



2022 處方集

(承保藥物清單)

請閱讀：本文件內含
本計劃承保藥物的相關資訊

處方集 ID 00022321，第 18 版

自 <8/19/2021> 以來，我們對本處方集無任何更改。

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

原有會員請注意：本處方集自去年以來已有變動。請查閱本文件以確定您所服用的藥物仍包含在內。當本藥物清單提及「我們」或「我們的」，均指 Clever Care Health Plan。當提及「計劃」、「我們的計劃」或「您的計劃」時，指的是 Clever Care Longevity Medicare Advantage (HMO)、Clever Care Balance Medicare Advantage (HMO)、Clever Care Fortune Medicare Advantage (HMO) 或 Clever Care Value Medicare Advantage (HMO)。

本文件包含我們計劃的藥物清單（處方集），最近更新日期為 8/19/2021。

若需要更新後的處方集，請與我們聯絡。我們的聯絡資訊與處方集的最近更新日期都列於封面與封底。

通常，您必須使用網絡內藥房才能享用您的處方藥福利。福利、處方集、藥局網絡和／或定額手續費／共同保險額可能在 2023 年 1 月 1 日變更，並在年度當中不定時變動。

Clever Care Medicare Advantage 處方集是什麼？

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

處方集（藥物清單）會變更嗎？

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

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

新的學名藥。

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

藥物遭下市。

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

其他變更。

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

如果您目前正在服用該藥物，這些變更將不會對您造成影響。

通常，除上述情況外，若您正在服用我們 2022 年處方集年初承保的藥物，我們將不會在 2022 承保年度期間終止或減低承保。也就是說，對於在剩餘承保年度中繼續服用該等藥物的會員，這些藥物的費用分攤將維持不變，且無新的限制。若變更不會對您造成影響，您今年就不會直接收到變更通知。但是，下一年的 1 月 1 日，此類變更會影響到您，因此請務必在新福利年度的藥物清單中查清是否有藥物變更。

隨附的處方集是截至 8/19/2021 的最新資訊。若要取得 Clever Care 承保藥物的最新資訊，請聯絡我們。我們的聯絡資訊列於封面與封底。如果年中發生非維護性的處方集變更，我們會在我們的網站上發布所有通知，並將在變更生效前 30 天向您發送通知。

我該如何使用處方集？

有兩個方法可以在處方集內找到您的藥物：

醫療狀況

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

按英文字母順序排列的清單

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

什麼是學名藥？

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

我的承保是否有任何限制？

某些承保藥物可能在承保範圍上有額外要求或限制。這些要求和限制可能包括：

預先授權：對於某些藥物，Clever Care 要求您或您的醫師應獲得

預先授權。這表示您拿處方籤配藥前，將必須先得到 Clever Care 的核准。如果您未獲得核准，Clever Care 可能無法承保該藥物。

藥量限制：對於某些藥物，Clever Care 對將承保的藥物數量

有限制。例如，我的計劃為每 30 天的處方提供 12 錠的 rizatriptan（MAXALT 的學名藥）。這可能是對標準一個月或三個月供應量之外所提供的額外量。

階段療法：在某些情況下，在為您的疾病承保另一種藥物之前，Clever Care 會要求

您先嘗試用特定藥物進行治療。例如，如果藥物 A 及藥物 B 均可治療您的醫療狀況，Clever Care 可能要求您先嘗試藥物 A 後，才會承保藥物 B。如果藥物 A 對您無效，我們之後才會承保藥物 B。

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

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

什麼是非處方 (OTC) 藥物？

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

如果處方集上沒有我的藥物，我該怎麼辦？

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

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

我該如何申請 Clever Care 處方集的例外處理？

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

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

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

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

在與自己的醫師討論變更我自己的藥物或要求例外處理之前，我該做什麼？

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

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

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

注意事項：

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

如需更多資訊

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

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

Clever Care 處方集

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

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

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

圖例

要求符號	名稱	說明
BvD	Medicare B 部分與 Medicare D 部分	某些藥物可能需要根據 Medicare 承保規則，進行 B 部分或 D 部分承保範圍判斷。
CB	福利上限	該處方設有福利上限的限額。
EX	排除的藥物	此類處方藥通常不屬於 Medicare 處方藥物計劃承保範圍。您在為此類藥物配處方藥時所支付的費用，不會計入您的總藥物費用中。也就是說，您所支付的費用對您達到重大傷病承保階段 (<i>catastrophic coverage</i>) 並沒有幫助。此外，如果您正在接受額外補助 (<i>Extra Help</i>) 來支付您的處方藥費用，您將不會得到任何支付此藥物的額外補助。
GC	缺口承保	我們在承保缺口 (<i>Coverage Gap</i>) 階段為該處方藥提供額外的承保。如需有關該承保的更多資訊，請參閱您的承保範圍證明。
LA	取得來源有限	該處方可能只能在特定的藥房才可取得。如需更多資訊，請查閱您的藥局目錄，或致電 1-833-808-8153 (普通話) 或者 1-833-808-8161 (廣東話) (聽障專線：711) 與 Clever Care 客戶服務部聯絡。10月1日至3月31日服務時間為每週七天，上午8時至晚上8時；4月1日至9月30日服務時間為週一至週五，上午8時至晚上8時；或者造訪 zh.clevercarehealthplan.com 。
NSO	僅限初次服用	如果您尚未服用過此藥物，您或您的醫師需要獲得預先授權。
PA	預先授權	此處方的承保需要預先授權。
QL	藥量限制	該藥物有劑量或處方數量限制。每日最大劑量限制由 FDA 定義。
SI	優選胰島素	這個處方是 Senior Savings Model Program 的一部分。
ST	階段療法	已嘗試過其他一線或首選藥物療法後，才會提供此處方的承保。

Clever Care Longevity Medicare Advantage (HMO)

Los Angeles、Orange 和 San Diego 郡

初始承保階段	標準零售費用分攤（網絡內）		標準費用分攤 (郵購)	零售成本分攤 (網絡外)*
	30 天藥量	90 天藥量	90 天藥量	30 天藥量
層級 1： 首選學名藥	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0
層級 2：學名藥	定額手續費 \$0	定額手續 費 \$0	定額手續費 \$0	定額手續費 \$0
層級 3： 首選原廠藥	定額手續費 \$35	定額手續費 \$105	定額手續費 \$70	定額手續費 \$35
層級 4： 非首選藥物	定額手續費 \$99	定額手續費 \$297	定額手續費 \$198	定額手續費 \$99
層級 5： 專科層級藥物	33% 共同保 險額	33% 共同保 險額	33% 共同保險 額	33% 共同保險 額
層級 6： 精選照護藥物	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0

*網絡外藥局無法提供 90 天長期藥量。

Clever Care Longevity Medicare Advantage 在承保缺口階段會為藥物提供額外的承保。對於層級 1 首選學名藥，您需要支付的定額手續費為 \$0，而對於層級 2 學名藥，您需要支付的定額手續費為 \$0。對於其他學名藥、原廠藥和專科藥物，您支付價格的 25%（外加一部分配藥費用）。

Clever Care 目前參與 CMS 提供的 D 部分 Senior Savings Model，此項計劃旨在提供會員價格合宜的胰島素，讓會員可以控制糖尿病。視胰島素品牌而定，在所有承保階段中 30 天用量您的自付費用將為 \$0 或 \$35。與 Senior Savings Model 相關的藥物將標有「SI」。

Clever Care Balance Medicare Advantage (HMO)

Los Angeles、Orange 和 San Diego 郡

年度自付額	對於層級 2 至 5 的 D 部分處方藥，您每年支付 \$480。			
初始承保階段	標準零售費用分攤（網絡內）		標準費用分攤 (郵購)	零售費用分攤 (網絡外)*
	30 天藥量	90 天藥量	90 天藥量	30 天藥量
層級 1： 首選學名藥	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0
層級 2：學名藥	25% 共同保險額	25% 共同保險額	25% 共同保險額	25% 共同保險額
層級 3： 首選原廠藥	25% 共同保險額	25% 共同保險額	25% 共同保險額	25% 共同保險額
層級 4： 非首選藥物	25% 共同保險額	25% 共同保險額	25% 共同保險額	25% 共同保險額
層級 5： 專科層級藥物	25% 共同保險額	25% 共同保險額	25% 共同保險額	25% 共同保險額
層級 6： 精選照護藥物	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0
*網絡外藥局無法提供 90 天長期藥量。				

Clever Care Balance Medicare Advantage 在承保缺口階段會為藥物提供額外的承保。對於層級 1 首選學名藥，您需要支付的定額手續費為 \$0，而對於層級 2 學名藥，您需要支付的定額手續費為 \$0。對於其他學名藥、原廠藥和專科藥物，您支付價格的 25%（外加一部分配藥費用）。

Clever Care 目前參與 CMS 提供的 D 部分 Senior Savings Model，此項計劃旨在提供會員價格合宜的胰島素，讓會員可以控制糖尿病。視胰島素品牌而定，在所有承保階段中 30 天用量您的自付費用將為 \$0 或 \$35。與 Senior Savings Model 相關的藥物將標有「SI」。

Clever Care Fortune Medicare Advantage (HMO)

Los Angeles、Orange 和 San Diego 郡

初始承保階段	標準零售費用分攤（網絡內）		標準費用分攤 (郵購)	零售成本分攤 (網絡外)*
	30 天藥量	90 天藥量	90 天藥量	30 天藥量
層級 1： 首選學名藥	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0
層級 2：學名藥	定額手續費 \$0	定額手續 費 \$0	定額手續費 \$0	定額手續費 \$0
層級 3： 首選原廠藥	定額手續費 \$35	定額手續費 \$105	定額手續費 \$70	定額手續費 \$35
層級 4： 非首選藥物	定額手續費 \$99	定額手續費 \$297	定額手續費 \$198	定額手續費 \$99
層級 5： 專科層級藥物	33% 共同保 險額	33% 共同保 險額	33% 共同保險 額	33% 共同保險額
層級 6： 精選照護藥物	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0

