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薬剤の名称	薬剤の 階層	要件/制限
その他のサプリメント		
その他のサプリメント		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	$0 (2)	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	$0 (3)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	$0 (2)	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	$0 (2)	
ビタミン、造血薬/電解質		
その他の栄養製品		
electrolyte-148 intravenous parenteral solution	$0 (2)	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	$0 (4)	B/D
premasol 10 % intravenous parenteral solution 10 %	$0 (4)	B/D
travasol 10 % intravenous parenteral solution 10 %	$0 (4)	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	$0 (4)	B/D

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薬剤の名称	薬剤の 階層 要件/制限
ビタミン/造血薬	
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	$0 (2)
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	$0 (2)
電解質	
klor-con 10 oral tablet extended release 10 meq	$0 (2)
klor-con 8 oral tablet extended release 8 meq	$0 (2)
klor-con m10 oral tablet,er particles/crystals 10 meq	$0 (4)
klor-con m15 oral tablet,er particles/crystals 15 meq	$0 (4)
klor-con m20 oral tablet,er particles/crystals 20 meq	$0 (4)
klor-con oral packet 20 meq	$0 (4)
magnesium sulfate injection solution 500 mg/ml (50 %)	$0 (4)
magnesium sulfate injection syringe 500 mg/ml (50 %)	$0 (4)
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	$0 (4)

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薬剤の名称	薬剤の 階層	要件/制限
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	$0 (4)	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	$0 (4)	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	$0 (2)	
potassium chloride oral capsule, extended release 10 meq, 8 meq	$0 (4)	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	$0 (2)	
potassium chloride oral packet 20 meq	$0 (2)	
potassium chloride oral tablet extended release 10 meq, 20 meq	$0 (2)	
potassium chloride oral tablet extended release 8 meq	$0 (4)	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	$0 (2)	
potassium chloride oral tablet,er particles/crystals 15 meq	$0 (4)	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	$0 (4)	

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薬剤の名称	薬剤の 要件/制限 階層
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	$0 (4)
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	$0 (4)
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	$0 (2)
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	$0 (2)
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	$0 (2)
免疫学、ワクチン/バイオテクノロジー	
バイオテクノロジー薬	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	$0 (5^) PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	$0 (5^) PA; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	$0 (5^) PA-NS; LA
BETASERON SUBCUTANEOUS KIT 0.3 MG	$0 (5^) PA; QL (14 EA per 28 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	$0 (5^) PA

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薬剤の名称	薬剤の 階層	要件/制限
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	$0 (5^)	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	$0 (5^)	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	$0 (5^)	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	$0 (5^)	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	$0 (5^)	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	$0 (5^)	PA; QL (2 ML per 28 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	$0 (3)	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	$0 (5^)	PA
ワクチン/その他の免疫		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$0 (6)	NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0 (6)	NM

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薬剤の名称	薬剤の階層	要件/制限
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 (6)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 (6)	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	$0 (6)	NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	$0 (6)	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$0 (6)	NM
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	$0 (6)	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	$0 (6)	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	$0 (6)	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	$0 (6)	B/D; NM

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薬剤の名称	薬剤の階層	要件/制限
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	$0 (6)	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	$0 (6)	B/D; NM
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	$0 (5^)	PA; NM
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	$0 (6)	NM
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$0 (6)	NM
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	$0 (6)	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	$0 (6)	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0 (6)	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	$0 (6)	B/D; NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	$0 (6)	NM

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薬剤の名称	薬剤の階層	要件/制限
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	$0 (6)	NM
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	$0 (6)	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	$0 (6)	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	$0 (6)	B/D; NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	$0 (6)	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	$0 (6)	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$0 (6)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$0 (6)	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	$0 (6)	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0 (6)	NM
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	$0 (6)	NM

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薬剤の名称	薬剤の階層	要件/制限
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	$0 (6)	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	$0 (6)	NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	$0 (6)	NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	$0 (6)	NM
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	$0 (6)	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	$0 (6)	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	$0 (6)	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	$0 (6)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	$0 (6)	B/D; NM

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薬剤の名称	薬剤の階層	要件/制限
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	$0 (6)	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	$0 (6)	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	$0 (6)	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	$0 (6)	NM; QL (2 EA per 999 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	$0 (6)	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	$0 (6)	NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	$0 (6)	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$0 (6)	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	$0 (6)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	$0 (6)	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	$0 (6)	NM

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薬剤の名称	薬剤の階層	要件/制限
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	$0 (6)	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	$0 (6)	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	$0 (6)	NM
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	$0 (6)	NM
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	$0 (6)	NM
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	$0 (6)	NM
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	$0 (6)	NM
内分泌/糖尿病		
その他のホルモン		
cabergoline oral tablet 0.5 mg	$0 (2)	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
calcitriol oral capsule 0.25 mcg, 0.5 mcg	$0 (2)	
calcitriol oral solution 1 mcg/ml	$0 (2)	
cinacalcet oral tablet 30 mg	$0 (2)	QL (60 EA per 30 days)
cinacalcet oral tablet 60 mg	$0 (4)	QL (60 EA per 30 days)
cinacalcet oral tablet 90 mg	$0 (4)	QL (120 EA per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	$0 (4)	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	$0 (4)	
desmopressin oral tablet 0.1 mg	$0 (2)	
desmopressin oral tablet 0.2 mg	$0 (4)	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	$0 (4)	
JYNARQUE ORAL TABLET 15 MG, 30 MG	$0 (5^)	PA; LA
mifepristone oral tablet 300 mg	$0 (5^)	PA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	$0 (4)	
sapropterin oral powder in packet 100 mg	$0 (5^)	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	$0 (5^)	PA; LA

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薬剤の名称	薬剤の階層	要件/制限
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	$0 (2)	
testosterone enanthate intramuscular oil 200 mg/ml	$0 (4)	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	$0 (4)	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	$0 (4)	PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	$0 (4)	PA; QL (300 GM per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	$0 (5^)	PA
副腎ホルモン		
dexamethasone oral solution 0.5 mg/5 ml	$0 (2)	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	$0 (2)	
fludrocortisone oral tablet 0.1 mg	$0 (2)	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	$0 (2)	

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薬剤の名称	薬剤の階層	要件/制限
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	$0 (2)	B/D
methylprednisolone oral tablets,dose pack 4 mg	$0 (2)	
prednisolone oral solution 15 mg/5 ml	$0 (4)	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	$0 (4)	
prednisone intensol oral concentrate 5 mg/ml	$0 (4)	
prednisone oral solution 5 mg/5 ml	$0 (4)	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	$0 (1)	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	$0 (2)	
抗甲状腺治療薬		
methimazole oral tablet 10 mg, 5 mg	$0 (1)	
propylthiouracil oral tablet 50 mg	$0 (2)	
甲状腺ホルモン		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (1)	

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薬剤の名称	薬剤の階層	要件/制限
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (1)	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (1)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	$0 (2)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	$0 (3)	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (1)	
糖尿病治療		
acarbose oral tablet 100 mg	$0 (6)	QL (90 EA per 30 days)
acarbose oral tablet 25 mg	$0 (6)	QL (360 EA per 30 days)
acarbose oral tablet 50 mg	$0 (6)	QL (180 EA per 30 days)
alcohol pads topical pads, medicated	$0 (2)	

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DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	$0 (3)	QL (30 EA per 30 days)
diazoxide oral suspension 50 mg/ml	$0 (5^)	
FARXIGA ORAL TABLET 10 MG, 5 MG	$0 (3)	QL (30 EA per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (3)	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	$0 (3)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (3)	
glimepiride oral tablet 1 mg	$0 (6)	QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	$0 (6)	QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	$0 (6)	QL (60 EA per 30 days)
glipizide oral tablet 10 mg	$0 (6)	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	$0 (6)	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 10 mg	$0 (6)	QL (60 EA per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	$0 (6)	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 5 mg	$0 (6)	QL (120 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
glipizide-metformin oral tablet 2.5-250 mg	$0 (6)	QL (240 EA per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	$0 (6)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	$0 (3)	QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	$0 (3)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	$0 (3)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	$0 (3)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	$0 (3)	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	$0 (3)	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (3)	

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薬剤の名称	薬剤の 階層	要件/制限
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (3)	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	$0 (3)	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (3)	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	$0 (3)	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	$0 (3)	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	$0 (3)	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	$0 (3)	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	$0 (3)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	$0 (3)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	$0 (3)	QL (60 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	$0 (3)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	$0 (3)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	$0 (3)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	$0 (3)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	$0 (3)	QL (30 EA per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	$0 (3)	PA; QL (9 ML per 30 days)
metformin oral tablet 1,000 mg	$0 (6)	QL (75 EA per 30 days)
metformin oral tablet 500 mg	$0 (6)	QL (150 EA per 30 days)
metformin oral tablet 850 mg	$0 (6)	QL (90 EA per 30 days)
metformin oral tablet extended release 24 hr 500 mg	$0 (6)	QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	$0 (6)	QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	$0 (3)	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg	$0 (6)	QL (90 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
nateglinide oral tablet 60 mg	$0 (6)	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	$0 (3)	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	$0 (3)	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (3)	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	$0 (3)	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (3)	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	$0 (3)	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (3)	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	$0 (3)	

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薬剤の名称	薬剤の階層	要件/制限
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	$0 (3)	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	$0 (3)	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (3)	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	$0 (3)	PA; QL (3 ML per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	$0 (6)	QL (30 EA per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	$0 (6)	QL (30 EA per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	$0 (6)	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg	$0 (6)	QL (960 EA per 30 days)
repaglinide oral tablet 1 mg	$0 (6)	QL (480 EA per 30 days)
repaglinide oral tablet 2 mg	$0 (6)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	$0 (3)	PA; QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
saxagliptin oral tablet 2.5 mg, 5 mg	$0 (3)	QL (30 EA per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	$0 (3)	QL (60 EA per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	$0 (3)	QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	$0 (3)	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	$0 (3)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	$0 (3)	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	$0 (3)	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	$0 (3)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	$0 (3)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	$0 (3)	QL (60 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
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	$0 (3)	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	$0 (3)	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	$0 (3)	QL (60 EA per 30 days)
呼吸器およびアレルギー		
抗ヒスタミン/抗アレルギー薬		
cetirizine oral solution 1 mg/ml	$0 (1)	
cyproheptadine oral tablet 4 mg	$0 (4)	PA
desloratadine oral tablet 5 mg	$0 (2)	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	$0 (3)	QL (4 EA per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (4)	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	$0 (4)	PA
levocetirizine oral solution 2.5 mg/5 ml	$0 (2)	
levocetirizine oral tablet 5 mg	$0 (2)	
promethazine oral syrup 6.25 mg/5 ml	$0 (4)	PA

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薬剤の名称	薬剤の階層	要件/制限
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	$0 (4)	PA
肺治療薬		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	$0 (4)	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	$0 (5^)	PA; LA; QL (90 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	$0 (3)	QL (12 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	$0 (4)	QL (17 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	$0 (4)	QL (13.4 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	$0 (4)	B/D
albuterol sulfate oral syrup 2 mg/5 ml	$0 (4)	
albuterol sulfate oral tablet 2 mg, 4 mg	$0 (4)	
ambrisentan oral tablet 10 mg, 5 mg	$0 (5^)	PA; LA; QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	$0 (3)	QL (60 EA per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	$0 (4)	B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	$0 (3)	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	$0 (4)	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	$0 (3)	QL (10.7 GM per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	$0 (5^)	PA; LA; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	$0 (3)	QL (60 EA per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	$0 (3)	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	$0 (3)	QL (10.7 GM per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	$0 (4)	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	$0 (3)	QL (8 GM per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	$0 (3)	B/D
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	$0 (2)	QL (50 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	$0 (2)	QL (16 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	$0 (4)	QL (60 EA per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	$0 (3)	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	$0 (5^)	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	$0 (5^)	PA; LA; QL (20 EA per 30 days)
icatibant subcutaneous syringe 30 mg/3 ml	$0 (5^)	PA; QL (27 ML per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	$0 (3)	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	$0 (2)	B/D
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	$0 (4)	B/D
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	$0 (4)	B/D
mometasone nasal spray,non-aerosol 50 mcg/actuation	$0 (4)	QL (34 GM per 30 days)
montelukast oral granules in packet 4 mg	$0 (2)	
montelukast oral tablet 10 mg	$0 (1)	
montelukast oral tablet,chewable 4 mg, 5 mg	$0 (2)	
OFEV ORAL CAPSULE 100 MG, 150 MG	$0 (5^)	PA; LA; QL (60 EA per 30 days)
pirfenidone oral tablet 267 mg	$0 (5^)	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 801 mg	$0 (5^)	PA; QL (90 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
PULMOZYME INHALATION SOLUTION 1 MG/ML	$0 (5^)	B/D
roflumilast oral tablet 250 mcg, 500 mcg	$0 (4)	QL (30 EA per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	$0 (3)	QL (60 EA per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	$0 (2)	PA; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	$0 (4)	QL (4 GM per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg	$0 (4)	PA; QL (60 EA per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	$0 (4)	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	$0 (4)	
theophylline oral solution 80 mg/15 ml	$0 (4)	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	$0 (4)	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	$0 (3)	

