

2026

# 處方集

(承保藥物清單，或簡稱為「藥物清單」)

Wellcare Specialty Simple (HMO C-SNP)、  
Wellcare Specialty Simple (HMO-POS C-SNP)、  
Wellcare Specialty Simple Focus (HMO C-SNP)

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請閱讀：本文件包含在本計劃中所承保的藥物資訊

## HPMS 核准處方集檔案提交 ID 26189

本處方集於 **02/01/2026** 更新。如需最新資訊或有其他問題，請撥打本處方集封面內頁和封底所列計劃的電話號碼或網站至 Wellcare 會員服務部與我們聯絡，在 10 月 1 日至 3 月 31 日期間，代表的服務時間為一週七天，上午 8 點至晚上 8 點，在 4 月 1 日至 9 月 30 日期間，代表的服務時間為週一至週五，上午 8 點至晚上 8 點。

## **Arizona**

Wellcare Specialty Simple (HMO C-SNP)  
H0351038000 H0351057000

**1-800-977-7522 (TTY: 711)**

**[go.wellcare.com/AZ](https://go.wellcare.com/AZ)**

## **Nevada**

Wellcare Specialty Simple (HMO-POS  
C-SNP)

**1-800-977-7522 (TTY: 711)**

**[go.wellcare.com/NV](https://go.wellcare.com/NV)**

## **California**

Wellcare Specialty Simple (HMO C-SNP)  
H0562092000,

Wellcare Specialty Simple Focus (HMO  
C-SNP)

**1-800-275-4737 (TTY: 711)**

**[go.wellcare.com/HealthNetCA](https://go.wellcare.com/HealthNetCA)**

**現有會員請注意：**此處方集自去年起已變更。請查看本文件，確認其仍包含您所服用的藥物。

當此藥物清單(處方集)提及「我們」或「我們的」，即是指 Wellcare。當提及「計劃」或「我們的計劃」時，即是指 Wellcare Specialty Simple (HMO C-SNP)、Wellcare Specialty Simple (HMO-POS C-SNP)、Wellcare Specialty Simple Focus (HMO C-SNP)。

本文件包含我們計劃的藥物清單(處方集)，為截至 02/01/2026 之最新版本。如需更新的藥物清單(處方集)，請聯絡我們。我們的聯絡資訊以及上次更新藥物清單(處方集)的日期會顯示在封面內頁和封底頁面上。

一般而言，您必須使用網絡內藥房來使用您的處方藥福利。福利、處方集、藥房網絡和/或共付額/共同保險金可能會在 2026 年 1 月 1 日變更，以及於當年內不定時間變更。

## 何謂 Wellcare Specialty Simple (HMO C-SNP)、Wellcare Specialty Simple (HMO-POS C-SNP)、Wellcare Specialty Simple Focus (HMO C-SNP) 處方集？

在本文件中，我們所使用的藥物清單和處方集等詞彙係指同一文件。處方集為我們計劃所選擇的承保藥物清單，經過與健康護理服務提供者團隊的諮詢，代表其為一般認為是優質治療計劃中必要的處方療法。我們的計劃通常會承保處方集中列出的藥物，只要藥物有醫療上的必要性、在計劃的網絡內藥房配取處方藥以及遵守其他計劃規定。如需進一步瞭解如何配取您的處方藥，請查閱您的「承保證明」。

### 處方集是否可以變更？

大部分藥物承保的變更都發生於1月1日，但我們可能會在當年新增或移除處方集上的藥物，將藥物移至不同分攤費用層級，或是增加新的限制。在進行這些變更時，我們必須遵循 Medicare 規定。處方集的更新每月會發布至我們的網站，該網站有列在封面內頁和封底頁面。

**今年對您產生影響的變更：**在以下情況中，您將會受到該年度的承保變更所影響：

- **特定新版本的原廠藥和原有生物製劑之立即替代品。**如果我們將其替換為該藥物具同樣或較低分攤費用層級，且具相同或更少限制的特定新版本，我們可能會立即從處方集移除該藥物。當我們將新版本的藥物新增至處方集時，我們可能會決定在處方集中保留原廠藥或原有生物製劑，但會立即將其移至不同的分攤費用層級或增加新限制。

只有在我們新增已列在處方集中的原廠藥之新副廠版本或原有生物製劑之生物相似藥特定新版本時 (例如，新增可互換的生物相似藥，其無須經藥房開立新處方即可替代原有生物製劑)，我們才可以立即進行這些變更。

如果您目前使用的是該原廠藥或原有生物製劑，我們可能不會在立即變更進行前通知您，但之後會提供特定變更的相關資訊給您。

如果我們進行了此等變更，您或您的處方開立者可請我們作出例外處理，繼續為您承保受到變更的藥物。如需更多資訊，請參閱以下標題為「我該如何申請 Wellcare Specialty Simple (HMO C-SNP)、Wellcare Specialty Simple (HMO-POS C-SNP)、Wellcare Specialty Simple Focus (HMO C-SNP) 處方集例外處理？」一節

其中一些藥物類型對您來說可能是新的。如需更多資訊，請參閱以下標題為「什麼是原有生物製劑？其與生物相似藥有何關聯？」的章節

- **藥物退出市場。** 如果製造商或 Food and Drug Administration (FDA) 決定基於安全或有效性的原因將某種藥物退出銷售，我們可能會立即從處方集中移除該藥物，並於稍後通知服用該藥物的會員。
- **其他變更。** 我們可能會做出其他會對目前服用藥物的會員造成影響的變更。舉例來說，當新增副廠等同品時，我們可能會從處方集中移除原廠藥，或在新增生物相似藥時，移除原有生物製劑。我們也可能對原廠藥或原有生物製劑施加新限制，或將其移至不同的分攤費用層級，或者兩者並行。我們可能會根據新的臨床準則做出變更。如果我們從處方集移除藥物、在藥物上新增藥物的事先授權、供藥量限制和 / 或循序用藥限制，或將藥物移至較高的分攤費用層級，我們必須在變生效的至少 30 日前通知受影響的會員。或者，當保戶要求續配藥物時，他們可能會收到 30 天藥量，以及變更通知。

如果我們做出了這些其他變更，您或您的處方開立者可請我們為您作出例外處理，繼續承保您一直在服用的藥物。我們提供您的通知也將包含您如何申請例外處理的資訊，且您也可在以下章節找到資訊，標題為「我該如何申請 Wellcare Specialty Simple (HMO C-SNP)、Wellcare Specialty Simple (HMO-POS C-SNP)、Wellcare Specialty Simple Focus (HMO C-SNP) 處方集例外處理？」

**不會對您目前服用藥物造成影響的變更。**一般而言，如果您正服用我們 2026 年處方集上的藥物，並在年初便受到承保，則除非發生以上說明狀況，我們在 2026 年承保期間不會停止或減少該藥物的承保。這表示正在服用這些藥物的會員，在該承保年度剩下的期間，可持續以相同的分攤費用以及沒有新限制的情況下繼續取得藥物。若任何變更不會對您造成任何影響，今年您將不會收到相關通知。然而，此等變更會在明年的 1 月 1 日對您造成影響，請務必查看新福利年度的處方集，以瞭解任何對藥物所做的變更。

隨附的處方集為截至 02/01/2026 的最新版本。若要取得有關我們計劃承保之藥物的更新資訊，請與我們聯絡。我們的聯絡資訊載列於處方集內頁和封底。

處方集每月更新並發布於我們的網站上。若要取得更新的書面處方集，或取得計劃承保藥物的相關資訊，請造訪我們的網站，或透過處方集內頁和封底的聯絡資訊致電會員服務部。

## 如何使用處方集？

在處方集中找到您的藥物的方法有兩個：

### 醫療病症

本處方集從第 1 頁開始。本處方集的藥物是依據適用醫療病症之類型劃分為不同類別。舉例來說，用於治療心臟疾病的藥物會列在「心血管、高血壓 / 血脂」類別下。如果您知道您的藥物用途，請在第 1 頁開始的清單中尋找類別名稱。然後在該類別名稱下尋找您的藥物。

### 字母順序列表

如果您不確定要查看哪個類別，您應在從第 INDEX-1 頁開始的索引中尋找您的藥物。此索引提供此文件涵蓋的所有藥物的字母順序列表。索引中列出了原廠藥和副廠藥。請查看索引，尋找您的藥物。您的藥物旁會有一個頁碼，您可在該頁找到承保資訊。翻到索引中列出的頁面，在此列表的第一欄找出您的藥物名稱。

