin phosphate intravenous solution 600 mg/4 ml		2	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	5	NM; NDS
daptomycin intravenous recon soln 500 mg	(Cubicin RF)	5	NM; NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML		4	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	2	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	5	NM; NDS
linezolid oral tablet 600 mg	(Zyvox)	2	
methenamine hippurate oral tablet 1 gram	(Hiprex)	2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	2	
metronidazole oral tablet 250 mg, 500 mg		2	

藥物名稱		藥物等級	規定／限制
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	(Macrodantin)	2	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	2	QL (60 per 30 days)
polymyxin b sulfate injection recon soln 500,000 unit		2	
trimethoprim oral tablet 100 mg		1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg		2	
vancomycin oral capsule 125 mg	(Vancocin)	2	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG		5	PA; NM; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		5	PA; NM; NDS; QL (90 per 30 days)
Cephalosporins			
cefaclor oral capsule 250 mg, 500 mg		2	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		4	
cefadroxil oral capsule 500 mg		2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		2	
cefadroxil oral tablet 1 gram		2	
cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml		2	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg		2	
cefdinir oral capsule 300 mg		2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		2	
cefepime injection recon soln 1 gram, 2 gram		2	
cefixime oral capsule 400 mg	(Suprax)	4	
cefotaxime injection recon soln 1 gram		2	

藥物名稱	藥物等級	規定／限制
cefoxitin intravenous recon soln 1 gram	2	
cefoxitin intravenous recon soln 10 gram, 2 gram	4	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	4	
cefpodoxime oral tablet 100 mg, 200 mg	4	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cefprozil oral tablet 250 mg, 500 mg	2	
CEFTAZIDIME 2 GM PIGGYBACK 2 GRAM/50 ML	2	
ceftazidime injection recon soln 1 gram, 6 gram (Tazicef)	2	
CEFTAZIDIME INJECTION RECON SOLN 2 GRAM (Tazicef)	2	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	2	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection recon soln 750 mg	2	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	2	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	2	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
Macrolides		
azithromycin intravenous recon soln 500 mg (Zithromax)	2	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	2	

藥物名稱		藥物等級	規定／限制
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		2	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	2	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		2	
clarithromycin oral tablet 250 mg, 500 mg		2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		5	NM; NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG		5	NM; NDS; QL (20 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	4	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	4	
erythromycin oral tablet 250 mg, 500 mg		4	
Miscellaneous B-Lactam Antibiotics			
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		5	PA; NM; LA; NDS
ertapenem injection recon soln 1 gram	(Invanz)	2	
imipenem-cilastatin intravenous recon soln 250 mg		2	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	2	
meropenem intravenous recon soln 1 gram, 500 mg		2	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml		1	

藥物名稱		藥物等級	規定／限制
amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		2	
amoxicillin oral tablet 500 mg, 875 mg		2	
amoxicillin oral tablet,chewable 125 mg, 250 mg		2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		2	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	2	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		2	
ampicillin oral capsule 500 mg		2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg		2	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		4	
dicloxacillin oral capsule 250 mg, 500 mg		2	
nafcillin 1 gm/ 50 ml inj 1 gram/50 ml		2	
nafcillin injection recon soln 1 gram		2	
nafcillin injection recon soln 10 gram		5	NM; NDS
nafcillin injection recon soln 2 gram		2	
penicillin g potassium injection recon soln 20 million unit	(Pfizerpen-G)	2	

藥物名稱	藥物等級	規定／限制
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	2	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	2	
pfizerpen-g injection recon soln 20 million unit (penicillin g potassium)	2	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	2	
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	2	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)	4	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	2	
levofloxacin intravenous solution 25 mg/ml	4	
levofloxacin oral solution 250 mg/10 ml	2	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	2	
Sulfonamides		
sulfadiazine oral tablet 500 mg	2	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml iv vial outer,suv 400-80 mg/5 ml	4	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)	2	

藥物名稱		藥物等級	規定／限制
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetracyclines			
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	2	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	2	
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	2	
doxycycline hyclate oral tablet 100 mg	(LymePak)	2	
doxycycline hyclate oral tablet 20 mg		2	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	2	
doxycycline monohydrate oral capsule 50 mg	(Monodox)	2	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin (mono))	2	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	2	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg		2	
minocycline oral capsule 100 mg, 50 mg, 75 mg		2	
mondoxyne nl oral capsule 100 mg	(doxycycline monohydrate)	2	
tetracycline oral capsule 250 mg, 500 mg		4	
tigecycline intravenous recon soln 50 mg	(Tygacil)	5	NM; NDS
Anticancer Agents			
Anticancer Agents			
abiraterone oral tablet 250 mg, 500 mg	(Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	(paclitaxel protein-bound)	5	PA BvD; NM; NDS

藥物名稱		藥物等級	規定／限制
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	2	PA BvD
ALECENSA ORAL CAPSULE 150 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	(pemetrexed disodium)	5	NM; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)		5	PA NSO; NM; NDS
anastrozole oral tablet 1 mg	(Arimidex)	1	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	(Vidaza)	5	NM; NDS
BALVERSA ORAL TABLET 3 MG		5	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		5	PA NSO; NM; NDS; QL (28 per 28 days)
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	5	PA NSO; NM; NDS
bexarotene oral capsule 75 mg	(Targretin)	5	PA NSO; NM; NDS
bexarotene topical gel 1 %	(Targretin)	5	PA NSO; NM; NDS
bicalutamide oral tablet 50 mg	(Casodex)	2	
bleomycin injection recon soln 15 unit, 30 unit		2	
bortezomib injection recon soln 1 mg		4	PA NSO
bortezomib injection recon soln 2.5 mg		5	PA NSO; NM; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG		5	PA NSO; NM; NDS
BOSULIF ORAL TABLET 100 MG		5	PA NSO; NM; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)

藥物名稱	藥物等級	規定／限制
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NM; NDS; 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)	5	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	5	PA BvD; NM; NDS
cyclophosphamide intravenous solution 200 mg/ml	5	PA BvD; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	4	PA BvD; ST
cyclophosphamide oral capsule 50 mg	4	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	3	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS; QL (120 per 28 days)
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

藥物名稱	藥物等級	規定／限制
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg (Dacogen)	5	NM; NDS
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	2	PA BvD
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Doxil)	5	PA BvD; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 25 mg (Tarceva)	5	PA NSO; NM; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg (Tarceva)	5	PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
etoposide intravenous solution 20 mg/ml (Toposar)	2	
everolimus (antineoplastic) oral tablet 10 mg (Afinitor)	5	PA NSO; NM; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg (Afinitor)	5	PA NSO; NM; NDS; QL (28 per 28 days)

藥物名稱		藥物等級	規定／限制
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	5	PA NSO; NM; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	2	
EXKIVITY ORAL CAPSULE 40 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		5	PA NSO; NM; NDS
floxuridine injection recon soln 0.5 gram		2	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		2	PA BvD
flutamide oral capsule 125 mg	(Eulexin)	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		5	PA NSO; NM; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	(Faslodex)	5	NM; NDS
GAVRETO ORAL CAPSULE 100 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML		5	PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG		5	PA NSO; NM; NDS
hydroxyurea oral capsule 500 mg	(Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		5	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		5	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram	(Ifex)	2	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml		2	
imatinib oral tablet 100 mg	(Gleevec)	5	PA NSO; NM; NDS; QL (180 per 30 days)

藥物名稱	藥物等級	規定／限制
imatinib oral tablet 400 mg (Gleevec)	5	PA NSO; NM; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)

藥物名稱	藥物等級	規定／限制
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
lapatinib oral tablet 250 mg (Tykerb)	5	PA NSO; NM; NDS
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	5	PA NSO; NM; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NM; NDS
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	5	NM; NDS
leuprolide subcutaneous kit 1 mg/0.2 ml	5	PA NSO; NM; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS

藥物名稱	藥物等級	規定／限制
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
megestrol oral tablet 20 mg, 40 mg	2	
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
mercaptopurine oral tablet 50 mg	2	
methotrexate sodium (pf) injection recon soln 1 gram	2	
methotrexate sodium (pf) injection solution 25 mg/ml	2	
methotrexate sodium injection solution 25 mg/ml	2	
methotrexate sodium oral tablet 2.5 mg	2	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	2	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS

藥物名稱	藥物等級	規定／限制
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NM; NDS
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg (Abraxane)	5	PA BvD; NM; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
pemetrexed disodium intravenous recon soln 750 mg	5	NM; NDS
pemetrexed disodium intravenous solution 25 mg/ml	5	NM; NDS
pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg	5	NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG (lenalidomide)	5	PA NSO; NM; LA; NDS; QL (28 per 28 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS

藥物名稱	藥物等級	規定／限制
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA NSO; NM; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NM; NDS
sorafenib oral tablet 200 mg (Nexavar)	5	PA NSO; NM; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	5	PA NSO; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)

藥物名稱	藥物等級	規定／限制
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NM; NDS; QL (5 per 21 days)
toposar intravenous solution 20 mg/ml (etoposide)	2	
toremifene oral tablet 60 mg (Fareston)	5	NM; NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	5	PA NSO; NM; NDS
tretinoin (antineoplastic) oral capsule 10 mg	5	NM; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NM; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VELCADE INJECTION RECON SOLN 3.5 MG (bortezomib)	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)

藥物名稱	藥物等級	規定／限制
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml (Navelbine)	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)

藥物名稱	藥物等級	規定／限制
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NM; NDS
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NM; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)

藥物名稱		藥物等級	規定／限制
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	2	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	2	
carbamazepine oral tablet 200 mg	(Epitol)	2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	2	
carbamazepine oral tablet,chewable 100 mg		2	
CELONTIN ORAL CAPSULE 300 MG		4	
clobazam oral suspension 2.5 mg/ml	(Onfi)	2	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	(Diastat AcuDial)	4	
diazepam rectal kit 2.5 mg	(Diastat)	4	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA NSO; NM; NDS
epitol oral tablet 200 mg	(carbamazepine)	2	
EPRONTIA ORAL SOLUTION 25 MG/ML		4	ST; QL (480 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	2	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	2	

藥物名稱		藥物等級	規定／限制
felbamate oral suspension 600 mg/5 ml	(Felbatol)	5	NM; NDS
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		5	PA NSO; NM; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		5	ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		5	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG		4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG		5	ST; NM; NDS; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	1	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	1	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	2	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	2	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	2	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	2	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	2	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	2	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	2	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	2	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	2	
levetiracetam oral solution 100 mg/ml	(Keppra)	2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	2	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		4	QL (10 per 30 days)

藥物名稱		藥物等級	規定／限制
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	2	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		2	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		2	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	2	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	2	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	2	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	2	
phenytoin sodium intravenous solution 50 mg/ml		2	
phenytoin sodium intravenous syringe 50 mg/ml		2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	2	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	2	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	2	QL (900 per 30 days)
primidone oral tablet 250 mg, 50 mg	(Mysoline)	2	
rufinamide oral suspension 40 mg/ml	(Banzel)	5	ST; NM; NDS
rufinamide oral tablet 200 mg	(Banzel)	2	ST
rufinamide oral tablet 400 mg	(Banzel)	5	ST; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG		4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG		4	ST; QL (120 per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG		4	PA NSO; QL (60 per 30 days)

藥物名稱		藥物等級	規定／限制
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	(Gabitril)	2	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	2	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		2	
valproic acid oral capsule 250 mg		2	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 5 MG/SPRAY (0.1 ML)		4	
VALTOCO NASAL SPRAY,NON-AEROSOL 20 MG/2 SPRAY (10MG/0.1ML X2)		5	NM; NDS
vigabatrin oral powder in packet 500 mg	(Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Sabril)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	(lacosamide)	3	QL (200 per 5 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG		4	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		4	ST; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		4	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML		4	
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	2	

藥物名稱		藥物等級	規定／限制
zonisamide oral capsule 50 mg		2	
ZTALMY ORAL SUSPENSION 50 MG/ML		5	PA NSO; NM; NDS; QL (1080 per 30 days)
Antidementia Agents			
Antidementia Agents			
donepezil oral tablet 10 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg		2	QL (30 per 30 days)
ergoloid oral tablet 1 mg		2	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	2	QL (30 per 30 days)
galantamine oral solution 4 mg/ml		2	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		2	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	2	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml		2	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	(Namenda)	2	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		2	QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	2	QL (30 per 30 days)
Antidepressants			
Antidepressants			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg		4	
amoxapine oral tablet 50 mg		2	
bupropion hcl oral tablet 100 mg, 75 mg		2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	2	
citalopram oral solution 10 mg/5 ml		2	QL (600 per 30 days)
citalopram oral tablet 10 mg	(Celexa)	1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	(Celexa)	1	QL (30 per 30 days)

藥物名稱	藥物等級	規定／限制
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	4	
desipramine oral tablet 10 mg, 25 mg (Norpramin)	2	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	2	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin oral concentrate 10 mg/ml	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NM; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	4	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg (Prozac)	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	

藥物名稱		藥物等級	規定／限制
maprotiline oral tablet 25 mg, 50 mg, 75 mg		2	
MARPLAN ORAL TABLET 10 MG		4	
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	2	
mirtazapine oral tablet 45 mg, 7.5 mg		2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	2	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml		4	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	4	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		2	
phenelzine oral tablet 15 mg	(Nardil)	2	
protriptyline oral tablet 10 mg, 5 mg		4	
sertraline oral concentrate 20 mg/ml	(Zoloft)	2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG		4	PA NSO
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)		5	PA NSO; NM; NDS
tranylcypromine oral tablet 10 mg	(Parnate)	4	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	2	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	2	QL (90 per 30 days)

藥物名稱	藥物等級	規定／限制
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	
vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)	2	QL (30 per 30 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	2	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NM; NDS; QL (112 per 28 days)
metformin oral tablet 1,000 mg	1	QL (75 per 30 days)
metformin oral tablet 500 mg	1	QL (150 per 30 days)
metformin oral tablet 850 mg	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 per 30 days)
nateglinide oral tablet 120 mg, 60 mg	2	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	QL (3 per 28 days)

藥物名稱	藥物等級	規定／限制
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg	2	QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg (Actoplus MET)	2	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	2	QL (120 per 30 days)
repaglinide oral tablet 2 mg	2	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)

藥物名稱	藥物等級	規定／限制
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	SI; QL (24 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	SI; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	SI; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	SI; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)

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

藥物名稱		藥物等級	規定／限制
glipizide oral tablet extended release 24hr 10 mg	(Glucotrol XL)	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	(Glucotrol XL)	1	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		2	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		2	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	(Glynase)	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	
Antifungals			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		4	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	(amphotericin b liposome)	5	PA BvD; NM; NDS
amphotericin b injection recon soln 50 mg		2	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	5	PA BvD; NM; NDS
caspofungin intravenous recon soln 50 mg, 70 mg	(Cancidas)	2	
ciclopirox topical cream 0.77 %	(Ciclodan)	2	QL (180 per 30 days)
ciclopirox topical solution 8 %	(Ciclodan)	2	QL (19.8 per 30 days)
clotrimazole mucous membrane troche 10 mg		2	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	2	
clotrimazole-betamethasone topical cream 1-0.05 %		2	QL (90 per 30 days)
econazole topical cream 1 %		4	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml		2	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	2	

藥物名稱		藥物等級	規定／限制
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Diflucan)	2	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	5	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml		2	
griseofulvin microsize oral tablet 500 mg		4	
itraconazole oral capsule 100 mg	(Sporanox)	2	
ketoconazole oral tablet 200 mg		2	
ketoconazole topical cream 2 %		2	QL (180 per 30 days)
ketoconazole topical foam 2 %	(Extina)	2	ST; QL (100 per 30 days)
ketoconazole topical shampoo 2 %		2	QL (360 per 30 days)
miconazole-3 vaginal suppository 200 mg		2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	(posaconazole)	5	PA; NM; NDS
nyamyc topical powder 100,000 unit/gram	(nystatin)	2	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		2	QL (900 per 30 days)
nystatin oral tablet 500,000 unit		2	
nystatin topical cream 100,000 unit/gram		2	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		2	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nyamyc)	2	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		2	
nystop topical powder 100,000 unit/gram	(nystatin)	2	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	5	PA; NM; NDS
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	5	PA BvD; NM; NDS

藥物名稱		藥物等級	規定／限制
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	5	PA; NM; NDS
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	4	
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg	(Zyloprim)	1	
allopurinol oral tablet 300 mg		1	
colchicine oral tablet 0.6 mg	(Colcrys)	4	PA; QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	4	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	(colchicine)	2	QL (60 per 30 days)
probenecid oral tablet 500 mg		2	
probenecid-colchicine oral tablet 500-0.5 mg		2	
Antihistamines			
Antihistamines			
cyproheptadine oral syrup 2 mg/5 ml		2	
diphenhydramine hcl injection solution 50 mg/ml		2	
diphenhydramine hcl injection syringe 50 mg/ml		2	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	(Diphen)	2	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		2	
hydroxyzine hcl oral solution 10 mg/5 ml		2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
promethazine oral syrup 6.25 mg/5 ml		2	
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			