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薬剤の名称	薬剤の階層	要件/制限
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	$0 (3)	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	$0 (5^)	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	$0 (5^)	PA; LA; QL (84 EA per 28 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	$0 (3)	QL (36 GM per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	$0 (5^)	PA; QL (1 EA per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	$0 (5^)	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	$0 (5^)	PA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	$0 (5^)	PA; LA; QL (8 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (5^)	PA; LA; QL (8 ML per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	$0 (5^)	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	$0 (5^)	PA; LA; QL (1 ML per 28 days)
zafirlukast oral tablet 10 mg, 20 mg	$0 (4)	
心血管系、高血圧/脂質		
その他の心血管薬		
CORLANOR ORAL SOLUTION 5 MG/5 ML	$0 (3)	QL (450 ML per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	$0 (2)	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	$0 (2)	QL (60 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	$0 (3)	QL (60 EA per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	$0 (3)	QL (240 EA per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	$0 (3)	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	$0 (4)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	$0 (3)	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	$0 (5^)	PA

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薬剤の名称	薬剤の階層	要件/制限
凝固療法		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	$0 (4)	
BRILINTA ORAL TABLET 60 MG	$0 (3)	
cilostazol oral tablet 100 mg, 50 mg	$0 (2)	
clopidogrel oral tablet 75 mg	$0 (1)	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	$0 (2)	QL (60 EA per 30 days)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	$0 (4)	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	$0 (5^)	PA; LA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	$0 (5^)	PA; LA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	$0 (5^)	PA; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	$0 (3)	QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	$0 (3)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	$0 (3)	QL (74 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	$0 (4)	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	$0 (3)	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (1)	
pentoxifylline oral tablet extended release 400 mg	$0 (2)	
prasugrel hcl oral tablet 10 mg, 5 mg	$0 (2)	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	$0 (5^)	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	$0 (5^)	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	$0 (5^)	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	$0 (5^)	PA; LA; QL (60 EA per 30 days)
rivaroxaban oral tablet 2.5 mg	$0 (3)	QL (60 EA per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (1)	

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薬剤の名称	薬剤の階層	要件/制限
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	$0 (3)	QL (51 EA per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	$0 (3)	QL (775 ML per 28 days)
XARELTO ORAL TABLET 10 MG, 20 MG	$0 (3)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	$0 (3)	QL (60 EA per 30 days)
抗不整脈薬		
amiodarone oral tablet 100 mg, 400 mg	$0 (2)	
amiodarone oral tablet 200 mg	$0 (1)	
disopyramide phosphate oral capsule 100 mg, 150 mg	$0 (4)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	$0 (4)	
flecainide oral tablet 100 mg, 150 mg, 50 mg	$0 (2)	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	$0 (4)	
MULTAQ ORAL TABLET 400 MG	$0 (3)	
pacerone oral tablet 100 mg, 400 mg	$0 (4)	
pacerone oral tablet 200 mg	$0 (1)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	$0 (4)	

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薬剤の名称	薬剤の 階層	要件/制限
propafenone oral tablet 150 mg, 225 mg, 300 mg	$0 (2)	
quinidine sulfate oral tablet 200 mg	$0 (2)	
quinidine sulfate oral tablet 300 mg	$0 (4)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	$0 (2)	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$0 (1)	
硝酸塩		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	$0 (2)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	$0 (2)	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	$0 (1)	
nitro-bid transdermal ointment 2 %	$0 (4)	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	$0 (2)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	$0 (2)	

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薬剤の名称	薬剤の階層	要件/制限
脂質/コレステロール降下薬		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	$0 (6)	QL (30 EA per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (6)	QL (30 EA per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	$0 (4)	
cholestyramine light oral powder in packet 4 gram	$0 (4)	
colesevelam oral powder in packet 3.75 gram	$0 (4)	
colesevelam oral tablet 625 mg	$0 (4)	
colestipol oral packet 5 gram	$0 (4)	
colestipol oral tablet 1 gram	$0 (4)	
ezetimibe oral tablet 10 mg	$0 (1)	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	$0 (6)	QL (30 EA per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	$0 (2)	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	$0 (2)	

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薬剤の名称	薬剤の階層	要件/制限
fenofibrate oral tablet 160 mg, 54 mg	$0 (2)	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	$0 (2)	
fluvastatin oral capsule 20 mg, 40 mg	$0 (6)	QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	$0 (6)	QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	$0 (1)	
icosapent ethyl oral capsule 0.5 gram, 1 gram	$0 (4)	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0 (6)	QL (60 EA per 30 days)
NEXLETOL ORAL TABLET 180 MG	$0 (3)	PA
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	$0 (4)	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	$0 (4)	QL (30 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	$0 (3)	PA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (6)	QL (30 EA per 30 days)
prevalite oral powder in packet 4 gram	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (6)	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	$0 (6)	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	$0 (4)	
高血圧治療		
acebutolol oral capsule 200 mg, 400 mg	$0 (2)	
aliskiren oral tablet 150 mg, 300 mg	$0 (4)	
amiloride oral tablet 5 mg	$0 (2)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	$0 (2)	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (1)	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	$0 (6)	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	$0 (6)	QL (30 EA per 30 days)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	$0 (6)	QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	$0 (6)	QL (30 EA per 30 days)
atenolol oral tablet 100 mg, 25 mg, 50 mg	$0 (1)	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	$0 (1)	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (6)	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	$0 (6)	
betaxolol oral tablet 10 mg, 20 mg	$0 (2)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	$0 (2)	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	$0 (2)	
bumetanide injection solution 0.25 mg/ml	$0 (4)	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
candesartan oral tablet 16 mg, 4 mg, 8 mg	$0 (6)	QL (60 EA per 30 days)
candesartan oral tablet 32 mg	$0 (6)	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	$0 (6)	QL (60 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	$0 (6)	QL (30 EA per 30 days)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	$0 (6)	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	$0 (2)	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	$0 (1)	
chlorthalidone oral tablet 25 mg, 50 mg	$0 (1)	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	$0 (1)	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	$0 (4)	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	$0 (4)	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	$0 (2)	

薬剤の名称	薬剤の階層	要件/制限
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	$0 (2)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	$0 (2)	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (4)	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	$0 (2)	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	$0 (1)	
EDARBI ORAL TABLET 40 MG, 80 MG	$0 (3)	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	$0 (3)	QL (30 EA per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$0 (6)	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	$0 (6)	
eplerenone oral tablet 25 mg, 50 mg	$0 (2)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	$0 (2)	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	$0 (6)	

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薬剤の名称	薬剤の階層	要件/制限
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	$0 (6)	
furosemide injection solution 10 mg/ml	$0 (2)	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	$0 (1)	
furosemide oral tablet 20 mg, 40 mg, 80 mg	$0 (1)	
guanfacine oral tablet 1 mg, 2 mg	$0 (4)	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (2)	
hydrochlorothiazide oral capsule 12.5 mg	$0 (1)	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	$0 (1)	
indapamide oral tablet 1.25 mg, 2.5 mg	$0 (1)	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	$0 (6)	QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	$0 (6)	QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	$0 (6)	QL (30 EA per 30 days)
isradipine oral capsule 2.5 mg, 5 mg	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
KERENDIA ORAL TABLET 10 MG, 20 MG	$0 (3)	QL (30 EA per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	$0 (2)	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	$0 (6)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (6)	
losartan oral tablet 100 mg	$0 (6)	QL (30 EA per 30 days)
losartan oral tablet 25 mg, 50 mg	$0 (6)	QL (60 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	$0 (6)	QL (30 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	$0 (6)	QL (60 EA per 30 days)
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (4)	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (2)	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	$0 (2)	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	$0 (2)	

薬剤の名称	薬剤の階層	要件/制限
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$0 (1)	
metyrosine oral capsule 250 mg	$0 (5^)	PA
minoxidil oral tablet 10 mg, 2.5 mg	$0 (2)	
moexipril oral tablet 15 mg, 7.5 mg	$0 (6)	
nadolol oral tablet 20 mg, 40 mg, 80 mg	$0 (4)	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$0 (4)	
nicardipine oral capsule 20 mg, 30 mg	$0 (4)	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	$0 (2)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	$0 (2)	
nimodipine oral capsule 30 mg	$0 (4)	
olmesartan oral tablet 20 mg, 40 mg	$0 (6)	QL (30 EA per 30 days)
olmesartan oral tablet 5 mg	$0 (6)	QL (60 EA per 30 days)
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	$0 (6)	QL (30 EA per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	$0 (6)	QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	$0 (6)	
pindolol oral tablet 10 mg, 5 mg	$0 (2)	
prazosin oral capsule 1 mg, 2 mg, 5 mg	$0 (4)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	$0 (2)	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	$0 (2)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	$0 (2)	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (6)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (6)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	$0 (6)	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	$0 (1)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	$0 (2)	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	$0 (6)	QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	$0 (6)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	$0 (6)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	$0 (6)	QL (60 EA per 30 days)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (2)	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (2)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	$0 (2)	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	$0 (2)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	$0 (6)	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	$0 (1)	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	$0 (1)	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	$0 (5^)	PA; LA; QL (60 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	$0 (5^)	PA; LA; QL (200 EA per 180 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	$0 (6)	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	$0 (6)	QL (30 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	$0 (6)	QL (30 EA per 30 days)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	$0 (4)	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	$0 (2)	
verapamil oral tablet 120 mg, 40 mg, 80 mg	$0 (1)	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	$0 (2)	
抗がん剤/免疫抑制剤		
抗がん剤/免疫抑制剤		
abiraterone oral tablet 250 mg	$0 (5^)	PA-NS; QL (120 EA per 30 days)
abirtega oral tablet 250 mg	$0 (4)	PA-NS; QL (120 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
ALECENSA ORAL CAPSULE 150 MG	$0 (5^)	PA-NS; LA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	$0 (5^)	PA-NS; LA; QL (30 EA per 180 days)
anastrozole oral tablet 1 mg	$0 (2)	
AUGTYRO ORAL CAPSULE 160 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	$0 (5^)	PA-NS; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
azathioprine oral tablet 50 mg	$0 (2)	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	$0 (5^)	PA-NS; LA
bexarotene oral capsule 75 mg	$0 (5^)	PA-NS
bexarotene topical gel 1 %	$0 (5^)	PA-NS; QL (60 GM per 30 days)
bicalutamide oral tablet 50 mg	$0 (2)	

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薬剤の名称	薬剤の階層	要件/制限
BOSULIF ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	$0 (5^)	PA-NS; QL (330 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	$0 (5^)	PA-NS; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	$0 (5^)	PA-NS; LA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	$0 (5^)	PA-NS; LA; QL (112 EA per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	$0 (5^)	PA-NS; LA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	$0 (5^)	PA-NS; LA; QL (63 EA per 28 days)
cyclophosphamide oral capsule 25 mg, 50 mg	$0 (3)	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	$0 (4)	B/D
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	$0 (4)	B/D
cyclosporine modified oral solution 100 mg/ml	$0 (4)	B/D
cyclosporine oral capsule 100 mg, 25 mg	$0 (4)	B/D
DANZITEN ORAL TABLET 71 MG, 95 MG	$0 (5^)	PA-NS; QL (112 EA per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	$0 (5^)	PA-NS; QL (30 EA per 30 days)
dasatinib oral tablet 20 mg	$0 (5^)	PA-NS; QL (90 EA per 30 days)
dasatinib oral tablet 70 mg	$0 (5^)	PA-NS; QL (60 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
DAURISMO ORAL TABLET 100 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	$0 (3)	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	$0 (3)	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	$0 (3)	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	$0 (3)	PA-NS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	$0 (4)	B/D
ERIVEDGE ORAL CAPSULE 150 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
erlotinib oral tablet 100 mg, 150 mg	$0 (5^)	PA-NS; QL (30 EA per 30 days)
erlotinib oral tablet 25 mg	$0 (5^)	PA-NS; QL (60 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
EULEXIN ORAL CAPSULE 125 MG	$0 (5^)	
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	$0 (5^)	PA-NS; QL (30 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	$0 (5^)	PA-NS; QL (150 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	$0 (5^)	PA-NS; QL (90 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	$0 (5^)	PA-NS; QL (60 EA per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg	$0 (3)	B/D
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	$0 (5^)	B/D
exemestane oral tablet 25 mg	$0 (4)	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	$0 (5^)	PA-NS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	$0 (4)	PA-NS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	$0 (5^)	PA-NS; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	$0 (5^)	PA-NS; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	$0 (5^)	PA-NS; QL (21 EA per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
GAVRETO ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
gefitinib oral tablet 250 mg	$0 (5^)	PA-NS; QL (30 EA per 30 days)
gengraf oral capsule 100 mg, 25 mg	$0 (4)	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	$0 (4)	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	$0 (5^)	
GOMEKLI ORAL CAPSULE 1 MG	$0 (5^)	PA-NS; QL (126 EA per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	$0 (5^)	PA-NS; QL (84 EA per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	$0 (5^)	PA-NS; QL (168 EA per 28 days)
hydroxyurea oral capsule 500 mg	$0 (2)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	$0 (5^)	PA-NS; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	$0 (5^)	PA-NS; LA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
IDHIFA ORAL TABLET 100 MG, 50 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
imatinib oral tablet 100 mg	$0 (4)	PA-NS; QL (180 EA per 30 days)
imatinib oral tablet 400 mg	$0 (5^)	PA-NS; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	$0 (5^)	PA-NS; LA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG	$0 (5^)	PA-NS; QL (28 EA per 28 days)
IMBRUVICA ORAL TABLET 420 MG	$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	$0 (5^)	PA-NS; QL (280 ML per 28 days)
INLYTA ORAL TABLET 1 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	$0 (5^)	PA-NS; LA; QL (5 EA per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
INREBIC ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	$0 (5^)	PA-NS; LA; QL (240 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	$0 (3)	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	$0 (5^)	PA-NS; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	$0 (5^)	PA-NS; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	$0 (5^)	PA-NS; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	$0 (5^)	PA-NS