* 網絡外藥局無法提供 90 天長期藥量。

Clever Care Fortune Medicare Advantage 在承保缺口階段會為藥物提供額外的承保。對於層級 1 首選學名藥，您需要支付的定額手續費為 \$0，而對於層級 2 學名藥，您需要支付的定額手續費為 \$0。對於其他學名藥、原廠藥和專科藥物，您支付價格的 25%（外加一部分配藥費用）。

Clever Care 目前參與 CMS 提供的 D 部分 Senior Savings Model，此項計劃旨在提供會員價格合宜的胰島素，讓會員可以控制糖尿病。視胰島素品牌而定，在所有承保階段中 30 天用量您的自付費用將為 \$0 或 \$35。與 Senior Savings Model 相關的藥物將標有「SI」。

Clever Care Value Medicare Advantage (HMO)

Los Angeles、Orange 和 San Diego 郡

初始承保階段	標準零售費用分攤（網絡內）		標準費用分攤 (郵購)	零售成本分攤 (網絡外)*
	30 天藥量	90 天藥量	90 天藥量	30 天藥量
層級 1： 首選學名藥	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0
層級 2：學名藥	定額手續費 \$10	定額手續 費 \$10	定額手續費 \$10	定額手續費 \$10
層級 3： 首選原廠藥	定額手續費 \$47	定額手續費 \$141	定額手續費 \$94	定額手續費 \$47
層級 4： 非首選藥物	定額手續費 \$99	定額手續費 \$297	定額手續費 \$198	定額手續費 \$99
層級 5： 專科層級藥物	33% 共同保 險額	33% 共同保 險額	33% 共同保險 額	33% 共同保險額
層級 6： 精選照護藥物	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0	定額手續費 \$0

* 網絡外藥局無法提供 90 天長期藥量。

Clever Care Value Medicare Advantage 在承保缺口階段會為藥物提供額外的承保。對於層級 1 首選學名藥，您需要支付的定額手續費為 \$0，而對於層級 2 學名藥，您需要支付的定額手續費為 \$0。對於其他學名藥、原廠藥和專科藥物，您支付價格的 25%（外加一部分配藥費用）。

Clever Care 目前參與 CMS 提供的 D 部分 Senior Savings Model，此項計劃旨在提供會員價格合宜的胰島素，讓會員可以控制糖尿病。視胰島素品牌而定，在所有承保階段中 30 天用量您的自付費用將為 \$0 或 \$35。與 Senior Savings Model 相關的藥物將標有「SI」。

獲得額外補助

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

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藥物名稱	藥物等級	要求/限制	
Analgesics			
Analgesics, Miscellaneous			
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	NDS; QL (4500 per 30 days)	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	NDS; QL (360 per 30 days)	
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	NDS; QL (180 per 30 days)	
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	(codeine-butalbital-asa-caff)	2	NDS; QL (180 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	(Buprenex)	2	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>		2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	(Butrans)	2	NDS; QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	(Fioricet with Codeine)	2	NDS; QL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>		2	NDS; QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	(Tencon)	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	(Zebutal)	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	(Esgic)	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>		2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>		2	QL (180 per 30 days)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>		2	NDS; QL (5 per 28 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>		2	NDS; QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	(Ascomp with Codeine)	2	NDS; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	(oxycodone- acetaminophen)	2	NDS; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5- 325 mg</i>	(oxycodone- acetaminophen)	2	NDS; QL (360 per 30 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物等級	要求/限制
<i>endocet oral tablet 7.5-325 mg (oxycodone-acetaminophen)</i>	2	NDS; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg (Actiq)</i>	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg (Actiq)</i>	2	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	NDS; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	2	NDS; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	NDS; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml (Dilaudid)</i>	2	NDS; QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)</i>	2	NDS; QL (180 per 30 days)
<i>LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY</i>	5	PA; NDS; QL (30 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	NDS; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	NDS; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	NDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>methadose oral tablet,soluble 40 mg (methadone)</i>	2	NDS; QL (30 per 30 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物 等級	要求/限制
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; NDS; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	NDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	NDS; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	NDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	NDS; QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	PA; NDS; QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	NDS; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	NDS; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	NDS; QL (120 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	3	NDS; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 10-325 mg	2	NDS; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 2.5-325 mg, 5-325 mg	2	NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 7.5-325 mg	2	NDS; QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet</i> 4.8355-325 mg	2	NDS; QL (360 per 30 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物等級	要求/限制
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 NDS; QL (60 per 30 days)
oxymorphone oral tablet 10 mg		2 NDS; QL (120 per 30 days)
oxymorphone oral tablet 5 mg		2 NDS; 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 NDS; QL (60 per 30 days)
tencon oral tablet 50-325 mg	(butalbital-acetaminophen)	2 QL (180 per 30 days)
tramadol oral tablet 50 mg		1 NDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet)	2 NDS; QL (300 per 30 days)
vicodin hp oral tablet 10-300 mg	(hydrocodone-acetaminophen)	2 NDS; QL (180 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG		3 NDS; QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG		3 NDS; QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG		3 NDS; QL (240 per 30 days)
zebutal oral capsule 50-325-40 mg	(butalbital-acetaminophen-caff)	2 QL (180 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 epolamine transdermal patch 12 hour 1.3 %	(Flector)	4 PA; 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)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物等級	要求/限制
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	2	QL (150 per 30 days)
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 (Pennsaid) metered-dose pump 20 mg/gram /actuation(2 %)	5	PA; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	2	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	2	
disflunisal oral tablet 500 mg	2	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg (Lodine)	2	
etodolac oral tablet 500 mg	2	
fenoprofen oral tablet 600 mg (Nalfon)	2	
flurbiprofen oral tablet 100 mg	2	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800- 26.6 mg	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)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物 等級	要求/限制
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	
<i>ketorolac injection cartridge 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection cartridge 30 mg/ml</i>	2	QL (20 per 30 days)
<i>ketorolac injection solution 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection solution 30 mg/ml (1 ml)</i>	2	QL (20 per 30 days)
<i>ketorolac injection syringe 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection syringe 30 mg/ml</i>	2	QL (20 per 30 days)
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	2	QL (20 per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	QL (20 per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	QL (20 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg (Relafen)</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg (Naprosyn)</i>	1	
<i>naproxen oral tablet,delayed release (EC-Naprosyn) (dr/ec) 375 mg, 500 mg</i>	2	
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg</i> (Vimovo)	5	PA; NDS; QL (60 per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg (Feldene)</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	2	QL (30 per 30 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物等級	要求/限制
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	
<i>lidocaine hcl 1% 20 mg/2 ml vl sdv, p/f 10 mg/ml (1 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PA
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
<i>CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG</i>	3	QL (336 per 365 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物等級	要求/限制
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	5	NDS; QL (228 per 14 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation (Narcan)</i>	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	3	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	NDS; QL (1.5 per 30 days)
<i>varenicline oral tablet 0.5 mg</i>	2	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg (Chantix Continuing Month Box)</i>	2	QL (336 per 365 days)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box)</i>	2	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax)</i>	1	NDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg (Xanax)</i>	1	NDS; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg (Xanax XR)</i>	2	NDS; QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg (Xanax XR)</i>	2	NDS; QL (90 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	NDS; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg (Klonopin)</i>	1	QL (90 per 30 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物等級	要求/限制
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	2	QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	2	QL (180 per 30 days)
<i>diazepam 25 mg/5 ml oral conc 5 mg/ml</i> (Diazepam Intensol)	2	QL (1200 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>estazolam oral tablet 1 mg</i>	2	NDS; QL (60 per 30 days)
<i>estazolam oral tablet 2 mg</i>	2	NDS; QL (30 per 30 days)
<i>flurazepam oral capsule 15 mg</i>	2	NDS; QL (60 per 30 days)
<i>flurazepam oral capsule 30 mg</i>	2	NDS; QL (30 per 30 days)
<i>lorazepam 2 mg/ml oral concent 2 mg/ml</i> (Lorazepam Intensol)	2	NDS; QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	2	NDS; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	NDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	NDS; QL (150 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	2	NDS; QL (10 per 30 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物等級	要求/限制
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	NDS; QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	NDS; QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	NDS; QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	NDS; QL (60 per 30 days)

Antibacterials

Aminoglycosides

<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	5	PA BvD; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	2	

Antibacterials, Miscellaneous

<i>bacitracin intramuscular recon soln 50,000 unit</i>	2	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	2	

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物等級	要求/限制
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection (Cleocin) solution 150 mg/ml</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin RF)	5	NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	
<i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>	2	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	2	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrodantin)	2	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	2	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	NDS
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	2	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	2	QL (112 per 14 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物 等級	要求/限制
XIFAXAN ORAL TABLET 200 MG	5	PA; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefixime oral capsule 400 mg (Suprax)</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>cefotaxime injection recon soln 1 gram</i>	2	
<i>cefoxitin 1 gm piggyback bag 1 gram/50 ml</i>	2	
<i>cefoxitin intravenous recon soln 1 gram</i>	2	
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	2	

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

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物 等級	要求/限制
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
<i>meropenem intravenous recon soln 1 gram</i>	2	
<i>meropenem intravenous recon soln 500 mg</i>	2	
<i>meropenem-0.9% nacl 500 mg/500 mg/50 ml</i>	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	

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藥物名稱	藥物等級	要求/限制
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	2	
<i>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</i>	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	