藥物名稱		藥物等級	規定／限制
clindamycin phosphate vaginal cream 2 %	(Cleocin)	4	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	4	
terconazole vaginal cream 0.4 %, 0.8 %		2	
terconazole vaginal suppository 80 mg		4	
Antimigraine Agents			
Antimigraine Agents			
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		3	PA; QL (1.5 per 30 days)
dihydroergotamine injection solution 1 mg/ml		2	QL (24 per 28 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	5	NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		3	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		3	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	2	QL (12 per 30 days)
rizatriptan oral tablet 5 mg		2	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	2	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		2	QL (12 per 30 days)

藥物名稱		藥物等級	規定／限制
sumatriptan nasal spray,non-aerosol 20 mg/actuation	(Imitrex)	2	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	(Imitrex)	2	QL (18 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	2	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	2	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	4	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	(Imitrex STATdose Pen)	2	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex STATdose Pen)	4	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	2	QL (4 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		4	QL (4 per 28 days)
sumatriptan-naproxen oral tablet 85-500 mg	(Treximet)	2	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		3	PA; QL (16 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	2	QL (6 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg		2	QL (6 per 30 days)
Antimycobacterials			
Antimycobacterials			
dapsone oral tablet 100 mg, 25 mg		2	
ethambutol oral tablet 100 mg		2	
ethambutol oral tablet 400 mg	(Myambutol)	2	
isoniazid oral solution 50 mg/5 ml		2	
isoniazid oral tablet 100 mg, 300 mg		1	
PRETOMANID ORAL TABLET 200 MG		4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG		4	
pyrazinamide oral tablet 500 mg		2	
rifabutin oral capsule 150 mg	(Mycobutin)	4	
rifampin intravenous recon soln 600 mg	(Rifadin)	4	

藥物名稱		藥物等級	規定／限制
rifampin oral capsule 150 mg, 300 mg		2	
SIRTURO ORAL TABLET 100 MG, 20 MG		5	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG		4	
Antinausea Agents			
Antinausea Agents			
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG		4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML		4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		4	PA BvD
aprepitant oral capsule 125 mg		2	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		2	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	2	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	2	PA BvD
compro rectal suppository 25 mg	(prochlorperazine)	2	
dimenhydrinate injection solution 50 mg/ml		2	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	4	PA; QL (60 per 30 days)
droperidol injection solution 2.5 mg/ml		2	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		4	PA BvD; QL (6 per 28 days)
fosaprepitant intravenous recon soln 150 mg	(Emend (fosaprepitant))	2	QL (2 per 28 days)
granisetron (pf) intravenous solution 100 mcg/ml		2	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)		2	
granisetron hcl oral tablet 1 mg		2	PA BvD

藥物名稱		藥物等級	規定／限制
meclizine oral tablet 12.5 mg		2	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	2	
ondansetron hcl (pf) injection solution 4 mg/2 ml		2	
ondansetron hcl (pf) injection syringe 4 mg/2 ml		1	
ondansetron hcl intravenous solution 2 mg/ml		2	
ondansetron hcl oral solution 4 mg/5 ml		2	PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg		2	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		2	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	2	
prochlorperazine rectal suppository 25 mg	(Compro)	2	
promethazine injection solution 25 mg/ml	(Phenergan)	2	
promethazine injection solution 50 mg/ml	(Phenergan)	2	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	
promethazine rectal suppository 12.5 mg, 25 mg	(Promethegan)	2	
promethazine rectal suppository 50 mg	(Promethegan)	4	
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	2	
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	4	QL (10 per 30 days)
Antiparasite Agents			
Antiparasite Agents			
albendazole oral tablet 200 mg		5	NM; NDS
atovaquone oral suspension 750 mg/5 ml	(Mepron)	2	

藥物名稱		藥物等級	規定／限制
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	2	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	2	
chloroquine phosphate oral tablet 250 mg, 500 mg		2	
COARTEM ORAL TABLET 20-120 MG		4	
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	2	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		5	PA; NM; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	2	
KRINTAFEL ORAL TABLET 150 MG		4	
mefloquine oral tablet 250 mg		2	
nitazoxanide oral tablet 500 mg	(Alinia)	5	NM; NDS
paromomycin oral capsule 250 mg	(Humatin)	2	
pentamidine inhalation recon soln 300 mg	(Nebupent)	2	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	4	
PRIMAQUINE ORAL TABLET 26.3 MG		4	
pyrimethamine oral tablet 25 mg	(Daraprim)	5	PA; NM; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	2	PA; QL (42 per 7 days)
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		2	
amantadine hcl oral solution 50 mg/5 ml		1	
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	5	PA; NM; NDS; QL (60 per 30 days)
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		2	
bromocriptine oral capsule 5 mg	(Parlodel)	2	
bromocriptine oral tablet 2.5 mg	(Parlodel)	2	
cabergoline oral tablet 0.5 mg		2	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	2	

藥物名稱	藥物等級	規定／限制
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	2	
carbidopa-levodopa oral tablet 25-250 mg	2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg (Stalevo 50)	4	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg (Stalevo 75)	4	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg (Stalevo 100)	4	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg (Stalevo 125)	4	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg (Stalevo 150)	4	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg (Stalevo 200)	4	
entacapone oral tablet 200 mg (Comtan)	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NM; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NM; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)

藥物名稱	藥物等級	規定／限制
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	1	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	4	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	2	
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	2	
trihexyphenidyl oral elixir 0.4 mg/ml	2	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
Antipsychotic Agents		
Antipsychotic Agents		
aripiprazole oral solution 1 mg/ml	2	QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Abilify)	2	QL (30 per 30 days)
aripiprazole oral tablet 2 mg (Abilify)	2	QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	5	ST; NM; NDS; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	5	ST; NM; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 28 days)

藥物名稱	藥物等級	規定／限制
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NM; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	2	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
clozapine oral tablet 100 mg (Clozaril)	2	QL (270 per 30 days)
clozapine oral tablet 200 mg (Clozaril)	2	QL (135 per 30 days)
clozapine oral tablet 25 mg, 50 mg (Clozaril)	2	QL (90 per 30 days)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	4	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	4	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	5	ST; NM; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
fluphenazine decanoate injection solution 25 mg/ml	2	
fluphenazine hcl injection solution 2.5 mg/ml	2	
fluphenazine hcl oral concentrate 5 mg/ml	4	
fluphenazine hcl oral elixir 2.5 mg/5 ml	4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	2	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml (Haldol Decanoate)	2	
haloperidol lactate injection solution 5 mg/ml	2	

藥物名稱	藥物等級	規定／限制
haloperidol lactate intramuscular syringe 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NM; NDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NM; NDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NM; NDS; QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NM; NDS; QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NM; NDS; QL (2.63 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 per 30 days)

藥物名稱		藥物等級	規定／限制
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
molindone oral tablet 10 mg		2	QL (240 per 30 days)
molindone oral tablet 25 mg		2	QL (270 per 30 days)
molindone oral tablet 5 mg		2	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	2	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	2	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	2	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	(Invega)	4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	4	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		5	NM; NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		2	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Seroquel)	2	QL (90 per 30 days)
quetiapine oral tablet 150 mg		2	QL (30 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	(Seroquel)	2	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg	(Seroquel XR)	2	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg	(Seroquel XR)	2	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG		5	ST; NM; NDS; QL (120 per 30 days)

藥物名稱	藥物等級	規定／限制
REXULTI ORAL TABLET 0.5 MG	5	ST; NM; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NM; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	NM; NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml (Risperdal)	2	QL (480 per 30 days)
risperidone oral tablet 0.25 mg	2	QL (60 per 30 days)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	2	QL (60 per 30 days)
risperidone oral tablet 4 mg (Risperdal)	2	QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	4	QL (60 per 30 days)
risperidone oral tablet,disintegrating 3 mg, 4 mg	4	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NM; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	2	QL (60 per 30 days)

藥物名稱		藥物等級	規定／限制
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	(Geodon)	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG		4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG		5	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG		5	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)			
Antiretrovirals			
abacavir oral solution 20 mg/ml	(Ziagen)	2	
abacavir oral tablet 300 mg	(Ziagen)	2	
abacavir-lamivudine oral tablet 600-300 mg	(Epzicom)	2	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	(Trizivir)	5	NM; NDS
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	5	NM; NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG		5	NM; NDS
atazanavir oral capsule 150 mg		2	
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		5	NM; NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML		5	NM; NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		5	NM; NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	5	NM; NDS; QL (24 per 365 days)

藥物名稱		藥物等級	規定／限制
CIMDUO ORAL TABLET 300-300 MG		5	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG		5	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG		5	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		5	NM; NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		2	
DOVATO ORAL TABLET 50-300 MG		5	NM; NDS
EDURANT ORAL TABLET 25 MG		5	NM; NDS
efavirenz oral capsule 200 mg, 50 mg	(Sustiva)	2	
efavirenz oral tablet 600 mg	(Sustiva)	2	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	(Atripla)	5	NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	(Symfi Lo)	5	NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	5	NM; NDS
emtricitabine oral capsule 200 mg	(Emtriva)	2	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	(Truvada)	5	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		4	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG		5	NM; NDS
fosamprenavir oral tablet 700 mg	(Lexiva)	5	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		5	NM; NDS
INTELENCE ORAL TABLET 25 MG		4	
INVIRASE ORAL TABLET 500 MG		5	NM; NDS

藥物名稱		藥物等級	規定／限制
ISENTRESS HD ORAL TABLET 600 MG		5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG		4	
ISENTRESS ORAL TABLET 400 MG		5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG		5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG		4	
JULUCA ORAL TABLET 50-25 MG		5	NM; NDS
lamivudine oral solution 10 mg/ml	(Epivir)	2	
lamivudine oral tablet 100 mg	(Epivir HBV)	2	
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	2	
lamivudine-zidovudine oral tablet 150-300 mg	(Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML		4	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	2	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	2	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	5	NM; NDS; QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	5	NM; NDS
nevirapine oral suspension 50 mg/5 ml		4	
nevirapine oral tablet 200 mg		2	
nevirapine oral tablet extended release 24 hr 100 mg		4	
nevirapine oral tablet extended release 24 hr 400 mg		2	
NORVIR ORAL POWDER IN PACKET 100 MG		4	
NORVIR ORAL SOLUTION 80 MG/ML		4	
ODEFSEY ORAL TABLET 200-25-25 MG		5	NM; NDS

藥物名稱	藥物等級	規定／限制
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NM; NDS
PREZISTA ORAL TABLET 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	5	NM; NDS
ritonavir oral tablet 100 mg (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NM; NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NM; NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	

藥物名稱		藥物等級	規定／限制
TRIUMEQ ORAL TABLET 600-50-300 MG		5	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		5	NM; NDS
TRIZIVIR ORAL TABLET 300-150-300 MG	(abacavir-lamivudine-zidovudine)	5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)		5	NM; NDS
VEMLIDY ORAL TABLET 25 MG		5	NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG		5	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	NM; NDS
VOCABRIA ORAL TABLET 30 MG		4	
zidovudine oral capsule 100 mg	(Retrovir)	2	
zidovudine oral syrup 10 mg/ml	(Retrovir)	2	
zidovudine oral tablet 300 mg		2	
Antivirals, Miscellaneous			
foscarnet intravenous solution 24 mg/ml	(Foscavir)	4	PA BvD
oseltamivir oral capsule 30 mg	(Tamiflu)	2	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	(Tamiflu)	2	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	2	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	2	QL (540 per 180 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG		4	QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML		5	PA; NM; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML		5	PA; NM; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		5	PA; NM; NDS; QL (28 per 28 days)

藥物名稱	藥物等級	規定／限制
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
rimantadine oral tablet 100 mg (Flumadine)	2	
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	5	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NM; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	4	
acyclovir oral tablet 400 mg, 800 mg	2	

藥物名稱		藥物等級	規定／限制
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg		2	PA BvD
acyclovir sodium intravenous solution 50 mg/ml		2	PA BvD
adefovir oral tablet 10 mg	(Hepsera)	2	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	2	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		2	
lagevrio (eua) oral capsule 200 mg		4	QL (40 per 5 days)
ribavirin oral capsule 200 mg		2	
ribavirin oral tablet 200 mg		2	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	2	
valganciclovir oral tablet 450 mg	(Valcyte)	2	
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		3	
ELIQUIS ORAL TABLET 2.5 MG		3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		3	QL (74 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	2	QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	2	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	2	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	2	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	2	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	2	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	5	NM; NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	2	QL (15 per 30 days)

藥物名稱	藥物等級	規定／限制
fondaparinux subcutaneous syringe 5 mg/0.4 ml (Arixtra)	5	NM; NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml (Arixtra)	5	NM; NDS; QL (18 per 30 days)
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	2	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	
heparin, porcine (pf) injection solution 1,000 unit/ml	2	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS

藥物名稱	藥物等級	規定／限制
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NM; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NM; NDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS

藥物名稱	藥物等級	規定／限制
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
Hematologic Agents, Miscellaneous		
anagrelide oral capsule 0.5 mg (Agrylin)	2	
anagrelide oral capsule 1 mg	2	
CABLIVI INJECTION KIT 11 MG	5	PA; NM; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
protamine intravenous solution 10 mg/ml	2	
SIKLOS ORAL TABLET 100 MG	4	PA
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml) (Cyklokapron)	2	
tranexamic acid oral tablet 650 mg (Lysteda)	2	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	2	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
cilostazol oral tablet 100 mg, 50 mg	2	
clopidogrel oral tablet 75 mg (Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	
pentoxifylline oral tablet extended release 400 mg	2	
prasugrel oral tablet 10 mg, 5 mg (Effient)	2	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD

藥物名稱	藥物等級	規定／限制
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD

藥物名稱	藥物等級	規定／限制
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	2	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution	4	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	2	
dextrose 5%-water iv soln single use	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	2	QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	2	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	2	QL (8 per 28 days)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	2	
droxidopa oral capsule 100 mg, 200 mg, 300 mg (Northera)	5	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg	2	
methyldopa oral tablet 250 mg, 500 mg	2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	2	

藥物名稱		藥物等級	規定／限制
phenylephrine hcl injection solution 10 mg/ml	(Vazculep)	2	
prazosin oral capsule 1 mg, 2 mg, 5 mg	(Minipress)	2	
Angiotensin Ii Receptor Antagonists			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	2	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	2	
EDARBI ORAL TABLET 40 MG, 80 MG		3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		3	
ENTRESTO ORAL TABLET 24-26 MG		3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG		3	QL (60 per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	2	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	2	
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)	2	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	2	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	2	

藥物名稱		藥物等級	規定／限制
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	2	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	2	
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	2	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		2	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		2	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalaprilat intravenous solution 1.25 mg/ml		2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
moexipril oral tablet 15 mg, 7.5 mg		2	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		2	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	2	

藥物名稱		藥物等級	規定／限制
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		2	
Antiarrhythmic Agents			
amiodarone oral tablet 100 mg, 400 mg	(Pacerone)	2	
amiodarone oral tablet 200 mg	(Pacerone)	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	2	
flecainide oral tablet 100 mg, 150 mg, 50 mg		2	
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)		1	
lidocaine hcl 1% 50 mg/5 ml vial sdv, p/f 10 mg/ml (1 %)	(Xylocaine-MPF)	2	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		2	
MULTAQ ORAL TABLET 400 MG		3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	(amiodarone)	2	
procainamide injection solution 100 mg/ml, 500 mg/ml		2	
procainamide intravenous syringe 100 mg/ml		2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	(Rythmol SR)	2	
propafenone oral tablet 150 mg, 225 mg, 300 mg		2	
quinidine gluconate oral tablet extended release 324 mg		2	
quinidine sulfate oral tablet 200 mg		1	
quinidine sulfate oral tablet 300 mg		2	
Beta-Adrenergic Blocking Agents			

藥物名稱		藥物等級	規定／限制
acebutolol oral capsule 200 mg, 400 mg		2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	2	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	2	
betaxolol oral tablet 10 mg, 20 mg		2	
bisoprolol fumarate oral tablet 10 mg, 5 mg		2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
labetalol intravenous solution 5 mg/ml		2	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)		2	
labetalol oral tablet 100 mg, 200 mg, 300 mg		2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		2	
metoprolol tartrate intravenous solution 5 mg/5 ml		2	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg		1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	2	
pindolol oral tablet 10 mg, 5 mg		2	
propranolol intravenous solution 1 mg/ml		2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	2	

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

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

藥物名稱		藥物等級	規定／限制
icatibant subcutaneous syringe 30 mg/3 ml	(Sajazir)	5	PA; NM; NDS; QL (18 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	5	NM; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg	(Ranexa)	2	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	(Ranexa)	2	QL (120 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	(icatibant)	5	PA; NM; NDS; QL (18 per 30 days)
Dihydropyridines			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	2	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	2	
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)	2	
isradipine oral capsule 2.5 mg, 5 mg		2	
nicardipine oral capsule 20 mg, 30 mg		2	
nifedipine oral capsule 10 mg, 20 mg		2	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		2	
Diuretics			
amiloride oral tablet 5 mg		2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		2	
bumetanide 2.5 mg/10 ml vial mdv, inner 0.25 mg/ml		2	