## 副廠藥是什麼？

我們的計劃承保了原廠藥和副廠藥。副廠藥是經 FDA 批准，與原廠藥具相同有效成分的藥物。一般而言，副廠藥的作用與原廠藥一樣且費用通常較低。許多原廠藥都有副廠藥代替藥物。視各州法律而定，副廠藥通常無須經藥房開立新處方即可替代原廠藥。

## 什麼是原有生物製劑？其與生物相似藥有何關聯？

在處方集上，我們提到「藥物」時，可能是指藥物或生物製劑。生物製劑是比典型藥物更為複雜的藥物。由於生物製劑比典型藥物更為複雜，而非具有副廠藥形式，它們是稱為生物相似藥的替代藥品。一般來說，生物相似藥和原有生物製劑的作用一樣，而且費用可能較低。某些原有生物製劑有生物相似藥的替代藥品。有些生物相似藥是可互換的生物相似藥，視各州法律而定，可能無須經藥房開立新處方即可替代原有生物製劑，就像副廠藥能替代原廠藥一樣。

- 關於藥物類型的討論，請參閱《承保證明》第 5 章第 3.1 節「『藥物清單』告訴您哪些 D 部分藥物可獲得承保」。

## 我的承保範圍有什麼限制嗎？

一些承保藥物在承保範圍上可能有其他要求或限制。這些要求和限制可能包括：

- **事先授權**：對於某些藥物，我們的計劃要求您或您的處方開立者獲得事先授權。這意味著您將需要得到我們計劃的批准，才可以領取處方藥。若您未取得核准，我們的計劃可能不給付藥物。
- **供藥量限制**：對於某些藥物，我們的計劃對承保數量有限制。例如 rizatriptan 5mg，我們的計劃對每個處方只提供 18 錠。這可能不包括一個月或三個月的標準供應量。
- **循序用藥**：在某些情況下，在為您的醫療病症承保另一種藥物之前，我們的計劃會要求您嘗試某些藥物進行治療。例如，如果藥物 A 和藥物 B 均可用於治療您的醫療病症，如果您不先嘗試使用藥物 A，我們的計劃可能不會承保藥物 B。如果藥物 A 對您無療效，那麼我們的計劃將會承保藥物 B。

您可以在從第 1 頁起的處方集查看您的藥物是否須遵守其他要求或限制。您也可以造訪我們的網站，進一步瞭解特定承保藥物適用的限制。我們已發布線上文件，說明我們的事先授權和循序用藥的限制。您也可以要求我們寄一份副本給您。我們的聯絡資訊以及上次更新處方集的日期會顯示在封面內頁和封底頁面上。

您可以要求我們的計劃針對這些約束或限制，或對可能用來治療您的醫療狀況的其他、相似藥物清單做出例外處理。請參閱第 X 頁的章節「我該如何申請 Wellcare Specialty Simple (HMO C-SNP)、Wellcare Specialty Simple (HMO-POS C-SNP)、Wellcare Specialty Simple Focus (HMO C-SNP) 處方集例外處理？」以取得如何申請例外處理的資訊。

## 如果我的藥物不在處方集上，該怎麼辦？

若您的藥物不在此處方集 (承保藥物清單) 中，您應先聯絡會員服務部，並詢問您的藥物是否受到承保。

如果您發現我們的計劃並未承保您的藥物，您有兩個選擇：

- 您可以向會員服務部索取計劃承保的類似藥物清單。收到清單後，請讓醫師看過此清單，並請醫師開立我們計劃承保的相似藥物。
- 您也可以申請計劃例外處理，承保您的藥物。請參閱下方以取得如何申請例外處理的資訊。

## 我該如何申請 Wellcare Specialty Simple (HMO C-SNP)、Wellcare Specialty Simple (HMO-POS C-SNP)、Wellcare Specialty Simple Focus (HMO C-SNP) 處方集例外處理？

您可以要求計劃就我們的處方藥承保規則做出例外處理。可以申請例外處理的情況有幾種類型。

- 您可以請我們承保不在處方集的藥物。若經核准，該藥物將會以預先決定好的分攤費用層級進行承保，且您將無法要求我們以更低的分攤費用層級提供此藥物。
- 您可以要求我們免除承保限制，包括對您藥物的事先授權、循序用藥或供藥量限制。舉例來說，計劃對某些藥物的承保數量設有限制。如果您的藥物有供藥量限制，您可以要求我們豁免該限制，並承保更高的金額。
- 您可以要求我們以較低的分攤費用層級來承保處方集藥物，除非該藥物處於專用層級。若經核准，可降低您取得藥物必須支付的金額。

一般而言，僅本計劃中處方集中的替代藥物、較低分攤費用藥物或適用限制對於您的成效不佳，及 / 或可能為您帶來不利效果時，我們才會核准您所申請的例外處理。

您或您的處方開立者應與我們聯絡，以要求層級或處方集例外處理，包括承保限制例外處理。**當您要求例外處理時，您的處方開立者將需解釋您需要進行例外處理的醫療理由。**一般而言，我們必須在收到您處方開立者的支持聲明後 72 小時內做出決定。若您認為且我們亦認同等待決定的 72 小時期間可能會對您的健康造成嚴重傷害，您可以申請加速 (快速) 決定。如果我們認同，或者若您的處方開立者要求快速決定，則我們必須在收到您處方開立者的支持聲明後 24 小時內給您決定答覆。

### **如果我的藥物不在處方集上或有所限制，該怎麼辦？**

身為計劃的新保戶或持續保戶，您可能正在服用不在處方集上的藥物。或者，您可能正在服用我們處方集上的藥物，但其具有承保限制，例如事先授權。您應該與您的處方開立者討論申請承保決定，以顯示您符合核准標準、切換到我們所承保的替代藥物，或要求處方集例外處理，以便我們承保您服用的藥物。當您與您的醫師決定適合您的行動方案時，我們可能會在您成為我們計劃的保戶前 90 天期間，在特定情況下承保您的藥物。

若您的藥物不在我們的處方集上，或有承保限制時，我們會對每一種藥物提供 30 天的臨時供藥。如果您的處方天數較少，我們允許最多配取 30 天藥量。若承保未被核准，在您第一次配取 30 天藥量後，我們將不會繼續為這些藥物支付費用，即使您成為此計劃保戶尚未滿 90 天。

如果您住在長期護理設施中，且您需要的藥物不在我們的處方集中，或是您取得藥物的能力有限，但您已經過了我們計劃會員資格的前 90 天，若您申請處方集例外處理，我們將會承保該藥物 31 天的緊急藥物供應。

若您有某種程度的照護變更 (如離開或入住長期護理設施)，您的醫師或藥房可致電我們的服務提供者服務中心，申請一次性的例外。此一次性例外最多可提供 30 天藥量 (除非您的處方天數較少)。

## 更多資訊

如需更多關於您計劃中的處方藥物承保詳細資訊，請查看您的《承保證明》以及其他計劃資料。

若您對計劃有任何的問題，請聯絡我們。我們的聯絡資訊以及上次更新處方集的日期會顯示在封面內頁和封底頁面上。

若有關於 Medicare 處方藥承保的一般問題，請致電 1-800-MEDICARE (1-800-633-4227) 聯絡 Medicare。此專線每週 7 天，每天 24 小時開放。TTY 使用者請致電 1-877-486-2048。或是造訪 <http://www.medicare.gov>。

## 我們計劃的處方集

以下處方集提供了計劃承保藥物的承保資訊。如果您在此清單中找不到您的藥物，請翻到從第 INDEX-1 頁開始的索引。

圖表的第一欄中列出藥物名稱。原廠藥物使用大寫 (例如 ELIQUIS)，而副廠藥則均以小寫斜體列出 (例如 *simvastatin*)。

「要求/限制」欄位中的資訊，可讓您知道計劃在您的藥物承保上是否有任何特殊要求。

- **NT** 代表「非為 Part D」：此種處方藥物通常不受 Medicare Prescription Drug 計劃的承保。您在配取此等藥物之處方藥時所支付的金額，不會計入您的總藥費 (也就是說，您所支付的金額無法協助您符合重大傷病承保的資格)。此外，如果您已經取得支付處方藥的額外幫助 (Extra Help)，您就無法獲得支付此藥物的額外幫助。
- **NM** 表示該藥物無法使用您的每月郵寄服務福利取得。此點會註記在您處方集的「要求/限制」欄位中。您可能可以透過郵寄服務，以降低的分攤費用，獲得處方集裡大部分藥物超過一個月的供應量。如需更多資訊，請參閱《承保證明》第 5 章。
- **PA** 代表事先授權：詳細資訊請參閱第 VIII 頁。
- **PA-NS** 代表首次用藥者的事先授權：這表示如果此藥物為您的新藥物，在配取處方藥前，必須先取得我們的核准。如果您在投保當時正服用此藥物，您將不需要符合核准條件。