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藥物名稱	藥物等級	要求/限制
<i>nafcillin 1 gm/ 50 ml inj 1 gram/50 ml</i>	2	
<i>nafcillin 2 gm/ 100 ml inj 2 gram/100 ml</i>	2	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	NDS
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfiwerpen-g injection recon soln 20 (penicillin g potassium) million unit</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
Quinolones		
<i>BAXDELA ORAL TABLET 450 MG</i>	5	PA; NDS; QL (28 per 14 days)
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	

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藥物名稱	藥物等級	要求/限制
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg, 50 mg</i> (Doryx)	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin (mono))	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	QL (60 per 30 days)

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藥物名稱	藥物等級	要求/限制
<i>doxycycline monohydrate oral tablet 150 mg</i>	2	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	2	QL (60 per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>monodoxine nl oral capsule 100 mg, (doxycycline 75 mg monohydrate)</i>	2	QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 (Tygacil) mg</i>	5	NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 (Zytiga) mg</i>	5	PA NSO; NDS; QL (120 per 30 days)
<i>ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG</i>	5	PA BvD; NDS
<i>ADCETRIS INTRAVENOUS RECON SOLN 50 MG</i>	5	PA NSO; NDS
<i>adriamycin intravenous solution 10 (doxorubicin) mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD
<i>adrucil intravenous solution 2.5 (fluorouracil) gram/50 ml</i>	2	PA BvD
<i>ALECensa ORAL CAPSULE 150 MG</i>	5	PA NSO; NDS; QL (240 per 30 days)
<i>ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG</i>	5	NDS
<i>ALIQOPA INTRAVENOUS RECON SOLN 60 MG</i>	5	PA NSO; NDS; QL (3 per 28 days)
<i>ALUNBRIG ORAL TABLET 180 MG, 90 MG</i>	5	PA NSO; NDS; QL (30 per 30 days)
<i>ALUNBRIG ORAL TABLET 30 MG</i>	5	PA NSO; NDS; QL (120 per 30 days)
<i>ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)</i>	5	PA NSO; NDS

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物等級	要求/限制
<i>alymsys intravenous solution 25 mg/ml</i>	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg (Arimidex)</i>	1	
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	NDS
<i>arsenic trioxide intravenous solution (Trisenox) 2 mg/ml</i>	5	NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	5	PA NSO; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg (Vidaza)</i>	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg (Targretin)</i>	5	PA NSO; NDS
<i>bexarotene topical gel 1 % (Targretin)</i>	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg (Casodex)</i>	2	
BLENREP INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NDS
<i>bortezomib injection recon soln 1 mg</i>	4	PA NSO

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藥物名稱	藥物 等級	要求/限制
<i>bortezomib injection recon soln 2.5 mg</i>	5	PA NSO; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 (vandetanib) MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 (vandetanib) MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	2	
<i>cladribine intravenous solution 10 mg/10 ml</i>	2	PA BvD
<i>clofarabine intravenous solution 1 mg/ml</i> (Clolar)	5	NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NDS

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藥物名稱	藥物等級	要求/限制
cyclophosphamide intravenous solution 200 mg/ml	5	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 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; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NDS; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; LA; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 (Dacogen) mg	5	NDS
docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)	5	NDS
docetaxel intravenous solution 80 mg/8 ml (10 mg/ml)	2	
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	2	PA BvD
doxorubicin, peg-liposomal (Doxil) intravenous suspension 2 mg/ml	5	PA BvD; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	

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藥物名稱	藥物 等級	要求/限制
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	2	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Afinitor)	5	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	5	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NDS
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)

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藥物名稱	藥物 等級	要求/限制
fulvestrant intramuscular syringe 250 (Faslodex) mg/5 ml	5	NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NDS
gemcitabine intravenous recon soln 1 gram, 200 mg	2	PA BvD
gemcitabine intravenous recon soln 2 gram	5	PA BvD; NDS
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	5	PA BvD; NDS
gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)	2	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA NSO; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
hydroxyurea oral capsule 500 mg (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram	2	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	2	
imatinib oral tablet 100 mg (Gleevec)	2	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	2	PA NSO; QL (60 per 30 days)

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藥物名稱	藥物 等級	要求/限制
IMBRUICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (240 per 30 days)
IMBRUICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NDS; QL (8 per 28 days)
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	5	PA BvD; NDS
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i>	2	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	

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藥物名稱	藥物 等級	要求/限制
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NDS
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NDS; QL (28 per 28 days)

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藥物名稱	藥物 等級	要求/限制
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	5	NDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS

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藥物名稱	藥物 等級	要求/限制
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln (Alkeran (as HCl)) 50 mg</i>	5	NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA NSO; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg (Nilandron)</i>	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS

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藥物名稱	藥物 等級	要求/限制
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	2	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	2	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	PA BvD
<i>paclitaxel protein-bound intravenous (Abraxane) suspension for reconstitution 100 mg</i>	5	PA BvD; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA NSO; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NDS
<i>pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg</i>	5	NDS
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	5	PA NSO; NDS; QL (2 per 28 days)
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA NSO; NDS

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藥物名稱	藥物 等級	要求/限制
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML	5	PA NSO; NDS; QL (15 per 21 days)
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML	5	PA NSO; NDS; QL (10 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	PA NSO; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 2.5 (lenalidomide) MG, 20 MG	5	PA NSO; LA; NDS; QL (28 per 28 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)

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藥物名稱	藥物 等級	要求/限制
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA NSO; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NDS; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	

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藥物名稱	藥物等級	要求/限制
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	5	PA BvD; NDS; QL (4 per 28 days)
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	5	NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i>	2	
<i>topotecan intravenous recon soln 4 mg</i>	5	NDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	NDS
<i>toremifene oral tablet 60 mg</i>	5	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	NDS; QL (1 per 84 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物 等級	要求/限制
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	QL (1 per 28 days)
<i>tretinoïn (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA NSO; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NDS
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	5	NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA NSO; NDS
VELCADE INJECTION RECON SOLN 3.5 MG (bortezomib)	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS

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藥物名稱	藥物 等級	要求/限制
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	2	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PA NSO; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NDS; QL (8 per 28 days)

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藥物名稱	藥物 等級	要求/限制
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	5	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PA NSO; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	5	PA NSO; NDS
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)

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藥物名稱	藥物等級	要求/限制
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NDS
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	(Carbatrol)	2
<i>carbamazepine oral suspension 100 mg/5 ml</i>	(Tegretol)	2
<i>carbamazepine oral tablet 200 mg</i>	(Epitol)	2
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	(Tegretol XR)	2
<i>carbamazepine oral tablet, chewable 100 mg</i>		2
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml</i>	(Onfi)	2
<i>clobazam oral tablet 10 mg, 20 mg</i>	(Onfi)	2
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)

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

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

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藥物名稱	藥物等級	要求/限制
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	5	NDS
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	5	NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NDS; QL (60 per 30 days)

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藥物名稱	藥物 等級	要求/限制
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadron)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadron oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; 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 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	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	

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

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藥物名稱	藥物等級	要求/限制
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NDS
bupropion hcl oral tablet 100 mg, 75 mg	2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	2	
citalopram oral solution 10 mg/5 ml	2	QL (600 per 30 days)
citalopram oral tablet 10 mg (Celexa)	1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg (Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	2	
desipramine oral tablet 10 mg, 25 mg (Norpramin)	2	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	2	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin oral concentrate 10 mg/ml	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	2	QL (60 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 40 mg	2	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)

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藥物名稱	藥物 等級	要求/限制
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	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)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg (Remeron)</i>	2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	

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藥物名稱	藥物等級	要求/限制
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	4	PA NSO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone oral tablet 300 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	4	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i>	2	QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	2	QL (90 per 30 days)
VIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 per 30 days)
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	5	NDS

Antidiabetic Agents

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物等級	要求/限制
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, IR - ER, BIPHASIC 24HR 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; NDS; QL (112 per 28 days)
metformin oral solution 500 mg/5 ml (Riomet)	2	QL (765 per 30 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)
miglitol oral tablet 100 mg, 25 mg, 50 mg	2	QL (90 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 (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	QL (30 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	2	QL (120 per 30 days)

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藥物名稱	藥物等級	要求/限制
repaglinide oral tablet 2 mg	2	QL (240 per 30 days)
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	2	QL (150 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; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	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)
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		

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藥物名稱	藥物 等級	要求/限制
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)
LANTUS SOLOSTAR U-100 (insulin glargine) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI; QL (40 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 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)

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藥物名稱	藥物等級	要求/限制
NOVOLOG FLEXPEN U-100 INSULIN 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 INSULIN 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)
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)
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)

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藥物名稱	藥物等級	要求/限制
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg (Glynase)	2	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	2	
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; NDS
amphotericin b injection recon soln 50 mg	2	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg (AmBisome)	5	PA BvD; NDS
caspofungin intravenous recon soln 50 mg (Cancidas)	5	NDS
caspofungin intravenous recon soln 70 mg (Cancidas)	2	
ciclopirox topical cream 0.77 % (Ciclodan)	2	QL (180 per 30 days)
ciclopirox topical gel 0.77 %	2	QL (300 per 30 days)
ciclopirox topical shampoo 1 % (Loprox)	2	
ciclopirox topical solution 8 % (Ciclodan)	2	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 % (Loprox (as olamine))	2	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg	2	
clotrimazole topical cream 1 % (Antifungal (clotrimazole))	2	
clotrimazole topical solution 1 %	2	
clotrimazole-betamethasone topical cream 1-0.05 %	2	QL (90 per 30 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	2	QL (90 per 30 days)
econazole topical cream 1 %	2	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	