藥物名稱		藥物等級	規定／限制
bumetanide injection solution 0.25 mg/ml		4	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		2	
chlorothiazide sodium intravenous recon soln 500 mg	(Diuril IV)	2	
chlorthalidone oral tablet 25 mg, 50 mg		2	
furosemide injection solution 10 mg/ml		2	
furosemide injection syringe 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
torsemide oral tablet 10 mg, 100 mg, 5 mg		2	
torsemide oral tablet 20 mg	(Soaanz)	2	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	(Maxzide-25mg)	1	
triamterene-hydrochlorothiazid oral tablet 75-50 mg	(Maxzide)	1	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	2	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	2	QL (30 per 30 days)

藥物名稱		藥物等級	規定／限制
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		2	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	2	
cholestyramine light oral powder in packet 4 gram	(cholestyramine-aspartame)	2	
colesevelam oral powder in packet 3.75 gram	(WelChol)	2	
colesevelam oral tablet 625 mg	(WelChol)	2	
colestipol oral packet 5 gram	(Colestid)	2	
colestipol oral tablet 1 gram	(Colestid)	2	
ezetimibe oral tablet 10 mg	(Zetia)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	2	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg		2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	2	
fenofibrate nanocrystallized oral tablet 160 mg		2	
fenofibrate oral tablet 160 mg, 54 mg		2	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	2	
fluvastatin oral capsule 20 mg, 40 mg		2	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	2	
gemfibrozil oral tablet 600 mg	(Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG		5	PA; NM; NDS; QL (28 per 28 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG		5	PA; NM; NDS; QL (56 per 28 days)

藥物名稱		藥物等級	規定／限制
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		3	QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	
NEXLETOL ORAL TABLET 180 MG		3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		3	QL (30 per 30 days)
niacin oral tablet 500 mg	(Niacor)	1	
niacin oral tablet extended release 24 hr 1,000 mg	(Niaspan Extended-Release)	2	
niacin oral tablet extended release 24 hr 500 mg, 750 mg		2	
niacor oral tablet 500 mg	(niacin)	2	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	2	ST; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		3	QL (2 per 28 days)
pravastatin oral tablet 10 mg, 80 mg		1	
pravastatin oral tablet 20 mg, 40 mg		1	QL (30 per 30 days)
prevalite oral powder in packet 4 gram	(cholestyramine-aspartame)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		3	QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Zocor)	1	QL (30 per 30 days)
simvastatin oral tablet 5 mg		1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	(icosapent ethyl)	2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	2	QL (120 per 30 days)

藥物名稱		藥物等級	規定／限制
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	2	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG		3	PA; QL (30 per 30 days)
Vasodilators			
BIDIL ORAL TABLET 20-37.5 MG	(isosorbide-hydralazine)	3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		2	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg		2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	2	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	2	
minoxidil oral tablet 10 mg, 2.5 mg		2	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)		2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	2	
Central Nervous System Agents			
Central Nervous System Agents			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	(Strattera)	2	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	(Strattera)	2	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG		5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		5	PA; NM; NDS; QL (120 per 30 days)

藥物名稱	藥物等級	規定／限制
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml) (Cafcit)	2	PA BvD
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	5	PA; NM; NDS; QL (12 per 28 days)
dalfampridine oral tablet extended release 12 hr 10 mg (Ampyra)	2	PA; QL (60 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg (Focalin)	2	QL (60 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg (Zenzedi)	2	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 15 mg (Zenzedi)	4	QL (90 per 30 days)
dextroamphetamine sulfate oral tablet 20 mg (Zenzedi)	4	QL (60 per 30 days)
dextroamphetamine sulfate oral tablet 30 mg (Zenzedi)	2	QL (60 per 30 days)
dextroamphetamine sulfate oral tablet 5 mg (Zenzedi)	2	QL (90 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg (Adderall XR)	2	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg (Adderall XR)	2	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)	2	QL (60 per 30 days)

藥物名稱		藥物等級	規定／限制
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	5	PA; NM; NDS; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	5	PA; NM; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	5	PA; NM; NDS; QL (60 per 30 days)
flumazenil intravenous solution 0.1 mg/ml		2	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		5	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Copaxone)	5	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Copaxone)	5	PA; NM; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	5	PA; NM; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	2	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		5	PA; NM; NDS; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	
lithium carbonate oral tablet 300 mg		2	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	2	
lithium carbonate oral tablet extended release 450 mg		2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS

藥物名稱		藥物等級	規定／限制
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG		5	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG		5	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)		4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		5	PA; NM; NDS
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg		2	QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg		2	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	2	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	2	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		2	QL (30 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	2	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	2	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		2	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	2	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 54 mg (bx rating)		2	QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	2	QL (30 per 30 days)

藥物名稱		藥物等級	規定／限制
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	2	QL (60 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)		2	QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML		5	PA; NM; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML		5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML		5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML		5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML		5	PA; NM; NDS
riluzole oral tablet 50 mg	(Rilutek)	2	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		3	
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG		5	PA; NM; NDS; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		5	PA; NM; NDS; QL (120 per 30 days)
Contraceptives			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	

藥物名稱		藥物等級	規定／限制
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		2	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
balziva (28) oral tablet 0.4-35 mg-mcg		2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
briellyn oral tablet 0.4-35 mg-mcg		2	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg		2	

藥物名稱		藥物等級	規定／限制
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	2	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Syeda)	2	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
ELLA ORAL TABLET 30 MG		4	QL (6 per 365 days)
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
estarylla oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	

藥物名稱		藥物等級	規定／限制
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	2	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1-50 (28))	2	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	2	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
femynor oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
hailey oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
jasmiel (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	

藥物名稱		藥物等級	規定／限制
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
kalliga oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
kelnor 1-50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	2	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(LoJaimiess)	2	QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	2	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
larissia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	2	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	2	

藥物名稱		藥物等級	規定／限制
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	2	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	2	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
loryna (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
mili oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
mono-linyah oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		2	
nikki (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	2	

藥物名稱		藥物等級	規定／限制
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	2	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Merzee)	2	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	1	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tri-Legest Fe)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Femynor)	2	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg		2	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
orsythia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
philith oral tablet 0.4-35 mg-mcg		2	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
pirmella oral tablet 0.5/0.75/1 mg-35 mcg		2	

藥物名稱		藥物等級	規定／限制
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
sprintec (28) oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	2	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	

藥物名稱		藥物等級	規定／限制
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	2	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tulana oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
tyblume oral tablet,chewable 0.1 mg-20 mcg		4	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		2	
vestura (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
vyfemla (28) oral tablet 0.4-35 mg-mcg		2	
vylibra oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
wera (28) oral tablet 0.5-35 mg-mcg		2	
xulane transdermal patch weekly 150-35 mcg/24 hr		2	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr		2	QL (3 per 28 days)
zarah oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	

藥物名稱		藥物等級	規定／限制
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	2	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	1	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	1	
oralone dental paste 0.1 %	(triamcinolone acetonide)	2	
paroex oral rinse mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	2	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Fluoridex Sensitivity Relief)	1	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	2	
Dermatological Agents			
Dermatological Agents, Other			
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		2	
acyclovir topical ointment 5 %	(Zovirax)	4	QL (30 per 30 days)
ALCOHOL 70% SWABS	(Alcohol Pads)	1	
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	
ammonium lactate topical cream 12 %		2	

藥物名稱		藥物等級	規定／限制
ammonium lactate topical lotion 12 %	(Skin Treatment)	2	
BD SINGLE USE SWAB	(alcohol swabs)	1	
calcipotriene scalp solution 0.005 %		2	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	(Dovonex)	2	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		2	QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	1	
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	1	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	1	
fluorouracil topical cream 0.5 %	(Carac)	5	NM; NDS
fluorouracil topical cream 5 %	(Efudex)	2	
fluorouracil topical solution 2 %		2	
fluorouracil topical solution 5 %		4	
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	
imiquimod topical cream in packet 5 %		2	QL (24 per 30 days)
IV ANTISEPTIC WIPES	(alcohol swabs)	1	
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %		3	QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %		5	NM; NDS; QL (180 per 30 days)
podofilox topical solution 0.5 %		2	
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	
RA ISOPROPYL ALCOHOL 70% WIPES	(alcohol swabs)	1	

藥物名稱		藥物等級	規定／限制
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		4	QL (180 per 30 days)
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	1	
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	1	
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	1	
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	1	
VALCHLOR TOPICAL GEL 0.016 %		5	NM; NDS
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	
Dermatological Antibacterials			
clindamycin phosphate topical solution 1 %	(Cleocin T)	2	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	2	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	2	
ery pads topical swab 2 %	(erythromycin with ethanol)	2	
erythromycin with ethanol topical gel 2 %	(Erygel)	4	QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %		2	QL (180 per 30 days)
gentamicin topical cream 0.1 %		2	QL (120 per 30 days)
gentamicin topical ointment 0.1 %		2	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	2	
metronidazole topical gel 0.75 %	(Rosadan)	2	
metronidazole topical gel 1 %	(Metrogel)	4	
metronidazole topical lotion 0.75 %	(MetroLotion)	4	
mupirocin topical ointment 2 %	(Centany)	1	QL (220 per 30 days)
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		2	
rosadan topical cream 0.75 %	(metronidazole)	2	

藥物名稱		藥物等級	規定／限制
selenium sulfide topical lotion 2.5 %		2	
silver sulfadiazine topical cream 1 %	(SSD)	2	
ssd topical cream 1 %	(silver sulfadiazine)	4	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	2	
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %	(hydrocortisone)	2	
alclometasone topical cream 0.05 %		2	
alclometasone topical ointment 0.05 %		2	
betamethasone dipropionate topical cream 0.05 %		2	
betamethasone dipropionate topical lotion 0.05 %		2	
betamethasone dipropionate topical ointment 0.05 %		2	
betamethasone valerate topical cream 0.1 %		2	
betamethasone valerate topical lotion 0.1 %		2	
betamethasone valerate topical ointment 0.1 %		2	
betamethasone, augmented topical cream 0.05 %		2	
betamethasone, augmented topical gel 0.05 %		2	
betamethasone, augmented topical lotion 0.05 %		2	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	2	
clobetasol scalp solution 0.05 %		2	
clobetasol topical cream 0.05 %		2	
clobetasol topical gel 0.05 %		2	
clobetasol topical ointment 0.05 %	(Temovate)	2	
clobetasol topical shampoo 0.05 %	(Clobex)	2	
clobetasol-emollient topical cream 0.05 %		2	
desoximetasone topical cream 0.25 %	(Topicort)	2	QL (120 per 30 days)

藥物名稱	藥物等級	規定／限制
desoximetasone topical ointment 0.25 % (Topicort)	2	QL (120 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
fluocinolone topical cream 0.01 %	2	
fluocinolone topical cream 0.025 % (Synalar)	2	
fluocinolone topical ointment 0.025 % (Synalar)	2	
fluocinonide topical cream 0.05 %	2	
fluocinonide topical solution 0.05 %	2	
fluocinonide-emollient topical cream 0.05 % (Fluocinonide-E)	2	
fluticasone propionate topical cream 0.05 %	2	
fluticasone propionate topical ointment 0.005 %	2	
halobetasol propionate topical cream 0.05 %	2	
halobetasol propionate topical ointment 0.05 %	2	
hydrocortisone 2.5% cream 2.5 %	1	
hydrocortisone butyrate topical solution 0.1 %	2	QL (120 per 30 days)
hydrocortisone topical cream 1 % (Ala-Cort)	1	
hydrocortisone topical cream with perineal applicator 2.5 % (Proctosol HC)	1	
hydrocortisone topical lotion 2.5 %	2	
hydrocortisone topical ointment 1 % (Anti-Itch (HC))	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate topical cream 0.2 %	2	
mometasone topical cream 0.1 %	2	
mometasone topical ointment 0.1 %	2	
mometasone topical solution 0.1 %	2	
pimecrolimus topical cream 1 % (Elidel)	4	QL (100 per 30 days)
prednicarbate topical ointment 0.1 %	2	
proctosol hc topical cream with perineal applicator 2.5 % (hydrocortisone)	2	

藥物名稱		藥物等級	規定／限制
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
tacrolimus topical ointment 0.03 %, 0.1 %	(Protopic)	2	QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %		1	
triamcinolone acetonide topical cream 0.1 %, 0.5 %	(Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		2	
Dermatological Retinoids			
adapalene topical cream 0.1 %	(Differin)	4	
adapalene topical gel 0.1 %	(Differin)	2	
ALTRENO TOPICAL LOTION 0.05 %		4	PA
tazarotene topical cream 0.1 %	(Tazorac)	2	
TAZORAC TOPICAL CREAM 0.05 %		4	
tretinoin topical cream 0.025 %	(Avita)	2	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	2	PA
tretinoin topical gel 0.01 %	(Retin-A)	2	PA
tretinoin topical gel 0.025 %	(Avita)	2	PA
tretinoin topical gel 0.05 %	(Atralin)	4	PA
Scabicides And Pediculicides			
malathion topical lotion 0.5 %	(Ovide)	4	
permethrin topical cream 5 %	(Elimite)	2	
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	

藥物名稱		藥物等級	規定／限制
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	

藥物名稱		藥物等級	規定／限制
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		2	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		2	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		2	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		2	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		2	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		2	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		2	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		2	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		2	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		2	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"		2	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"		2	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		2	

藥物名稱		藥物等級	規定／限制
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"		2	
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	
BD INSULIN SYRINGE 1 ML W/O NEEDLE 1 ML	(insulin syringe needleless)	2	
BD LUER-LOK SYRINGE 1 ML 1 ML	(BD Insulin Syringe Slip Tip)	2	
BD NANO 2 GEN PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
BD SAFETGLD INS 0.3 ML 13MMX29G 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
BD SAFETGLD INS 0.3 ML 8MMX31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
BD SAFETGLD INS 0.5 ML 8MMX30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		2	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		2	
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "		2	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"		2	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		2	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		2	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		2	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	

藥物名稱		藥物等級	規定／限制
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		2	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	

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

藥物名稱		藥物等級	規定／限制
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		2	
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	

藥物名稱		藥物等級	規定／限制
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		2	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		2	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"		2	
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	
COMFORT TOUCH PEN NDL 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		1	

藥物名稱		藥物等級	規定／限制
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage)	1	
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	1	
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "		1	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "		1	
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"		2	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"		2	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"		2	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		2	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		2	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		2	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		2	
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	

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

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

藥物名稱		藥物等級	規定／限制
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		2	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		2	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		2	
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		2	
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		2	

藥物名稱		藥物等級	規定／限制
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		2	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		2	
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		2	
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		2	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		2	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		2	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		2	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		2	
EASY TOUCH LUER LOK INSUL 1 ML 1 ML	(insulin syringe needleless)	2	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	

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

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

藥物名稱		藥物等級	規定／限制
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		2	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		3	
INSULIN SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insuln Syr(half unit))	2	

藥物名稱		藥物等級	規定／限制
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	
INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Advocate Syringes)	2	
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	
INSULIN SYRING 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	2	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	2	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2	
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	2	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		2	
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	2	
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	2	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Advocate Syringes)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe)	2	

藥物名稱		藥物等級	規定／限制
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	2	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
LISCO SPONGES 100/BAG 2 X 2 "		1	
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
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)	2	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		2	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	

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

藥物名稱		藥物等級	規定／限制
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		2	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		2	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	2	
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	2	
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)	2	
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	2	
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	2	
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	2	
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	2	
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	2	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	

藥物名稱		藥物等級	規定／限制
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) 1 ML	(insulin syringes (disposable))	2	
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		2	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
NOVOFINE 30 NEEDLE		2	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		2	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"		2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		3	
OMNIPOD CLASSIC PDM KIT(GEN 3)		3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		3	

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

藥物名稱		藥物等級	規定／限制
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		2	
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	

藥物名稱		藥物等級	規定／限制
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	2	
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	2	
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	2	
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Lite Touch Insulin Syringe)	2	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		2	
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
RELION PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		2	
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		2	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		2	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		2	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"		2	
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"		2	
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"		2	
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	

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

藥物名稱		藥物等級	規定／限制
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
SURE COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
SURE COMFORT PEN NDL 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
SURE COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		2	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"		2	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		2	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		2	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		2	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"		2	

藥物名稱		藥物等級	規定／限制
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		2	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		2	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		2	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		2	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(Advocate Syringes)	2	

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

藥物名稱		藥物等級	規定／限制
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		2	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	

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

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

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

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

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

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

藥物名稱		藥物等級	規定／限制
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"		2	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"		2	
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		2	
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		2	
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	