- **B/D** 代表 Medicare B 或 D 承保：此類藥品可能符合 Medicare Part B 或 Part D 支付的資格。在您領取此藥品處方之前，您 (或您的醫師) 必須取得我們的事先授權，以判斷此種藥品是否屬於 Medicare Part D 承保範圍。未取得事先核准，我們可能無法承保此藥物。
- **QL** 代表供藥量限制：詳細資訊請參閱第 VIII 頁。
- **LA** 代表有限存取藥物。此處方藥僅能於特定藥房取得。如需更多資訊，請查閱您的《藥房名錄》，或撥打本處方集封面內頁和封底所列的電話號碼致電會員服務部，在 10 月 1 日至 3 月 31 日期間，代表的服務時間為每週七天，上午 8 點至晚上 8 點，在 4 月 1 日至 9 月 30 日期間，代表的服務時間為週一至週五，上午 8 點至晚上 8 點。
- **ST** 代表循序用藥：詳細資訊請參閱第 VIII 頁。
- **^** 代表藥物可能最多僅提供 30 天藥量。

## 藥物層級共付額 / 共同保險金金額

處方藥物會劃分至六個層級的其中一層。若要瞭解您藥物的所在層級，請查看從第1頁起的處方集的「藥物層級」欄位。如需更多關於您處方自費費用的詳細資訊(包括可能適用的自付額)，請參閱您的《承保證明》和其他的計劃資料。

- **第1層級 (首選副廠藥)** 包括首選副廠藥，並且可能包含一些原廠藥。

- 首選共付額：\$0
- 標準共付額：\$5

- **第2層級 (副廠藥)** 包括副廠藥，並且可能包含一些原廠藥。

- 首選共付額：\$0
- 標準共付額：\$10

- **第3層級 (首選原廠藥)** 包括首選原廠藥，並且可能包含一些副廠藥。

在這個層級，您不會為一個月藥量的每個承保胰島素產品支付超過 \$35。如果本層級分攤費用低於 \$35，您將為胰島素支付較低的費用。

- 首選共同保險金：25%
- 標準共同保險金：25%

- **第 4 層級 (非首選藥物)** 包含非首選原廠藥和非首選副廠藥。  
在這個層級，您不會為一個月藥量的每個承保胰島素產品支付超過 \$35。如果本層級分攤費用低於 \$35，您將為胰島素支付較低的費用。
  - **首選**共同保險金範圍：34% - 43%
  - **標準**共同保險金範圍：35% - 44%
- **第 5 層級 (專用層級)** 包括高成本的原廠和副廠藥。在此層級的藥物不符合以較低層級付款的例外處理資格。
  - **首選**共同保險金：25%
  - **標準**共同保險金：25%
- **第 6 層級 (特定照護藥物)** 包含一些常用於治療特定慢性疾病或預防疾病 (疫苗) 的副廠和原廠藥。
  - **首選**共付額：\$0
  - **標準**共付額：\$0

請參閱您的《承保證明》或給付概要，以瞭解您適用的共付額/共同保險金以及金額。

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**藥物名稱****藥物層 要求/限制  
級****免疫學，疫苗/生物技術****生物技術藥物**

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5 <sup>^</sup>	PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5 <sup>^</sup>	PA; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5 <sup>^</sup>	PA-NS; LA
BETASERON SUBCUTANEOUS KIT 0.3 MG	5 <sup>^</sup>	PA; QL (14 EA per 28 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5 <sup>^</sup>	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5 <sup>^</sup>	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5 <sup>^</sup>	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5 <sup>^</sup>	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5 <sup>^</sup>	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5 <sup>^</sup>	PA; QL (4 ML per 28 days)

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藥物名稱	藥物層 要求/限制 級	
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5 <sup>^</sup>	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	3	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5 <sup>^</sup>	PA
<b>疫苗/其他免疫學藥物</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	6	NM; IRA \$0 for age 19 and older
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	6	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5- 3-5 MCG)-5LF/0.5 ML	6	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	6	NM; IRA \$0 for age 50 and older only

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藥物名稱	藥物層 要求/限制 級	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	6	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	6	NM
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	6	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	6	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	6	NM
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	6	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	6	B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	6	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	6	B/D; NM
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	NM

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**藥物名稱****藥物層 要求/限制  
級**

GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5 <sup>^</sup>	PA; NM
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	6	NM; IRA \$0 up to age 45
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	NM; IRA \$0 up to age 45
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	6	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	6	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	6	B/D; NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	6	NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	6	NM

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藥物名稱	藥物層 要求/限制 級	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	6	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	6	B/D; NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	6	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	6	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	6	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	6	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	6	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	6	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	6	NM; IRA \$0 for age 50 and older only
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG- 10LF/0.5 ML	6	NM

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藥物名稱	藥物層級	要求/限制
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	6	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	6	NM
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	6	NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	6	NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	6	NM
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	6	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	6	B/D; NM

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藥物名稱	藥物層級	要求/限制
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	6	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	6	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	6	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	6	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	6	NM; A third dose may be considered in post-transplant members (PA required).; QL (2 EA per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	6	NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	6	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	6	NM

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藥物名稱	藥物層 要求/限制 級	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	6	B/D; NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	6	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	6	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	6	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	6	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	6	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	6	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	6	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	6	NM
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	6	NM

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藥物名稱	藥物層 要求/限制 級	
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	6	NM
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT	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)	6	NM
<b>內分泌/糖尿病</b>		
<b>其他荷爾蒙</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5 <sup>^</sup>	PA
cabergoline oral tablet 0.5 mg	2	
calcitonin (salmon) nasal spray, non- aerosol 200 unit/actuation	2	
calcitriol intravenous solution 1 mcg/ml	2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	
calcitriol oral solution 1 mcg/ml	2	
cinacalcet oral tablet 30 mg	2	QL (60 EA per 30 days)
cinacalcet oral tablet 60 mg	4	QL (60 EA per 30 days)
cinacalcet oral tablet 90 mg	4	QL (120 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
danazol oral capsule 100 mg, 200 mg, 50 mg	2	
desmopressin injection solution 4 mcg/ml	5 <sup>^</sup>	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	2	
desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)	2	
desmopressin oral tablet 0.1 mg, 0.2 mg	2	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	2	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5 <sup>^</sup>	PA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	5 <sup>^</sup>	PA
mifepristone oral tablet 300 mg	5 <sup>^</sup>	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5 <sup>^</sup>	PA; LA
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	2	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	2	

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藥物名稱	藥物層 要求/限制 級	
sapropterin oral powder in packet 100 mg	5 <sup>^</sup>	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5 <sup>^</sup>	PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	2	
testosterone enanthate intramuscular oil 200 mg/ml	2	
testosterone transdermal gel 50 mg/5 gram (1 %)	2	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	2	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	2	PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	2	PA; QL (300 GM per 30 days)
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	5 <sup>^</sup>	PA
tolvaptan oral tablet 15 mg, 30 mg	5 <sup>^</sup>	PA

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藥物名稱	藥物層 要求/限制 級
zoledronic acid intravenous solution 4 mg/5 ml	2 B/D
<b>抗甲狀腺藥物</b>	
methimazole oral tablet 10 mg, 5 mg	1
propylthiouracil oral tablet 50 mg	2
<b>甲狀腺素</b>	
levo-t 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	1
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	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	1
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	2
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	2

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藥物名稱	藥物層級	要求/限制
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	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	1	
<b>糖尿病治療</b>		
acarbose oral tablet 100 mg	6	QL (90 EA per 30 days)
acarbose oral tablet 25 mg	6	QL (360 EA per 30 days)
acarbose oral tablet 50 mg	6	QL (180 EA per 30 days)
alcohol pads topical pads, medicated	2	
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
diazoxide oral suspension 50 mg/ml	5 <sup>^</sup>	
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	6	

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藥物名稱	藥物層級	要求/限制
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	
glimepiride oral tablet 1 mg	6	QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	6	QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	6	QL (60 EA per 30 days)
glipizide oral tablet 10 mg	6	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	6	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 10 mg	6	QL (60 EA per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	6	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 5 mg	6	QL (120 EA per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	6	QL (240 EA per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	6	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	