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藥物名稱	藥物等級	要求/限制
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	2	PA
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
<i>NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML</i>	5	NDS
<i>NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)</i> (posaconazole)	5	PA; NDS
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)

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藥物名稱	藥物等級	要求/限制
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	2	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	4	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST; QL (30 per 30 days)
<i>MITIGARE ORAL CAPSULE 0.6 MG</i> (colchicine)	2	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	

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藥物名稱	藥物 等級	要求/限制
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml (Xyzal)</i>	2	
<i>levocetirizine oral tablet 5 mg (24HR Allergy Relief)</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 % (Cleocin)</i>	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram) (Vandazole)</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
Antimigraine Agents		
Antimigraine Agents		
<i>AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML</i>	3	PA; QL (1 per 30 days)
<i>AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML</i>	3	PA; QL (1.5 per 30 days)
<i>AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML</i>	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	2	QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml) (Migranal)</i>	5	NDS; QL (8 per 28 days)
<i>EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML</i>	3	PA; QL (2 per 30 days)

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藥物名稱	藥物 等級	要求/限制
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (12 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	2	QL (12 per 30 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i> (Imitrex)	2	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i> (Imitrex)	2	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i> (Imitrex STATdose Refill)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	QL (6 per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	2	QL (6 per 30 days)

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藥物名稱	藥物 等級	要求/限制
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg (Myambutol)</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg (Mycobutin)</i>	2	
<i>rifampin intravenous recon soln 600 mg (Rifadin)</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECATOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg (Emend)</i>	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	2	PA BvD; QL (6 per 28 days)
<i>compro rectal suppository 25 mg (prochlorperazine)</i>	2	

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藥物名稱	藥物等級	要求/限制
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)</i>	2	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	2	
<i>EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)</i>	4	PA BvD; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))	2	QL (2 per 28 days)
<i>gransetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	2	
<i>gransetron hcl intravenous solution 1 mg/ml</i>	2	
<i>gransetron hcl oral tablet 1 mg</i>	2	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	2	
<i>meclizine oral tablet 25 mg (Dramamine (meclizine))</i>	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg (Compazine)</i>	2	
<i>prochlorperazine rectal suppository 25 mg (Compro)</i>	2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml (Phenergan)</i>	2	

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藥物名稱	藥物等級	要求/限制
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<i>scopolamine base transdermal patch (Transderm-Scop) 3 day 1 mg over 3 days</i>	2	QL (10 per 30 days)
<i>SYNDROS ORAL SOLUTION 5 MG/ML</i>	5	PA; NDS; QL (120 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	5	NDS
<i>atovaquone oral suspension 750 mg/5 ml (Mepron)</i>	2	
<i>atovaquone-proguanil oral tablet 250-100 mg (Malarone)</i>	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg (Malarone Pediatric)</i>	2	
<i>chloroquine phosphate oral tablet 250 mg</i>	2	QL (50 per 30 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	2	QL (25 per 30 days)
<i>COARTEM ORAL TABLET 20-120 MG</i>	4	
<i>hydroxychloroquine oral tablet 200 mg (Plaquenil)</i>	2	QL (90 per 30 days)
<i>IMPAVIDO ORAL CAPSULE 50 MG</i>	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg (Stromectol)</i>	2	
<i>KRINTAFEL ORAL TABLET 150 MG</i>	4	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg (Alinia)</i>	5	NDS
<i>paromomycin oral capsule 250 mg (Humatin)</i>	2	
<i>pentamidine inhalation recon soln 300 mg (Nebupent)</i>	2	PA BvD
<i>pentamidine injection recon soln 300 mg (Pentam)</i>	2	

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藥物名稱	藥物等級	要求/限制
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>apomorphine subcutaneous cartridge (APOKYN) 10 mg/ml</i>	5	PA; NDS; QL (60 per 30 days)
<i>benztropine injection solution 1 mg/ml</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	4	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	4	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	4	

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藥物名稱	藥物 等級	要求/限制
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 125) tablet 31.25-125-200 mg	4	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 150) tablet 37.5-150-200 mg	4	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 200) tablet 50-200-200 mg	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg,</i> (Mirapex) 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
<i>rasagiline oral tablet 0.5 mg,</i> 1 mg (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg,</i> 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
<i>ropinirole oral tablet extended release 24 hr</i> 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	

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藥物名稱	藥物等級	要求/限制
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days)
XADAGO ORAL TABLET 50 MG	5	PA; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
<i>ariPIPRAZOLE oral solution 1 mg/ml</i>	2	QL (900 per 30 days)
<i>ariPIPRAZOLE oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Abilify)</i>	2	QL (30 per 30 days)
<i>ariPIPRAZOLE oral tablet,disintegrating 2 mg (Abilify)</i>	2	QL (60 per 30 days)
<i>ariPIPRAZOLE oral tablet,disintegrating 10 mg</i>	2	ST; QL (90 per 30 days)
<i>ariPIPRAZOLE oral tablet,disintegrating 15 mg</i>	5	ST; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 28 days)
<i>asenapine maleate sublingual tablet (Saphris) 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	

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藥物名稱	藥物等級	要求/限制
<i>clozapine oral tablet 100 mg</i> (Clozaril)	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	2	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	2	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	5	ST; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	2	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	

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藥物名稱	藥物等級	要求/限制
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 84 days)
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)
<i>loxpipine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)

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

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藥物名稱	藥物 等級	要求/限制
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Risperdal)	2	QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i> (Risperdal)	2	QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg, 4 mg</i>	2	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; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	2	QL (6 per 28 days)

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藥物名稱	藥物 等級	要求/限制
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
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	NDS
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	5	NDS; QL (24 per 365 days)
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	NDS
APTIVUS ORAL CAPSULE 250 MG	5	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	NDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)	5	NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml) (Apretude)	5	NDS; QL (24 per 365 days)

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

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藥物名稱	藥物 等級	要求/限制
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400- 100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	5	NDS; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	2	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	

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

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藥物名稱	藥物 等級	要求/限制	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4		
TRIUMEQ ORAL TABLET 600-50- 300 MG	5	NDS	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NDS	
TRIZIVIR ORAL TABLET 300- 150-300 MG	(abacavir-lamivudine- zidovudine)	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS	
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS	
VOCABRIA ORAL TABLET 30 MG	4		
<i>zidovudine oral capsule 100 mg</i>	(Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i>	(Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>		2	
Antivirals, Miscellaneous			
<i>foscarnet intravenous solution 24 mg/ml</i>	(Foscavir)	2	PA BvD
<i>oseltamivir oral capsule 30 mg</i>	(Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	(Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i>	(Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	(Tamiflu)	2	QL (540 per 180 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG	4	QL (20 per 5 days)	
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	4	QL (30 per 5 days)	

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藥物名稱	藥物 等級	要求/限制
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
XOFLUZA 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; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	5	PA; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
Interferons		

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藥物名稱	藥物等級	要求/限制
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	2	
acyclovir oral tablet 400 mg, 800 mg	2	
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	
cidofovir intravenous solution 75 mg/ml	5	NDS
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	2	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
ganciclovir sodium intravenous recon soln 500 mg	5	PA BvD; NDS
ganciclovir sodium intravenous solution 50 mg/ml	5	PA BvD; NDS
lagevrio (eua) oral capsule 200 mg	4	QL (40 per 5 days)
ribavirin inhalation recon soln 6 gram (Virazole)	5	PA BvD; NDS
ribavirin oral capsule 200 mg	2	
ribavirin oral tablet 200 mg	2	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	2	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	5	NDS

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藥物名稱	藥物等級	要求/限制
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	
VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)	5	PA BvD; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution</i> (Lovenox) 300 mg/3 ml	2	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe</i> 30 (Lovenox) mg/0.3 ml	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe</i> 40 (Lovenox) mg/0.4 ml	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe</i> 60 (Lovenox) mg/0.6 ml	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 10 mg/0.8 ml	5	NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 5 (Arixtra) mg/0.4 ml	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml	5	NDS; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge</i> 5,000 unit/ml (1 ml)	2	
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	
<i>heparin (porcine) injection syringe</i> 5,000 unit/ml	2	

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藥物名稱	藥物 等級	要求/限制
heparin, porcine (pf) injection solution 1,000 unit/ml	2	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 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; NDS; QL (20 per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NDS; QL (30 per 30 days)

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藥物名稱	藥物 等級	要求/限制
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NDS
MULPLETA ORAL TABLET 3 MG	5	PA; NDS; QL (7 per 7 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS

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藥物名稱	藥物 等級	要求/限制
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
CABLIVI INJECTION KIT 11 MG	5	PA; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NDS
<i>protamine intravenous solution 10 mg/ml</i>	2	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	4	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution (Cyklokapron) 1,000 mg/10 ml (100 mg/ml)</i>	2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	

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藥物名稱	藥物等級	要求/限制
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)

Caloric Agents

Caloric Agents

AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
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

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藥物名稱	藥物 等級	要求/限制
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
<i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i>	2	PA BvD
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	2	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	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

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藥物名稱	藥物 等級	要求/限制
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	
<i>EDARBI ORAL TABLET 40 MG, 80 MG</i>	3	
<i>EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG</i>	3	
<i>ENTRESTO ORAL TABLET 24-26 MG</i>	3	QL (180 per 30 days)
<i>ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG</i>	3	QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	2	

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藥物名稱	藥物等級	要求/限制
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	
<i>olmesartan-amlodipine-hctiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	2	
<i>telmisartan-hydrochlorothiazide oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	