藥物名稱	藥物等級	規定／限制
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CERDELGA ORAL CAPSULE 84 MG	5	PA; NM; NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NM; NDS; QL (14 per 28 days)
miglustat oral capsule 100 mg (Zavesca)	5	PA; NM; NDS; QL (90 per 30 days)
nitisinone oral capsule 10 mg, 2 mg, 5 mg (Orfadin)	5	PA; NM; NDS
ORFADIN ORAL CAPSULE 20 MG	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
sapropterin oral tablet,soluble 100 mg (Javygtor)	5	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; LA; NDS

藥物名稱		藥物等級	規定／限制
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT		3	
Eye, Ear, Nose, Throat Agents			
Eye, Ear, Nose, Throat Agents, Miscellaneous			
apraclonidine ophthalmic (eye) drops 0.5 %		2	
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	4	
azelastine nasal aerosol,spray 137 mcg (0.1 %)		2	QL (30 per 25 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	2	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		2	
cromolyn ophthalmic (eye) drops 4 %		2	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	(Cyclogyl)	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		5	PA; NM; NDS; QL (60 per 28 days)
epinastine ophthalmic (eye) drops 0.05 %		2	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		2	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		2	QL (15 per 10 days)
levofloxacin ophthalmic (eye) drops 1.5 %		4	
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	2	
olopatadine ophthalmic (eye) drops 0.2 %	(Clear Eyes Once Daily Allergy)	4	
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents			

藥物名稱		藥物等級	規定／限制
acetic acid otic (ear) solution 2 %		2	
bacitracin ophthalmic (eye) ointment 500 unit/gram		2	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	2	
bleph-10 ophthalmic (eye) drops 10 %	(sulfacetamide sodium)	2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	(Ciloxan)	2	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	(Ciprodex)	2	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		2	QL (3.5 per 4 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	(Zymaxid)	2	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	(gentamicin)	2	
gentamicin ophthalmic (eye) drops 0.3 %		2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		2	
levofloxacin ophthalmic (eye) drops 0.5 %		4	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		4	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		2	

藥物名稱		藥物等級	規定／限制
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		4	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		2	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	2	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	2	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	2	
ofloxacin otic (ear) drops 0.3 %		2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	(Polytrim)	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %		2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		2	
tobramycin ophthalmic (eye) drops 0.3 %	(Tobrex)	2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	(TobraDex)	2	
trifluridine ophthalmic (eye) drops 1 %		2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		3	

藥物名稱		藥物等級	規定／限制
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %		3	ST; QL (10 per 25 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %		3	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		2	
diclofenac sodium ophthalmic (eye) drops 0.1 %		2	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		4	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	2	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	4	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		2	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		3	QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		3	QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	4	QL (10 per 13 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation		4	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	4	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		2	

藥物名稱		藥物等級	規定／限制
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %		3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		3	QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	2	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		3	QL (60 per 30 days)
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
cimetidine hcl oral solution 300 mg/5 ml		2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Nexium)	2	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	2	QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 20 mg		2	
esomeprazole sodium intravenous recon soln 40 mg	(Nexium IV)	2	
famotidine (pf) intravenous solution 20 mg/2 ml		1	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml		2	
famotidine intravenous solution 10 mg/ml		2	
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Prevacid 24Hr)	1	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	1	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	
nizatidine oral capsule 150 mg, 300 mg		2	

藥物名稱		藥物等級	規定／限制
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	(Zegerid)	4	ST; QL (30 per 30 days)
pantoprazole intravenous recon soln 40 mg	(Protonix)	2	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	(Protonix)	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	(Protonix)	1	QL (60 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	2	QL (30 per 30 days)
sucralfate oral tablet 1 gram	(Carafate)	2	
Gastrointestinal Agents, Other			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	5	PA; NM; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	2	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	2	
dicyclomine oral capsule 10 mg		2	
dicyclomine oral solution 10 mg/5 ml		2	
dicyclomine oral tablet 20 mg		2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	2	
enulose oral solution 10 gram/15 ml	(lactulose)	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		5	PA; NM; NDS
generlac oral solution 10 gram/15 ml	(lactulose)	2	
glycopyrrolate oral tablet 1 mg	(Robinul)	2	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	2	
lactulose oral solution 10 gram/15 ml	(Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM		3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM		3	QL (30 per 30 days)
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	2	

藥物名稱		藥物等級	規定／限制
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	3	QL (60 per 30 days)
methscopolamine oral tablet 2.5 mg, 5 mg		4	
metoclopramide hcl injection solution 5 mg/ml		2	
metoclopramide hcl injection syringe 5 mg/ml		2	
metoclopramide hcl oral solution 5 mg/5 ml		2	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG		5	PA; NM; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML		5	PA; NM; NDS
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	5	NM; NDS
sodium polystyrene sulfonate oral powder		2	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		2	
ursodiol oral capsule 300 mg		2	
ursodiol oral tablet 250 mg	(URSO 250)	2	
ursodiol oral tablet 500 mg	(URSO Forte)	2	
XERMELO ORAL TABLET 250 MG		5	PA; NM; NDS; QL (84 per 28 days)
Laxatives			
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML		3	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	2	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	2	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	2	
peg-electrolyte soln oral recon soln 420 gram		2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	3	

藥物名稱		藥物等級	規定／限制
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	(sodium,potassium,mag sulfates)	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		3	
Phosphate Binders			
calcium acetate(phosphat bind) oral capsule 667 mg		2	
calcium acetate(phosphat bind) oral tablet 667 mg		2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML		4	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	5	NM; NDS
sevelamer carbonate oral tablet 800 mg	(Renvela)	2	
sevelamer hcl oral tablet 400 mg		2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		3	
Genitourinary Agents			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		2	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		3	
oxybutynin chloride oral syrup 5 mg/5 ml		2	
oxybutynin chloride oral tablet 5 mg		2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg	(Ditropan XL)	2	
oxybutynin chloride oral tablet extended release 24hr 15 mg		2	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	2	
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	2	
trospium oral tablet 20 mg		2	
Genitourinary Agents, Miscellaneous			

藥物名稱		藥物等級	規定／限制
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	2	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin oral capsule 0.4 mg	(Flomax)	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
tiopronin oral tablet 100 mg	(Thiola)	5	NM; NDS
Heavy Metal Antagonists			
Heavy Metal Antagonists			
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	5	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg	(Jadenu)	5	PA; NM; NDS
deferasirox oral tablet 90 mg	(Jadenu)	2	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	5	PA; NM; NDS
deferiprone oral tablet 1,000 mg	(Ferriprox (2 times a day))	5	PA; NM; NDS
deferiprone oral tablet 500 mg	(Ferriprox)	5	PA; NM; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	(deferiprone)	5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML		5	PA; NM; NDS
penicillamine oral tablet 250 mg	(Depen Titratabs)	5	PA; NM; NDS
trientine oral capsule 250 mg	(Syprine)	5	PA; NM; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		2	
oxandrolone oral tablet 10 mg, 2.5 mg	(Oxandrin)	2	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	2	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		2	PA

藥物名稱		藥物等級	規定／限制
testosterone enanthate intramuscular oil 200 mg/ml		2	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	4	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	4	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	4	PA; QL (300 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		4	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens			
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	(estradiol-norethindrone acet)	2	
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG		3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	
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)	2	QL (8 per 28 days)
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)	2	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	2	
estradiol vaginal tablet 10 mcg	(Yuvafem)	4	QL (18 per 28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	(Delestrogen)	2	

藥物名稱		藥物等級	規定／限制
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Amabelz)	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		4	QL (1 per 84 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(norethindrone ac-eth estradiol)	2	
jinteli oral tablet 1-5 mg-mcg	(norethindrone ac-eth estradiol)	2	
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	2	QL (8 per 28 days)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	2	
PREMARIN INJECTION RECON SOLN 25 MG		3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	
raloxifene oral tablet 60 mg	(Evista)	2	
yuvafem vaginal tablet 10 mcg	(estradiol)	4	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
betamethasone acet,sod phos injection suspension 6 mg/ml	(Celestone Soluspan)	2	
dexamethasone oral solution 0.5 mg/5 ml		2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		2	
dexamethasone sodium phos (pf) injection solution 10 mg/ml		1	

藥物名稱		藥物等級	規定／限制
dexamethasone sodium phos (pf) injection syringe 10 mg/ml		1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	
dexamethasone sodium phosphate injection syringe 4 mg/ml		2	
fludrocortisone oral tablet 0.1 mg		2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	2	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	(Depo-Medrol)	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	2	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	2	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg		2	
methylprednisolone sodium succ intravenous recon soln 1,000 mg	(Solu-Medrol)	2	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		2	PA BvD
prednisolone oral solution 15 mg/5 ml		2	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)		2	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	2	PA BvD
prednisone oral solution 5 mg/5 ml		2	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML		4	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	2	
Pituitary			
ACTHAR INJECTION GEL 80 UNIT/ML		5	PA; NM; NDS; QL (35 per 28 days)

藥物名稱	藥物等級	規定／限制
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
desmopressin injection solution 4 mcg/ml (DDAVP)	4	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	2	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	2	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NM; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA NSO; NM; NDS
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)	5	PA; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	2	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (Sandostatin)	2	
octreotide acetate injection solution 500 mcg/ml (Sandostatin)	5	NM; NDS
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	2	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)

藥物名稱		藥物等級	規定／限制
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	(lanreotide)	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML		5	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML		5	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; NM; NDS
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML		5	PA; NM; NDS
Progestins			
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	2	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	2	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)		2	
norethindrone acetate oral tablet 5 mg	(Aygestin)	2	
progesterone intramuscular oil 50 mg/ml		2	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	2	
Thyroid And Antithyroid Agents			
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	1	
levothyroxine oral tablet 300 mcg	(Levo-T)	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	2	

藥物名稱	藥物等級	規定／限制
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	2	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NM; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NM; NDS
azathioprine oral tablet 50 mg (Imuran)	2	PA BvD
azathioprine sodium injection recon soln 100 mg	2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS
cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)	2	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	2	PA BvD

藥物名稱	藥物等級	規定／限制
cyclosporine modified oral capsule 50 mg	2	PA BvD
cyclosporine modified oral solution 100 mg/ml (Gengraf)	2	PA BvD
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	2	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	5	PA BvD; NM; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NM; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NM; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NM; NDS

藥物名稱	藥物等級	規定／限制
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	2	PA BvD
gengraf oral solution 100 mg/ml (cyclosporine modified)	2	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NM; NDS
infliximab intravenous recon soln 100 mg (Remicade)	5	PA; NM; NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
leflunomide oral tablet 10 mg, 20 mg (Arava)	2	

藥物名稱	藥物等級	規定／限制
mycophenolate mofetil (hcl) intravenous recon soln 500 mg (CellCept Intravenous)	2	PA BvD
mycophenolate mofetil oral capsule 250 mg (CellCept)	2	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	5	PA BvD; NM; NDS
mycophenolate mofetil oral tablet 500 mg (CellCept)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	

藥物名稱	藥物等級	規定／限制
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NM; NDS
sirolimus oral solution 1 mg/ml (Rapamune)	5	PA BvD; NM; NDS
sirolimus oral tablet 0.5 mg, 1 mg (Rapamune)	2	PA BvD
sirolimus oral tablet 2 mg (Rapamune)	5	PA BvD; NM; NDS
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	2	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NM; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NM; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	

藥物名稱	藥物等級	規定／限制
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	

藥物名稱	藥物等級	規定／限制
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD

藥物名稱	藥物等級	規定／限制
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	

藥物名稱		藥物等級	規定／限制
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML		3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML		3	QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML		3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML		3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML		3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML		3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML		3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)		3	
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg	(Lotronex)	2	
alosetron oral tablet 1 mg	(Lotronex)	5	NM; NDS
balsalazide oral capsule 750 mg	(Colazal)	2	
budesonide oral capsule,delayed,extend.release 3 mg		4	
DIPENTUM ORAL CAPSULE 250 MG		5	ST; NM; NDS

藥物名稱		藥物等級	規定／限制
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	2	
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	4	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	4	QL (120 per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 800 mg	(Asacol HD)	4	
mesalamine rectal suppository 1,000 mg	(Canasa)	2	
sulfasalazine oral tablet 500 mg	(Azulfidine)	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	4	
UCERIS RECTAL FOAM 2 MG/ACTUATION		3	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate oral solution 70 mg/75 ml		2	QL (300 per 28 days)
alendronate oral tablet 10 mg, 5 mg		1	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		2	QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml		2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	2	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	2	
cinacalcet oral tablet 30 mg	(Sensipar)	2	QL (60 per 30 days)
cinacalcet oral tablet 60 mg	(Sensipar)	5	NM; NDS; QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	5	NM; NDS; QL (120 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)		3	PA; QL (2.4 per 28 days)
ibandronate intravenous solution 3 mg/3 ml		4	QL (3 per 84 days)

藥物名稱		藥物等級	規定／限制
ibandronate intravenous syringe 3 mg/3 ml		2	QL (3 per 84 days)
ibandronate oral tablet 150 mg	(Boniva)	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		5	PA; NM; NDS; QL (2 per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	4	
paricalcitol oral capsule 4 mcg		4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		3	QL (60 per 30 days)
risedronate oral tablet 150 mg	(Actonel)	2	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg		4	QL (30 per 30 days)
risedronate oral tablet 35 mg	(Actonel)	2	QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		2	QL (4 per 28 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	4	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		3	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		5	PA; NM; NDS
zoledronic acid intravenous recon soln 4 mg		4	
zoledronic acid intravenous solution 4 mg/5 ml		2	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	(Reclast)	2	QL (100 per 300 days)
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		5	PA; NM; NDS
betaine oral powder 1 gram/scoop	(Cystadane)	5	PA; NM; NDS

藥物名稱	藥物等級	規定／限制
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	
diazoxide oral suspension 50 mg/ml (Proglycem)	2	
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NM; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NM; NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
hydroxyzine pamoate oral capsule 100 mg	2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg (Vistaril)	1	
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	2	
leucovorin calcium injection solution 10 mg/ml	2	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	
levocarnitine (with sugar) oral solution 100 mg/ml (Carnitor)	2	
levocarnitine oral tablet 330 mg (Carnitor)	4	
mesna intravenous solution 100 mg/ml (Mesnex)	2	
MESNEX ORAL TABLET 400 MG	5	NM; NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NM; NDS
pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)	4	
pyridostigmine bromide oral tablet 30 mg	4	

藥物名稱	藥物等級	規定／限制
pyridostigmine bromide oral tablet 60 mg (Mestinon)	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
Ophthalmic Agents		
Antiglaucoma Agents		
acetazolamide oral capsule, extended release 500 mg	2	
acetazolamide oral tablet 125 mg, 250 mg	2	
acetazolamide sodium injection recon soln 500 mg	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	2	
brimonidine ophthalmic (eye) drops 0.2 %	2	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)	2	
carteolol ophthalmic (eye) drops 1 %	2	
dorzolamide ophthalmic (eye) drops 2 % (Trusopt)	2	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	2	

藥物名稱		藥物等級	規定／限制
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		3	QL (2.5 per 25 days)
pilocarpine hcl ophthalmic (eye) drops 1 %, 4 %		2	
pilocarpine hcl ophthalmic (eye) drops 2 %	(Isopto Carpine)	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		3	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	(Timoptic)	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	(Timoptic-XE)	2	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	4	QL (2.5 per 25 days)
Replacement Preparations			
Replacement Preparations			
calcium chloride intravenous syringe 100 mg/ml (10 %)		2	
d5 % and 0.9 % sodium chloride intravenous parenteral solution		2	
d5 %-0.45 % sodium chloride intravenous parenteral solution		2	
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE		4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	2	

藥物名稱		藥物等級	規定／限制
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	2	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	2	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml		2	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)		2	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)		2	
magnesium sulfate injection syringe 4 meq/ml		2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION		4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION		4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION		4	
potassium chloride intravenous solution 2 meq/ml		1	PA BvD
potassium chloride intravenous solution 2 meq/ml (20 ml)		2	PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		2	
potassium chloride oral tablet extended release 10 meq, 20 meq	(K-Tab)	2	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	2	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	2	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	2	

藥物名稱		藥物等級	規定／限制
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	2	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		2	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	2	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	2	
potassium citrate oral tablet extended release 5 meq (540 mg)	(Urocit-K 5)	2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		2	
sodium chloride 0.9 % intravenous parenteral solution		4	
sodium chloride 0.9 % intravenous piggyback		2	
sodium chloride 0.9% solution viaflex, single use		2	
Respiratory Tract Agents			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	2	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION		3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	(Pulmicort)	2	PA BvD; QL (120 per 30 days)

藥物名稱		藥物等級	規定／限制
budesonide inhalation suspension for nebulization 1 mg/2 ml	(Pulmicort)	2	PA BvD; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION		3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION		3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	(fluticasone propionate)	3	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	(fluticasone propionate)	3	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	(fluticasone propionate)	3	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	3	QL (30.6 per 30 days)
Antileukotrienes			
montelukast oral tablet 10 mg	(Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	4	
Bronchodilators			
albuterol 5 mg/ml solution 5 mg/ml		2	PA BvD; QL (120 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(ProAir HFA)	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		2	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)		2	PA BvD; QL (360 per 30 days)