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藥物名稱	藥物層 要求/限制	
	級	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	6	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	4	QL (60 EA per 30 days)

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藥物名稱	藥物層 要求/限制 級	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	4	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	4	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	4	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50- 500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 EA per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6	

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藥物名稱	藥物層級	要求/限制
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	
metformin oral tablet 1,000 mg	6	QL (75 EA per 30 days)
metformin oral tablet 500 mg	6	QL (150 EA per 30 days)
metformin oral tablet 850 mg	6	QL (90 EA per 30 days)
metformin oral tablet extended release 24 hr 500 mg	6	Generic for Glucophage XR; QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	6	Generic for Glucophage XR; 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	3	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg	6	QL (90 EA per 30 days)
nateglinide oral tablet 60 mg	6	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	6	

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藥物名稱	藥物層 要求/限制
	級
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	6
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	6
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	6
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	6
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	6
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	6

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藥物名稱	藥物層級	要求/限制
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	
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)	3	PA; QL (3 ML per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	6	QL (30 EA per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	6	QL (30 EA per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	6	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg	6	QL (960 EA per 30 days)
repaglinide oral tablet 1 mg	6	QL (480 EA per 30 days)
repaglinide oral tablet 2 mg	6	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	3	PA; QL (30 EA per 30 days)
saxagliptin oral tablet 2.5 mg, 5 mg	3	QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	6	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	3	QL (60 EA per 30 days)

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SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	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	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	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	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	3	QL (60 EA per 30 days)

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<b>腎上腺素</b>		
dexamethasone intensol oral drops 1 mg/ml	4	
dexamethasone oral elixir 0.5 mg/5 ml	2	
dexamethasone oral solution 0.5 mg/5 ml	2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	2	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	2	
dexamethasone sodium phosphate injection syringe 4 mg/ml	2	
fludrocortisone oral tablet 0.1 mg	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	B/D
methylprednisolone oral tablets,dose pack 4 mg	2	

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藥物名稱	藥物層 要求/限制 級
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	2
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	2
prednisolone oral solution 15 mg/5 ml	2
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	2
prednisone intensol oral concentrate 5 mg/ml	4
prednisone oral solution 5 mg/5 ml	4
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	2
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4

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**藥物名稱****藥物層 要求/限制  
級****其他用品****其他用品**

ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	BD or Embecta preferred
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	PA; QL (15 EA per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	PA; QL (15 EA per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	PA; QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	PA; QL (15 EA per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	BD or Embecta preferred

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**藥物名稱**

**藥物層 要求/限制  
級**

**呼吸和過敏**

**抗組織胺/抗過敏藥物**

adrenalin injection solution 1 mg/ml (1 ml)	4	
cetirizine oral solution 1 mg/ml	1	
cyproheptadine oral tablet 4 mg	4	PA
desloratadine oral tablet 5 mg	2	
diphenhydramine hcl injection solution 50 mg/ml	2	
diphenhydramine hcl injection syringe 50 mg/ml	2	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	2	Only Epinephrine NDCs starting with 00093 and 49502 are covered; QL (4 EA per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	4	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	4	PA
levocetirizine oral solution 2.5 mg/5 ml	2	
levocetirizine oral tablet 5 mg	2	
promethazine injection solution 25 mg/ml, 50 mg/ml	4	

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藥物名稱	藥物層級	要求/限制
promethazine oral syrup 6.25 mg/5 ml	4	PA
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	4	PA
<b>肺部藥物</b>		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	2	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5 <sup>^</sup>	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	3	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	2	8.5 gm inhaler; QL (17 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	2	6.7 gm inhaler; 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, 5 mg/ml	2	B/D
albuterol sulfate oral syrup 2 mg/5 ml	2	

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藥物名稱	藥物層級	要求/限制
albuterol sulfate oral tablet 2 mg, 4 mg	2	
ambrisentan oral tablet 10 mg, 5 mg	5 <sup>^</sup>	PA; LA; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 EA per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	4	B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	3	QL (10.7 GM per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	5 <sup>^</sup>	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	3	QL (60 EA per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	3	Breyna is generic for Symbicort; QL (30.9 GM per 30 days)

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BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 GM per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	4	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 GM per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	3	B/D
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	2	QL (50 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	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	2	QL (60 EA per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	4	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5 <sup>^</sup>	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5 <sup>^</sup>	PA; LA; QL (20 EA per 30 days)

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icatibant subcutaneous syringe 30 mg/3 ml	5 <sup>^</sup>	PA; QL (27 ML per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	2	B/D
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	2	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	2	B/D
mometasone nasal spray, non-aerosol 50 mcg/actuation	2	QL (34 GM per 30 days)
montelukast oral granules in packet 4 mg	2	
montelukast oral tablet 10 mg	1	
montelukast oral tablet, chewable 4 mg, 5 mg	2	
OFEV ORAL CAPSULE 100 MG, 150 MG	5 <sup>^</sup>	PA; LA; QL (60 EA per 30 days)
pirfenidone oral tablet 267 mg	5 <sup>^</sup>	PA; QL (270 EA per 30 days)

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pirfenidone oral tablet 801 mg	5 <sup>^</sup>	PA; QL (90 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	5 <sup>^</sup>	B/D
roflumilast oral tablet 250 mcg, 500 mcg	2	QL (30 EA per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 EA per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	2	PA; generic for Revatio; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	4	QL (4 GM per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg	4	PA; generic for Adcirca; QL (60 EA per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
theophylline oral elixir 80 mg/15 ml	2	
theophylline oral solution 80 mg/15 ml	2	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	2	

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藥物名稱	藥物層級	要求/限制
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 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)	5 <sup>^</sup>	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)	5 <sup>^</sup>	PA; LA; QL (84 EA per 28 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	18 gm inhaler; QL (36 GM per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	5 <sup>^</sup>	PA; QL (1 EA per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5 <sup>^</sup>	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5 <sup>^</sup>	PA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5 <sup>^</sup>	PA; LA; QL (8 EA per 28 days)

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XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5 <sup>^</sup>	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	5 <sup>^</sup>	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5 <sup>^</sup>	PA; LA; QL (1 ML per 28 days)
zafirlukast oral tablet 10 mg, 20 mg	2	
<b>心血管，高血壓/血脂</b>		
<b>其他心血管藥物</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (450 ML per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	2	QL (60 EA per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	QL (240 EA per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	3	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	4	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	3	QL (60 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	5 <sup>^</sup>	PA
<b>凝血治療</b>		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	2	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 75 mg	1	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	2	QL (60 EA per 30 days)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	4	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5 <sup>^</sup>	PA; LA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5 <sup>^</sup>	PA; LA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5 <sup>^</sup>	PA; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
eltrombopag olamine oral powder in packet 12.5 mg	5 <sup>^</sup>	PA; QL (360 EA per 30 days)
eltrombopag olamine oral powder in packet 25 mg	5 <sup>^</sup>	PA; QL (180 EA per 30 days)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	5 <sup>^</sup>	PA; QL (30 EA per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	5 <sup>^</sup>	PA; QL (60 EA per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	4	
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	4	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	2	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	

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02/01/2026

藥物名稱	藥物層級	要求/限制
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	4	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
pentoxifylline oral tablet extended release 400 mg	1	
prasugrel hcl oral tablet 10 mg, 5 mg	2	
rivaroxaban oral suspension for reconstitution 1 mg/ml	2	
rivaroxaban oral tablet 2.5 mg	2	
ticagrelor oral tablet 60 mg, 90 mg	3	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	QL (51 EA per 180 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)

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**藥物名稱****藥物層 要求/限制  
級****抗心律失常藥物**

amiodarone intravenous solution 50 mg/ml	2	B/D
amiodarone oral tablet 100 mg, 400 mg	2	
amiodarone oral tablet 200 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	4	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	2	
flecainide oral tablet 100 mg, 150 mg, 50 mg	2	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	4	
MULTAQ ORAL TABLET 400 MG	4	
pacerone oral tablet 100 mg, 400 mg	2	
pacerone oral tablet 200 mg	1	
propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg	2	
propafenone oral tablet 150 mg, 225 mg, 300 mg	2	
quinidine sulfate oral tablet 200 mg, 300 mg	2	