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薬剤の名称	薬剤の階層	要件/制限
KRAZATI ORAL TABLET 200 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
lapatinib oral tablet 250 mg	$0 (5^)	PA-NS; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
letrozole oral tablet 2.5 mg	$0 (4)	
LEUKERAN ORAL TABLET 2 MG	$0 (5^)	
leuprolide subcutaneous kit 1 mg/0.2 ml	$0 (4)	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	$0 (5^)	PA-NS; LA

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薬剤の名称	薬剤の階層	要件/制限
LORBRENA ORAL TABLET 100 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	$0 (5^)	PA-NS; LA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	$0 (5^)	PA-NS; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	$0 (5^)	PA-NS; QL (90 EA per 30 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	$0 (5^)	PA-NS
LYNPARZA ORAL TABLET 100 MG, 150 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	$0 (5^)	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	$0 (5^)	PA-NS; QL (84 EA per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	$0 (5^)	PA-NS; QL (112 EA per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	$0 (5^)	PA-NS; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE 50 MG	$0 (5^)	LA

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薬剤の名称	薬剤の階層	要件/制限
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	$0 (4)	PA
megestrol oral tablet 20 mg, 40 mg	$0 (4)	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	$0 (5^)	PA-NS; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
mercaptopurine oral suspension 20 mg/ml	$0 (5^)	
mercaptopurine oral tablet 50 mg	$0 (2)	
methotrexate sodium (pf) injection solution 25 mg/ml	$0 (2)	B/D
methotrexate sodium injection solution 25 mg/ml	$0 (2)	B/D
methotrexate sodium oral tablet 2.5 mg	$0 (1)	
mycophenolate mofetil oral capsule 250 mg	$0 (2)	B/D

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薬剤の名称	薬剤の階層	要件/制限
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	$0 (5^)	B/D
mycophenolate mofetil oral tablet 500 mg	$0 (2)	B/D
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	$0 (4)	B/D
NERLYNX ORAL TABLET 40 MG	$0 (5^)	PA-NS; LA
nilutamide oral tablet 150 mg	$0 (5^)	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	$0 (5^)	PA-NS; QL (3 EA per 28 days)
NUBEQA ORAL TABLET 300 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	$0 (5^)	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	$0 (4)	PA
ODOMZO ORAL CAPSULE 200 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	$0 (5^)	PA-NS; QL (56 EA per 28 days)
OGSIVEO ORAL TABLET 50 MG	$0 (5^)	PA-NS; QL (180 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	$0 (5^)	PA-NS; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	$0 (5^)	PA-NS; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	$0 (5^)	PA-NS; QL (20 EA per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	$0 (5^)	PA-NS; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	$0 (5^)	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 28 days)
ORSERDU ORAL TABLET 345 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	$0 (5^)	PA-NS; QL (90 EA per 30 days)
pazopanib oral tablet 200 mg	$0 (5^)	PA-NS; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	$0 (5^)	PA-NS; QL (28 EA per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	$0 (5^)	PA-NS; QL (56 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	$0 (5^)	PA-NS; LA; QL (21 EA per 28 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	$0 (4)	B/D
QINLOCK ORAL TABLET 50 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG	$0 (5^)	PA-NS; QL (120 EA per 30 days)
REVUFORJ ORAL TABLET 160 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG	$0 (5^)	PA-NS; QL (240 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
REZLIDHIA ORAL CAPSULE 150 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	$0 (5^)	PA-NS; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; LA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	$0 (5^)	PA-NS; QL (336 EA per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	$0 (5^)	PA-NS; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	$0 (5^)	PA-NS; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	$0 (5^)	PA-NS; QL (300 EA per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	$0 (5^)	PA; LA
sirolimus oral solution 1 mg/ml	$0 (4)	B/D

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薬剤の名称	薬剤の階層	要件/制限
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	$0 (4)	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	$0 (5^)	
sorafenib oral tablet 200 mg	$0 (5^)	PA-NS; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	$0 (5^)	PA-NS; LA; QL (84 EA per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	$0 (5^)	PA-NS; QL (28 EA per 28 days)
TABLOID ORAL TABLET 40 MG	$0 (4)	
TABRECTA ORAL TABLET 150 MG, 200 MG	$0 (5^)	PA-NS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	$0 (4)	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	$0 (5^)	PA-NS; QL (840 EA per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)

薬剤の名称	薬剤の階層	要件/制限
tamoxifen oral tablet 10 mg, 20 mg	$0 (2)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	$0 (5^)	PA-NS; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	$0 (5^)	PA-NS; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	$0 (5^)	PA-NS; LA
TEPMETKO ORAL TABLET 225 MG	$0 (5^)	PA-NS; LA
THALOMID ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; LA; QL (112 EA per 28 days)
THALOMID ORAL CAPSULE 50 MG	$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	$0 (5^)	PA-NS; LA
toremifene oral tablet 60 mg	$0 (5^)	
tretinoin (antineoplastic) oral capsule 10 mg	$0 (5^)	
TRUQAP ORAL TABLET 160 MG, 200 MG	$0 (5^)	PA-NS; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	$0 (5^)	PA-NS; LA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	$0 (5^)	PA-NS; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	$0 (3)	PA-NS; LA; QL (14 EA per 7 days)
VENCLEXTA ORAL TABLET 100 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	$0 (5^)	PA-NS; LA; QL (7 EA per 7 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	$0 (5^)	PA-NS; LA; QL (42 EA per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	$0 (5^)	PA-NS; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
VORANIGO ORAL TABLET 10 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
WELIREG ORAL TABLET 40 MG	$0 (5^)	PA-NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
XALKORI ORAL PELLET 150 MG	$0 (5^)	PA-NS; QL (180 EA per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	$0 (5^)	PA-NS; QL (120 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	$0 (3)	
XERMELO ORAL TABLET 250 MG	$0 (5^)	PA; LA; QL (84 EA per 28 days)
XOSPATA ORAL TABLET 40 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	$0 (5^)	PA-NS; LA

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薬剤の名称	薬剤の階層	要件/制限
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	$0 (5^)	PA-NS
XTANDI ORAL CAPSULE 40 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	$0 (5^)	PA-NS; LA; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
補助薬		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	$0 (4)	
mesna oral tablet 400 mg	$0 (5^)	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	$0 (5^)	B/D

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薬剤の名称	薬剤の 要件/制限 階層
抗感染	
エリスロマイシン/その他のマクロライド	
azithromycin intravenous recon soln 500 mg	$0 (4)
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	$0 (2)
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	$0 (1)
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (4)
clarithromycin oral tablet 250 mg, 500 mg	$0 (4)
clarithromycin oral tablet extended release 24 hr 500 mg	$0 (4)
DIFICID ORAL TABLET 200 MG	$0 (5^) QL (20 EA per 10 days)
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	$0 (4)
erythromycin oral capsule,delayed release(dr/ec) 250 mg	$0 (4)

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薬剤の名称	薬剤の 階層	要件/制限
erythromycin oral tablet 250 mg, 500 mg	$0 (4)	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	$0 (2)	
キノロン		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	$0 (1)	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	$0 (4)	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	$0 (4)	
levofloxacin oral solution 250 mg/10 ml	$0 (4)	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	$0 (1)	
moxifloxacin oral tablet 400 mg	$0 (4)	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	$0 (2)	
スルファ/関連薬		
sulfadiazine oral tablet 500 mg	$0 (4)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	$0 (2)	

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薬剤の名称	薬剤の 階層	要件/制限
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	$0 (1)	
セファロスポリン		
cefaclor oral capsule 250 mg, 500 mg	$0 (4)	
cefaclor oral suspension for reconstitution 250 mg/5 ml	$0 (4)	
cefadroxil oral capsule 500 mg	$0 (2)	
cefadroxil oral suspension for reconstitution 250 mg/5 ml	$0 (4)	
cefadroxil oral suspension for reconstitution 500 mg/5 ml	$0 (2)	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	$0 (4)	
cefdinir oral capsule 300 mg	$0 (4)	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (4)	
cefepime injection recon soln 1 gram, 2 gram	$0 (3)	
cefixime oral capsule 400 mg	$0 (4)	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	$0 (4)	

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薬剤の名称	薬剤の 階層	要件/制限
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	$0 (4)	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	$0 (4)	
cefpodoxime oral tablet 100 mg, 200 mg	$0 (4)	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (4)	
cefprozil oral tablet 250 mg, 500 mg	$0 (4)	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	$0 (4)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	$0 (4)	
cefuroxime axetil oral tablet 250 mg, 500 mg	$0 (2)	
cefuroxime sodium injection recon soln 750 mg	$0 (4)	
cefuroxime sodium intravenous recon soln 1.5 gram	$0 (4)	
cephalexin oral capsule 250 mg, 500 mg	$0 (1)	

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薬剤の名称	薬剤の階層	要件/制限
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (2)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	$0 (5^)	
その他の抗感染		
albendazole oral tablet 200 mg	$0 (4)	
amikacin injection solution 500 mg/2 ml	$0 (4)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	$0 (5^)	PA; LA
atovaquone oral suspension 750 mg/5 ml	$0 (3)	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	$0 (4)	
aztreonam injection recon soln 1 gram, 2 gram	$0 (4)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	$0 (5^)	PA; LA; QL (84 ML per 56 days)
chloroquine phosphate oral tablet 250 mg, 500 mg	$0 (4)	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	$0 (2)	

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薬剤の名称	薬剤の 階層	要件/制限
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	$0 (4)	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	$0 (4)	
COARTEM ORAL TABLET 20-120 MG	$0 (4)	
colistin (colistimethate na) injection recon soln 150 mg	$0 (5^)	QL (30 EA per 10 days)
dapsone oral tablet 100 mg, 25 mg	$0 (2)	
daptomycin intravenous recon soln 500 mg	$0 (5^)	
EMVERM ORAL TABLET,CHEWABLE 100 MG	$0 (5^)	
ertapenem injection recon soln 1 gram	$0 (4)	QL (14 EA per 14 days)
ethambutol oral tablet 100 mg, 400 mg	$0 (4)	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	$0 (4)	
gentamicin injection solution 40 mg/ml	$0 (4)	
hydroxychloroquine oral tablet 200 mg	$0 (2)	
imipenem-cilastatin intravenous recon soln 250 mg	$0 (3)	