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藥物名稱	藥物等級	要求/限制
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	2	
enalapril maleate oral solution 1 mg/ml (Epaned)	2	ST; QL (1200 per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	2	
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	
QBRELIS ORAL SOLUTION 1 MG/ML	5	ST; NDS; QL (1200 per 30 days)
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	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	2	
Antiarrhythmic Agents		
amiodarone oral tablet 100 mg, 400 mg (Pacerone)	2	
amiodarone oral tablet 200 mg (Pacerone)	1	

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藥物名稱	藥物 等級	要求/限制
<i>disopyramide phosphate oral capsule</i> (Norpace) 100 mg, 150 mg	2	
<i>dofetilide oral capsule</i> 125 mcg, 250 (Tikosyn) mcg, 500 mcg	2	
<i>flecainide oral tablet</i> 100 mg, 150 mg, 50 mg	2	
<i>lidocaine (pf) injection solution</i> 10 (Xylocaine-MPF) mg/ml (1 %)	1	
<i>lidocaine (pf) intravenous syringe</i> 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)	1	
<i>mexiletine oral capsule</i> 150 mg, 200 mg, 250 mg	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet</i> 100 mg, 400 mg (amiodarone)	2	
<i>pacerone oral tablet</i> 200 mg (amiodarone)	1	
<i>procainamide injection solution</i> 100 mg/ml, 500 mg/ml	2	
<i>procainamide intravenous syringe</i> 100 mg/ml	2	
<i>propafenone oral capsule,extended release</i> 12 hr 225 mg, 325 mg, 425 mg	2	
<i>propafenone oral tablet</i> 150 mg, 225 mg, 300 mg	2	
<i>quinidine gluconate oral tablet</i> extended release 324 mg	2	
<i>quinidine sulfate oral tablet</i> 200 mg	1	
<i>quinidine sulfate oral tablet</i> 300 mg	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule</i> 200 mg, 400 mg	2	
<i>atenolol oral tablet</i> 100 mg, 25 mg, (Tenormin) 50 mg	1	
<i>atenolol-chlorthalidone oral tablet</i> (Tenoretic 100) 100-25 mg	2	
<i>atenolol-chlorthalidone oral tablet</i> (Tenoretic 50) 50-25 mg	2	
<i>betaxolol oral tablet</i> 10 mg, 20 mg	2	
<i>bisoprolol fumarate oral tablet</i> 10 mg, 5 mg	2	

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藥物名稱	藥物等級	要求/限制
bisoprolol-hydrochlorothiazide oral (Ziac) tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	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 (Toprol XL) extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	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	
nadolol oral tablet 20 mg, 40 mg, 80 mg (Corgard)	2	
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	
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	

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

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

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物等級	要求/限制
verapamil oral capsule, ext rel. pellets (Verelan) 24 hr 360 mg	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	
icatibant subcutaneous syringe 30 mg/3 ml (Sajazir)	5	PA; NDS; QL (18 per 30 days)
metyrosine oral capsule 250 mg (Demser)	5	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; NDS; QL (18 per 30 days)

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藥物名稱	藥物等級	要求/限制
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	4	QL (4 per 30 days)
SYMJEPI INJECTION SYRINGE (epinephrine) 0.3 MG/0.3 ML	4	QL (4 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NDS; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; NDS; QL (120 per 30 days)
Dihydropyridines		
amlodipine oral tablet 10 mg, 2.5 mg, (Norvasc) 5 mg	1	
amlodipine-benazepril oral capsule (Lotrel) 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	2	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg	2	
amlodipine-olmesartan oral tablet (Azor) 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	
amlodipine-valsartan oral tablet 10- 160 mg, 10-320 mg, 5-160 mg, 5-320 mg	2	
amlodipine-valsartan-hctiazid oral (Exforge) tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5- 160-25 mg	2	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	2	
isradipine oral capsule 2.5 mg, 5 mg	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	ST; QL (300 per 30 days)
nicardipine oral capsule 20 mg, 30 mg	2	
nifedipine oral capsule 10 mg, 20 mg	2	
nifedipine oral tablet extended (Procardia XL) release 24hr 30 mg, 60 mg, 90 mg	2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	2	
Diuretics		
amiloride oral tablet 5 mg	2	

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藥物名稱	藥物等級	要求/限制
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>JYNARQUE ORAL TABLET 15 MG, 30 MG</i>	5	PA; NDS; QL (120 per 30 days)
<i>JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)</i>	5	PA; NDS; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	2	
<i>torsemide oral tablet 10 mg, 100 mg, 5 mg</i>	2	
<i>torsemide oral tablet 20 mg</i> (Soaanz)	2	

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藥物名稱	藥物等級	要求/限制
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i>	2	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i>	2	
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
<i>EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG</i>	4	ST; QL (30 per 30 days)
<i>ezetimibe oral tablet 10 mg</i>	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i>	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i>	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i>	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	

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藥物名稱	藥物等級	要求/限制
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate nanocrystallized oral tablet 160 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NDS; QL (45 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg</i> (Niaspan Extended-Release)	2	
<i>niacin oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
<i>niacor oral tablet 500 mg</i> (niacin)	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	

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

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藥物名稱	藥物 等級	要求/限制
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	2	PA BvD
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; NDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	2	PA; QL (60 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)

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藥物名稱	藥物等級	要求/限制
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	(Dexedrine Spansule)	2 QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>		2 QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	(Zenzedi)	2 QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i>	(Zenzedi)	2 QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	(Zenzedi)	2 QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	(Adderall XR)	2 QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	(Adderall XR)	2 QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	(Adderall)	2 QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	(Tecfidera)	5 PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	(Tecfidera)	5 PA; NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	(Tecfidera)	5 PA; NDS; QL (60 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		5 PA; NDS
<i>flumazenil intravenous solution 0.1 mg/ml</i>		2
GILENYA ORAL CAPSULE 0.25 MG		5 PA; NDS; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	(fingolimod)	5 PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	(Copaxone)	5 PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	(Copaxone)	5 PA; NDS; QL (12 per 28 days)

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藥物名稱	藥物等級	要求/限制
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS

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藥物名稱	藥物等級	要求/限制
metadate er oral tablet extended release 20 mg (methylphenidate hcl)	2	QL (90 per 30 days)
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	2	QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 50-50 30 mg	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	2	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	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	2	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 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	2	QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg	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; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)

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藥物名稱	藥物等級	要求/限制
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	5	PA; NDS; QL (2800 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
TASCENO ODT ORAL TABLET,DISINTEGRATING 0.25 MG	5	PA; NDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	

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藥物名稱	藥物等級	要求/限制
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	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradiol/e.estradiol)	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	
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	

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藥物名稱	藥物等級	要求/限制
dasetta 1/35 (28) oral tablet 1-35 mg- (norethindrone-ethin mcg 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)	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	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	
elonest 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	
estarrylla oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)	2	
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)	4	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg- mcg (levonorgestrel-ethinyl estrad)	2	

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藥物名稱	藥物等級	要求/限制
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	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) (levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
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	
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	

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

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藥物名稱	藥物等級	要求/限制
<i>lillow</i> (28) oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)	2	
<i>lojaimies oral tablets, dose pack, 3 month</i> 0.10 mg-20 mcg (84)/10 mcg (7) (l norgest/e.estriadiol-e.estrad)	2	QL (91 per 84 days)
<i>loryna</i> (28) oral tablet 3-0.02 mg (drospirenone-ethinyl estradiol)	2	
<i>low-ogestrel</i> (28) oral tablet 0.3-30 mg-mcg (norgestrel-ethinyl estradiol)	2	
<i>lo-zumandimine</i> (28) oral tablet 3-0.02 mg (drospirenone-ethinyl estradiol)	2	
<i>lutera</i> (28) oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)	2	
<i>lyeq</i> oral tablet 0.35 mg (norethindrone (contraceptive))	1	
<i>lyza</i> oral tablet 0.35 mg (norethindrone (contraceptive))	1	
<i>marlissa</i> (28) oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)	2	
<i>merzee</i> oral capsule 1 mg-20 mcg (24)/75 mg (4) (norethindrone-e.estriadiol-iron)	2	
<i>microgestin fe 1/20</i> (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (norethindrone-e.estriadiol-iron)	1	
<i>mil</i> oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)	1	
<i>mono-linyah</i> oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)	2	
<i>necon</i> 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	
<i>nikki</i> (28) oral tablet 3-0.02 mg (drospirenone-ethinyl estradiol)	2	
<i>norethindrone (contraceptive)</i> oral tablet 0.35 mg (Camila)	1	
<i>norethindrone ac-eth estradiol</i> oral tablet 1.5-30 mg-mcg (Aurovela 1.5/30 (21))	2	
<i>norethindrone ac-eth estradiol</i> oral tablet 1-20 mg-mcg (Aurovela 1/20 (21))	2	
<i>norethindrone-e.estriadiol-iron</i> oral capsule 1 mg-20 mcg (24)/75 mg (4) (Merzee)	2	
<i>norethindrone-e.estriadiol-iron</i> oral tablet 1 mg-20 mcg (21)/75 mg (7) (Aurovela Fe 1-20 (28))	1	

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藥物名稱	藥物等級	要求/限制
norethindrone-e.estriadiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (28))	2	
norethindrone-e.estriadiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarrylla)	2
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Estarrylla)	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.estriadiol/e.estriadiol)	2
pirmella oral tablet 0.5/0.75/1 mg-35 mcg		2
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

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藥物名稱	藥物等級	要求/限制
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
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.estriadiol)	2
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(1 norgest/e.estriadiol-e.estrad)	2
SLYND ORAL TABLET 4 MG (28)		4
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.estriadiol-iron)	2
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estriadiol-iron)	1
tri-femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2
tri-estarrylla 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.estriadiol-iron)	2
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2
tri-lo-estarrylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	2
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2