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藥物名稱	藥物層級	要求/限制
sotalol af oral tablet 120 mg, 160 mg, 80 mg	2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
<b>抗高血壓治療</b>		
acebutolol oral capsule 200 mg, 400 mg	2	
aliskiren oral tablet 150 mg, 300 mg	2	
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	6	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	6	QL (30 EA per 30 days)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	6	QL (30 EA per 30 days)
amlodipine-valsartan-hcthiaazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	6	QL (30 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	6	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	6	
betaxolol oral tablet 10 mg, 20 mg	2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
bumetanide injection solution 0.25 mg/ml	2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	
candesartan oral tablet 16 mg, 4 mg, 8 mg	6	QL (60 EA per 30 days)
candesartan oral tablet 32 mg	6	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	6	QL (60 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	6	QL (30 EA per 30 days)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	6	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	6	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	2	
diltiazem hcl intravenous solution 5 mg/ml	2	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	2	

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藥物名稱	藥物層 要求/限制 級	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	2	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
EDARBI ORAL TABLET 40 MG, 80 MG	3	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	QL (30 EA per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	6	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	6	
epplerenone oral tablet 25 mg, 50 mg	2	

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藥物名稱	藥物層級	要求/限制
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	2	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	6	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	6	
furosemide injection solution 10 mg/ml	2	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	4	
hydralazine injection solution 20 mg/ml	2	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	6	QL (30 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	6	QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	6	QL (30 EA per 30 days)
isradipine oral capsule 2.5 mg, 5 mg	2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 EA per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	6	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	6	
losartan oral tablet 100 mg	6	QL (30 EA per 30 days)
losartan oral tablet 25 mg, 50 mg	6	QL (60 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	6	QL (30 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	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	2	

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藥物名稱	藥物層級	要求/限制
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	2	
metoprolol tartrate intravenous solution 5 mg/5 ml	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metyrosine oral capsule 250 mg	5 <sup>^</sup>	PA
minoxidil oral tablet 10 mg, 2.5 mg	2	
moexipril oral tablet 15 mg, 7.5 mg	6	
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	
nicardipine oral capsule 20 mg, 30 mg	2	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	2	

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藥物名稱	藥物層級	要求/限制
nimodipine oral capsule 30 mg	2	
olmesartan oral tablet 20 mg, 40 mg	6	QL (30 EA per 30 days)
olmesartan oral tablet 5 mg	6	QL (60 EA per 30 days)
olmesartan-amlodipin-hcthiazyd 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	6	QL (30 EA per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	6	QL (30 EA per 30 days)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	6	
pindolol oral tablet 10 mg, 5 mg	2	
prazosin oral capsule 1 mg, 2 mg, 5 mg	2	
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	6	

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藥物名稱	藥物層級	要求/限制
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	6	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	6	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	6	QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	6	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	6	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	6	QL (60 EA per 30 days)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	2	

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藥物名稱	藥物層級	要求/限制
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	6	
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	5 <sup>^</sup>	PA; LA
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5 <sup>^</sup>	PA; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5 <sup>^</sup>	PA; LA; QL (200 EA per 180 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	6	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	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	6	QL (30 EA per 30 days)
verapamil intravenous solution 2.5 mg/ml	2	

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藥物名稱	藥物層 要求/限制 級
verapamil intravenous syringe 2.5 mg/ml	2
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	2
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	2
verapamil oral tablet 120 mg, 40 mg, 80 mg	1
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1
<b>硝酸鹽</b>	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2
isosorbide mononitrate oral tablet 10 mg, 20 mg	1
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1
nitro-bid transdermal ointment 2 %	4
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	2
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2

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**藥物名稱****藥物層 要求/限制  
級****降血脂/膽固醇藥物**

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	6	QL (30 EA per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	6	QL (30 EA per 30 days)
cholestyramine (with sugar) oral powder 4 gram	2	
cholestyramine (with sugar) oral powder in packet 4 gram	2	
cholestyramine light oral powder 4 gram	2	
cholestyramine light oral powder in packet 4 gram	2	
colesevelam oral powder in packet 3.75 gram	2	
colesevelam oral tablet 625 mg	2	
colestipol oral granules 5 gram	2	
colestipol oral packet 5 gram	2	
colestipol oral tablet 1 gram	2	
ezetimibe oral tablet 10 mg	1	

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藥物名稱	藥物層級	要求/限制
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	6	QL (30 EA per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	2	
fenofibrate oral tablet 160 mg, 54 mg	2	
fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg	2	
fluvastatin oral capsule 20 mg, 40 mg	6	QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	6	QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram, 1 gram	4	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	6	QL (60 EA per 30 days)
NEXLETOL ORAL TABLET 180 MG	3	PA
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	2	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	4	QL (30 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	6	QL (30 EA per 30 days)
prevalite oral powder 4 gram	2	
prevalite oral powder in packet 4 gram	2	
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	6	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	6	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	4	
<b>抗感染藥物</b>		
<b>其他抗感染藥物</b>		
albendazole oral tablet 200 mg	4	
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5 <sup>^</sup>	PA; LA
atovaquone oral suspension 750 mg/5 ml	2	
atovaquone-proguanil oral tablet 250-100 mg	4	

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藥物名稱	藥物層級	要求/限制
atovaquone-proguanil oral tablet 62.5-25 mg	2	
aztreonam injection recon soln 1 gram, 2 gram	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5 <sup>^</sup>	PA; LA; QL (84 ML per 56 days)
chloroquine phosphate oral tablet 250 mg, 500 mg	4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml	2	
clindamycin in 5 % dextrose intravenous piggyback 600 mg/50 ml	4	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	2	
COARTEM ORAL TABLET 20-120 MG	4	
colistin (colistimethate na) injection recon soln 150 mg	5 <sup>^</sup>	QL (30 EA per 10 days)
dapsone oral tablet 100 mg, 25 mg	2	
daptomycin intravenous recon soln 500 mg	5 <sup>^</sup>	

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藥物名稱	藥物層級	要求/限制
EMVERM ORAL TABLET,CHEWABLE 100 MG	5 <sup>^</sup>	
ertapenem injection recon soln 1 gram	4	QL (14 EA per 14 days)
ethambutol oral tablet 100 mg, 400 mg	2	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	2	
gentamicin injection solution 40 mg/ml	2	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	4	
hydroxychloroquine oral tablet 200 mg	1	
imipenem-cilastatin intravenous recon soln 250 mg	2	
imipenem-cilastatin intravenous recon soln 500 mg	4	
IMPAVIDO ORAL CAPSULE 50 MG	5 <sup>^</sup>	PA
isoniazid oral solution 50 mg/5 ml	2	
isoniazid oral tablet 100 mg, 300 mg	1	
ivermectin oral tablet 3 mg	3	PA; QL (20 EA per 30 days)
ivermectin oral tablet 6 mg	3	PA; QL (8 EA per 30 days)
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	4	

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藥物名稱	藥物層級	要求/限制
linezolid oral suspension for reconstitution 100 mg/5 ml	5^	QL (1800 ML per 30 days)
linezolid oral tablet 600 mg	4	QL (60 EA per 30 days)
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	4	
mefloquine oral tablet 250 mg	2	
meropenem intravenous recon soln 1 gram	3	QL (30 EA per 10 days)
meropenem intravenous recon soln 500 mg	3	QL (10 EA per 10 days)
metro i.v. intravenous piggyback 500 mg/100 ml	2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	2	
metronidazole oral tablet 250 mg, 500 mg	1	
neomycin oral tablet 500 mg	2	
nitazoxanide oral tablet 500 mg	5^	QL (12 EA per 30 days)
pentamidine inhalation recon soln 300 mg	2	B/D; QL (1 EA per 28 days)
pentamidine injection recon soln 300 mg	2	

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藥物名稱	藥物層級	要求/限制
praziquantel oral tablet 600 mg	4	
PRIFTIN ORAL TABLET 150 MG	4	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
pyrazinamide oral tablet 500 mg	2	
pyrimethamine oral tablet 25 mg	5 <sup>^</sup>	PA
quinine sulfate oral capsule 324 mg	4	PA
rifabutin oral capsule 150 mg	2	
rifampin intravenous recon soln 600 mg	2	
rifampin oral capsule 150 mg, 300 mg	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5 <sup>^</sup>	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	5 <sup>^</sup>	QL (60 EA per 30 days)
tigecycline intravenous recon soln 50 mg	4	
tinidazole oral tablet 250 mg, 500 mg	2	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	5 <sup>^</sup>	PA; QL (280 ML per 28 days)
tobramycin sulfate injection recon soln 1.2 gram	2	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	2	