薬剤の名称	薬剤の階層	要件/制限
imipenem-cilastatin intravenous recon soln 500 mg	$0 (4)	
IMPAVIDO ORAL CAPSULE 50 MG	$0 (5^)	PA
isoniazid oral solution 50 mg/5 ml	$0 (2)	
isoniazid oral tablet 100 mg, 300 mg	$0 (2)	
ivermectin oral tablet 3 mg	$0 (3)	PA; QL (20 EA per 30 days)
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	$0 (4)	
linezolid oral suspension for reconstitution 100 mg/5 ml	$0 (5^)	QL (1800 ML per 30 days)
linezolid oral tablet 600 mg	$0 (4)	QL (60 EA per 30 days)
mefloquine oral tablet 250 mg	$0 (2)	
meropenem intravenous recon soln 1 gram	$0 (3)	QL (30 EA per 10 days)
meropenem intravenous recon soln 500 mg	$0 (3)	QL (10 EA per 10 days)
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	$0 (4)	
metronidazole oral tablet 250 mg, 500 mg	$0 (2)	
neomycin oral tablet 500 mg	$0 (2)	
nitazoxanide oral tablet 500 mg	$0 (5^)	QL (12 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
pentamidine inhalation recon soln 300 mg	$0 (4)	B/D; QL (1 EA per 28 days)
pentamidine injection recon soln 300 mg	$0 (4)	
praziquantel oral tablet 600 mg	$0 (4)	
PRIFTIN ORAL TABLET 150 MG	$0 (4)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	$0 (4)	
pyrazinamide oral tablet 500 mg	$0 (4)	
pyrimethamine oral tablet 25 mg	$0 (5^)	PA
quinine sulfate oral capsule 324 mg	$0 (4)	PA
rifabutin oral capsule 150 mg	$0 (4)	
rifampin intravenous recon soln 600 mg	$0 (4)	
rifampin oral capsule 150 mg, 300 mg	$0 (4)	
SIRTURO ORAL TABLET 100 MG, 20 MG	$0 (5^)	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	$0 (5^)	QL (60 EA per 30 days)
tigecycline intravenous recon soln 50 mg	$0 (4)	
tinidazole oral tablet 250 mg, 500 mg	$0 (4)	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	$0 (5^)	PA; QL (280 ML per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	$0 (4)	
TRECATOR ORAL TABLET 250 MG	$0 (4)	
vancomycin intravenous recon soln 1,000 mg	$0 (4)	QL (20 EA per 10 days)
vancomycin intravenous recon soln 10 gram	$0 (4)	QL (2 EA per 10 days)
vancomycin intravenous recon soln 500 mg	$0 (4)	QL (10 EA per 10 days)
vancomycin intravenous recon soln 750 mg	$0 (4)	QL (27 EA per 10 days)
vancomycin oral capsule 125 mg	$0 (4)	QL (40 EA per 10 days)
vancomycin oral capsule 250 mg	$0 (4)	QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 550 MG	$0 (5^)	PA; QL (90 EA per 30 days)
テトラサイクリン		
demeclocycline oral tablet 150 mg, 300 mg	$0 (4)	
doxy-100 intravenous recon soln 100 mg	$0 (4)	
doxycycline hyclate oral capsule 100 mg, 50 mg	$0 (2)	
doxycycline hyclate oral tablet 100 mg, 20 mg	$0 (2)	

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薬剤の名称	薬剤の 階層	要件/制限
doxycycline monohydrate oral capsule 100 mg, 50 mg	$0 (2)	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	$0 (2)	
minocycline oral capsule 100 mg, 50 mg, 75 mg	$0 (4)	
minocycline oral tablet 100 mg, 50 mg, 75 mg	$0 (4)	
tetracycline oral capsule 250 mg, 500 mg	$0 (4)	
ペニシリン		
amoxicillin oral capsule 250 mg, 500 mg	$0 (1)	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	$0 (1)	
amoxicillin oral tablet 500 mg, 875 mg	$0 (1)	
amoxicillin oral tablet,chewable 125 mg, 250 mg	$0 (2)	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	$0 (2)	

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薬剤の名称	薬剤の 階層	要件/制限
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	$0 (4)	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	$0 (4)	
ampicillin oral capsule 500 mg	$0 (2)	
ampicillin sodium injection recon soln 1 gram, 10 gram	$0 (4)	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	$0 (4)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	$0 (4)	
dicloxacillin oral capsule 250 mg, 500 mg	$0 (4)	
nafcillin injection recon soln 1 gram, 2 gram	$0 (4)	
nafcillin injection recon soln 10 gram	$0 (5^)	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	$0 (4)	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	$0 (4)	
penicillin g potassium injection recon soln 20 million unit	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
penicillin g sodium injection recon soln 5 million unit	$0 (4)	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	$0 (2)	
penicillin v potassium oral tablet 250 mg, 500 mg	$0 (1)	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	$0 (4)	
抗ウイルス		
abacavir oral solution 20 mg/ml	$0 (4)	
abacavir oral tablet 300 mg	$0 (4)	
abacavir-lamivudine oral tablet 600-300 mg	$0 (4)	
acyclovir oral capsule 200 mg	$0 (4)	
acyclovir oral suspension 200 mg/5 ml	$0 (4)	
acyclovir oral tablet 400 mg, 800 mg	$0 (4)	
acyclovir sodium intravenous solution 50 mg/ml	$0 (4)	B/D
adefovir oral tablet 10 mg	$0 (4)	
amantadine hcl oral capsule 100 mg	$0 (2)	
amantadine hcl oral solution 50 mg/5 ml	$0 (2)	

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薬剤の名称	薬剤の 階層	要件/制限
amantadine hcl oral tablet 100 mg	$0 (4)	
APTIVUS ORAL CAPSULE 250 MG	$0 (5^)	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	$0 (4)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	$0 (5^)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	$0 (5^)	
CIMDUO ORAL TABLET 300-300 MG	$0 (5^)	
COMPLERA ORAL TABLET 200-25-300 MG	$0 (5^)	
darunavir oral tablet 600 mg	$0 (4)	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	$0 (5^)	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	$0 (5^)	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	$0 (5^)	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	$0 (5^)	
EDURANT ORAL TABLET 25 MG	$0 (5^)	
efavirenz oral tablet 600 mg	$0 (4)	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	$0 (5^)	
emtricitabine oral capsule 200 mg	$0 (4)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	$0 (4)	QL (30 EA per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	$0 (5^)	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	$0 (4)	
entecavir oral tablet 0.5 mg, 1 mg	$0 (4)	
etravirine oral tablet 100 mg, 200 mg	$0 (4)	
EVOTAZ ORAL TABLET 300-150 MG	$0 (5^)	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	$0 (2)	
fosamprenavir oral tablet 700 mg	$0 (4)	
GENVOYA ORAL TABLET 150-150-200-10 MG	$0 (5^)	
INTELENCE ORAL TABLET 25 MG	$0 (3)	
ISENTRESS HD ORAL TABLET 600 MG	$0 (5^)	
ISENTRESS ORAL POWDER IN PACKET 100 MG	$0 (5^)	
ISENTRESS ORAL TABLET 400 MG	$0 (5^)	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	$0 (5^)	

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薬剤の名称	薬剤の階層	要件/制限
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	$0 (3)	
JULUCA ORAL TABLET 50-25 MG	$0 (5^)	
lamivudine oral solution 10 mg/ml	$0 (4)	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	$0 (4)	
lamivudine-zidovudine oral tablet 150-300 mg	$0 (4)	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	$0 (5^)	PA; QL (28 EA per 28 days)
LIVTENCITY ORAL TABLET 200 MG	$0 (5^)	PA; LA; QL (120 EA per 30 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	$0 (4)	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	$0 (4)	
maraviroc oral tablet 150 mg, 300 mg	$0 (5^)	
nevirapine oral suspension 50 mg/5 ml	$0 (2)	
nevirapine oral tablet 200 mg	$0 (2)	
nevirapine oral tablet extended release 24 hr 400 mg	$0 (4)	
NORVIR ORAL POWDER IN PACKET 100 MG	$0 (3)	

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薬剤の名称	薬剤の階層	要件/制限
ODEFSEY ORAL TABLET 200-25-25 MG	$0 (5^)	
oseltamivir oral capsule 30 mg	$0 (4)	QL (168 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	$0 (4)	QL (84 EA per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	$0 (4)	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	$0 (3)	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	$0 (3)	QL (11 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	$0 (3)	QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	$0 (5^)	
PREVYMIS ORAL TABLET 240 MG, 480 MG	$0 (5^)	PA; QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	$0 (5^)	
PREZISTA ORAL SUSPENSION 100 MG/ML	$0 (5^)	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	$0 (4)	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	$0 (4)	QL (480 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	$0 (5^)	
ribavirin oral capsule 200 mg	$0 (3)	

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薬剤の名称	薬剤の 階層	要件/制限
ribavirin oral tablet 200 mg	$0 (3)	
rimantadine oral tablet 100 mg	$0 (4)	
ritonavir oral tablet 100 mg	$0 (3)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	$0 (5^)	
SELZENTRY ORAL SOLUTION 20 MG/ML	$0 (5^)	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	$0 (5^)	PA; QL (28 EA per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	$0 (5^)	
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	$0 (5^)	
SYMTUZA ORAL TABLET 800-150-200-10 MG	$0 (5^)	
tenofovir disoproxil fumarate oral tablet 300 mg	$0 (2)	
TIVICAY ORAL TABLET 50 MG	$0 (5^)	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	$0 (5^)	
TRIUMEQ ORAL TABLET 600-50-300 MG	$0 (5^)	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	$0 (4)	
valacyclovir oral tablet 1 gram, 500 mg	$0 (2)	

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薬剤の名称	薬剤の階層	要件/制限
valganciclovir oral recon soln 50 mg/ml	$0 (5^)	
valganciclovir oral tablet 450 mg	$0 (3)	
VEMLIDY ORAL TABLET 25 MG	$0 (5^)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	$0 (5^)	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	$0 (5^)	
VIREAD ORAL TABLET 150 MG, 250 MG	$0 (5^)	
VIREAD ORAL TABLET 200 MG	$0 (3)	
zidovudine oral capsule 100 mg	$0 (4)	
zidovudine oral syrup 10 mg/ml	$0 (4)	
zidovudine oral tablet 300 mg	$0 (2)	
抗真菌剤		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	$0 (4)	B/D
amphotericin b injection recon soln 50 mg	$0 (2)	B/D
amphotericin b liposome intravenous suspension for reconstitution 50 mg	$0 (5^)	B/D
caspofungin intravenous recon soln 50 mg, 70 mg	$0 (4)	
clotrimazole mucous membrane troche 10 mg	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	$0 (5^)	PA
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	$0 (4)	
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	$0 (2)	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	$0 (2)	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	$0 (2)	
flucytosine oral capsule 250 mg, 500 mg	$0 (5^)	PA
griseofulvin microsize oral suspension 125 mg/5 ml	$0 (4)	
griseofulvin microsize oral tablet 500 mg	$0 (4)	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	$0 (4)	
itraconazole oral capsule 100 mg	$0 (4)	PA; QL (120 EA per 30 days)
ketoconazole oral tablet 200 mg	$0 (4)	PA
micafungin intravenous recon soln 100 mg, 50 mg	$0 (4)	

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薬剤の名称	薬剤の 階層	要件/制限
nystatin oral suspension 100,000 unit/ml	$0 (4)	
nystatin oral tablet 500,000 unit	$0 (4)	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	$0 (5^)	PA; QL (96 EA per 30 days)
terbinafine hcl oral tablet 250 mg	$0 (1)	
voriconazole intravenous recon soln 200 mg	$0 (5^)	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	$0 (5^)	PA
voriconazole oral tablet 200 mg, 50 mg	$0 (4)	PA
泌尿器系薬剤		
fosfomycin tromethamine oral packet 3 gram	$0 (4)	
methenamine hippurate oral tablet 1 gram	$0 (4)	
nitrofurantoin macrocrystal oral capsule 100 mg	$0 (4)	
nitrofurantoin macrocrystal oral capsule 50 mg	$0 (2)	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	$0 (4)	
trimethoprim oral tablet 100 mg	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
泌尿器		
その他の泌尿器		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	$0 (2)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	$0 (4)	PA; LA
ELMIRON ORAL CAPSULE 100 MG	$0 (3)	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	$0 (4)	
tadalafil oral tablet 2.5 mg	$0 (4)	PA; QL (60 EA per 30 days)
tadalafil oral tablet 5 mg	$0 (4)	PA; QL (30 EA per 30 days)
抗コリン作用薬/鎮痙薬		
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	$0 (3)	QL (30 EA per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	$0 (2)	QL (600 ML per 30 days)
oxybutynin chloride oral tablet 5 mg	$0 (2)	QL (120 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	$0 (4)	QL (60 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	$0 (4)	QL (30 EA per 30 days)
solifenacin oral tablet 10 mg, 5 mg	$0 (4)	QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	$0 (4)	QL (30 EA per 30 days)
tolterodine oral tablet 1 mg, 2 mg	$0 (4)	QL (60 EA per 30 days)
trospium oral capsule,extended release 24hr 60 mg	$0 (4)	QL (30 EA per 30 days)
trospium oral tablet 20 mg	$0 (4)	QL (60 EA per 30 days)
良性前立腺肥大症（BPH）治療		
alfuzosin oral tablet extended release 24 hr 10 mg	$0 (2)	
dutasteride oral capsule 0.5 mg	$0 (2)	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	$0 (4)	
finasteride oral tablet 5 mg	$0 (1)	
tamsulosin oral capsule 0.4 mg	$0 (2)	
産婦人科/婦人科		
エストロゲン/プロゲスチン		
camila oral tablet 0.35 mg	$0 (2)	
deblitane oral tablet 0.35 mg	$0 (2)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	$0 (3)	