藥物名稱	藥物等級	規定／限制
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	2	PA BvD; QL (120 per 30 days)
albuterol sulfate oral syrup 2 mg/5 ml	2	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %	2	PA BvD; QL (312.5 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	2	PA BvD; QL (540 per 30 days)
metaproterenol oral syrup 10 mg/5 ml	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
terbutaline oral tablet 2.5 mg, 5 mg	2	

藥物名稱	藥物等級	規定／限制
theophylline oral solution 80 mg/15 ml	2	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	2	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine intravenous solution 200 mg/ml (20 %) (Acetadote)	2	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	2	PA BvD
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	2	PA BvD
DALIRESP ORAL TABLET 250 MCG	3	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NM; NDS; QL (270 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; NM; LA; NDS; QL (0.4 per 28 days)

藥物名稱	藥物等級	規定／限制
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; NM; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (112 per 28 days)
pirfenidone oral tablet 267 mg (Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg	5	PA; NM; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg (Esbriet)	5	PA; NM; NDS; QL (90 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV 1,000 MG (+/-)/20 ML	5	PA BvD; NM; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NM; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NM; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NM; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
chlorzoxazone oral tablet 500 mg	2	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
dantrolene oral capsule 100 mg, 50 mg	4	
dantrolene oral capsule 25 mg (Dantrium)	4	
methocarbamol oral tablet 500 mg, 750 mg	2	

藥物名稱		藥物等級	規定／限制
revonto intravenous recon soln 20 mg	(dantrolene)	2	
tizanidine oral tablet 2 mg		2	
tizanidine oral tablet 4 mg	(Zanaflex)	2	
Sleep Disorder Agents			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	2	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG		5	PA; NM; NDS; QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	2	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	2	PA; QL (60 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG		4	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML		5	PA; NM; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		2	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
Vasodilating Agents			
Vasodilating Agents			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; NM; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG		5	PA; NM; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	1	PA; QL (90 per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg	(Alyq)	2	PA; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	(bosentan)	5	PA; NM; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG		5	PA; NM; NDS; QL (112 per 28 days)

藥物名稱	藥物等級	規定／限制
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; NDS
Vitamins And Minerals		
Vitamins And Minerals		
bal-care dha combo pack 27-1-430 mg	2	
bal-care dha essential pack 27 mg iron-1 mg -374 mg	2	
calcium pnv oral capsule 28-1-250 mg	2	
c-nate dha softgel 28 mg iron-1 mg - 200 mg	2	
completenate tablet chew 29 mg iron- 1 mg	2	
dothelle dha oral capsule 35-1-200 mg	2	
extra-virt plus dha oral capsule 29 mg iron-1.25 mg-55 mg	2	
folivane-ob capsule 85-1 mg	2	
hemenatal ob + dha oral combo pack 28 mg iron-6 mg iron-1 mg	2	
kosher prenatal plus iron tab 30 mg iron- 1 mg	2	
marnatal-f capsule 60 mg iron-1 mg	2	
m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	2	
mynatal advance oral tablet 90-1-50 mg	2	
mynatal capsule 65 mg iron- 1 mg	2	
mynatal oral tablet 90-1-50 mg	2	
mynatal plus captab 65 mg iron- 1 mg	2	

藥物名稱		藥物等級	規定／限制
mynatal-z captab 65 mg iron- 1 mg		2	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg		2	
newgen tablet 32-1,000 mg-mcg		2	
niva-plus tablet 27 mg iron- 1 mg		2	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg		2	
o-cal prenatal tablet 15 mg iron-1,000 mcg		2	
pnv 29-1 tablet (rx) 29 mg iron- 1 mg		2	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg		2	
pnv-ferrous fumarate-docu-fa oral tablet 29 mg iron- 1 mg-25 mg		2	
pnv-omega softgel 28-1-300 mg		2	
pnv-vp-u capsule 106.5-1 mg		2	
pr natal 400 combo pack 29-1-400 mg		2	
pr natal 400 ec combo pack 29-1-400 mg		2	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg		2	
pr natal 430 ec combo pack 29-1-430 mg		2	
prena1 true combo pack 30 mg iron-1.4 mg-300 mg		2	
prenaissance oral capsule 29-1.25-55-325 mg		2	
prenaissance plus oral capsule 28-1-50-250 mg		2	
prenatabs fa tablet 29-1 mg		2	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		2	
prenatal 19 chewable tablet 29 mg iron- 1 mg		2	
prenatal low iron tablet (rx) 27 mg iron- 1 mg		2	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv,calcium 72-iron,carb-folic)	2	
prenatal plus tablet (rx) 27 mg iron-1 mg	(pnv,calcium 72-iron-folic acid)	2	

藥物名稱	藥物等級	規定／限制
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	2	
prenatal-u capsule 106.5-1 mg	2	
preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	2	
pretab 29 mg-1 mg tablet (rx) 29-1 mg	2	
purefe ob plus capsule 106 mg iron-1 mg	2	
purefe plus capsule 106 mg iron- 1 mg	2	
r-natal ob softgel 20 mg iron- 1 mg-320 mg	2	
select-ob chewable caplet 29 mg iron- 1 mg	2	
select-ob chewable caplet 29 mg iron- 1 mg	2	
se-natal 19 chewable tablet 29 mg iron- 1 mg	2	
taron-c dha capsule 35-1-200 mg	2	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	2	
triveen-duo dha combo pack 29-1-400 mg	2	
triveen-prx rnf oral capsule 26-1.2-55-300 mg	2	
vena-bal dha oral combo pack,tablet and cap,dr 27-1-430 mg	2	
vinate care chewable tablet 40 mg iron- 1 mg	2	
vinate gt oral tablet 90-1-50 mg	2	
vinate ii oral tablet 29 mg iron- 1 mg	2	
vinate ultra oral tablet 90-1-50 mg	2	
virt-c dha softgel (rx) 35-1-200 mg	2	
virt-nate dha softgel 28 mg iron-1 mg -200 mg	2	
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg	2	
virt-pn oral tablet 27-1 mg	2	
virt-pn plus softgel (rx) 28-1-300 mg	2	

藥物名稱	藥物等級	規定／限制
vitafol gummies 3.33 mg iron- 0.33 mg	2	
vitafol nano tablet 18 mg iron- 1 mg	2	
vitafol-ob+dha combo pack 65-1-250 mg	2	
viva dha oral capsule 28 mg iron-1 mg -200 mg	2	
vol-nate oral tablet 28 mg iron- 1 mg	2	
vp-ch plus oral capsule 29 mg iron-1 mg -50 mg-265 mg	2	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	2	
vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg	2	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	2	
zatean-pn plus softgel 28-1-300 mg	2	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	2	

INDEX

1
1ST TIER UNIFINE PENTIPS 96
1ST TIER UNIFINE PENTIPS PLUS 96
A
abacavir 55
abacavir-lamivudine 55
abacavir-lamivudine-zidovudine 55
ABELCET 41
abiraterone 17
ABOUTTIME PEN NEEDLE96
ABRAXANE 17
acamprosate 8
acarbose 36
accutane 91
acebutolol 70
acetaminophen-codeine 3
acetazolamide 160
acetazolamide sodium 160
acetic acid 134
acetylcysteine 166
acitretin 91
ACTEMRA 147
ACTEMRA ACTPEN 147
ACTHAR 145
ACTHIB (PF) 152
ACTIMMUNE 158
acyclovir 60, 61, 91
acyclovir sodium 61
ADACEL(TDAP ADOLESN/ADULT)(PF) 152
adapalene 95
adefovir 61
ADEMPAS 168
adrucil 17
ADVAIR DISKUS 163
ADVAIR HFA 163
ADVOCATE PEN NEEDLE. 97
ADVOCATE SYRINGES96, 97
afirmelle 82
AJOVY AUTOINJECTOR.... 44
AJOVY SYRINGE 44
AKYNZEO (FOSNETUPITANT) 46
AKYNZEO (NETUPITANT) 46
ala-cort 93
albendazole 47
albuterol sulfate 164
alclometasone 93
ALCOHOL PADS 91
ALCOHOL PREP PADS 92
ALCOHOL PREP SWABS ... 91
ALCOHOL SWABS 91
ALCOHOL WIPES 92
ALECENSA 17
alendronate 157
alfuzosin 141
ALIMTA 17
aliskiren 77
allopurinol 42
alosetron 156
ALPHAGAN P 160
alprazolam 8
ALREX 136
altavera (28) 82
ALTRENO 95
ALUNBRIG 17
alyacen 1/35 (28) 82
alyacen 7/7/7 (28) 82
alyq 168
amabelz 142
amantadine hcl 48
AMBISOME 41
ambrisentan 168
amethia 82
amiloride 74
amiloride-hydrochlorothiazide 74
AMINOSYN-PF 7 % (SULFITE-FREE) 65
amiodarone 69
amitriptyline 34
amlodipine 73
amlodipine-atorvastatin 75
amlodipine-benazepril 73
amlodipine-olmesartan 73
amlodipine-valsartan 73
amlodipine-valsartan-hcthiazid 73
ammonium lactate 91
amoxapine 34
amoxicillin 13, 14
amoxicillin-pot clavulanate ... 14
amphotericin b 41
amphotericin b liposome 41
ampicillin 14
ampicillin sodium 14
ampicillin-sulbactam 14
anagrelide 64
anastrozole 17
ANORO ELLIPTA 165
apomorphine 48
apraclonidine 133
aprepitant 46
APRETUDE 55
apri 82
APTIOM 29
APTIVUS 55
aranelle (28) 82

ARCALYST 147
aripiprazole 50
ARISTADA 50
ARISTADA INITIO 50
armodafinil 168
ARNUITY ELLIPTA 163
ascomp with codeine 3
asenapine maleate 50
ashlyna 82
aspirin-dipyridamole 64
ASSURE ID DUO-SHIELD .. 97
ASSURE ID INSULIN SAFETY 97, 98
ASSURE ID PEN NEEDLE .. 97
atazanavir 55
atenolol 70
atenolol-chlorthalidone 70
atomoxetine 78
atorvastatin 75
atovaquone 47
atovaquone-proguanil 47
atropine 133
ATROVENT HFA 165
AUBAGIO 78
aubra eq 82
aurovela 1.5/30 (21) 82
aurovela 1/20 (21) 82
aurovela 24 fe 82
aurovela fe 1.5/30 (28) 82
aurovela fe 1-20 (28) 82
AUSTEDO 78
aviane 82
AVONEX 78
ayuna 82
AYVAKIT 17
azacitidine 17
azathioprine 147
azathioprine sodium 147
azelastine 133
azithromycin 12, 13
AZOPT 160
aztreonam 13
azurette (28) 82

B

bacitracin 134
bacitracin-polymyxin b 134
baclofen 167
bal-care dha 169
bal-care dha essential 169
balsalazide 156
BALVERSA 17
balziva (28) 82
BCG VACCINE, LIVE (PF) 152
BD ALCOHOL SWABS 91
BD AUTOSHIELD DUO PEN NEEDLE 98
BD ECLIPSE LUER-LOK 98
BD INSULIN SYRINGE 98
BD INSULIN SYRINGE (HALF UNIT) 98
BD INSULIN SYRINGE SLIP TIP 98
BD INSULIN SYRINGE U-500 98
BD INSULIN SYRINGE ULTRA-FINE 98
BD NANO 2ND GEN PEN NEEDLE 98
BD SAFETYGLIDE INSULIN SYRINGE 98, 99
BD SAFETYGLIDE NEEDLE 99
BD SAFETYGLIDE SYRINGE 99
BD ULTRA-FINE MICRO PEN NEEDLE 99
BD ULTRA-FINE MINI PEN NEEDLE 99
BD ULTRA-FINE NANO PEN NEEDLE 99
BD ULTRA-FINE ORIG PEN NEEDLE 99
BD ULTRA-FINE SHORT PEN NEEDLE 99
BD VEO INSULIN SYR (HALF UNIT) 99
BD VEO INSULIN SYRINGE UF 99, 100
BELSOMRA 168
benazepril 68
benazepril-hydrochlorothiazide 68
BENDEKA 17
BENLYSTA 148
benztropine 48
BESREMI 148
betaine 158
betamethasone acet,sod phos 144
betamethasone dipropionate .. 93
betamethasone valerate 93, 94
betamethasone, augmented 94
BETASERON 78
betaxolol 70
bethanechol chloride 140
bexarotene 17
BEXSERO 152
bicalutamide 17
BICILLIN L-A 14
BIDIL 77
BIKTARVY 55
bisoprolol fumarate 70
bisoprolol-hydrochlorothiazide 70
bleomycin 17
bleph-10 134
blisovi 24 fe 83
blisovi fe 1.5/30 (28) 83
blisovi fe 1/20 (28) 83
BOOSTRIX TDAP 152, 153
BORDERED GAUZE 100
bortezomib 17
BORTEZOMIB 18
BOSULIF 18
BRAFTOVI 18
BREO ELLIPTA 163
BREZTRI AEROSPHERE .. 165

briellyn 83
BRILINTA 64
brimonidine 160
brimonidine-timolol 160
BRIVIACT 29
bromocriptine 48
BROMSITE 136
BRUKINSA 18
budesonide 156, 163
bumetanide 74
buprenorphine hcl 3, 8
buprenorphine-naloxone 8
bupropion hcl 34
bupropion hcl (smoking deter). 8
buspirone 158
butalbital-acetaminophen-caff . 3
butalbital-aspirin-caffeine 3
C
CABENUVA 55
cabergoline 48
CABLIVI 64
CABOMETYX 18
cabotegravir 55
caffeine citrate 78
calcipotriene 91
calcitonin (salmon) 157
calcitriol 157
calcium acetate(phosphat bind) 140
calcium chloride 161
calcium pnv 169
CALQUENCE 18
CALQUENCE (ACALABRUTINIB MAL) 18
camila 83
candesartan 67
candesartan-hydrochlorothiazid 67
CAPLYTA 50
CAPRELSA 18
captopril 68
carbamazepine 29
carbidopa-levodopa 48, 49
carbidopa-levodopa-entacapone 49
CAREFINE PEN NEEDLE . 100
CARETOUCH ALCOHOL PREP PAD 91
CARETOUCH INSULIN SYRINGE 100, 101
CARETOUCH PEN NEEDLE 100
carglumic acid 138
carteolol 160
cartia xt 71
carvedilol 70
caspofungin 41
CAYSTON 13
caziant (28) 83
cefaclor 11
cefadroxil 11
cefazolin 11
cefazolin in dextrose (iso-os) . 11
cefdinir 11
cefepime 11
cefixime 11
cefotaxime 12
cefoxitin 12
cefpodoxime 12
cefprozil 12
ceftazidime 12
CEFTAZIDIME 12
CEFTAZIDIME IN D5W 12
ceftriaxone 12
cefuroxime axetil 12
cefuroxime sodium 12
celecoxib 5
CELONTIN 29
cephalexin 12
CERDELGA 132
cevimeline 90
chateal eq (28) 83
chloramphenicol sod succinate 10
chlordiazepoxide hcl 8
chlorhexidine gluconate 90
chloroquine phosphate 47
chlorothiazide sodium 74
chlorpromazine 51
chlorthalidone 74
chlorzoxazone 167
cholestyramine (with sugar) .. 75
cholestyramine light 75
ciclopirox 41
cilostazol 64
CIMDUO 56
cimetidine hcl 137
CIMZIA 148
CIMZIA POWDER FOR RECONST 148
cinacalcet 157
CINQAIR 166
CINRYZE 62
ciprofloxacin 15
ciprofloxacin hcl 15, 134
ciprofloxacin in 5 % dextrose 15
ciprofloxacin-dexamethasone 134
citalopram 34
clarithromycin 13
CLENPIQ 140
CLICKFINE PEN NEEDLE 101
clindamycin hcl 10
clindamycin in 5 % dextrose . 10
clindamycin pediatric 10
clindamycin phosphate ... 10, 43, 92, 93
clindamycin-benzoyl peroxide 93
CLINIMIX 5%/D15W SULFITE FREE 65
CLINIMIX 4.25%/D10W SULF FREE 65