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藥物名稱	藥物層級	要求/限制
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	QL (4000 ML per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	QL (1000 ML per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	QL (4050 ML per 10 days)
vancomycin intravenous recon soln 1,000 mg	4	QL (20 EA per 10 days)
vancomycin intravenous recon soln 1.25 gram	4	QL (16 EA per 10 days)
vancomycin intravenous recon soln 1.5 gram	4	QL (14 EA per 10 days)
vancomycin intravenous recon soln 10 gram, 5 gram	4	QL (2 EA per 10 days)
vancomycin intravenous recon soln 500 mg	2	QL (10 EA per 10 days)
vancomycin intravenous recon soln 750 mg	4	QL (27 EA per 10 days)
vancomycin oral capsule 125 mg	4	QL (40 EA per 10 days)
vancomycin oral capsule 250 mg	4	QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 550 MG	5 <sup>^</sup>	PA; QL (90 EA per 30 days)

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藥物名稱	藥物層 要求/限制 級
<b>喹諾酮類抗生素</b>	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	2
ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml	4
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	4
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	4
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	2
levofloxacin intravenous solution 25 mg/ml	2
levofloxacin oral solution 250 mg/10 ml	4
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1
moxifloxacin oral tablet 400 mg	2
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	2

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藥物名稱	藥物層 要求/限制 級
<b>四環素</b>	
demeclocycline oral tablet 150 mg, 300 mg	4
doxy-100 intravenous recon soln 100 mg	2
doxycycline hyclate intravenous recon soln 100 mg	2
doxycycline hyclate oral capsule 100 mg, 50 mg	2
doxycycline hyclate oral tablet 100 mg, 20 mg	2
doxycycline monohydrate oral capsule 100 mg, 50 mg	2
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	2
minocycline oral capsule 100 mg, 50 mg, 75 mg	2
minocycline oral tablet 100 mg, 50 mg, 75 mg	4
tetracycline oral capsule 250 mg, 500 mg	4
<b>抗病毒藥物</b>	
abacavir oral solution 20 mg/ml	2

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藥物名稱	藥物層級	要求/限制
abacavir oral tablet 300 mg	2	
abacavir-lamivudine oral tablet 600-300 mg	2	
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)	4	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	4	B/D
adefovir oral tablet 10 mg	4	
amantadine hcl oral capsule 100 mg	2	
amantadine hcl oral solution 50 mg/5 ml	2	
amantadine hcl oral tablet 100 mg	2	
APTIVUS ORAL CAPSULE 250 MG	5 <sup>^</sup>	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	2	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5 <sup>^</sup>	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5 <sup>^</sup>	
CIMDUO ORAL TABLET 300-300 MG	5 <sup>^</sup>	
darunavir oral tablet 600 mg	4	QL (60 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
darunavir oral tablet 800 mg	5 <sup>^</sup>	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5 <sup>^</sup>	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5 <sup>^</sup>	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5 <sup>^</sup>	
EDURANT ORAL TABLET 25 MG	5 <sup>^</sup>	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	5 <sup>^</sup>	
efavirenz oral tablet 600 mg	2	
efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg	4	
efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg	5 <sup>^</sup>	
emtricitabine oral capsule 200 mg	2	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	4	QL (30 EA per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	5 <sup>^</sup>	QL (30 EA per 30 days)
emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg	5 <sup>^</sup>	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
entecavir oral tablet 0.5 mg, 1 mg	2	

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藥物名稱	藥物層級	要求/限制
etravirine oral tablet 100 mg, 200 mg	4	
EVOTAZ ORAL TABLET 300-150 MG	5 <sup>^</sup>	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
fosamprenavir oral tablet 700 mg	4	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5 <sup>^</sup>	
ganciclovir sodium intravenous recon soln 500 mg	2	B/D
GENVOYA ORAL TABLET 150-150-200-10 MG	5 <sup>^</sup>	
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	5 <sup>^</sup>	
ISENTRESS ORAL POWDER IN PACKET 100 MG	5 <sup>^</sup>	
ISENTRESS ORAL TABLET 400 MG	5 <sup>^</sup>	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5 <sup>^</sup>	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5 <sup>^</sup>	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	4	

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藥物名稱	藥物層級	要求/限制
lamivudine oral solution 10 mg/ml	2	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	2	
lamivudine-zidovudine oral tablet 150-300 mg	2	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	5 <sup>^</sup>	PA; QL (28 EA per 28 days)
LIVTENCITY ORAL TABLET 200 MG	5 <sup>^</sup>	PA; LA; QL (120 EA per 30 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	2	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	2	
maraviroc oral tablet 150 mg, 300 mg	5 <sup>^</sup>	
nevirapine oral suspension 50 mg/5 ml	2	
nevirapine oral tablet 200 mg	2	
nevirapine oral tablet extended release 24 hr 400 mg	2	
NORVIR ORAL POWDER IN PACKET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	5 <sup>^</sup>	
oseltamivir oral capsule 30 mg	2	QL (168 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	2	QL (84 EA per 365 days)

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藥物名稱	藥物層級	要求/限制
oseltamivir oral suspension for reconstitution 6 mg/ml	2	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	3	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	3	QL (11 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	5 <sup>^</sup>	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5 <sup>^</sup>	PA; QL (28 EA per 28 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	5 <sup>^</sup>	
PREZISTA ORAL SUSPENSION 100 MG/ML	5 <sup>^</sup>	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	5 <sup>^</sup>	
ribavirin oral capsule 200 mg	2	
ribavirin oral tablet 200 mg	2	
rimantadine oral tablet 100 mg	4	
ritonavir oral tablet 100 mg	2	

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藥物名稱	藥物層級	要求/限制
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5 <sup>^</sup>	
SELZENTRY ORAL SOLUTION 20 MG/ML	5 <sup>^</sup>	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	5 <sup>^</sup>	PA; QL (28 EA per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5 <sup>^</sup>	
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	5 <sup>^</sup>	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5 <sup>^</sup>	
tenofovir disoproxil fumarate oral tablet 300 mg	2	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5 <sup>^</sup>	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5 <sup>^</sup>	
TRIUMEQ ORAL TABLET 600-50-300 MG	5 <sup>^</sup>	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5 <sup>^</sup>	LA

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藥物名稱	藥物層級	要求/限制
valacyclovir oral tablet 1 gram, 500 mg	2	
valganciclovir oral recon soln 50 mg/ml	5^	
valganciclovir oral tablet 450 mg	3	
VEMLIDY ORAL TABLET 25 MG	5^	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5^	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5^	
VIREAD ORAL TABLET 150 MG, 250 MG	5^	
VIREAD ORAL TABLET 200 MG	3	
zidovudine oral capsule 100 mg	2	
zidovudine oral syrup 10 mg/ml	2	
zidovudine oral tablet 300 mg	2	
<b>抗真菌藥物</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B/D
amphotericin b injection recon soln 50 mg	2	B/D
amphotericin b liposome intravenous suspension for reconstitution 50 mg	5^	B/D
casprofungin intravenous recon soln 50 mg, 70 mg	4	

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藥物名稱	藥物層級	要求/限制
clotrimazole mucous membrane troche 10 mg	2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5 <sup>^</sup>	PA
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	4	
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	2	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
flucytosine oral capsule 250 mg, 500 mg	5 <sup>^</sup>	PA
griseofulvin microsize oral suspension 125 mg/5 ml	4	
griseofulvin microsize oral tablet 500 mg	4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	
itraconazole oral capsule 100 mg	4	PA; QL (120 EA per 30 days)
ketoconazole oral tablet 200 mg	2	PA

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藥物名稱	藥物層級	要求/限制
micafungin intravenous recon soln 100 mg, 50 mg	4	
nystatin oral suspension 100,000 unit/ml	2	
nystatin oral tablet 500,000 unit	2	
posaconazole oral tablet, delayed release (dr/ec) 100 mg	5 <sup>^</sup>	PA; QL (96 EA per 30 days)
terbinafine hcl oral tablet 250 mg	1	
voriconazole intravenous recon soln 200 mg	5 <sup>^</sup>	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	5 <sup>^</sup>	PA
voriconazole oral tablet 200 mg, 50 mg	4	PA
voriconazole-hpbcid intravenous recon soln 200 mg	5 <sup>^</sup>	PA
<b>泌尿道藥物</b>		
fosfomycin tromethamine oral packet 3 gram	4	
methenamine hippurate oral tablet 1 gram	4	
nitrofurantoin macrocrystal oral capsule 100 mg	4	