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薬剤の名称	薬剤の階層	要件/制限
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	$0 (4)	QL (8 EA per 28 days)
errin oral tablet 0.35 mg	$0 (2)	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	$0 (4)	
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	$0 (4)	QL (8 EA per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (4)	QL (4 EA per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	$0 (4)	
estradiol vaginal tablet 10 mcg	$0 (4)	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	$0 (4)	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	$0 (4)	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0 (4)	
gallifrey oral tablet 5 mg	$0 (2)	
heather oral tablet 0.35 mg	$0 (2)	

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薬剤の名称	薬剤の 階層	要件/制限
incassia oral tablet 0.35 mg	$0 (2)	
jinteli oral tablet 1-5 mg-mcg	$0 (4)	
lyleq oral tablet 0.35 mg	$0 (2)	
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (4)	QL (8 EA per 28 days)
lyza oral tablet 0.35 mg	$0 (2)	
medroxyprogesterone intramuscular suspension 150 mg/ml	$0 (2)	
medroxyprogesterone intramuscular syringe 150 mg/ml	$0 (2)	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (1)	
mimvey oral tablet 1-0.5 mg	$0 (4)	
nora-be oral tablet 0.35 mg	$0 (2)	
norethindrone (contraceptive) oral tablet 0.35 mg	$0 (2)	
norethindrone acetate oral tablet 5 mg	$0 (2)	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0 (4)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	$0 (3)	

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薬剤の名称	薬剤の 階層	要件/制限
progesterone micronized oral capsule 100 mg, 200 mg	$0 (2)	
sharobel oral tablet 0.35 mg	$0 (2)	
yuvafem vaginal tablet 10 mcg	$0 (4)	
その他の OB/GYN		
clindamycin phosphate vaginal cream 2 %	$0 (4)	
eluryng vaginal ring 0.12-0.015 mg/24 hr	$0 (3)	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	$0 (3)	
haloette vaginal ring 0.12-0.015 mg/24 hr	$0 (2)	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	$0 (3)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	$0 (4)	
NEXPLANON SUBDERMAL IMPLANT 68 MG	$0 (3)	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	$0 (3)	
terconazole vaginal cream 0.4 %, 0.8 %	$0 (2)	

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薬剤の名称	薬剤の 階層	要件/制限
terconazole vaginal suppository 80 mg	$0 (4)	
tranexamic acid oral tablet 650 mg	$0 (2)	
xulane transdermal patch weekly 150-35 mcg/24 hr	$0 (3)	
zafemy transdermal patch weekly 150-35 mcg/24 hr	$0 (3)	
経口避妊薬/関連薬剤		
altavera (28) oral tablet 0.15-0.03 mg	$0 (2)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	$0 (2)	
apri oral tablet 0.15-0.03 mg	$0 (2)	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	$0 (4)	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (2)	
aubra eq oral tablet 0.1-20 mg-mcg	$0 (2)	
aviane oral tablet 0.1-20 mg-mcg	$0 (2)	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (2)	
balziva (28) oral tablet 0.4-35 mg-mcg	$0 (2)	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (2)	

薬剤の名称	薬剤の 階層	要件/制限
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (2)	
briellyn oral tablet 0.4-35 mg-mcg	$0 (2)	
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	$0 (2)	
cryselle (28) oral tablet 0.3-30 mg-mcg	$0 (2)	
cyred eq oral tablet 0.15-0.03 mg	$0 (2)	
dolishale oral tablet 90-20 mcg (28)	$0 (2)	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	$0 (2)	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0 (2)	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (2)	
enskyce oral tablet 0.15-0.03 mg	$0 (2)	
estarylla oral tablet 0.25-0.035 mg	$0 (2)	
falmina (28) oral tablet 0.1-20 mg-mcg	$0 (2)	
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0 (2)	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	$0 (2)	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (2)	

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薬剤の名称	薬剤の 階層	要件/制限
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (2)	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (3)	
isibloom oral tablet 0.15-0.03 mg	$0 (2)	
jasmiel (28) oral tablet 3-0.02 mg	$0 (4)	
juleber oral tablet 0.15-0.03 mg	$0 (2)	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (2)	
junel 1/20 (21) oral tablet 1-20 mg-mcg	$0 (2)	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (2)	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (2)	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (2)	
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	$0 (2)	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (2)	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	$0 (2)	

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薬剤の名称	薬剤の 階層	要件/制限
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	$0 (4)	
kurvelo (28) oral tablet 0.15-0.03 mg	$0 (2)	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	$0 (4)	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (2)	
larin 1/20 (21) oral tablet 1-20 mg-mcg	$0 (2)	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (4)	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (4)	
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	$0 (2)	
lessina oral tablet 0.1-20 mg-mcg	$0 (2)	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (2)	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	$0 (2)	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (2)	

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薬剤の名称	薬剤の 階層	要件/制限
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (2)	
levora-28 oral tablet 0.15-0.03 mg	$0 (2)	
loryna (28) oral tablet 3-0.02 mg	$0 (2)	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	$0 (2)	
marlissa (28) oral tablet 0.15-0.03 mg	$0 (2)	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0 (2)	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (2)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	$0 (2)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (2)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (2)	
mili oral tablet 0.25-0.035 mg	$0 (2)	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0 (2)	
nikki (28) oral tablet 3-0.02 mg	$0 (2)	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	$0 (2)	

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薬剤の名称	薬剤の 階層	要件/制限
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0 (2)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	$0 (2)	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0 (4)	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	$0 (4)	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	$0 (4)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (4)	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	$0 (2)	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (2)	
ocella oral tablet 3-0.03 mg	$0 (2)	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (4)	
portia 28 oral tablet 0.15-0.03 mg	$0 (2)	
reclipsen (28) oral tablet 0.15-0.03 mg	$0 (2)	

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薬剤の名称	薬剤の 階層	要件/制限
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	$0 (2)	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (2)	
sprintec (28) oral tablet 0.25-0.035 mg	$0 (2)	
syeda oral tablet 3-0.03 mg	$0 (2)	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (4)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (4)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (4)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (2)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (4)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0 (2)	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0 (2)	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (2)	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (2)	

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薬剤の名称	薬剤の階層	要件/制限
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0 (2)	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (2)	
turqoz (28) oral tablet 0.3-30 mg-mcg	$0 (3)	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	$0 (4)	
vestura (28) oral tablet 3-0.02 mg	$0 (2)	
vienva oral tablet 0.1-20 mg-mcg	$0 (2)	
vyfemla (28) oral tablet 0.4-35 mg-mcg	$0 (2)	
vylibra oral tablet 0.25-0.035 mg	$0 (2)	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	$0 (2)	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (4)	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	$0 (2)	
皮膚科/局所療法		
その他の皮膚治療薬		
ammonium lactate topical cream 12 %	$0 (2)	
ammonium lactate topical lotion 12 %	$0 (4)	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	$0 (5^)	PA; QL (4.56 ML per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	$0 (5^)	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	$0 (5^)	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	$0 (5^)	PA; QL (8 ML per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	$0 (4)	PA; QL (120 GM per 30 days)
fluorouracil topical cream 5 %	$0 (4)	QL (40 GM per 30 days)
fluorouracil topical solution 2 %, 5 %	$0 (4)	QL (10 ML per 30 days)
imiquimod topical cream in packet 5 %	$0 (2)	QL (24 EA per 28 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	$0 (4)	QL (50 ML per 30 days)
lidocaine topical adhesive patch,medicated 5 %	$0 (4)	PA; QL (90 EA per 30 days)
lidocaine topical ointment 5 %	$0 (4)	QL (50 GM per 30 days)
lidocaine viscous mucous membrane solution 2 %	$0 (2)	
lidocaine-prilocaine topical cream 2.5-2.5 %	$0 (2)	QL (30 GM per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	$0 (3)	PA; QL (90 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
PANRETIN TOPICAL GEL 0.1 %	$0 (5^)	PA-NS; QL (60 GM per 30 days)
pimecrolimus topical cream 1 %	$0 (4)	QL (100 GM per 30 days)
podofilox topical solution 0.5 %	$0 (4)	QL (7 ML per 28 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	$0 (3)	QL (180 GM per 30 days)
silver sulfadiazine topical cream 1 %	$0 (2)	
ssd topical cream 1 %	$0 (2)	
tacrolimus topical ointment 0.03 %, 0.1 %	$0 (4)	QL (100 GM per 30 days)
tridacaine ii topical adhesive patch,medicated 5 %	$0 (4)	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	$0 (5^)	PA-NS; LA; QL (60 GM per 30 days)
ニキビ治療薬		
accutane oral capsule 10 mg, 20 mg, 40 mg	$0 (4)	
adapalene topical cream 0.1 %	$0 (4)	QL (45 GM per 30 days)
adapalene topical gel 0.3 %	$0 (4)	QL (45 GM per 30 days)
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (4)	
azelaic acid topical gel 15 %	$0 (4)	QL (50 GM per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (4)	
clindamycin phosphate topical gel 1 %	$0 (4)	QL (120 GM per 30 days)
clindamycin phosphate topical gel, once daily 1 %	$0 (4)	QL (75 ML per 30 days)
clindamycin phosphate topical lotion 1 %	$0 (4)	QL (120 ML per 30 days)
clindamycin phosphate topical solution 1 %	$0 (4)	QL (120 ML per 30 days)
clindamycin phosphate topical swab 1 %	$0 (2)	QL (120 EA per 30 days)
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	$0 (2)	QL (45 GM per 30 days)
clindamycin-benzoyl peroxide topical gel 1-5 %	$0 (2)	QL (50 GM per 30 days)
ery pads topical swab 2 %	$0 (4)	QL (60 EA per 30 days)
erythromycin with ethanol topical solution 2 %	$0 (2)	QL (60 ML per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	$0 (2)	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	$0 (4)	
metronidazole topical cream 0.75 %	$0 (4)	QL (45 GM per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
metronidazole topical gel 0.75 %	$0 (4)	QL (45 GM per 30 days)
metronidazole topical lotion 0.75 %	$0 (4)	QL (59 ML per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	$0 (2)	QL (45 GM per 30 days)
tazarotene topical cream 0.1 %	$0 (3)	PA; QL (60 GM per 30 days)
tazarotene topical gel 0.05 %, 0.1 %	$0 (4)	PA; QL (100 GM per 30 days)
tretinoin microspheres topical gel 0.04 %, 0.1 %	$0 (4)	PA; QL (50 GM per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	$0 (4)	PA; QL (45 GM per 30 days)
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	$0 (4)	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (4)	
局所コルチコステロイド		
ala-cort topical cream 1 %	$0 (1)	
alclometasone topical cream 0.05 %	$0 (4)	QL (120 GM per 30 days)
alclometasone topical ointment 0.05 %	$0 (4)	QL (120 GM per 30 days)
betamethasone dipropionate topical cream 0.05 %	$0 (4)	QL (135 GM per 30 days)
betamethasone dipropionate topical lotion 0.05 %	$0 (4)	QL (120 ML per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
betamethasone dipropionate topical ointment 0.05 %	$0 (4)	QL (135 GM per 30 days)
betamethasone valerate topical cream 0.1 %	$0 (4)	QL (135 GM per 30 days)
betamethasone valerate topical lotion 0.1 %	$0 (4)	QL (120 ML per 30 days)
betamethasone valerate topical ointment 0.1 %	$0 (4)	QL (135 GM per 30 days)
betamethasone, augmented topical cream 0.05 %	$0 (2)	QL (150 GM per 30 days)
betamethasone, augmented topical gel 0.05 %	$0 (4)	QL (150 GM per 30 days)
betamethasone, augmented topical lotion 0.05 %	$0 (4)	QL (120 ML per 30 days)
betamethasone, augmented topical ointment 0.05 %	$0 (4)	QL (150 GM per 30 days)
clobetasol scalp solution 0.05 %	$0 (4)	QL (100 ML per 28 days)
clobetasol topical cream 0.05 %	$0 (4)	QL (120 GM per 28 days)
clobetasol topical gel 0.05 %	$0 (4)	QL (120 GM per 28 days)
clobetasol topical ointment 0.05 %	$0 (4)	QL (120 GM per 28 days)
clobetasol topical shampoo 0.05 %	$0 (4)	QL (236 ML per 28 days)
clobetasol-emollient topical cream 0.05 %	$0 (4)	QL (120 GM per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
clodan topical shampoo 0.05 %	$0 (4)	QL (236 ML per 28 days)
desonide topical cream 0.05 %	$0 (4)	QL (120 GM per 30 days)
desonide topical lotion 0.05 %	$0 (4)	QL (118 ML per 30 days)
desonide topical ointment 0.05 %	$0 (4)	QL (120 GM per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	$0 (4)	QL (118.28 ML per 30 days)
fluocinolone topical cream 0.01 %, 0.025 %	$0 (4)	QL (120 GM per 30 days)
fluocinolone topical ointment 0.025 %	$0 (4)	QL (120 GM per 30 days)
fluocinolone topical solution 0.01 %	$0 (4)	QL (120 ML per 30 days)
fluocinonide topical cream 0.05 %	$0 (4)	QL (120 GM per 30 days)
fluocinonide topical gel 0.05 %	$0 (4)	QL (120 GM per 30 days)
fluocinonide topical ointment 0.05 %	$0 (4)	QL (120 GM per 30 days)
fluocinonide topical solution 0.05 %	$0 (4)	QL (120 ML per 30 days)
fluocinonide-emollient topical cream 0.05 %	$0 (4)	QL (120 GM per 30 days)
fluticasone propionate topical cream 0.05 %	$0 (2)	
halobetasol propionate topical cream 0.05 %	$0 (4)	QL (100 GM per 30 days)
halobetasol propionate topical ointment 0.05 %	$0 (4)	QL (100 GM per 30 days)
hydrocortisone topical cream 1 %	$0 (2)	