CLINIMIX 4.25%/D5W SULFIT FREE 65
CLINIMIX 5%-D20W(SULFITE-FREE) ... 65
CLINIMIX 6%-D5W (SULFITE-FREE)..... 65
CLINIMIX 8%-D10W(SULFITE-FREE) ... 65
CLINIMIX 8%-D14W(SULFITE-FREE) ... 65
CLINIMIX E 2.75%/D5W SULF FREE..... 65
CLINIMIX E 4.25%/D10W SUL FREE 65
CLINIMIX E 4.25%/D5W SULF FREE..... 65
CLINIMIX E 5%/D15W SULFIT FREE 65
CLINIMIX E 5%/D20W SULFIT FREE 65
CLINIMIX E 8%-D10W SULFITEFREE..... 66
CLINIMIX E 8%-D14W SULFITEFREE..... 66
clobazam 29
clobetasol 94
clobetasol-emollient..... 94
clomipramine 34
clonazepam 9
clonidine..... 66
clonidine hcl..... 66
clopidogrel 64
clorazepate dipotassium..... 9
clotrimazole..... 41
clotrimazole-betamethasone .. 41
clozapine 51
c-nate dha 169
COARTEM 48
codeine sulfate 3
codeine-butalbital-asa-caff..... 3
colchicine 43
colesevelam..... 75
colestipol 75
colistin (colistimethate na) 10
COMBIVENT RESPIMAT . 165
COMETRIQ 18
COMFORT EZ INSULIN SYRINGE 101, 102, 103
COMFORT EZ PEN NEEDLES 101, 102
COMFORT TOUCH PEN NEEDLE 103
COMPLERA 56
completenate 169
compro..... 46
constulose 138
COPAXONE 78
COPIKTRA..... 18
CORLANOR..... 72
CORTROPHIN GEL 145
COSENTYX 148
COSENTYX (2 SYRINGES) 148
COSENTYX PEN (2 PENS) 148
COTELLIC 18
CREON 132
cromolyn 133, 138, 166
cryselle (28)..... 83
CURAD GAUZE PAD 103
CURITY ALCOHOL SWABS 91
CURITY GAUZE 103
cyclafem 1/35 (28) 83
cyclafem 7/7/7 (28) 83
cyclobenzaprine..... 167
cyclopentolate 133
cyclophosphamide..... 18, 19
CYCLOPHOSPHAMIDE..... 18
cyclosporine 148
cyclosporine modified..... 148
cyproheptadine 43
CYRAMZA..... 19
cyred eq 83
CYSTARAN 133

D

d5 % and 0.9 % sodium chloride 161
d5 %-0.45 % sodium chloride 161
dalfampridine..... 78
DALIRESP 166
danazol..... 142
dantrolene 167
DANYELZA 19
dapsone 45
DAPTACEL (DTAP PEDIATRIC) (PF)..... 153
daptomycin 10
dasetta 1/35 (28) 83
dasetta 7/7/7 (28) 83
DAURISMO..... 19
daysee 83
deblitane 83
decitabine..... 19
deferasirox 141
deferiprone..... 141
DELSTRIGO..... 56
DENGVAXIA (PF) 153
denta 5000 plus..... 90
dentagel..... 90
DERMACEA..... 103
DERMACEA NON-WOVEN 103
DESCOVY 56
desipramine..... 34
desmopressin 145
desog-e.estradiol/e.estradiol .. 83
desogestrel-ethinyl estradiol .. 83
desoximetasone..... 94
desvenlafaxine succinate 34
dexamethasone 144
dexamethasone sodium phos (pf) 144
dexamethasone sodium phosphate..... 136, 144
dexmethylphenidate..... 78

dextroamphetamine sulfate 78
dextroamphetamine-amphetamine 79
dextrose 10 % in water (d10w) 66
dextrose 5 % in water (d5w) .. 66
DIACOMIT..... 29, 30
diazepam 9, 30
diazepam intensol..... 9
diazoxide 158
diclofenac potassium..... 5
diclofenac sodium 5, 6, 136
diclofenac-misoprostol..... 6
dicloxacillin..... 14
dicyclomine..... 138
didanosine 56
DIFICID..... 13
difluprednate 136
digitek 72
digox 72
digoxin 72
dihydroergotamine 44
diltiazem hcl..... 71
dilt-xr..... 72
dimenhydrinate 46
dimethyl fumarate 79
DIPENTUM..... 156
diphenhydramine hcl..... 43
diphenoxylate-atropine 138
dipyridamole 64
disopyramide phosphate..... 69
disulfiram 8
divalproex 30
dofetilide 69
donepezil 33
DOPTELET (10 TAB PACK)62
DOPTELET (15 TAB PACK)62
DOPTELET (30 TAB PACK)62
dorzolamide..... 160
dorzolamide-timolol..... 160
dothelle dha..... 169
dotti 142
DOVATO 56
doxazosin..... 66
doxepin 34
doxorubicin 19
doxorubicin, peg-liposomal.... 19
doxy-100 16
doxycycline hyclate..... 16
doxycycline monohydrate 16
DRIZALMA SPRINKLE. 34, 35
dronabinol 46
droperidol 46
DROPLET INSULIN SYR(HALF UNIT) 104
DROPLET INSULIN SYRINGE 104, 105
DROPLET MICRON PEN NEEDLE 105
DROPLET PEN NEEDLE... 105
DROPSAFE ALCOHOL PREP PADS..... 91
DROPSAFE PEN NEEDLE 105
drospirenone-ethinyl estradiol 83
DROXIA 64
droxidopa..... 66
DUAVEE 142
duloxetine 35
DUPIXENT PEN 148
DUPIXENT SYRINGE 148
dutasteride 141

E

EASY COMFORT ALCOHOL PAD..... 91
EASY COMFORT INSULIN SYRINGE 106
EASY COMFORT PEN NEEDLES 106
EASY GLIDE INSULIN SYRINGE 107
EASY GLIDE PEN NEEDLE 107
EASY TOUCH..... 108
EASY TOUCH ALCOHOL PREP PADS 91
EASY TOUCH FLIPLOCK INSULIN 108
EASY TOUCH FLIPLOCK SYRINGE..... 107
EASY TOUCH INSULIN SAFETY SYR 107
EASY TOUCH INSULIN SYRINGE..... 107, 108, 109
EASY TOUCH LUER LOCK INSULIN 108
EASY TOUCH PEN NEEDLE 108
EASY TOUCH SAFETY PEN NEEDLE..... 108, 109
EASY TOUCH SHEATHLOCK INSULIN 107, 108
EASY TOUCH UNI-SLIP .. 109
ec-naproxen 6
econazole 41
EDARBI 67
EDARBYCLOR 67
EDURANT 56
efavirenz 56
efavirenz-emtricitabin-tenofov 56
efavirenz-lamivu-tenofov disop 56
EGRIFTA SV 145
ELIGARD..... 19
ELIGARD (3 MONTH) 19
ELIGARD (4 MONTH) 19
ELIGARD (6 MONTH) 19
elinest..... 83
ELIQUIS..... 61
ELIQUIS DVT-PE TREAT 30D START 61
ELLA 83
ELMIRON 158
eluryng 84

EMCYT 19
EMEND 46
EMGALITY PEN 44
EMGALITY SYRINGE 44
emoquette 84
EMSAM 35
emtricitabine 56
emtricitabine-tenofovir (tdf) .. 56
EMTRIVA 56
enalapril maleate 68
enalaprilat 68
enalapril-hydrochlorothiazide 68
ENBREL 148, 149
ENBREL MINI 148
ENBREL SURECLICK 149
ENDARI 158
endocet 3
ENGERIX-B (PF) 153
ENGERIX-B PEDIATRIC (PF) 153
enoxaparin 61
enpresse 84
enskyce 84
entacapone 49
entecavir 61
ENTRESTO 67
enulose 138
EPCLUSA 60
EPIDIOLEX 30
epinastine 133
epinephrine 72, 73
epitol 30
EPIVIR HBV 56
eplerenone 77
EPRONTIA 30
ERBITUX 19
ergoloid 33
ERIVEDGE 19
ERLEADA 19
erlotinib 19
errin 84
ertapenem 13
ery pads 93
erythromycin 13, 134
erythromycin ethylsuccinate .. 13
erythromycin with ethanol 93
ESBRIET 166
escitalopram oxalate 35
esomeprazole magnesium 137
esomeprazole sodium 137
estarylla 84
estradiol 143
estradiol valerate 143
estradiol-norethindrone acet . 143
eszopiclone 168
ethambutol 45
ethosuximide 30
ethynodiol diac-eth estradiol .. 84
etodolac 6
etonogestrel-ethinyl estradiol . 84
ETOPOPHOS 20
etoposide 20
etravirine 56
EUCRISA 94
everolimus (antineoplastic) 20
everolimus (immunosuppressive) 149
EVOTAZ 56
EVRYSDI 158
EXEL INSULIN 109
exemestane 20
EXKIVITY 20
extra-virt plus dha 169
EYSUVIS 136
ezetimibe 75
ezetimibe-simvastatin 75

F

falmina (28) 84
famciclovir 61
famotidine 137, 138
famotidine (pf) 137
famotidine (pf)-nacl (iso-os) 137
FANAPT 51
FARXIGA 36
FARYDAK 20
FASENRA 166
FASENRA PEN 166
febuxostat 43
felbamate 30
FEMRING 143
femynor 84
fenofibrate 75
fenofibrate micronized 75
fenofibrate nanocrystallized .. 75
fenofibric acid (choline) 75
fentanyl 3
fentanyl citrate 3
FERRIPROX 141
FERRIPROX (2 TIMES A DAY) 141
fesoterodine 140
FETZIMA 35
FIASP FLEXTOUCH U-100 INSULIN 38
FIASP PENFILL U-100 INSULIN 39
FIASP U-100 INSULIN 39
finasteride 141
FINTEPLA 30
FIRVANQ 10
FLEBOGAMMA DIF 149
flecainide 69
FLOVENT DISKUS ... 163, 164
FLOVENT HFA 164
floxuridine 20
fluconazole 41
fluconazole in nacl (iso-osm) 41
flucytosine 41
fludrocortisone 144
flumazenil 79
flunisolide 136
fluocinolone 94
fluocinolone acetonide oil ... 136
fluocinonide 94
fluocinonide-emollient 94
fluoride (sodium) 90

fluorometholone 136
fluorouracil..... 20, 91
fluoxetine 35
fluphenazine decanoate 51
fluphenazine hcl 51
flurbiprofen 6
flurbiprofen sodium 136
flutamide 20
fluticasone propionate 94, 136
fluvastatin..... 76
fluvoxamine 35
folivane-ob 169
fondaparinux 61, 62
FORTEO 157
fosamprenavir 56
fosaprepitant..... 46
foscarnet..... 59
fosinopril 68
fosinopril-hydrochlorothiazide 68
fosphenytoin..... 30
FOTIVDA 20
FREESTYLE PRECISION.. 110
FULPHILA 63
fulvestrant 20
furosemide..... 74
FUZEON..... 56
fyavolv 143
FYCOMPA 30
G
gabapentin 30, 31
GALAFOLD 132
galantamine 33
GAMIFANT 149
GAMMAGARD LIQUID.... 149
GAMMAGARD S-D (IGA < 1 MCG/ML) 149
GAMMAPLEX..... 149
GAMMAPLEX (WITH SORBITOL)..... 149
GARDASIL 9 (PF) 153
gatifloxacin 134
GATTEX 30-VIAL 138
GAUZE PAD 110
gavilyte-c 140
gavilyte-g..... 140
gavilyte-n..... 140
GAVRETO..... 20
gemfibrozil 76
generlac 138
gengraf..... 149
gentak 134
gentamicin 9, 93, 134
gentamicin sulfate (ped) (pf) 9
gentamicin sulfate (pf) 9
GENVOYA 56
GILENYA 79
GILOTRIF..... 20
glatiramer 79
glatopa 79
glimepiride 40
glipizide..... 40
glipizide-metformin..... 40
glyburide 41
glyburide micronized 40
glyburide-metformin 41
glycopyrrolate 139
glydo..... 7
GLYXAMBI 37
granisetron (pf)..... 46
granisetron hcl 46
GRANIX 63
griseofulvin microsize 41
guanfacine 67, 79
GVOKE..... 159
GVOKE HYPOPEN 2-PACK 159
GVOKE PFS 1-PACK SYRINGE 159
H
HAEGARDA 63
hailey 84
hailey 24 fe 84
hailey fe 1.5/30 (28) 84
hailey fe 1/20 (28) 84
halobetasol propionate..... 94, 95
haloperidol 52
haloperidol decanoate 51
haloperidol lactate 51, 52
HARVONI..... 60
HAVRIX (PF) 153
HEALTHWISE INSULIN SYRINGE..... 110
HEALTHWISE PEN NEEDLE 110, 111
HEALTHY ACCENTS UNIFINE PENTIP..... 111
heather 84
hemenatal ob + dha..... 169
heparin (porcine) 62
heparin, porcine (pf) 62
HERCEPTIN HYLECTA 20
HERZUMA 20
HETLIOZ 168
HIBERIX (PF)..... 153
HUMIRA 149
HUMIRA PEN 149
HUMIRA PEN CROHNS-UC-HS START 149
HUMIRA PEN PSOR-UVEITS-ADOL HS 149
HUMIRA(CF) 150
HUMIRA(CF) PEDI CROHNS STARTER 149
HUMIRA(CF) PEN..... 150
HUMIRA(CF) PEN CROHNS-UC-HS 150
HUMIRA(CF) PEN PEDIATRIC UC..... 150
HUMIRA(CF) PEN PSOR-UV-ADOL HS 150
HUMULIN R U-500 (CONC) INSULIN 39
HUMULIN R U-500 (CONC) KWIKPEN..... 39
hydralazine 73

hydrochlorothiazide 74
hydrocodone-acetaminophen3, 4
hydrocodone-ibuprofen..... 4
hydrocortisone..... 95, 144, 156
hydrocortisone butyrate 95
hydrocortisone valerate..... 95
hydrocortisone-acetic acid ... 134
hydromorphone..... 4
hydromorphone (pf)..... 4
hydroxychloroquine 48
hydroxyurea 20
hydroxyzine hcl..... 43
hydroxyzine pamoate..... 159
I
ibandronate..... 157
IBRANCE..... 20
ibu 6
ibuprofen..... 6
ibuprofen-famotidine 6
icatibant..... 73
iclevia..... 84
ICLUSIG..... 21
IDHIFA..... 21
ifosfamide 21
ILEVRO..... 136
imatinib 21
IMBRUVICA..... 21
imipenem-cilastatin..... 13
imipramine hcl 35
imiquimod..... 92
IMLYGIC 21
IMOVAX RABIES VACCINE (PF) 153
IMPAVIDO..... 48
INBRIJA 49
incassia..... 84
INCONTROL ALCOHOL PADS 92
INCONTROL PEN NEEDLE 111
INCRELEX..... 145
indapamide..... 74
indomethacin 6
INFANRIX (DTAP) (PF) 153
infliximab 150
INLYTA 21
INPEN (FOR HUMALOG) BLUE 111
INPEN (NOVOLOG OR FIASP) BLUE 111
INQOVI..... 21
INREBIC..... 21
INSULIN SYR/NDL U100 HALF MARK 111
INSULIN SYRINGE 99
INSULIN SYRINGE MICROFINE..... 98
INSULIN SYRINGE NEEDLELESS..... 98
INSULIN SYRINGE-NEEDLE U-100.98, 100, 109, 111, 112, 119, 123
INSUPEN..... 112, 113
INTELENCE..... 56
INTRALIPID 66
INTRON A..... 60
INVEGA HAFYERA..... 52
INVEGA SUSTENNA..... 52
INVEGA TRINZA..... 52
INVELTYS 136
INVIRASE 57
IPOL..... 153
ipratropium bromide..... 133, 165
ipratropium-albuterol 165
irbesartan 67
irbesartan-hydrochlorothiazide 67
IRESSA 21
ISENTRESS..... 57
ISENTRESS HD 57
isibloom..... 84
ISOLYTE S PH 7.4..... 161
ISOLYTE-P IN 5 % DEXTROSE..... 161
ISOLYTE-S 161
isoniazid..... 45
isosorbide dinitrate 77
isosorbide mononitrate 77
isosorbide-hydralazine..... 77
isradipine 73
itraconazole..... 41
IV PREP WIPES 92
ivermectin 48
IXIARO (PF) 153
J
jaimiess 84
JAKAFI 21
jantoven 62
JARDIANCE..... 37
jasmiel (28) 85
JEMPERLI 21
jencycla..... 85
JENTADUETO 37
JENTADUETO XR..... 37
jinteli..... 143
juleber 85
JULUCA..... 57
junel 1.5/30 (21) 85
junel 1/20 (21) 85
junel fe 1.5/30 (28) 85
junel fe 1/20 (28) 85
junel fe 24 85
JUXTAPID 76
K
kalliga 85
KALYDECO 166
kariva (28) 85
kelnor 1/35 (28) 85
kelnor 1-50 (28)..... 85
KERENDIA..... 77
KESIMPTA PEN..... 79
ketoconazole 42
ketorolac 6, 136
KEVZARA 150
KEYTRUDA 21
KIMMTRAK..... 21