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藥物名稱	藥物等級	要求/限制
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	2	
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	
vienna 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	
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	

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

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藥物名稱	藥物 等級	要求/限制
BD SINGLE USE SWAB (alcohol swabs)	1	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD (alcohol swabs)	1	
CURITY ALCOHOL PREPS 2 PLY,MEDIUM (alcohol swabs)	1	
DENAVIR TOPICAL CREAM 1 %	5	NDS
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	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)	1	
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 per 30 days)
IV ANTISEPTIC WIPES (alcohol swabs)	1	
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (180 per 30 days)
<i>podofilox topical solution 0.5 %</i>	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	

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藥物名稱	藥物 等級	要求/限制
REGRANEX TOPICAL GEL 0.01 %	5	PA; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
SURE COMFORT ALCOHOL 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	NDS
VEREGEN TOPICAL OINTMENT 15 %	5	NDS
WEBCOL ALCOHOL PREPS 20'S,LARGE (alcohol swabs)	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	2	QL (100 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	2	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	2	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	2	QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	2	QL (180 per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	2	

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藥物名稱	藥物等級	要求/限制
gentamicin topical cream 0.1 %	2	QL (120 per 30 days)
gentamicin topical ointment 0.1 %	2	QL (120 per 30 days)
metronidazole topical cream 0.75 % (Rosadan)	2	
metronidazole topical gel 0.75 % (Rosadan)	2	
metronidazole topical gel 1 % (Metrogel)	2	
metronidazole topical lotion 0.75 % (MetroLotion)	2	
mupirocin topical ointment 2 % (Centany)	1	QL (220 per 30 days)
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	2	
rosadan topical cream 0.75 % (metronidazole)	2	
selenium sulfide topical lotion 2.5 %	2	
silver sulfadiazine topical cream 1 % (SSD)	2	
ssd topical cream 1 % (silver sulfadiazine)	4	
sulfacetamide sodium (acne) topical suspension 10 %	2	

Dermatological Anti-Inflammatory Agents

ala-cort topical cream 1 % (hydrocortisone)	1	
ala-scalp topical lotion 2 %	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 foam (Luxiq) 0.12 %	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	

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藥物名稱	藥物等級	要求/限制
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	2	
<i>desonide topical cream 0.05 %</i> (DesOwen)	2	
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	2	QL (120 per 30 days)
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	2	QL (120 per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	2	QL (180 per 30 days)
<i>EUCRISA TOPICAL OINTMENT 2 %</i>	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i> (fluocinonide-emollient)	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	

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藥物名稱	藥物等級	要求/限制
halobetasol propionate topical cream 0.05 %	2	
halobetasol propionate topical ointment 0.05 %	2	
hydrocortisone 2.5% cream 2.5 %	1	
hydrocortisone butyrate topical cream 0.1 %	2	QL (120 per 30 days)
hydrocortisone butyrate topical lotion 0.1 % (Locoid)	2	QL (236 per 30 days)
hydrocortisone butyrate topical ointment 0.1 %	2	QL (120 per 30 days)
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 % (Procto-Med 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	
hydrocortisone valerate topical ointment 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)	2	QL (100 per 30 days)
prednicarbate topical ointment 0.1 %	2	
procto-med hc topical cream with perineal applicator 2.5 % (hydrocortisone)	2	
procto-pak topical cream with perineal applicator 1 % (hydrocortisone)	2	
proctosol hc topical cream with perineal applicator 2.5 % (hydrocortisone)	2	
protozozone-hc topical cream with perineal applicator 2.5 % (hydrocortisone)	2	
tacrolimus topical ointment 0.03 %, 0.1 % (Protopic)	2	QL (100 per 30 days)

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藥物名稱	藥物 等級	要求/限制	
<i>triamicinolone acetonide topical cream 0.025 %</i>	1		
<i>triamicinolone acetonide topical cream 0.1 %, 0.5 %</i>	1		
<i>triamicinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2		
<i>triamicinolone acetonide topical ointment 0.025 %</i>	1		
<i>triamicinolone acetonide topical ointment 0.05 %</i>	2		
<i>triamicinolone acetonide topical ointment 0.1 %, 0.5 %</i>	2		
Dermatological Retinoids			
<i>adapalene topical cream 0.1 %</i> (Differin)	2		
<i>adapalene topical gel 0.1 %</i> (Differin)	2		
ALTRENO TOPICAL LOTION 0.05 %	4	PA	
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2		
TAZORAC TOPICAL CREAM 0.05 %	4		
<i>tretinooin topical cream 0.025 %</i> (Avita)	2	PA	
<i>tretinooin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA	
<i>tretinooin topical gel 0.01 %</i> (Retin-A)	2	PA	
<i>tretinooin topical gel 0.025 %</i> (Avita)	2	PA	
<i>tretinooin topical gel 0.05 %</i> (Atralin)	2	PA	
Scabicides And Pediculicides			
<i>malathion topical lotion 0.5 %</i> (Ovide)	2		
<i>permethrin topical cream 5 %</i> (Elimite)	2		
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 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	

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藥物名稱	藥物 等級	要求/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

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

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藥物名稱	藥物 等級	要求/限制
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	2	
BD INSULIN SYR 1 ML 28GX1/2" (Comfort EZ Insulin (OTC) 1 ML 28 GAUGE X 1/2" Syringe)	2	
BD INSULIN SYRINGE 1 ML W/O 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"	2	
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	2	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "	2	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	2	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	2	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	2	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" (pen needle, diabetic)	2	

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藥物名稱	藥物 等級	要求/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

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藥物名稱	藥物 等級	要求/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

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藥物名稱	藥物 等級	要求/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"	(pen needle, diabetic)	2
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2

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藥物名稱	藥物 等級	要求/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 (pen needle, diabetic) 5MM 31 GAUGE X 3/16"		2
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"		2
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"		2
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"		2
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"		2
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"		2
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"		2
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"		2
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"		2
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"		2
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		1

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

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藥物名稱	藥物 等級	要求/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" (pen needle, diabetic) 29 GAUGE X 1/2"		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" (pen needle, diabetic) 31 GAUGE X 1/4"		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" (pen needle, diabetic) 32 GAUGE X 1/4"		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

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藥物名稱	藥物 等級	要求/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

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藥物名稱	藥物 等級	要求/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 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

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

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藥物名稱	藥物等級	要求/限制
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	2
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		2
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		2
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		2
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		2
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2" u-100)	(insulin syringe-needle	2
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" u-100)	(insulin syringe-needle	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" u-100)	(insulin syringe-needle	2
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2" u-100)	(insulin syringe-needle	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" u-100)	(insulin syringe-needle	2
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2

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藥物名稱	藥物 等級	要求/限制
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE 1 ML 31 GAUGE X 5/16	(Advocate Syringes) 2	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic) 2	
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Lite Touch Insulin Syringe) 2	
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	

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藥物名稱	藥物等級	要求/限制
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2
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

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藥物名稱	藥物 等級	要求/限制
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insulin Syr(half unit))	2
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

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藥物名稱	藥物等級	要求/限制
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Lite Touch Insulin Syringe)	2	
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	2	
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	2	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	2	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" (pen needle, diabetic)	2	
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 (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	
LITETOUC INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	

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藥物名稱	藥物 等級	要求/限制
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
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

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藥物名稱	藥物等級	要求/限制
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	2	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	2	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2
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

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

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藥物名稱	藥物 等級	要求/限制
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
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

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

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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
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

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藥物名稱	藥物 等級	要求/限制
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	
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", (gauze bandage) STERILE 2 X 2 "	1	
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
NEEDLES, INSULIN DISP., 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"	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	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"	2	
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	2	
SURE COMFORT 31G PEN NEEDLE 31 GAUGE X 5/16"	2	

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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	
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	

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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	
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" (pen needle, diabetic)	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	

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

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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 CMFR PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE CMFR PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE CMFR 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	

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藥物名稱	藥物 等級	要求/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

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藥物名稱	藥物 等級	要求/限制
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
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

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

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

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

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藥物名稱	藥物 等級	要求/限制
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	2
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	2
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"		2
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		2

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藥物名稱	藥物 等級	要求/限制
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	
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	

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藥物名稱	藥物 等級	要求/限制
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
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		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NDS; QL (14 per 28 days)
javygtor oral tablet,soluble 100 mg (sapropterin)	5	NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NDS

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藥物名稱	藥物等級	要求/限制
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NDS
ORFADIN ORAL CAPSULE 20 MG	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
REVCOWI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NDS
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	5	NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000- 126,000- 168,000 UNIT, 5,000- 17,000- 24,000 UNIT	3	

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藥物名稱	藥物 等級	要求/限制
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>alcaíne ophthalmic (eye) drops 0.5 % (proparacaine)</i>	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 % (Isopto Atropine)</i>	4	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	QL (30 per 25 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %) (Astepro Allergy)</i>	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 % (Bepreve)</i>	2	ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclopentolate ophthalmic (eye) (Cyclogyl) drops 0.5 %, 1 %, 2 %</i>	2	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	5	PA; NDS; QL (20 per 28 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NDS; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>olopatadine nasal spray,non-aerosol 0.6 % (Patanase)</i>	2	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 % (Eye Allergy Itch-Redness Rlf)</i>	2	
<i>olopatadine ophthalmic (eye) drops 0.2 % (Clear Eyes Once Daily Allergy)</i>	2	
<i>proparacaine ophthalmic (eye) drops 0.5 % (Alcaíne)</i>	2	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA; NDS

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

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<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2		
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2		
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2		
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2		
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(neomycin-bacitracin-poly-hc)	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	(neomycin-bacitracin-polymyxin)	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	(Ocuflax)	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>		2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	(bacitracin-polymyxin b)	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	(Polytrim)	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>		2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>		2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>		2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	(Tobrex)	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	(TobraDex)	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>		2	
<i>ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %</i>		4	