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薬剤の名称	薬剤の階層	要件/制限
hydrocortisone topical lotion 2.5 %	$0 (2)	
hydrocortisone topical ointment 2.5 %	$0 (2)	
mometasone topical cream 0.1 %	$0 (2)	
mometasone topical ointment 0.1 %	$0 (2)	
mometasone topical solution 0.1 %	$0 (2)	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	$0 (2)	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	$0 (2)	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	$0 (2)	
triderm topical cream 0.5 %	$0 (2)	
局所抗真菌薬		
ciclopirox topical cream 0.77 %	$0 (4)	QL (90 GM per 28 days)
ciclopirox topical gel 0.77 %	$0 (4)	QL (100 GM per 28 days)
ciclopirox topical suspension 0.77 %	$0 (4)	QL (60 ML per 28 days)
clotrimazole topical cream 1 %	$0 (4)	QL (45 GM per 28 days)
clotrimazole topical solution 1 %	$0 (2)	QL (30 ML per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	$0 (4)	QL (45 GM per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	$0 (4)	QL (60 ML per 28 days)
ketoconazole topical cream 2 %	$0 (2)	QL (60 GM per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
ketoconazole topical shampoo 2 %	$0 (2)	QL (120 ML per 28 days)
naftifine topical cream 1 %	$0 (4)	QL (90 GM per 28 days)
naftifine topical cream 2 %	$0 (4)	QL (60 GM per 28 days)
naftifine topical gel 2 %	$0 (4)	QL (60 GM per 28 days)
nyamyc topical powder 100,000 unit/gram	$0 (4)	QL (120 GM per 30 days)
nystatin topical cream 100,000 unit/gram	$0 (2)	QL (30 GM per 28 days)
nystatin topical ointment 100,000 unit/gram	$0 (2)	QL (30 GM per 28 days)
nystatin topical powder 100,000 unit/gram	$0 (2)	QL (120 GM per 30 days)
nystop topical powder 100,000 unit/gram	$0 (4)	QL (120 GM per 30 days)
局所抗菌薬		
gentamicin topical cream 0.1 %	$0 (4)	QL (60 GM per 30 days)
gentamicin topical ointment 0.1 %	$0 (4)	QL (60 GM per 30 days)
mupirocin topical ointment 2 %	$0 (2)	QL (44 GM per 30 days)
sulfacetamide sodium (acne) topical suspension 10 %	$0 (4)	
局所疥癬虫殺虫剤/シオガマギク		
malathion topical lotion 0.5 %	$0 (4)	
permethrin topical cream 5 %	$0 (2)	QL (60 GM per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
抗乾癬/抗脂漏		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	$0 (4)	
calcipotriene scalp solution 0.005 %	$0 (4)	QL (120 ML per 30 days)
calcipotriene topical ointment 0.005 %	$0 (4)	QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (5^)	PA; QL (10 ML per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	$0 (5^)	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	$0 (5^)	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	$0 (5^)	PA; QL (10 ML per 28 days)
selenium sulfide topical lotion 2.5 %	$0 (2)	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	$0 (5^)	PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (5^)	PA; QL (6 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	$0 (5^)	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	$0 (5^)	PA; QL (0.5 ML per 28 days)

薬剤の名称	薬剤の階層	要件/制限
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	$0 (5^)	PA; QL (1 ML per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	$0 (3)	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	$0 (5^)	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	$0 (5^)	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	$0 (5^)	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	$0 (5^)	PA; QL (2 ML per 28 days)
眼科		
B遮断薬		
betaxolol ophthalmic (eye) drops 0.5 %	$0 (4)	
carteolol ophthalmic (eye) drops 1 %	$0 (2)	
levobunolol ophthalmic (eye) drops 0.5 %	$0 (2)	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	$0 (1)	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	$0 (2)	

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薬剤の名称	薬剤の 階層 要件/制限
ステロイド	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	$0 (4)
difluprednate ophthalmic (eye) drops 0.05 %	$0 (4)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	$0 (4)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	$0 (4)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	$0 (2)
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	$0 (4)
ステロイドと抗生物質の併用	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	$0 (4)
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	$0 (2)
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	$0 (2)

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薬剤の名称	薬剤の 階層	要件/制限
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	$0 (4)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	$0 (3)	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	$0 (4)	
その他の眼科		
atropine ophthalmic (eye) drops 1 %	$0 (4)	
azelastine ophthalmic (eye) drops 0.05 %	$0 (4)	
cromolyn ophthalmic (eye) drops 4 %	$0 (2)	
cyclosporine ophthalmic (eye) dropperette 0.05 %	$0 (3)	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	$0 (5^)	PA; LA
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	$0 (5^)	PA
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	$0 (4)	
sulfacetamide sodium ophthalmic (eye) drops 10 %	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
sulfacetamide sodium ophthalmic (eye) ointment 10 %	$0 (4)	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	$0 (2)	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	$0 (5^)	PA; QL (10 ML per 42 days)
その他の緑内障治療薬		
brinzolamide ophthalmic (eye) drops,suspension 1 %	$0 (4)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	$0 (3)	
dorzolamide ophthalmic (eye) drops 2 %	$0 (2)	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	$0 (2)	
latanoprost ophthalmic (eye) drops 0.005 %	$0 (1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	$0 (3)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	$0 (3)	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	$0 (3)	

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薬剤の名称	薬剤の 階層	要件/制限
travoprost ophthalmic (eye) drops 0.004 %	$0 (4)	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	$0 (4)	
交感神経		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	$0 (3)	
apraclonidine ophthalmic (eye) drops 0.5 %	$0 (4)	
brimonidine ophthalmic (eye) drops 0.15 %	$0 (2)	
brimonidine ophthalmic (eye) drops 0.2 %	$0 (1)	
抗ウイルス		
trifluridine ophthalmic (eye) drops 1 %	$0 (4)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	$0 (4)	
抗生物質		
bacitracin ophthalmic (eye) ointment 500 unit/gram	$0 (4)	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	$0 (2)	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	$0 (1)	

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薬剤の名称	薬剤の 階層	要件/制限
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	$0 (2)	
gatifloxacin ophthalmic (eye) drops 0.5 %	$0 (2)	
gentamicin ophthalmic (eye) drops 0.3 %	$0 (2)	
moxifloxacin ophthalmic (eye) drops 0.5 %	$0 (4)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	$0 (4)	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	$0 (4)	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	$0 (4)	
ofloxacin ophthalmic (eye) drops 0.3 %	$0 (2)	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	$0 (1)	
tobramycin ophthalmic (eye) drops 0.3 %	$0 (2)	

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薬剤の名称	薬剤の 階層 要件/制限
緑内障用経口薬	
acetazolamide oral capsule, extended release 500 mg	$0 (4)
acetazolamide oral tablet 125 mg, 250 mg	$0 (4)
methazolamide oral tablet 25 mg, 50 mg	$0 (4)
非ステロイド系抗炎症薬	
bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %	$0 (4)
diclofenac sodium ophthalmic (eye) drops 0.1 %	$0 (2)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	$0 (4)
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	$0 (4)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	$0 (3)
筋骨格/リウマチ	
その他のリウマチ	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	$0 (5^) PA; QL (8 ML per 28 days)

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薬剤の名称	薬剤の 階層	要件/制限
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	$0 (5^)	PA; QL (8 ML per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (5^)	PA; QL (6 EA per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (5^)	PA; QL (4 EA per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (5^)	PA; QL (4 EA per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	$0 (5^)	PA; QL (2 EA per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (5^)	PA; QL (4 EA per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	$0 (5^)	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	$0 (5^)	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	$0 (5^)	PA; QL (8 ML per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	$0 (5^)	PA; QL (8 ML per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	$0 (5^)	PA; QL (20.1 ML per 30 days)
leflunomide oral tablet 10 mg, 20 mg	$0 (4)	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	$0 (5^)	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	$0 (5^)	PA; QL (55 EA per 180 days)
penicillamine oral tablet 250 mg	$0 (5^)	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	$0 (5^)	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	$0 (5^)	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	$0 (5^)	PA; QL (84 EA per 180 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	$0 (3)	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	$0 (3)	QL (55 EA per 180 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	$0 (5^)	PA; QL (3.6 ML per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	$0 (5^)	PA; QL (3.6 ML per 28 days)
痛風治療		
allopurinol oral tablet 100 mg, 300 mg	$0 (1)	
colchicine oral capsule 0.6 mg	$0 (4)	QL (120 EA per 30 days)
colchicine oral tablet 0.6 mg	$0 (4)	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	$0 (4)	
probenecid oral tablet 500 mg	$0 (4)	
probenecid-colchicine oral tablet 500-0.5 mg	$0 (4)	
骨粗鬆症治療		
alendronate oral solution 70 mg/75 ml	$0 (2)	QL (300 ML per 28 days)
alendronate oral tablet 10 mg	$0 (1)	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	$0 (1)	QL (4 EA per 28 days)
ibandronate oral tablet 150 mg	$0 (2)	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	$0 (4)	QL (1 ML per 180 days)
raloxifene oral tablet 60 mg	$0 (2)	
risedronate oral tablet 150 mg	$0 (2)	QL (1 EA per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	$0 (2)	QL (4 EA per 28 days)
risedronate oral tablet 5 mg	$0 (2)	QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
risedronate oral tablet,delayed release (dr/ec) 35 mg	$0 (4)	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	$0 (5^)	PA; QL (2.48 ML per 28 days)
耳、鼻/喉の治療薬		
その他の耳の製剤		
acetic acid otic (ear) solution 2 %	$0 (2)	
flac otic oil otic (ear) drops 0.01 %	$0 (2)	
fluocinolone acetonide oil otic (ear) drops 0.01 %	$0 (2)	
ofloxacin otic (ear) drops 0.3 %	$0 (4)	
その他の薬剤		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	$0 (4)	QL (60 ML per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	$0 (1)	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	$0 (2)	QL (30 ML per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	$0 (2)	QL (30 ML per 20 days)
kourzeq dental paste 0.1 %	$0 (3)	

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薬剤の名称	薬剤の階層	要件/制限
olopatadine nasal spray,non-aerosol 0.6 %	$0 (4)	
periogard mucous membrane mouthwash 0.12 %	$0 (1)	
triamcinolone acetonide dental paste 0.1 %	$0 (4)	
耳のステロイド/抗生物質		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	$0 (4)	QL (7.5 ML per 7 days)
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	$0 (4)	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	$0 (4)	
胃腸		
その他の胃腸薬		
alosetron oral tablet 0.5 mg	$0 (4)	PA; QL (60 EA per 30 days)
alosetron oral tablet 1 mg	$0 (5^)	PA; QL (60 EA per 30 days)
aprepitant oral capsule 125 mg, 40 mg, 80 mg	$0 (4)	B/D
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	$0 (4)	B/D
balsalazide oral capsule 750 mg	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
betaine oral powder 1 gram/scoop	$0 (5^)	LA
budesonide oral capsule,delayed,extend.release 3 mg	$0 (4)	
budesonide oral tablet,delayed and ext.release 9 mg	$0 (5^)	PA; QL (30 EA per 30 days)
compro rectal suppository 25 mg	$0 (4)	
constulose oral solution 10 gram/15 ml	$0 (2)	
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	$0 (3)	
cromolyn oral concentrate 100 mg/5 ml	$0 (4)	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	$0 (4)	PA; QL (60 EA per 30 days)
enulose oral solution 10 gram/15 ml	$0 (2)	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	$0 (2)	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	$0 (2)	
generlac oral solution 10 gram/15 ml	$0 (2)	
granisetron hcl oral tablet 1 mg	$0 (4)	B/D