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藥物名稱	藥物層 要求/限制 級
nitrofurantoin macrocrystal oral capsule 50 mg	2
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	4
trimethoprim oral tablet 100 mg	2
<b>磺胺類藥物/相關藥物</b>	
sulfadiazine oral tablet 500 mg	4
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	4
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	2
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1
<b>紅黴素/其他巨環類藥物</b>	
azithromycin intravenous recon soln 500 mg	4
azithromycin oral packet 1 gram	4
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	2
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1

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藥物名稱	藥物層級	要求/限制
clarithromycin oral suspension for reconstitution 125 mg/5 ml	2	
clarithromycin oral suspension for reconstitution 250 mg/5 ml	4	
clarithromycin oral tablet 250 mg, 500 mg	2	
clarithromycin oral tablet extended release 24 hr 500 mg	2	
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	2	
erythromycin oral capsule, delayed release (dr/ec) 250 mg	4	
erythromycin oral tablet 250 mg, 500 mg	4	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg	2	
fidaxomicin oral tablet 200 mg	5 <sup>^</sup>	QL (20 EA per 10 days)

### 青黴素類藥物

amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	

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藥物名稱	藥物層 要求/限制 級
amoxicillin oral tablet, chewable 125 mg, 250 mg	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	2
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	2
ampicillin oral capsule 500 mg	1
ampicillin sodium injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	4
ampicillin sodium injection recon soln 10 gram	2
ampicillin sodium intravenous recon soln 1 gram, 2 gram	4
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	2
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	2
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4

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藥物名稱	藥物層 要求/限制 級
dicloxacillin oral capsule 250 mg, 500 mg	2
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	2
nafcillin injection recon soln 1 gram, 2 gram	2
nafcillin injection recon soln 10 gram	5 <sup>^</sup>
oxacillin injection recon soln 1 gram	2
oxacillin injection recon soln 10 gram, 2 gram	4
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4
penicillin g potassium injection recon soln 20 million unit, 5 million unit	4
penicillin g sodium injection recon soln 5 million unit	2
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	2
penicillin v potassium oral tablet 250 mg, 500 mg	1
pfizerpen-g injection recon soln 20 million unit, 5 million unit	4

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藥物名稱	藥物層 要求/限制 級
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	4
<b>頭孢菌素</b>	
cefaclor oral capsule 250 mg, 500 mg	2
cefaclor oral suspension for reconstitution 250 mg/5 ml	2
cefadroxil oral capsule 500 mg	1
cefadroxil oral suspension for reconstitution 250 mg/5 ml	4
cefadroxil oral suspension for reconstitution 500 mg/5 ml	2
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	4
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 gram	4
cefazolin injection recon soln 500 mg	2
cefazolin intravenous recon soln 1 gram	4
cefdinir oral capsule 300 mg	2
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2

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藥物名稱	藥物層 要求/限制 級
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	4
cefepime injection recon soln 1 gram, 2 gram	4
cefixime oral capsule 400 mg	2
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	4
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	2
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	2
cefpodoxime oral suspension for reconstitution 100 mg/5 ml	4
cefpodoxime oral suspension for reconstitution 50 mg/5 ml	2
cefpodoxime oral tablet 100 mg, 200 mg	4
cefprozil oral suspension for reconstitution 125 mg/5 ml	2
cefprozil oral suspension for reconstitution 250 mg/5 ml	4

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藥物名稱	藥物層 要求/限制 級
cefprozil oral tablet 250 mg, 500 mg	2
ceftazidime injection recon soln 1 gram, 6 gram	4
ceftazidime injection recon soln 2 gram	2
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	4
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram	4
ceftriaxone injection recon soln 250 mg, 500 mg	2
ceftriaxone intravenous recon soln 1 gram, 2 gram	4
cefuroxime axetil oral tablet 250 mg, 500 mg	2
cefuroxime sodium injection recon soln 750 mg	2
cefuroxime sodium intravenous recon soln 1.5 gram	2
cephalexin oral capsule 250 mg, 500 mg	1
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2

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藥物名稱	藥物層級	要求/限制
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5 <sup>^</sup>	
<b>抗腫瘤藥物/免疫抑制劑藥物</b>		
<b>抗腫瘤藥物/免疫抑制劑藥物</b>		
abiraterone oral tablet 250 mg	5 <sup>^</sup>	PA-NS; QL (120 EA per 30 days)
abirtega oral tablet 250 mg	4	PA-NS; QL (120 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5 <sup>^</sup>	PA-NS; LA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 180 days)
anastrozole oral tablet 1 mg	1	
AUGTYRO ORAL CAPSULE 160 MG	5 <sup>^</sup>	PA-NS; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5 <sup>^</sup>	PA-NS; QL (240 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5 <sup>^</sup>	PA-NS; QL (66 EA per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
azacitidine injection recon soln 100 mg	5 <sup>^</sup>	B/D
azathioprine oral tablet 50 mg	2	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5 <sup>^</sup>	PA-NS; LA
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5 <sup>^</sup>	B/D
bexarotene oral capsule 75 mg	5 <sup>^</sup>	PA-NS
bexarotene topical gel 1 %	5 <sup>^</sup>	PA-NS; QL (60 GM per 30 days)
bicalutamide oral tablet 50 mg	2	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5 <sup>^</sup>	B/D
bortezomib injection recon soln 3.5 mg	5 <sup>^</sup>	B/D
BOSULIF ORAL CAPSULE 100 MG	5 <sup>^</sup>	PA-NS; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5 <sup>^</sup>	PA-NS; QL (330 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5 <sup>^</sup>	PA-NS; QL (90 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
BOSULIF ORAL TABLET 400 MG, 500 MG	5 <sup>^</sup>	PA-NS; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5 <sup>^</sup>	PA-NS; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
BRUKINSA ORAL TABLET 160 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
carboplatin intravenous solution 10 mg/ml	2	B/D
cisplatin intravenous solution 1 mg/ml	2	B/D
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	5 <sup>^</sup>	B/D
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5 <sup>^</sup>	PA-NS; LA; QL (56 EA per 28 days)

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藥物名稱	藥物層級	要求/限制
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5 <sup>^</sup>	PA-NS; LA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5 <sup>^</sup>	PA-NS; LA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5 <sup>^</sup>	PA-NS; LA; QL (56 EA per 28 days)
COTELLIC ORAL TABLET 20 MG	5 <sup>^</sup>	PA-NS; LA; QL (63 EA per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	4	B/D
cyclophosphamide oral capsule 25 mg, 50 mg	2	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	4	B/D
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	B/D
cyclosporine modified oral solution 100 mg/ml	2	B/D
cyclosporine oral capsule 100 mg, 25 mg	2	B/D
cytarabine injection solution 20 mg/ml	2	B/D
DANZITEN ORAL TABLET 71 MG, 95 MG	5 <sup>^</sup>	PA-NS; QL (112 EA per 28 days)

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藥物名稱	藥物層級	要求/限制
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	5 <sup>^</sup>	PA-NS; QL (30 EA per 30 days)
dasatinib oral tablet 20 mg	5 <sup>^</sup>	PA-NS; QL (90 EA per 30 days)
dasatinib oral tablet 70 mg	5 <sup>^</sup>	PA-NS; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	5 <sup>^</sup>	B/D
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	2	B/D
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	5 <sup>^</sup>	B/D
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA-NS

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藥物名稱	藥物層級	要求/限制
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA-NS
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	4	B/D
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5 <sup>^</sup>	PA-NS
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	B/D
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5 <sup>^</sup>	B/D
ERIVEDGE ORAL CAPSULE 150 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	5 <sup>^</sup>	PA-NS; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
erlotinib oral tablet 100 mg, 150 mg	5 <sup>^</sup>	PA-NS; QL (30 EA per 30 days)
erlotinib oral tablet 25 mg	5 <sup>^</sup>	PA-NS; QL (60 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
etoposide intravenous solution 20 mg/ml	2	B/D
EULEXIN ORAL CAPSULE 125 MG	5 <sup>^</sup>	
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5 <sup>^</sup>	PA-NS; QL (30 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	5 <sup>^</sup>	PA-NS; QL (150 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	5 <sup>^</sup>	PA-NS; QL (90 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	5 <sup>^</sup>	PA-NS; QL (60 EA per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg	3	B/D
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	5 <sup>^</sup>	B/D
exemestane oral tablet 25 mg	2	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5 <sup>^</sup>	PA-NS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA-NS
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	2	B/D