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藥物名稱	藥物 等級	要求/限制
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>diluprednate ophthalmic (eye) drops (Durezol) 0.05 %</i>	2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) (DermOtic Oil) drops 0.01 %</i>	2	
<i>fluorometholone ophthalmic (eye) (FML Liquifilm) drops,suspension 0.1 %</i>	4	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation (24 Hour Allergy Relief)</i>	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>ketorolac ophthalmic (eye) drops 0.5 (Acular) %</i>	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物等級	要求/限制
<i>loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %</i> (Lotemax)	2	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i> (Lotemax)	2	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	2	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i> (Pred Forte)	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (60 per 30 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		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Nexium)	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	2	ST; QL (30 per 30 days)

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藥物名稱	藥物等級	要求/限制
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	2	ST; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	
<i>famotidine intravenous solution 10 mg/ml</i>	2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Prevacid 24Hr)	2	QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>nizatidine oral solution 150 mg/10 ml</i>	2	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	2	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i> (AcipHex)	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
Gastrointestinal Agents, Other		

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藥物名稱	藥物等級	要求/限制
carglumic acid oral tablet, dispersible 200 mg (Carbaglu)	5	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 liquid 2.5-0.025 mg/5 ml	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; 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	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml	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	
lubiprostone oral capsule 24 mcg, 8 mcg (Amitiza)	3	QL (60 per 30 days)
methscopolamine oral tablet 2.5 mg, 5 mg	2	
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	

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藥物名稱	藥物等級	要求/限制
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (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; NDS; QL (30 per 30 days)
<i>propantheline oral tablet 15 mg</i>	2	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS
RELISTOR ORAL TABLET 150 MG	5	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; NDS; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	NDS
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (90 per 30 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	3	
<i>gavilyte-c oral recon soln 240-22.72- 6.72 -5.84 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-g oral recon soln 236-22.74- 6.74 -5.86 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	2	

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藥物名稱	藥物 等級	要求/限制
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	
<i>sodium,potassium,mag sulfates oral (Suprep Bowel Prep Kit) recon soln 17.5-3.13-1.6 gram</i>	3	
<i>SUPREP BOWEL PREP KIT ORAL (sodium,potassium,mag RECON SOLN 17.5-3.13-1.6 GRAM</i>	3	
<i>SUTAB ORAL TABLET 1.479- 0.188- 0.225 GRAM</i>	3	
<i>trilyte with flavor packets oral recon (peg-electrolyte soln) soln 420 gram</i>	2	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
<i>lanthanum oral tablet,chewable (Fosrenol) 1,000 mg, 500 mg, 750 mg</i>	5	NDS
<i>PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML</i>	4	
<i>sevelamer carbonate oral powder in (Renvela) packet 0.8 gram, 2.4 gram</i>	5	NDS
<i>sevelamer carbonate oral tablet 800 (Renvela) mg</i>	2	
<i>sevelamer hcl oral tablet 400 mg</i>	2	
<i>sevelamer hcl oral tablet 800 mg (Renagel)</i>	2	
<i>VELPHORO ORAL TABLET,CHEWABLE 500 MG</i>	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>fesoterodine oral tablet extended (Toviaz) release 24 hr 4 mg, 8 mg</i>	2	
<i>flavoxate oral tablet 100 mg</i>	2	
<i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG</i>	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	

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藥物名稱	藥物等級	要求/限制
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	2	
<i>trospium oral tablet 20 mg</i>	2	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	
<i>ENTADFI ORAL CAPSULE 5-5 MG</i>	4	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG</i>	5	PA; NDS
<i>tiopronin oral tablet 100 mg</i> (Thiola)	5	NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>clovique oral capsule 250 mg</i> (trientine)	5	PA; NDS; QL (240 per 30 days)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu)	5	PA; NDS
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	2	PA
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	2	PA

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藥物名稱	藥物等級	要求/限制
deferasirox oral tablet, dispersible 250 mg, 500 mg (Exjade)	5	PA; NDS
deferiprone oral tablet 1,000 mg, 500 mg (Ferriprox)	5	PA; NDS
deferoxamine injection recon soln 2 gram	2	PA
deferoxamine injection recon soln 500 mg (Desferal)	2	PA
FERRIPROX 1,000 MG TAB(2X/DAY) 1,000 MG	5	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG (deferiprone)	5	PA; NDS
penicillamine oral capsule 250 mg (Cuprimine)	5	PA; NDS
penicillamine oral tablet 250 mg (Depen Titratabs)	5	PA; NDS
trientine oral capsule 250 mg (Syprine)	5	PA; NDS; QL (240 per 30 days)

Hormonal Agents, Stimulant/Replacement/Modifying

Androgens

ANADROL-50 ORAL TABLET 50 MG	5	PA; NDS
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
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)	2	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)	2	PA; QL (150 per 30 days)

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藥物名稱	藥物等級	要求/限制
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	2	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	

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藥物名稱	藥物等級	要求/限制
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(estradiol) 2	QL (8 per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	(estradiol-norethindrone acet) 2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(Fyavolv) 2	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	
PREMARIN ORAL TABLET 0.625 (conjugated estrogens) MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i>	(Evista) 2	
<i>yuvafem vaginal tablet 10 mcg</i>	(estradiol) 2	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	2	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	(Celestone Soluspan) 2	
<i>dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	

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藥物名稱	藥物 等級	要求/限制
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NDS; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	PA; NDS; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
HEMADY ORAL TABLET 20 MG	4	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet 32 mg</i>	2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	2	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	

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藥物名稱	藥物 等級	要求/限制
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
<i>triamcinolone acetonide injection</i> (Kenalog) <i>suspension 40 mg/ml</i>	2	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	5	NDS
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
<i>desmopressin injection solution 4 mcg/ml</i>	2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NDS
<i>lanreotide subcutaneous syringe 120</i> (Somatuline Depot) <i>mg/0.5 ml</i>	5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NDS
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	5	PA; NDS; QL (120 per 30 days)

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藥物名稱	藥物等級	要求/限制
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; NDS
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
<i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1 ml),</i> <i>500 mcg/ml (1 ml)</i>	2	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA NSO; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NDS; QL (1 per 360 days)

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物 等級	要求/限制	
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	NDS	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NDS; QL (1 per 168 days)	
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NDS	
Progestins			
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	(Makena)	5	NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	(Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	(Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	(Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>		2	
<i>norethindrone acetate oral tablet 5 mg</i>	(Aygestin)	2	
<i>progesterone intramuscular oil 50 mg/ml</i>		2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	(Prometrium)	2	
Thyroid And Antithyroid Agents			
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	(Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i>	(Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 50 mcg</i>	(Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>		1	
<i>propylthiouracil oral tablet 50 mg</i>		2	
Immunological Agents			
Immunological Agents			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS	

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藥物名稱	藥物 等級	要求/限制
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	2	PA BvD

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

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

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藥物名稱	藥物等級	要求/限制
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	5	PA; NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS

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藥物名稱	藥物 等級	要求/限制
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47), 10 MG (4)- 20 MG (4)-30 MG(19)	5	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REMICADE INTRAVENOUS (infliximab) RECON SOLN 100 MG	5	PA; NDS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	2	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NDS
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS

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

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藥物名稱	藥物 等級	要求/限制
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
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)

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藥物名稱	藥物 等級	要求/限制
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVOX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOV INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/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	

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藥物名稱	藥物 等級	要求/限制
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF- 48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRI (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTAQUE VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)

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藥物名稱	藥物 等級	要求/限制
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	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	QL (0.75 per 365 days)
TICOVAC INTRAMUSCULAR SYRINGE 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		

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藥物名稱	藥物等級	要求/限制
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg</i> (Lotronex)	2	
<i>alosetron oral tablet 1 mg</i> (Lotronex)	5	NDS
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	2	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	4	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	2	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> (Apriso)	2	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i> (Lialda)	2	
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i> (Asacol HD)	2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	4	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	5	NDS
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	

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藥物名稱	藥物等級	要求/限制
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>cinacalcet oral tablet 30 mg</i> (Sensipar)	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i> (Sensipar)	5	NDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NDS; QL (120 per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	5	PA; NDS; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	3	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	2	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	QL (4 per 28 days)

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藥物名稱	藥物等級	要求/限制
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)	2	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; NDS
zoledronic acid intravenous recon soln 4 mg	2	
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; NDS
betaine oral powder 1 gram/scoop (Cystadane)	5	NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	5	NDS
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; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NDS
fomepizole intravenous solution 1 gram/ml	5	NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	

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藥物名稱	藥物 等級	要求/限制
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule</i> 100 mg	2	
<i>hydroxyzine pamoate oral capsule 25</i> (Vistaril) mg, 50 mg	1	
KEVEYIS ORAL TABLET 50 MG	5	PA; NDS; QL (120 per 30 days)
<i>leucovorin calcium injection recon</i> soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	2	
<i>leucovorin calcium injection solution</i> 10 mg/ml	2	
<i>leucovorin calcium oral tablet 10 mg,</i> 15 mg, 25 mg, 5 mg	2	
<i>levocarnitine (with sugar) oral</i> (Carnitor) solution 100 mg/ml	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	4	
<i>levoleucovorin calcium intravenous</i> (Fusilev) <i>recon soln 50 mg</i>	5	NDS
<i>mesna intravenous solution 100</i> (Mesnex) mg/ml	2	
MESNEX ORAL TABLET 400 MG	5	NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NDS
<i>pyridostigmine bromide oral syrup</i> (Mestinon) 60 mg/5 ml	2	
<i>pyridostigmine bromide oral tablet</i> 30 mg	2	
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	2	
<i>pyridostigmine bromide oral tablet</i> (Mestinon Timespan) <i>extended release 180 mg</i>	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)