薬剤の名称	薬剤の階層	要件/制限
hydrocortisone rectal enema 100 mg/60 ml	$0 (2)	
hydrocortisone topical cream with perineal applicator 2.5 %	$0 (2)	
lactulose oral solution 10 gram/15 ml	$0 (4)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	$0 (4)	QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	$0 (4)	QL (60 EA per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	$0 (2)	
mesalamine oral capsule (with del rel tablets) 400 mg	$0 (4)	
mesalamine oral capsule,extended release 24hr 0.375 gram	$0 (4)	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	$0 (4)	
mesalamine rectal enema 4 gram/60 ml	$0 (4)	
mesalamine rectal suppository 1,000 mg	$0 (4)	
metoclopramide hcl oral solution 5 mg/5 ml	$0 (2)	
metoclopramide hcl oral tablet 10 mg, 5 mg	$0 (2)	

薬剤の名称	薬剤の階層	要件/制限
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	$0 (3)	QL (30 EA per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	$0 (3)	QL (30 GM per 30 days)
ondansetron hcl oral solution 4 mg/5 ml	$0 (2)	
ondansetron hcl oral tablet 4 mg, 8 mg	$0 (2)	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	$0 (2)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	$0 (2)	
peg-electrolyte soln oral recon soln 420 gram	$0 (2)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	$0 (3)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	$0 (2)	
prochlorperazine rectal suppository 25 mg	$0 (4)	
procto-med hc topical cream with perineal applicator 2.5 %	$0 (2)	
proctosol hc topical cream with perineal applicator 2.5 %	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
proctozone-hc topical cream with perineal applicator 2.5 %	$0 (2)	
scopolamine base transdermal patch 3 day 1 mg over 3 days	$0 (4)	PA; QL (10 EA per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	$0 (5^)	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	$0 (5^)	PA; QL (2.4 ML per 56 days)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	$0 (3)	
sulfasalazine oral tablet 500 mg	$0 (2)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	$0 (2)	
ursodiol oral capsule 300 mg	$0 (3)	
ursodiol oral tablet 250 mg, 500 mg	$0 (4)	
VOWST ORAL CAPSULE	$0 (5^)	PA; LA

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薬剤の名称	薬剤の階層	要件/制限
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	$0 (3)	
止痢薬/鎮痙薬		
dicyclomine oral capsule 10 mg	$0 (4)	
dicyclomine oral solution 10 mg/5 ml	$0 (4)	
dicyclomine oral tablet 20 mg	$0 (4)	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	$0 (4)	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	$0 (4)	
glycopyrrolate oral tablet 1 mg, 2 mg	$0 (2)	
loperamide oral capsule 2 mg	$0 (2)	
潰瘍治療		
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	$0 (4)	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	$0 (4)	QL (60 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	$0 (2)	
famotidine oral tablet 20 mg, 40 mg	$0 (1)	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	$0 (2)	QL (60 EA per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	$0 (2)	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	$0 (1)	QL (60 EA per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	$0 (1)	QL (60 EA per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	$0 (2)	QL (60 EA per 30 days)
sucralfate oral suspension 100 mg/ml	$0 (4)	
sucralfate oral tablet 1 gram	$0 (2)	
自律神経系/神経系薬剤、神経/精神		
その他の神経学的治療薬		
dalfampridine oral tablet extended release 12 hr 10 mg	$0 (3)	PA; QL (60 EA per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	$0 (4)	PA; QL (56 EA per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	$0 (4)	PA; QL (120 EA per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	$0 (5^)	PA; QL (60 EA per 30 days)
donepezil oral tablet 10 mg, 5 mg	$0 (2)	
donepezil oral tablet 23 mg	$0 (4)	QL (30 EA per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	$0 (2)	
fingolimod oral capsule 0.5 mg	$0 (5^)	PA; QL (30 EA per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	$0 (4)	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	$0 (4)	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	$0 (4)	QL (60 EA per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	$0 (5^)	PA; QL (30 ML per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	$0 (5^)	PA; QL (12 ML per 28 days)
glatopa subcutaneous syringe 20 mg/ml	$0 (5^)	PA; QL (30 ML per 30 days)
glatopa subcutaneous syringe 40 mg/ml	$0 (5^)	PA; QL (12 ML per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21)	$0 (5^)	PA; LA; QL (28 EA per 180 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	$0 (5^)	PA; LA; QL (30 EA per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	$0 (4)	PA
memantine oral solution 2 mg/ml	$0 (4)	PA
memantine oral tablet 10 mg, 5 mg	$0 (2)	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	$0 (3)	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	$0 (3)	
NUEDEXTA ORAL CAPSULE 20-10 MG	$0 (5^)	PA; QL (60 EA per 30 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	$0 (5^)	PA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	$0 (4)	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	$0 (4)	QL (30 EA per 30 days)
teriflunomide oral tablet 14 mg, 7 mg	$0 (5^)	PA; QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
tetrabenazine oral tablet 12.5 mg	$0 (4)	PA; QL (240 EA per 30 days)
tetrabenazine oral tablet 25 mg	$0 (5^)	PA; QL (120 EA per 30 days)
抗パーキンソン症候群治療薬		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	$0 (4)	PA
bromocriptine oral capsule 5 mg	$0 (4)	
bromocriptine oral tablet 2.5 mg	$0 (4)	
carbidopa oral tablet 25 mg	$0 (4)	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	$0 (2)	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	$0 (2)	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	$0 (2)	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	$0 (4)	
entacapone oral tablet 200 mg	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	$0 (5^)	PA; QL (300 EA per 30 days)
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	$0 (4)	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	$0 (1)	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg	$0 (4)	
rasagiline oral tablet 0.5 mg, 1 mg	$0 (4)	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	$0 (2)	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	$0 (4)	
selegiline hcl oral capsule 5 mg	$0 (3)	
selegiline hcl oral tablet 5 mg	$0 (3)	
trihexyphenidyl oral tablet 2 mg, 5 mg	$0 (3)	
抗痙攣薬		
APTIOM ORAL TABLET 200 MG, 600 MG, 800 MG	$0 (5^)	QL (60 EA per 30 days)
APTIOM ORAL TABLET 400 MG	$0 (5^)	QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
BRIVIACT ORAL SOLUTION 10 MG/ML	$0 (5^)	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	$0 (5^)	QL (60 EA per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	$0 (4)	
carbamazepine oral suspension 100 mg/5 ml	$0 (4)	
carbamazepine oral tablet 200 mg	$0 (2)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	$0 (4)	
carbamazepine oral tablet,chewable 100 mg	$0 (2)	
clobazam oral suspension 2.5 mg/ml	$0 (4)	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	$0 (4)	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	$0 (4)	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	$0 (4)	QL (300 EA per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	$0 (4)	QL (90 EA per 30 days)
clonazepam oral tablet,disintegrating 2 mg	$0 (4)	QL (300 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
DIACOMIT ORAL CAPSULE 250 MG	$0 (5^)	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	$0 (5^)	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	$0 (4)	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	$0 (4)	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	$0 (4)	
DILANTIN ORAL CAPSULE 30 MG	$0 (4)	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	$0 (4)	
divalproex oral capsule, delayed rel sprinkle 125 mg	$0 (4)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	$0 (4)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	$0 (2)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	$0 (5^)	PA-NS; LA

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薬剤の名称	薬剤の階層	要件/制限
epitol oral tablet 200 mg	$0 (2)	
EPRONTIA ORAL SOLUTION 25 MG/ML	$0 (3)	PA-NS
ethosuximide oral capsule 250 mg	$0 (3)	
ethosuximide oral solution 250 mg/5 ml	$0 (3)	
felbamate oral suspension 600 mg/5 ml	$0 (4)	
felbamate oral tablet 400 mg, 600 mg	$0 (4)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	$0 (5^)	PA-NS; LA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	$0 (5^)	QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	$0 (5^)	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	$0 (4)	QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 400 mg	$0 (2)	QL (270 EA per 30 days)
gabapentin oral capsule 300 mg	$0 (2)	QL (360 EA per 30 days)
gabapentin oral solution 250 mg/5 ml	$0 (2)	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	$0 (2)	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	$0 (2)	QL (120 EA per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	$0 (4)	PA; QL (180 EA per 30 days)

薬剤の名称	薬剤の階層	要件/制限
gabapentin oral tablet extended release 24 hr 600 mg	$0 (4)	PA; QL (90 EA per 30 days)
lacosamide oral solution 10 mg/ml	$0 (4)	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	$0 (4)	QL (60 EA per 30 days)
lacosamide oral tablet 50 mg	$0 (4)	QL (120 EA per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	$0 (1)	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	$0 (4)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	$0 (2)	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	$0 (4)	
levetiracetam oral solution 100 mg/ml	$0 (4)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	$0 (4)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	$0 (4)	
methsuximide oral capsule 300 mg	$0 (4)	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	$0 (4)	PA-NS; QL (10 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	$0 (4)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	$0 (4)	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	$0 (4)	PA-NS
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	$0 (2)	PA-NS
phenytoin oral suspension 125 mg/5 ml	$0 (4)	
phenytoin oral tablet,chewable 50 mg	$0 (2)	
phenytoin sodium extended oral capsule 100 mg	$0 (2)	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (4)	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	$0 (4)	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	$0 (4)	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	$0 (4)	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	$0 (4)	
primidone oral tablet 250 mg, 50 mg	$0 (2)	
roweepra oral tablet 500 mg	$0 (2)	

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薬剤の名称	薬剤の階層	要件/制限
rufinamide oral suspension 40 mg/ml	$0 (5^)	PA-NS; QL (2760 ML per 30 days)
rufinamide oral tablet 200 mg	$0 (4)	PA-NS; QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	$0 (5^)	PA-NS; QL (240 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	$0 (3)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	$0 (4)	
topiramate oral capsule, sprinkle 15 mg, 25 mg	$0 (2)	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	$0 (2)	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	$0 (2)	
valproic acid oral capsule 250 mg	$0 (2)	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	$0 (4)	PA-NS; QL (10 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
vigabatrin oral powder in packet 500 mg	$0 (5^)	PA-NS; LA; QL (150 EA per 25 days)
vigabatrin oral tablet 500 mg	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
vigadrone oral powder in packet 500 mg	$0 (5^)	PA-NS; LA; QL (150 EA per 25 days)
vigadrone oral tablet 500 mg	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	$0 (5^)	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	$0 (5^)	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	$0 (5^)	QL (60 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	$0 (4)	QL (28 EA per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	$0 (5^)	QL (28 EA per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	$0 (5^)	PA-NS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	$0 (2)	

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薬剤の名称	薬剤の階層	要件/制限
ZTALMY ORAL SUSPENSION 50 MG/ML	$0 (5^)	PA-NS; QL (1100 ML per 30 days)
片頭痛/群発頭痛治療		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	$0 (3)	PA; QL (1 ML per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	$0 (5^)	QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	$0 (3)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	$0 (3)	PA; QL (2 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	$0 (2)	QL (40 EA per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg	$0 (4)	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	$0 (5^)	PA; QL (16 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	$0 (2)	QL (18 EA per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	$0 (2)	QL (18 EA per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	$0 (4)	QL (18 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	$0 (4)	QL (18 EA per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	$0 (2)	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	$0 (2)	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	$0 (2)	QL (8 ML per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	$0 (4)	QL (18 EA per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	$0 (4)	QL (18 EA per 28 days)
筋肉弛緩薬/鎮痙薬		
baclofen oral tablet 10 mg, 20 mg, 5 mg	$0 (2)	
cyclobenzaprine oral tablet 10 mg, 5 mg	$0 (4)	PA
dantrolene oral capsule 100 mg, 25 mg, 50 mg	$0 (4)	
pyridostigmine bromide oral tablet 60 mg	$0 (2)	
tizanidine oral tablet 2 mg, 4 mg	$0 (2)	
精神治療薬		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	$0 (5^)	QL (2.4 ML per 56 days)

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薬剤の名称	薬剤の 階層	要件/制限
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	$0 (5^)	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	$0 (5^)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	$0 (5^)	QL (1 EA per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	$0 (4)	QL (150 EA per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (4)	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	$0 (4)	
aripiprazole oral solution 1 mg/ml	$0 (4)	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	$0 (4)	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	$0 (4)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	$0 (5^)	QL (4.8 ML per 365 days)

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薬剤の名称	薬剤の 階層	要件/制限
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	$0 (5^)	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	$0 (5^)	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	$0 (5^)	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	$0 (5^)	QL (3.2 ML per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	$0 (4)	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	$0 (4)	PA; QL (60 EA per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	$0 (4)	QL (60 EA per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	$0 (4)	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	$0 (4)	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	$0 (4)	ST; QL (60 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	$0 (3)	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	$0 (2)	
bupropion hcl oral tablet extended release 24 hr 150 mg	$0 (2)	QL (90 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	$0 (2)	QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	$0 (2)	QL (60 EA per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (2)	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	$0 (5^)	QL (30 EA per 30 days)
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	$0 (4)	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	$0 (4)	
citalopram oral solution 10 mg/5 ml	$0 (4)	
citalopram oral tablet 10 mg, 20 mg, 40 mg	$0 (1)	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	$0 (4)	PA-NS