KINRIX (PF) 154
KISQALI..... 22
KISQALI FEMARA CO-PACK 22
KLISYRI..... 92
klor-con m10..... 161
klor-con m15..... 161
klor-con m20..... 161
KLOXXADO..... 8
KORLYM 37
KOSELUGO..... 22
kosher prenatal plus iron..... 169
KRINTAFEL 48
kurvelo (28)..... 85
KYNMOBI 49
L
l norgest/e.estradiol-e.estrad .. 85
labetalol..... 70
lacosamide..... 31
lactulose 139
lagevrio (eua) 61
lamivudine..... 57
lamivudine-zidovudine 57
lamotrigine 31
lanreotide..... 145
lansoprazole 138
lapatinib..... 22
larin 1.5/30 (21) 85
larin 1/20 (21) 85
larin 24 fe 85
larin fe 1.5/30 (28) 85
larin fe 1/20 (28) 86
larissia 86
latanoprost..... 160
LATUDA 52
leflunomide 150
lenalidomide..... 22
LENVIMA 22
lessina..... 86
letrozole..... 22
leucovorin calcium..... 159
LEUKERAN 22
LEUKINE 63
leuprolide.....22
levetiracetam 31
levobunolol.....160
levocarnitine.....159
levocarnitine (with sugar) 159
levocetirizine 43
levofloxacin.....15, 133, 134
levofloxacin in d5w.....15
levonest (28).....86
levonorgestrel-ethinyl estrad..86
levonorg-eth estrad triphasic ..86
levora-28 86
levothyroxine.....147
LEXIVA.....57
lidocaine 7
lidocaine (pf) 7, 69
lidocaine hcl 7
lidocaine viscous 7
lidocaine-prilocaine.....7
lillow (28).....86
linezolid.....10
linezolid in dextrose 5%.....10
LINZESS.....139
liothyronine 147
LISCO 113
lisinopril 68
lisinopril-hydrochlorothiazide 68
LITE TOUCH INSULIN PEN NEEDLES 113
LITE TOUCH INSULIN SYRINGE 113, 114
lithium carbonate.....79, 80
LIVALO.....76
lojaimiess.....86
LOKELMA 139
LONSURF.....22
loperamide.....139
lopinavir-ritonavir 57
lorazepam 9
LORBRENA 22, 23
loryna (28).....86
losartan 67
losartan-hydrochlorothiazide . 67
LOTEMAX..... 136
LOTEMAX SM..... 137
loteprednol etabonate..... 137
lovastatin..... 76
low-ogestrel (28) 86
loxapine succinate 52
lo-zumandimine (28) 86
lubiprostone 139
LUMAKRAS..... 23
LUMIGAN 160
LUPRON DEPOT 145
LUPRON DEPOT (3 MONTH) 23, 145
LUPRON DEPOT (4 MONTH) 23
LUPRON DEPOT (6 MONTH) 23
lutera (28) 86
LYBALVI..... 53
lyleq 86
lyllana 143
LYNPARZA..... 23
LYSODREN..... 23
lyza 86
M
MAGELLAN INSULIN SAFETY SYRNG 114
MAGELLAN SYRINGE 114
magnesium sulfate 162
magnesium sulfate in d5w ... 161
magnesium sulfate in water . 162
malathion 96
maprotiline..... 35
maraviroc 57
MARGENZA 23
marlissa (28) 86
marnatal-f 169
MARPLAN..... 35
MATULANE..... 23
matzim la 72

MAVENCLAD (10 TABLET PACK) 80
MAVENCLAD (4 TABLET PACK) 80
MAVENCLAD (5 TABLET PACK) 80
MAVENCLAD (6 TABLET PACK) 80
MAVENCLAD (7 TABLET PACK) 80
MAVENCLAD (8 TABLET PACK) 80
MAVENCLAD (9 TABLET PACK) 80
MAXICOMFORT II PEN NEEDLE 114
MAXICOMFORT INSULIN SYRINGE 114
MAXI-COMFORT INSULIN SYRINGE 114
MAXI-COMFORT INSULIN SYRINGE 114
MAXICOMFORT SAFETY PEN NEEDLE 114
MAYZENT 80
MAYZENT STARTER(FOR 1MG MAINT)..... 80
MAYZENT STARTER(FOR 2MG MAINT)..... 80
meclizine 46
medroxyprogesterone..... 147
mefenamic acid 6
mefloquine 48
megestrol..... 23, 147
MEKINIST 23
MEKTOVI 23
meloxicam..... 6
memantine..... 34
MENACTRA (PF)..... 154
MENQUADFI (PF) 154
MENVEO A-C-Y-W-135-DIP (PF) 154
mercaptopurine..... 23
meropenem 13
merzee 86
mesalamine..... 156
mesna..... 159
MESNEX 159
metaproterenol..... 165
metformin 37
methadone 4
methadose..... 4
methenamine hippurate 10
methimazole 147
methocarbamol 167
methotrexate sodium 23
methotrexate sodium (pf) 23
methoxsalen..... 92
methscopolamine..... 139
methyldopa 67
methylphenidate hcl 80, 81
methylprednisolone 144
methylprednisolone acetate .. 144
methylprednisolone sodium succ 144
metoclopramide hcl 139
metolazone 74
metoprolol succinate 70
metoprolol ta-hydrochlorothiaz 70
metoprolol tartrate 70
metronidazole 11, 43, 93
metronidazole in nacl (iso-os) 10
metyrosine 73
mexiletine 69
miconazole-3 42
MICRODOT INSULIN PEN NEEDLE 115
microgestin fe 1/20 (28) 87
midodrine 67
miglustat 132
mili 87
mimvey..... 143
MINI ULTRA-THIN II..... 115
minitran..... 77
minocycline 16
minoxidil..... 77
mirtazapine 35
misoprostol 138
MITIGARE..... 43
mitoxantrone..... 23
M-M-R II (PF)..... 154
m-natal plus 169
modafinil..... 168
moexipril..... 68
molindone 53
mometasone..... 95, 137
mondoxyne nl 16
MONOJECT INSULIN SAFETY SYRING 116
MONOJECT INSULIN SYRINGE..... 115, 116
MONOJECT SYRINGE 115
MONOJECT ULTRA COMFORT INSULIN..... 128
mono-linyah..... 87
montelukast..... 164
morphine 4
MORPHINE 4
morphine concentrate 4
MOVANTIK 139
moxifloxacin..... 15, 134
MULTAQ 69
mupirocin..... 93
MVASI 23
mycophenolate mofetil 150
mycophenolate mofetil (hcl) 150
mynatal 169
mynatal advance 169
mynatal plus..... 169
mynatal-z 169
mynate 90 plus..... 170
MYRBETRIQ..... 140

N

nabumetone..... 7
nafcillin..... 14, 15

nafcillin in dextrose iso-osm .. 14
naloxone 8
naltrexone 8
naproxen 7
naratriptan 44
NATACYN 134
nateglinide 37
NATPARA 157
NAYZILAM 31
nebivolol 71
necon 0.5/35 (28) 87
nefazodone 35
neomycin 9
neomycin-bacitracin-poly-hc 134
neomycin-bacitracin-polymyxin 134
neomycin-polymyxin b gu 93
neomycin-polymyxin b-dexameth 135
neomycin-polymyxin-gramicidin 135
neomycin-polymyxin-hc 135
neo-polycin 135
neo-polycin hc 135
NERLYNX 24
NEULASTA 63
NEULASTA ONPRO 63
NEUPRO 49
nevirapine 57
newgen 170
NEXLETOL 76
NEXLIZET 76
niacin 76
niacor 76
nicardipine 73
NICOTROL 8
nifedipine 73, 74
nikki (28) 87
nilutamide 24
NINLARO 24
nitazoxanide 48
nitisinone 132
nitrofurantoin macrocrystal 11
nitrofurantoin monohyd/m-cryst 11
nitroglycerin 77
niva-plus 170
NIVESTYM 63
nizatidine 138
NORDITROPIN FLEXPRO 146
norethindrone (contraceptive) 87
norethindrone acetate 147
norethindrone ac-eth estradiol 87, 143
norethindrone-e.estradiol-iron 87
norgestimate-ethinyl estradiol 87
norlyda 87
NORMOSOL-M IN 5 % DEXTROSE 162
nortrel 0.5/35 (28) 87
nortrel 1/35 (21) 87
nortrel 1/35 (28) 87
nortrel 7/7/7 (28) 88
nortriptyline 35
NORVIR 57, 58
NOVOFINE 30 116
NOVOFINE 32 116
NOVOFINE PLUS 116
NOVOLIN 70/30 U-100 INSULIN 39
NOVOLIN 70-30 FLEXPEN U-100 39
NOVOLIN N FLEXPEN 39
NOVOLIN N NPH U-100 INSULIN 39
NOVOLIN R FLEXPEN 39
NOVOLIN R REGULAR U-100 INSULN 39
NOVOLOG FLEXPEN U-100 INSULIN 39
NOVOLOG MIX 70-30 U-100 INSULN 39
NOVOLOG MIX 70-30FLEXPEN U-100 39
NOVOLOG PENFILL U-100 INSULIN 40
NOVOLOG U-100 INSULIN ASPART 40
NOVOTWIST 116
NOXAFIL 42
NUBEQA 24
NUCALA 166
NULOJIX 150
NUPLAZID 53
NURTEC ODT 44
NUTRILIPID 66
nyamyc 42
nylia 1/35 (28) 88
nylia 7/7/7 (28) 88
nymyo 88
nystatin 42
nystatin-triamcinolone 42
nystop 42
NYVEPRIA 63

O

obstetrix dha 170
o-cal prenatal 170
OCALIVA 139
OCREVUS 81
OCTAGAM 150
octreotide acetate 146
ODEFSEY 58
ODOMZO 24
OFEV 166
ofloxacin 135
OGIVRI 24
olanzapine 53
olmesartan 67
olmesartan-amlodipin-hcthiazid 67
olmesartan-hydrochlorothiazide 67
olopatadine 133, 134
OLUMIANT 150
omega-3 acid ethyl esters 76
omeprazole 138

omeprazole-sodium bicarbonate 138
OMNIPOD 5 G6 INTRO KIT (GEN 5)..... 116
OMNIPOD 5 G6 PODS (GEN 5) 116
OMNIPOD CLASSIC PDM KIT(GEN 3)..... 116
OMNIPOD CLASSIC PODS (GEN 3)..... 116
OMNIPOD DASH INTRO KIT (GEN 4)..... 116
OMNIPOD DASH PDM KIT (GEN 4)..... 117
OMNIPOD DASH PODS (GEN 4) 117
ondansetron 47
ondansetron hcl 47
ondansetron hcl (pf) 46
ONTRUZANT 24
ONUREG 24
OPDIVO 24
OPDUALAG..... 24
OPSUMIT 168
oralone..... 90
ORENCIA..... 151
ORENCIA (WITH MALTOSE) 151
ORENCIA CLICKJECT..... 151
ORFADIN..... 132
ORGOVYX..... 146
ORILISSA 146
ORKAMBI..... 166, 167
orsythia..... 88
oseltamivir..... 59
OSMOLEX ER 49
OTEZLA 151
OTEZLA STARTER 151
oxandrolone..... 142
oxazepam 9
oxcarbazepine 31
OXLUMO 159
oxybutynin chloride 141
oxycodone 4, 5
oxycodone-acetaminophen..... 5
OXYCONTIN 5
oxymorphone..... 5
OZEMPIC 37
P
pacerone 69
paclitaxel protein-bound..... 24
paliperidone..... 53
PALYNZIQ..... 132
PANRETIN 92
pantoprazole 138
paricalcitol..... 157
paroex oral rinse 90
paromomycin..... 48
paroxetine hcl 36
PAXLOVID (EUA) 59
PEDIARIX (PF) 154
PEDVAX HIB (PF)..... 154
PEGASYS 60
peg-electrolyte soln 140
PEMAZYRE 24
pemetrexed 24
pemetrexed disodium 24
PEN NEEDLE..... 109, 117, 119
PEN NEEDLE, DIABETIC 103, 115, 117, 119
PEN NEEDLE, DIABETIC, SAFETY..... 119
penicillamine 141
penicillin g potassium 15
penicillin g procaine 15
penicillin v potassium 15
PENTACEL (PF) 154
pentamidine 48
PENTIPS 117
pentoxifylline 64
perindopril erbumine 69
periogard 90
permethrin 96
perphenazine 53
perphenazine-amitriptyline.... 36
PERSERIS 53
pfizerpen-g..... 15
phenelzine..... 36
phenobarbital 31
phenylephrine hcl 67
phenytoin 31
phenytoin sodium 32
phenytoin sodium extended... 31
philith..... 88
PHOSLYRA 140
PIFELTRO 58
pilocarpine hcl 90, 160, 161
pimecrolimus 95
pimozide 53
pimtrea (28) 88
pindolol..... 71
pioglitazone 37
pioglitazone-metformin 37
PIP PEN NEEDLE 117
piperacillin-tazobactam 15
PIQRAY 24
pirfenidone..... 167
pirmella..... 88
piroxicam..... 7
PLASMA-LYTE 148 162
PLASMA-LYTE A 162
PLEGRIDY 81
pnv 29-1 170
pnv-dha + docusate..... 170
pnv-ferrous fumarate-docu-fa 170
pnv-omega 170
pnv-vp-u 170
podofilox..... 92
polycin 135
polymyxin b sulfate 11
polymyxin b sulf-trimethoprim 135
POMALYST..... 24
portia 28..... 88
posaconazole..... 42

potassium chloride 162
potassium chloride-0.45 % nacl 162
potassium citrate 162, 163
pr natal 400 170
pr natal 400 ec 170
pr natal 430 170
pr natal 430 ec 170
PRALUENT PEN 76
pramipexole 49
prasugrel 64
pravastatin 76
prazosin 67
prednicarbate 95
prednisolone 144
prednisolone acetate 137
prednisolone sodium phosphate 137, 144, 145
prednisone 145
pregabalin 32
PREHEVBRIO (PF) 154
PREMARIN 143
PREMPHASE 143
PREMPRO 144
prena1 true 170
prenaissance 170
prenaissance plus 170
prenatabs fa 170
prenatal 19 170
prenatal 19 (with docusate) .. 170
prenatal low iron 170
prenatal plus 170
prenatal plus (calcium carb) . 170
prenatal vitamin plus low iron 171
prenatal-u 171
preplus 171
pretab 171
PRETOMANID 45
prevalite 76
PREVENT DROPSAFE PEN NEEDLE 118
previfem 88
PREVYMIS 59, 60
PREZCOBIX 58
PREZISTA 58
PRIFTIN 45
PRIMAQUINE 48
primidone 32
PRIORIX (PF) 154
PRIVIGEN 151
PRO COMFORT ALCOHOL PADS 92
PRO COMFORT INSULIN SYRINGE 118
PRO COMFORT PEN NEEDLE 118
probenecid 43
probenecid-colchicine 43
procainamide 69
PROCALAMINE 3% 66
prochlorperazine 47
prochlorperazine edisylate 47
prochlorperazine maleate 47
proctosol hc 95
proctozone-hc 95
PRODIGY INSULIN SYRINGE 118
progesterone 147
progesterone micronized 147
PROGRAF 151
PROLASTIN-C 167
PROLENSA 137
PROLIA 158
PROMACTA 63
promethazine 43, 47
promethegan 47
propafenone 69, 70
proparacaine 134
propranolol 71
propranolol-hydrochlorothiazid 71
propylthiouracil 147
PROQUAD (PF) 154
PROSOL 20 % 66
protamine 64
protriptyline 36
PULMOZYME 132
PURE COMFORT ALCOHOL PADS 92
PURE COMFORT PEN NEEDLE 118
purefe ob plus 171
purefe plus 171
PURIXAN 24
pyrazinamide 45
pyridostigmine bromide 159
pyrimethamine 48

Q

QINLOCK 25
QUADRACEL (PF) 154, 155
quetiapine 53
quinapril 69
quinapril-hydrochlorothiazide 69
quinidine gluconate 70
quinidine sulfate 70
quinine sulfate 48
QULIPTA 44

R

RABAVERT (PF) 155
rabeprazole 138
raloxifene 144
ramipril 69
ranolazine 73
rasagiline 49
RASUVO (PF) 151
RAVICTI 139
RAYALDEE 158
reclipsen (28) 88
RECOMBIVAX HB (PF) 155
RECTIV 159
RELENZA DISKHALER 60
RELEUKO 63, 64
RELION NEEDLES 119
RELION PEN NEEDLES ... 119
repaglinide 37