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藥物名稱	藥物 等級	要求/限制
TAKHYZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (60 per 30 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NDS
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NDS; QL (120 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) (brinzolamide) DROPS,SUSPENSION 1 %	2	
betaxolol ophthalmic (eye) drops 0.5 %	2	
bimatoprost ophthalmic (eye) drops 0.03 %	2	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops (Alphagan P) 0.15 %	4	
brimonidine ophthalmic (eye) drops 0.2 %	1	
brimonidine-timolol ophthalmic (eye) (Combigan) drops 0.2-0.5 %	3	
carteolol ophthalmic (eye) drops 1 %	2	

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藥物名稱	藥物等級	要求/限制
COMBIGAN OPHTHALMIC (EYE) (brimonidine-timolol) DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic (eye) drops</i> (Trusopt) 2 %	2	
<i>dorzolamide-timolol ophthalmic (eye)</i> (Cosopt) drops 22.3-6.8 mg/ml	2	
<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>metipranolol ophthalmic (eye) drops</i> 0.3 %	2	
<i>pilocarpine hcl ophthalmic (eye)</i> drops 1 %, 4 %	2	
<i>pilocarpine hcl ophthalmic (eye)</i> (Isopto Carpine) drops 2 %	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye)</i> (Timoptic) drops 0.25 %, 0.5 %	1	
<i>timolol maleate ophthalmic (eye) gel</i> (Timoptic-XE) forming solution 0.25 %, 0.5 %	4	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	2	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	4	ST; QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	4	QL (30 per 30 days)
Replacement Preparations		
Replacement Preparations		

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

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藥物名稱	藥物等級	要求/限制
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	2	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral tablet (K-Tab) extended release 10 meq, 20 meq</i>	2	
<i>potassium chloride oral tablet (Klor-Con 8) extended release 8 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i>	2	
<i>potassium citrate oral tablet extended release 15 meq</i>	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % injection solution</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		

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藥物名稱	藥物等級	要求/限制	
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)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	(Pulmicort)	2	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	(Pulmicort)	2	PA BvD; QL (60 per 30 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION		3	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION		3	QL (120 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)

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藥物名稱	藥物等級	要求/限制
SYMBICORT INHALATION HFA (budesonide-formoterol) AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (30.6 per 30 days)
Antileukotrienes		
montelukast oral tablet 10 mg (Singulair)	1	
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	2	
Bronchodilators		
albuterol 5 mg/ml solution 5 mg/ml	2	PA BvD; QL (120 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (Proventil HFA)	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	2	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	2	PA BvD; QL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	2	PA BvD; QL (120 per 30 days)
albuterol sulfate oral syrup 2 mg/5 ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	2	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)

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藥物名稱	藥物等級	要求/限制
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i> (theophylline)	2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER 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)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NDS
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	

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藥物名稱	藥物 等級	要求/限制
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 (Acetadote) 200 mg/ml (20 %)	2	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	2	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	2	PA BvD
DALIRESP ORAL TABLET 250 (roflumilast) MCG	3	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 (roflumilast) MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NDS; QL (270 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)

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藥物名稱	藥物等級	要求/限制
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (120 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NDS; QL (90 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV 1,000 MG (+/-)/20 ML	5	PA BvD; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NDS
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	2	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>chlorzoxazone oral tablet 250 mg</i>	5	NDS; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 50 mg</i>	2	

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藥物名稱	藥物等級	要求/限制
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>revonto intravenous recon soln 20 mg</i> (dantrolene)	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
<i>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</i>	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
<i>HETLIOZ LQ ORAL SUSPENSION 4 MG/ML</i>	5	PA; NDS; QL (150 per 30 days)
<i>HETLIOZ ORAL CAPSULE 20 MG</i>	5	PA; NDS; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
<i>SUNOSI ORAL TABLET 150 MG, 75 MG</i>	4	PA; QL (30 per 30 days)
<i>XYREM ORAL SOLUTION 500 MG/ML</i>	5	PA; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
<i>ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG</i>	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NDS; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	5	PA; NDS

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藥物名稱	藥物 等級	要求/限制	
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)	
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; NDS; QL (37.5 per 1 day)	
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (90 per 30 days)	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	6	EX; CB (6 EA per 30 days)	
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	2	PA; QL (60 per 30 days)	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)	2	PA; QL (30 per 30 days)	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	(bosentan)	5	PA; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG		5	PA; NDS; QL (112 per 28 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	5	PA; NDS	
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		5	PA; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		5	PA; NDS
Vitamins And Minerals			
Vitamins And Minerals			
<i>bal-care dha combo pack 27-1-430 mg</i>	2		
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	2		
<i>calcium pnv oral capsule 28-1-250 mg</i>	2		

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物 等級	要求/限制
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	
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 oral capsule 106.5-1 mg	2	
pr natal 400 combo pack 29-1-400 mg	2	

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物 等級	要求/限制
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	2	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	
<i>prena1 true combo pack 30 mg iron-1.4 mg-300 mg</i>	2	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	2	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	2	
<i>prenatabs fa tablet 29-1 mg</i>	2	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg (pnv,calcium 72-iron,carb-folic)</i>	2	
<i>prenatal plus tablet (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i>	2	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i>	2	
<i>prenatal-u capsule 106.5-1 mg</i>	2	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i>	2	
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	
<i>purefe ob plus capsule 106 mg iron- 1 mg</i>	2	
<i>purefe plus capsule 106 mg iron- 1 mg</i>	2	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物 等級	要求/限制
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	
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	

您可翻閱至第 vi 頁找到本表符號與縮寫含義的資訊

藥物名稱	藥物 等級	要求/限制
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	2	

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電話: 1-833-388-8168 (聽障專線：711)

如果您需要協助提出申訴，Clever Care 的民權事務協調員可以協助您。

您也可以向美國衛生與公眾服務部的民權辦事處提出民權投訴，請透過民權辦事處的投訴入口網站 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> 在線上提出投訴或者透過郵件或電話提出投訴：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 (聽障專線)。您可在 <http://www.hhs.gov/ocr/office/file/index.html> 找到投訴表。

Multi-language Interpreter Services

English: **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call (833) 388-8168 (TTY: 711).

Español (Spanish) **ATENCIÓN:** Si habla Español, contamos con servicios de asistencia lingüística gratuitos para usted. Llame al (833) 388-8168 (TTY: 711).

中文 (Chinese) 注意：如果您說中文，您可獲得免費語言協助服務。請致電 (833) 808-8153 (普通話) 或者 (833) 808-8161 (廣東話)

Tiếng Việt (Vietnamese) **LƯU Ý:** Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí cho quý vị. Hãy gọi (833) 808-8163 (TTY: 711).

Tagalog (Filipino): **PAUNAWA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo ng tulong sa wika nang libre. Tumawag sa (833) 388-8168 (TTY: 711).

한국어 (Korean) **주의:** 한국어를 말할 수 있는 경우, 언어 지원 서비스가 무료로 제공될 수 있습니다. (833) 808-8164 (청각장애인용: 711)로 전화하십시오.

Հայերեն (Armenian) **ՈՒՇԱԴՐՈՒՅՑՈՒՆ.** Եթե խոսում եք հայերեն, կարող եք օգտվել թարգմանչի անվճար ծառայություններից: Զանգահարեք (833) 388-8168 հեռախոսահամարով (TTY: 711):

انگلیسی (Farsi) **توجه:** اگر به زبان انگلیسی صحبت می‌کنید، خدمات زبانی، به صورت رایگان، در دسترس شماست. با شماره (833) 388-8168 (TTY: 711) تماس بگیرید.

По Русски (Russian) **ВНИМАНИЕ!** Если ты говоришь по русски, Вам доступны бесплатные языковые услуги. Позвоните по телефону (833) 388-8168 (TTY: 711).

日本語 (Japanese) 注意：日本語を話される方は、無料の言語支援サービスを利用することができます。(833) 388-8168 (TTY: 711)までお電話ください

العربية (Arabic) **تنبيه:** إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية توفر لك مجاناً. اتصل على الرقم (833) 388-8168 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi) **ਪਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। (833) 388-8168 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

យើខ្ឌុរ (Khmer/Cambodian) **ចំណាប់អាមេរិកខ្លះ:** បើមួយសាធារណ៍ ឬអ្នកជាអ្នកបង្កើត គឺអាចទេរាងសម្រាប់លោកអ្នក។ ហើយទូរសព្ទទៅ (833) 388-8168 (TTY: 711)។

Lus Hmog (Hmong) **LUS CEEV TSHWJ XEEB:** Yog koj hais Lus Hmog, peb muaj cov kev pab cuam txhais lus pub dawb rau koj. Hu rau (833) 388-8168 (TTY: 711).

हिंदी (Hindi) **ध्यानार्थ:** अगर आप हिंदीजीबोलते हैं तो, भाषा सहायता सेवाएं आपके लिए नि:शुल्क उपलब्ध हैं। फोन करें (833) 388-8168 (TTY: 711)।

ภาษาไทย (Thai) **โปรดทราบ:** ถ้าคุณพูดภาษาไทย เรา มีบริการช่วยเหลือด้านภาษาฟรีสำหรับคุณ โทร (833) 388-8168 (TTY: 711)

ພາສາອັງກິດ (Lao) **ເຊີນຊາບ:** ຖ້າທ່ານເວົ້າໄດ້ ພາສາອັງກິດ, ພວກເຮົາມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ (833) 388-8168 (ໂທລະພິມ: 711).

本處方集最近更新日期為 2021 年 8 月 19 日。

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