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薬剤の名称	薬剤の階層	要件/制限
clorazepate dipotassium oral tablet 15 mg	$0 (4)	PA-NS; QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	$0 (4)	PA-NS; QL (90 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	$0 (4)	PA-NS; QL (360 EA per 30 days)
clozapine oral tablet 100 mg, 200 mg	$0 (4)	
clozapine oral tablet 25 mg, 50 mg	$0 (2)	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	$0 (4)	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	$0 (5^)	QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	$0 (5^)	QL (56 EA per 180 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (4)	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	$0 (4)	QL (30 EA per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	$0 (2)	QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	$0 (4)	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	$0 (4)	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	$0 (2)	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	$0 (2)	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg	$0 (2)	QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	$0 (2)	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	$0 (4)	QL (30 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (4)	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	$0 (4)	QL (90 EA per 30 days)
diazepam intensol oral concentrate 5 mg/ml	$0 (4)	PA-NS; QL (240 ML per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
diazepam oral solution 5 mg/5 ml (1 mg/ml)	$0 (4)	PA-NS; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	$0 (4)	PA-NS; QL (120 EA per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (4)	
doxepin oral concentrate 10 mg/ml	$0 (4)	
doxepin oral tablet 3 mg, 6 mg	$0 (4)	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	$0 (4)	QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	$0 (4)	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	$0 (5^)	QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	$0 (4)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	$0 (4)	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0 (5^)	ST; QL (60 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	$0 (4)	ST; QL (8 EA per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	$0 (3)	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	$0 (3)	QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	$0 (2)	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	$0 (2)	
fluphenazine decanoate injection solution 25 mg/ml	$0 (4)	
fluphenazine hcl injection solution 2.5 mg/ml	$0 (4)	
fluphenazine hcl oral concentrate 5 mg/ml	$0 (4)	
fluphenazine hcl oral elixir 2.5 mg/5 ml	$0 (4)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	$0 (4)	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	$0 (4)	QL (30 EA per 30 days)
guanfacine oral tablet extended release 24 hr 3 mg	$0 (4)	QL (60 EA per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	$0 (4)	
haloperidol lactate injection solution 5 mg/ml	$0 (4)	
haloperidol lactate oral concentrate 2 mg/ml	$0 (4)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	$0 (2)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (4)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	$0 (5^)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	$0 (5^)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	$0 (5^)	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	$0 (5^)	QL (1 ML per 28 days)

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薬剤の名称	薬剤の 階層	要件/制限
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	$0 (5^)	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	$0 (3)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	$0 (5^)	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	$0 (5^)	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	$0 (5^)	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	$0 (5^)	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	$0 (5^)	QL (2.63 ML per 90 days)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	$0 (4)	QL (30 EA per 30 days)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	$0 (4)	QL (30 EA per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	$0 (1)	
lithium carbonate oral tablet 300 mg	$0 (2)	

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薬剤の名称	薬剤の階層	要件/制限
lithium carbonate oral tablet extended release 300 mg, 450 mg	$0 (2)	
lithium citrate oral solution 8 meq/5 ml	$0 (2)	
lorazepam intensol oral concentrate 2 mg/ml	$0 (4)	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	$0 (2)	QL (150 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	$0 (4)	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	$0 (4)	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	$0 (4)	QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	$0 (4)	
methylphenidate hcl oral solution 10 mg/5 ml	$0 (4)	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	$0 (4)	QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	$0 (2)	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	$0 (4)	QL (90 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)	$0 (2)	QL (30 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	$0 (4)	QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	$0 (2)	
mirtazapine oral tablet 7.5 mg	$0 (4)	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	$0 (2)	
modafinil oral tablet 100 mg	$0 (2)	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	$0 (2)	PA; QL (60 EA per 30 days)
molindone oral tablet 10 mg, 25 mg, 5 mg	$0 (4)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	$0 (4)	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	$0 (2)	
nortriptyline oral solution 10 mg/5 ml	$0 (4)	
NUPLAZID ORAL CAPSULE 34 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
NUPLAZID ORAL TABLET 10 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
olanzapine intramuscular recon soln 10 mg	$0 (3)	QL (3 EA per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (4)	QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	$0 (4)	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 10 mg	$0 (4)	QL (60 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	$0 (4)	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG	$0 (4)	QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	$0 (4)	QL (30 EA per 30 days)
OPIPZA ORAL FILM 5 MG	$0 (4)	QL (180 EA per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	$0 (4)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	$0 (4)	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	$0 (4)	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	$0 (2)	QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
paroxetine hcl oral tablet 30 mg	$0 (2)	QL (60 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	$0 (4)	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	$0 (4)	
phenelzine oral tablet 15 mg	$0 (3)	
pimozide oral tablet 1 mg, 2 mg	$0 (4)	
protriptyline oral tablet 10 mg, 5 mg	$0 (4)	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	$0 (4)	
QUETIAPINE ORAL TABLET 150 MG	$0 (4)	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	$0 (4)	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	$0 (4)	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	$0 (5^)	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	$0 (5^)	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	$0 (4)	QL (2 EA per 28 days)

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薬剤の名称	薬剤の階層	要件/制限
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	$0 (5^)	QL (2 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	$0 (4)	QL (2 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	$0 (5^)	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	$0 (2)	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	$0 (2)	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	$0 (4)	QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 4 mg	$0 (4)	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	$0 (5^)	QL (30 EA per 30 days)
sertraline oral concentrate 20 mg/ml	$0 (2)	
sertraline oral tablet 100 mg, 25 mg, 50 mg	$0 (1)	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	$0 (5^)	PA; LA; QL (540 ML per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
temazepam oral capsule 15 mg	$0 (4)	PA; QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	$0 (4)	PA; QL (30 EA per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (4)	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (4)	
tranylcypromine oral tablet 10 mg	$0 (4)	
trazodone oral tablet 100 mg, 150 mg, 50 mg	$0 (1)	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	$0 (4)	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	$0 (4)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	$0 (3)	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	$0 (2)	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$0 (2)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	$0 (5^)	PA-NS; QL (600 ML per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	$0 (4)	QL (30 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	$0 (4)	QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	$0 (4)	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	$0 (4)	
zolpidem oral tablet 10 mg, 5 mg	$0 (2)	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	$0 (5^)	PA-NS; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	$0 (5^)	PA-NS; QL (14 EA per 365 days)
非麻薬性鎮痛薬		
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	$0 (4)	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	$0 (2)	
butorphanol nasal spray,non-aerosol 10 mg/ml	$0 (4)	QL (10 ML per 28 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	$0 (4)	
diclofenac potassium oral tablet 50 mg	$0 (2)	
diclofenac sodium oral tablet extended release 24 hr 100 mg	$0 (4)	

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薬剤の名称	薬剤の階層	要件/制限
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	$0 (2)	
diclofenac sodium topical drops 1.5 %	$0 (2)	QL (300 ML per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	$0 (4)	
diflunisal oral tablet 500 mg	$0 (4)	
etodolac oral capsule 200 mg, 300 mg	$0 (2)	
etodolac oral tablet 400 mg, 500 mg	$0 (2)	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	$0 (4)	
flurbiprofen oral tablet 100 mg	$0 (4)	
ibu oral tablet 600 mg, 800 mg	$0 (1)	
ibuprofen oral suspension 100 mg/5 ml	$0 (2)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	$0 (1)	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	$0 (4)	
meloxicam oral tablet 15 mg, 7.5 mg	$0 (1)	
nabumetone oral tablet 500 mg, 750 mg	$0 (2)	
naloxone injection solution 0.4 mg/ml	$0 (2)	

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薬剤の名称	薬剤の階層	要件/制限
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	$0 (2)	
naltrexone oral tablet 50 mg	$0 (2)	
naproxen oral tablet 250 mg, 375 mg, 500 mg	$0 (1)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	$0 (2)	
naproxen sodium oral tablet 275 mg, 550 mg	$0 (4)	
oxaprozin oral tablet 600 mg	$0 (4)	
piroxicam oral capsule 10 mg, 20 mg	$0 (2)	
sulindac oral tablet 150 mg, 200 mg	$0 (2)	
tramadol oral tablet 50 mg	$0 (2)	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	$0 (2)	QL (240 EA per 30 days)
麻薬性鎮痛薬		
acetaminophen-codeine oral solution 120-12 mg/5 ml	$0 (2)	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	$0 (2)	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	$0 (2)	QL (180 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
buprenorphine hcl sublingual tablet 2 mg, 8 mg	$0 (2)	
endocet oral tablet 10-325 mg	$0 (4)	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	$0 (4)	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	$0 (4)	QL (240 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	$0 (4)	PA; QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	$0 (4)	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	$0 (4)	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	$0 (4)	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	$0 (4)	QL (150 EA per 30 days)
hydromorphone oral liquid 1 mg/ml	$0 (2)	QL (600 ML per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	$0 (2)	QL (180 EA per 30 days)
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	$0 (4)	PA; QL (450 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	$0 (2)	PA; QL (90 EA per 30 days)

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薬剤の名称	薬剤の階層	要件/制限
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	$0 (2)	QL (180 ML per 30 days)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	$0 (2)	QL (900 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	$0 (2)	QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	$0 (4)	PA; QL (90 EA per 30 days)
oxycodone oral capsule 5 mg	$0 (2)	QL (180 EA per 30 days)
oxycodone oral concentrate 20 mg/ml	$0 (2)	QL (180 ML per 30 days)
oxycodone oral solution 5 mg/5 ml	$0 (2)	QL (900 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	$0 (2)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	$0 (4)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	$0 (4)	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	$0 (4)	QL (240 EA per 30 days)
診断/その他の薬剤		
その他の薬剤		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	$0 (4)	
anagrelide oral capsule 0.5 mg, 1 mg	$0 (4)	

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薬剤の名称	薬剤の 階層	要件/制限
carglumic acid oral tablet, dispersible 200 mg	$0 (5^)	PA; LA
cevimeline oral capsule 30 mg	$0 (4)	
CHEMET ORAL CAPSULE 100 MG	$0 (3)	
d10 %-0.45 % sodium chloride intravenous parenteral solution	$0 (2)	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	$0 (4)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	$0 (2)	
d5 %-0.45 % sodium chloride intravenous parenteral solution	$0 (2)	
deferasirox oral tablet 180 mg, 360 mg	$0 (4)	PA
deferasirox oral tablet 90 mg	$0 (3)	PA
deferasirox oral tablet, dispersible 125 mg	$0 (4)	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	$0 (5^)	PA
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	$0 (4)	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	$0 (4)	

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薬剤の名称	薬剤の 階層	要件/制限
dextrose 5 % in water (d5w) intravenous parenteral solution	$0 (4)	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	$0 (2)	
disulfiram oral tablet 250 mg, 500 mg	$0 (3)	
glutamine (sickle cell) oral powder in packet 5 gram	$0 (5^)	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	$0 (5^)	PA; LA
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	$0 (4)	
levocarnitine (with sugar) oral solution 100 mg/ml	$0 (4)	
levocarnitine oral tablet 330 mg	$0 (4)	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	$0 (3)	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (4)	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	$0 (5^)	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	$0 (4)	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	$0 (5^)	PA; LA

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薬剤の名称	薬剤の 階層	要件/制限
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	$0 (5^)	PA; LA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	$0 (5^)	PA; QL (30 EA per 30 days)
riluzole oral tablet 50 mg	$0 (4)	
risedronate oral tablet 30 mg	$0 (4)	QL (30 EA per 30 days)
sodium chloride 0.9 % intravenous parenteral solution	$0 (2)	
sodium chloride irrigation solution 0.9 %	$0 (2)	
sodium phenylbutyrate oral powder 0.94 gram/gram	$0 (5^)	PA
sodium phenylbutyrate oral tablet 500 mg	$0 (5^)	PA
sodium polystyrene sulfonate oral powder	$0 (4)	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	$0 (3)	
trientine oral capsule 250 mg	$0 (5^)	PA
喫煙抑止薬		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0 (2)	QL (60 EA per 30 days)

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薬剤の名称	薬剤の 階層	要件/制限
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	$0 (4)	
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	$0 (4)	
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	$0 (4)	

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D. 保険適用薬の索引。

このセクションでは、薬剤名をアルファベット順に検索できます。ここから、お使いの薬剤のさらなる保険適用情報を確認できるページ番号がわかります。