REPATHA PUSHTRONEX.. 76
REPATHA SURECLICK..... 76
REPATHA SYRINGE..... 76
RESTASIS 137
RESTASIS MULTIDOSE ... 137
RETACRIT 64
RETEVMO 25
RETROVIR..... 58
REVLIMID 25
revonto 167
REXULTI 53, 54
REYATAZ..... 58
REZUROCK 151
RHOPRESSA 161
RIABNI..... 25
ribavirin..... 61
RIDAURA 151
rifabutin..... 45
rifampin..... 45
rilpivirine..... 58
riluzole 81
rimantadine 60
risedronate..... 158
RISPERDAL CONSTA..... 54
risperidone..... 54
ritonavir..... 58
RITUXAN HYCELA 25
rivastigmine..... 34
rivastigmine tartrate 34
rizatriptan 44
r-natal ob 171
ROCKLATAN..... 161
ropinirole..... 50
rosadan 93
rosuvastatin 77
ROTARIX..... 155
ROTATEQ VACCINE 155
ROZLYTREK..... 25
RUBRACA 25
rufinamide 32
RUKOBIA 58
RUXIENCE 25
RYBELSUS 37
RYBREVANT 25
RYDAPT.....25
S
SAFESNAP INSULIN SYRINGE 119
SAFETY PEN NEEDLE.....119
sajazir 73
SANTYL 92
sapropterin.....132
SAVELLA.....81
SCEMBLIX.....25
scopolamine base 47
SECUADO 54
SECURESAFE PEN NEEDLE 120
select-ob 171
select-ob (folic acid).....171
selegiline hcl.....50
selenium sulfide 93
SELZENTRY 58
SEMGLEE(INSULIN GLARGINE-YFGN).....40
SEMGLEE(INSULIN GLARG-YFGN)PEN 40
se-natal 19 chewable 171
SEREVENT DISKUS.....165
SEROSTIM 146
sertraline 36
setlakin 88
sevelamer carbonate 140
sevelamer hcl.....140
sf 5000 plus 90
sharobel 88
SHINGRIX (PF).....155
SIGNIFOR 146
SIKLOS.....64
sildenafil (pulm.hypertension) 168
silver sulfadiazine.....93
SIMBRINZA.....161
simliya (28) 88
simpesse..... 88
simvastatin 77
sirolimus 151
SIRTURO 45
SKY SAFETY PEN NEEDLE 120
SKYRIZI 151
sodium chloride 0.45 %..... 163
sodium chloride 0.9 %..... 163
sodium fluoride-pot nitrate 91
sodium phenylbutyrate 139
sodium polystyrene sulfonate 139
sodium,potassium,mag sulfates 140
SOLIQUA 100/33 40
SOLTAMOX..... 25
SOLU-CORTEF ACT-O-VIAL (PF) 145
SOMATULINE DEPOT 146
SOMAVERT 146
sorafenib 25
sorine 71
sotalol 71
sotalol af 71
SPIRIVA RESPIMAT..... 165
SPIRIVA WITH HANDIHALER..... 165
spironolactone..... 74
SPRAVATO 36
sprintec (28)..... 88
SPRITAM..... 32
SPRYCEL..... 25
sps (with sorbitol)..... 139
sronyx 88
ssd 93
stavudine..... 58
STELARA 151, 152
STERILE PADS..... 120
STIOLTO RESPIMAT..... 165
STIVARGA 25
STRENSIQ 133

streptomycin..... 10
STRIBILD..... 58
STRIVERDI RESPIMAT.... 165
subvenite 32
sucralfate 138
sulfacetamide sodium..... 135
sulfacetamide sodium (acne).. 93
sulfacetamide-prednisolone . 135
sulfadiazine 15
sulfamethoxazole-trimethoprim 15, 16
sulfasalazine..... 157
sulindac 7
sumatriptan..... 44
sumatriptan succinate..... 44, 45
sumatriptan-naproxen 45
sunitinib 26
SUNOSI 168
SUPREP BOWEL PREP KIT 140
SURE COMFORT ALCOHOL PREP PADS..... 92
SURE COMFORT INS. SYR. U-100 120
SURE COMFORT INSULIN SYRINGE 120, 121
SURE COMFORT PEN NEEDLE..... 120, 121
SURE COMFORT SAFETY PEN NEEDLE 120
SURE-FINE PEN NEEDLES 121
SURE-JECT INSULIN SYRINGE 121
SURE-PREP ALCOHOL PREP PADS 92
SUTAB 140
syeda 88
SYMBICORT 164
SYMDEKO..... 167
SYMLINPEN 120..... 38
SYMLINPEN 60..... 38
SYMPAZAN..... 32
SYMTUZA 58
SYNAREL 146
SYNJARDY 38
SYNJARDY XR 38
SYNRIBO 26
T
TABLOID 26
TABRECTA..... 26
tacrolimus..... 95, 152
tadalafil (pulm. hypertension) 168
TAFINLAR 26
TAGRISSO 26
TAKHZYRO..... 159, 160
TALTZ AUTOINJECTOR .. 152
TALTZ SYRINGE..... 152
TALZENNA 26
tamoxifen..... 26
tamsulosin 141
tarina 24 fe..... 88
tarina fe 1-20 eq (28)..... 89
taron-c dha..... 171
taron-prex prenatal-dha 171
TASCENSO ODT..... 81
TASIGNA 26
tazarotene 95
TAZORAC 96
taztia xt 72
TAZVERIK..... 26
TDVAX..... 155
TECHLITE INSULIN SYRINGE 122
TECHLITE INSULN SYR(HALF UNIT) .. 121, 122
TECHLITE PEN NEEDLE.. 122
TEFLARO..... 12
telmisartan 68
telmisartan-hydrochlorothiazid 68
temazepam..... 9
TEMIXYS 58
TENIVAC (PF) 155
tenofovir disoproxil fumarate 58
TEPMETKO..... 26
terazosin..... 141
terbinafine hcl..... 42
terbutaline 165
terconazole..... 43
TERUMO INSULIN SYRINGE 123
testosterone 142
testosterone cypionate 142
testosterone enanthate..... 142
TETANUS,DIPHTHERIA TOX PED(PF) 155
tetrabenazine..... 81
tetracycline 16
THALOMID..... 160
theophylline 165, 166
THINPRO INSULIN SYRINGE 123
thioridazine 54
thiothixene 54
tiadylt er..... 72
tiagabine 32
TIBSOVO..... 26
TICE BCG 26
TICOVAC 155
tigecycline..... 16
timolol maleate 71, 161
tiopronin 141
TIVDAK..... 26
TIVICAY..... 59
TIVICAY PD..... 59
tizanidine 167, 168
tobramycin..... 10, 135
tobramycin in 0.225 % nacl... 10
tobramycin sulfate 10
tobramycin-dexamethasone . 136
tolterodine..... 141
TOPCARE CLICKFINE..... 123
TOPCARE ULTRA COMFORT..... 124

topiramate 32
toposar 26
toremifene 26
torsemide 74
TOUJEO MAX U-300 SOLOSTAR 40
TOUJEO SOLOSTAR U-300 INSULIN 40
TRACLEER 168
TRADJENTA 38
tramadol 5
tramadol-acetaminophen 5
trandolapril 69
trandolapril-verapamil 69
tranexamic acid 64
tranylcypromine 36
TRAVASOL 10 % 66
travoprost 161
TRAZIMERA 26
trazodone 36
TRECATOR 45
TRELEGY ELLIPTA 166
TRELSTAR 26
tretinoin 96
tretinoin (antineoplastic) 26
tri femynor 89
triamcinolone acetonide .. 91, 95, 145
triamterene-hydrochlorothiazid 74, 75
trientine 142
tri-estarylla 89
trifluoperazine 54
trifluridine 136
trihexyphenidyl 50
TRIJARDY XR 38
TRIKAFTA 167
tri-legest fe 89
tri-linyah 89
tri-lo-estarylla 89
tri-lo-marzia 89
tri-lo-mili 89
tri-lo-sprintec 89
trimethoprim 11
tri-mili 89
trimipramine 36
TRINTELLIX 36
tri-nymyo 89
tri-previfem (28) 89
tri-sprintec (28) 89
TRIUMEQ 59
TRIUMEQ PD 59
triveen-duo dha 171
triveen-prx rnf 171
trivora (28) 89
tri-vylibra 89
tri-vylibra lo 89
TRIZIVIR 59
TROGARZO 59
TROPHAMINE 10 % 66
trospium 141
TRUE COMFORT ALCOHOL PADS 92
TRUE COMFORT INSULIN SYRINGE 124
TRUE COMFORT PEN NEEDLE 124
TRUE COMFORT PRO ALCOHOL PADS 92
TRUE COMFORT PRO INS SYRINGE 124, 125
TRUEPLUS INSULIN. 125, 126
TRUEPLUS PEN NEEDLE 125
TRULICITY 38
TRUMENBA 155
TRUSELTIQ 27
TRUXIMA 27
TUKYSA 27
tulana 89
TURALIO 27
TWINRIX (PF) 155
tyblume 89
TYBOST 160
TYMLOS 158
TYPHIM VI 156
TYSABRI 152
U
UBRELVY 45
UCERIS 157
UDENYCA 64
ULTICARE 126, 127
ULTICARE INSULIN SYRINGE 126
ULTICARE INSULN SYR(HALF UNIT) 126
ULTICARE PEN NEEDLE 126
ULTICARE SAFETY PEN NEEDLE 126
ULTIGUARD SAFEPACK-INSULIN SYR 127
ULTIGUARD SAFEPACK-PEN NEEDLE 127
ULTILET ALCOHOL SWAB 92
ULTILET INSULIN SYRINGE 112, 127
ULTILET PEN NEEDLE 128
ULTRA CMFT INS SYR (HALF UNIT) . 110, 120, 126
ULTRA COMFORT INSULIN SYRINGE 106, 110, 128
ULTRA FLO INSUL SYR(HALF UNIT) 128
ULTRA FLO INSULIN SYRINGE 128, 129
ULTRA FLO PEN NEEDLE 128
ULTRA THIN PEN NEEDLE 129
ULTRACARE INSULIN SYRINGE 129
ULTRACARE PEN NEEDLE 129
ULTRA-THIN II (SHORT) INS SYR 130

ULTRA-THIN II (SHORT) PEN NDL 130
ULTRA-THIN II INS PEN NEEDLES 130
ULTRA-THIN II INSULIN SYRINGE 130
UNIFINE PEN NEEDLE 130
UNIFINE PENTIPS 117, 130
UNIFINE PENTIPS MAXFLOW 130
UNIFINE PENTIPS PLUS .. 131
UNIFINE PENTIPS PLUS MAXFLOW 131
UNIFINE SAFECONTROL 131
UNIFINE ULTRA PEN NEEDLE 131
UPTRAVI 168, 169
ursodiol 139
V
valacyclovir 61
VALCHLOR 92
valganciclovir 61
valproate sodium 32
valproic acid 32
valproic acid (as sodium salt) 32
valsartan 68
valsartan-hydrochlorothiazide 68
VALTOCO 32, 33
vancomycin 11
VANISHPOINT INSULIN SYRINGE 131
VANISHPOINT SYRINGE 131
VAQTA (PF) 156
varenicline 8
VARIVAX (PF) 156
VASCEPA 77
VELCADE 27
velivet triphasic regimen (28) 89
VELPHORO 140
VEMLIDY 59
vena-bal dha 171
VENCLEXTA 27
VENCLEXTA STARTING PACK 27
venlafaxine 36
verapamil 72
VERIFINE PEN NEEDLE .131, 132
VERSACLOZ 54
VERSALON 132
VERZENIO 27
vestura (28) 89
V-GO 20 132
V-GO 30 132
V-GO 40 132
VICTOZA 38
vienva 90
vigabatrin 33
vigadrone 33
VIIBRYD 36
vilazodone 36
VIMPAT 33
vinate care 171
vinate gt 171
vinate ii 171
vinate ultra 171
vinorelbine 27
viorele (28) 90
VIRACEPT 59
VIREAD 59
virt-c dha 171
virt-nate dha 171
virt-pn 171
virt-pn dha 171
virt-pn plus 171
vitafol gummies 172
vitafol nano 172
vitafol-ob+dha 172
VITRAKVI 27
viva dha 172
VIZIMPRO 27
VOCABRIA 59
vol-nate 172
volnea (28) 90
VONJO 27
voriconazole 42
VOSEVI 60
VOTRIENT 28
vp-ch plus 172
vp-ch-pnv 172
vp-pnv-dha 172
VRAYLAR 54
VUMERITY 81
vyfemla (28) 90
vylibra 90
W
warfarin 62
WEBCOL 92
WELIREG 28
wera (28) 90
X
XALKORI 28
XARELTO 62
XARELTO DVT-PE TREAT 30D START 62
XATMEP 28
XCOPRI 33
XCOPRI MAINTENANCE PACK 33
XCOPRI TITRATION PACK 33
XELJANZ 152
XELJANZ XR 152
XERMELO 139
XGEVA 158
XHANCE 137
XIFAXAN 11
XIGDUO XR 38
XIIDRA 137
XOFLUZA 60
XOLAIR 167
XOSPATA 28
XPOVIO 28
XTAMPZA ER 5
XTANDI 28
xulane 90

XULTOPHY 100/3.6 40
XYOSTED 142
XYREM 168
Y
YERVOY 28
YF-VAX (PF) 156
YONSA 28
yuvafem 144
Z
zafemy 90
zafirlukast 164
zaleplon 168
zarah 90
ZARXIO 64
zatean-pn dha 172
zatean-pn plus 172
ZEGALOGUE AUTOINJECTOR 160
ZEGALOGUE SYRINGE ... 160
ZEJULA 28
ZELBORAF 28
zenatane 92
ZENPEP 133
zidovudine 59
zingiber 172
ziprasidone hcl 54
ziprasidone mesylate 55
ZIRABEV 28
ZIRGAN 136
ZOLADEX 28
zoledronic acid 158
zoledronic acid-mannitol-water 158
ZOLINZA 29
zolmitriptan 45
zolpidem 168
ZONISADE 33
zonisamide 33
zovia 1-35 (28) 90
ZTALMY 33
ZTLIDO 7
zumandimine (28) 90
ZYDELIG 29
ZYKADIA 29
ZYLET 136
ZYNLONTA 29
ZYPREXA RELPREVV 55

CCHP Health Plan

Discrimination is Against the Law

Chinese Community Health Plan (CCHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chinese Community Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact CCHP Member Services.

If you believe that CCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with us in person, by phone, by mail, or by fax at:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-8898
Fax 1-415-397-2129

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201,
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

華人保健計劃（CCHP 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。華人保健計劃（CCHP） 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

華人保健計劃（CCHP）：

- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
  - 合格的手語翻譯員
  - 以其他格式提供的書面資訊（大號字體、音訊、無障礙電子格式、其他格式）
- 向母語非英語的人員免費提供各種語言服務，如：
  - 合格的翻譯員
  - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡華人保健計劃（CCHP）

如果您認為華人保健計劃（CCHP） 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以親自提交投訴，或者以郵寄、傳真或電郵的方式向我們提交投訴：

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, 聽力殘障人仕電話 1-877-681-8898
傳真 1-415-397-2129

您還可以向 U.S. Department of Health and Human Services（美國衛生及公共服務部）的 Office for Civil Rights（民權辦公室）提交民權投訴，透過 Office for Civil Rights Complaint Portal 以電子方式投訴：https://ocrportal.hhs.gov/ocr/portal/lobby.jsf，或者透過郵寄或電話的方式投訴：

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C.20201
1-800-368-1019，800-537-7697 (TDD)（聾人用電信設備）

登入 http://www.hhs.gov/ocr/office/file/index.html 可獲得投訴表格。

Chinese Community Health Plan (CCHP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Chinese Community Health Plan no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Chinese Community Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Intérpretes de lenguaje de señas capacitados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados.
  - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con CCHP Member Services.

Si considera que CCHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-8898
Fax 1-415-397-2129.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web http://www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-775-7888 (TTY: 1-877-681-8898).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-775-7888 (TTY: 1-877-681-8898).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-775-7888

(TTY: 1-877-681-8898)。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-775-7888 (TTY: 1-877-681-8898).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-775-7888

(TTY: 1-877-681-8898).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-888-775-7888 (TTY: 1-877-681-8898) 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-775-7888 (телетайп: 1-877-681-8898)

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

1-888-775-7888 (TTY:1-877-681-8898) .

Hindi: ध्यान द: यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह।

1-888-775-7888 (TTY: 1-877-681-8898) पर कॉल कर।

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

1-888-775 7888 (TTY: 1-877-681-8898) まで、お電話にてご連絡ください。

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-888-775-7888

(TTY (հեռատիպ)՝ 1-877-681-8898):

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

1-888-775 7888 (TTY: 1-877-681-8898) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-775-7888 (TTY: 1-877-681-8898)។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-775 7888 (TTY: 1-877-681-8898).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-775 7888 (TTY: 1-877-681-8898).

Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-775-7888 (TTY: 1-877-681-8898) تماس بگیرید.

Lao (Laotian):

ຄວາມສົນใจ: ถ้าท่านเว้าพาสาลาว, ท่านสามาดติดต่อบิข้างล่มนี้ เพื่อความช่อยเหลือเป็นพาสาของท่านได้. โทหาบิ 1-888-775-7888 (TTY: 1-877-681-8898).

CCHP
華人保健計劃

445 Grant Avenue, Suite 700, San Francisco, CA 94108 | Tel 1-415-955-8800 | Fax 1-415-955-8818 | www.cchphealthplan.com/medicare

本藥物表是2022年10月4日修定本。如欲了解最新詳情或有疑問，請致電1-888-775-7888與華人保健計劃會員服務中心聯絡（聽力殘障人仕請電 TTY 1-877-681-8898），每週7天，上午8時至晚上8時 ，或瀏覽網址www.cchphealthplan.com/medicare。

藥物表、藥房網絡及醫生名錄可能會在保障年度中產生變化，我們會給您寄發一份通知書。

H0571_2023FD007CH_C