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藥物名稱	藥物層級	要求/限制
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5 <sup>^</sup>	PA-NS; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5 <sup>^</sup>	PA-NS; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5 <sup>^</sup>	PA-NS; QL (21 EA per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	5 <sup>^</sup>	B/D
GAVRETO ORAL CAPSULE 100 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
gefitinib oral tablet 250 mg	5 <sup>^</sup>	PA-NS; QL (30 EA per 30 days)
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	2	B/D
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	2	B/D
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D
gengraf oral capsule 100 mg, 25 mg	2	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
GOMEKLI ORAL CAPSULE 1 MG	5 <sup>^</sup>	PA-NS; QL (126 EA per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5 <sup>^</sup>	PA-NS; QL (84 EA per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	5 <sup>^</sup>	PA-NS; QL (168 EA per 28 days)
HERNEXEOS ORAL TABLET 60 MG	5 <sup>^</sup>	PA-NS; QL (90 EA per 30 days)
hydroxyurea oral capsule 500 mg	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5 <sup>^</sup>	PA-NS; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5 <sup>^</sup>	PA-NS; LA; QL (21 EA per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5 <sup>^</sup>	PA-NS; QL (90 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
imatinib oral tablet 100 mg	4	PA-NS; QL (180 EA per 30 days)
imatinib oral tablet 400 mg	5 <sup>^</sup>	PA-NS; QL (60 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
IMBRUVICA ORAL CAPSULE 140 MG	5 <sup>^</sup>	PA-NS; LA; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5 <sup>^</sup>	PA-NS; LA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5 <sup>^</sup>	PA-NS; LA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG	5 <sup>^</sup>	PA-NS; QL (28 EA per 28 days)
IMBRUVICA ORAL TABLET 420 MG	5 <sup>^</sup>	PA-NS; LA; QL (28 EA per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	5 <sup>^</sup>	PA-NS; QL (280 ML per 28 days)
INLURIYO ORAL TABLET 200 MG	5 <sup>^</sup>	PA-NS
INLYTA ORAL TABLET 1 MG	5 <sup>^</sup>	PA-NS; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	5 <sup>^</sup>	PA-NS; LA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	5 <sup>^</sup>	B/D

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藥物名稱	藥物層級	要求/限制
ITOVEBI ORAL TABLET 3 MG	5 <sup>^</sup>	PA-NS; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	5 <sup>^</sup>	PA-NS; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	5 <sup>^</sup>	PA-NS; LA; QL (240 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5 <sup>^</sup>	PA-NS; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5 <sup>^</sup>	PA-NS; QL (30 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	3	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	5 <sup>^</sup>	B/D
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5 <sup>^</sup>	PA-NS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5 <sup>^</sup>	PA-NS; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5 <sup>^</sup>	PA-NS; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5 <sup>^</sup>	PA-NS; QL (63 EA per 28 days)

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KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5 <sup>^</sup>	PA-NS
KRAZATI ORAL TABLET 200 MG	5 <sup>^</sup>	PA-NS; LA; QL (180 EA per 30 days)
lanreotide subcutaneous syringe 120 mg/0.5 ml	5 <sup>^</sup>	PA-NS
lapatinib oral tablet 250 mg	5 <sup>^</sup>	PA-NS; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5 <sup>^</sup>	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	5 <sup>^</sup>	PA-NS; LA; QL (28 EA per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5 <sup>^</sup>	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)	5 <sup>^</sup>	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)	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
letrozole oral tablet 2.5 mg	1	
LEUKERAN ORAL TABLET 2 MG	5 <sup>^</sup>	

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leuprolide subcutaneous kit 1 mg/0.2 ml	4	PA-NS
lomustine oral capsule 10 mg	4	
lomustine oral capsule 100 mg, 40 mg	5 <sup>^</sup>	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5 <sup>^</sup>	PA-NS; LA
LORBRENA ORAL TABLET 100 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5 <sup>^</sup>	PA-NS; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5 <sup>^</sup>	PA-NS; LA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5 <sup>^</sup>	PA-NS; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5 <sup>^</sup>	PA-NS; QL (90 EA per 30 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5 <sup>^</sup>	PA-NS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	5 <sup>^</sup>	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5 <sup>^</sup>	PA-NS; QL (84 EA per 28 days)

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藥物名稱	藥物層級	要求/限制
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5 <sup>^</sup>	PA-NS; QL (112 EA per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5 <sup>^</sup>	PA-NS; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE 50 MG	5 <sup>^</sup>	LA
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	4	PA
megestrol oral tablet 20 mg, 40 mg	4	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5 <sup>^</sup>	PA-NS; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5 <sup>^</sup>	PA-NS; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5 <sup>^</sup>	PA-NS; LA; QL (180 EA per 30 days)
mercaptopurine oral suspension 20 mg/ml	5 <sup>^</sup>	
mercaptopurine oral tablet 50 mg	2	
methotrexate sodium (pf) injection recon soln 1 gram	2	B/D
methotrexate sodium (pf) injection solution 25 mg/ml	2	B/D

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藥物名稱	藥物層級	要求/限制
methotrexate sodium injection solution 25 mg/ml	2	B/D
methotrexate sodium oral tablet 2.5 mg	1	
MODEYSO ORAL CAPSULE 125 MG	5 <sup>^</sup>	PA-NS; QL (20 EA per 28 days)
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5 <sup>^</sup>	PA-NS; LA
mycophenolate mofetil oral capsule 250 mg	2	B/D
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	5 <sup>^</sup>	B/D
mycophenolate mofetil oral tablet 500 mg	2	B/D
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg	2	B/D
mycophenolic acid dr 180 mg tb	2	B/D; mycophenolate sodium = mycophenolic acid
mycophenolic acid dr 360 mg tb	2	B/D; mycophenolate sodium = mycophenolic acid

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藥物名稱	藥物層級	要求/限制
NERLYNX ORAL TABLET 40 MG	5 <sup>^</sup>	PA-NS; LA
nilotinib hcl oral capsule 150 mg, 200 mg	5 <sup>^</sup>	PA-NS; QL (112 EA per 28 days)
nilotinib hcl oral capsule 50 mg	5 <sup>^</sup>	PA-NS; QL (120 EA per 30 days)
nilutamide oral tablet 150 mg	5 <sup>^</sup>	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5 <sup>^</sup>	PA-NS; QL (3 EA per 28 days)
NUBEQA ORAL TABLET 300 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5 <sup>^</sup>	B/D
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	5 <sup>^</sup>	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	4	PA
octreotide acetate injection syringe 500 mcg/ml (1 ml)	5 <sup>^</sup>	PA
ODOMZO ORAL CAPSULE 200 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5 <sup>^</sup>	PA-NS; QL (56 EA per 28 days)

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藥物名稱	藥物層級	要求/限制
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5 <sup>^</sup>	PA-NS; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5 <sup>^</sup>	PA-NS; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5 <sup>^</sup>	PA-NS; QL (20 EA per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5 <sup>^</sup>	PA-NS; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5 <sup>^</sup>	PA-NS; QL (30 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5 <sup>^</sup>	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 28 days)
ORSERDU ORAL TABLET 345 MG	5 <sup>^</sup>	PA-NS; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5 <sup>^</sup>	PA-NS; QL (90 EA per 30 days)
oxaliplatin intravenous recon soln 100 mg, 50 mg	4	B/D
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	4	B/D

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藥物名稱	藥物層級	要求/限制
paclitaxel intravenous concentrate 6 mg/ml	2	B/D
pazopanib oral tablet 200 mg	5 <sup>^</sup>	PA-NS; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5 <sup>^</sup>	PA-NS; LA; QL (28 EA per 28 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg, 750 mg	5 <sup>^</sup>	B/D
pemetrexed disodium intravenous recon soln 100 mg	4	B/D
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5 <sup>^</sup>	PA-NS; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5 <sup>^</sup>	PA-NS; QL (56 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5 <sup>^</sup>	PA-NS; LA; QL (21 EA per 28 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	B/D
QINLOCK ORAL TABLET 50 MG	5 <sup>^</sup>	PA-NS; LA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5 <sup>^</sup>	PA-NS; LA; QL (180 EA per 30 days)

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藥物名稱	藥物層 要求/限制	
	級	
RETEVMO ORAL CAPSULE 80 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5 <sup>^</sup>	PA-NS; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG	5 <sup>^</sup>	PA-NS; QL (120 EA per 30 days)
REVUFORJ ORAL TABLET 160 MG	5 <sup>^</sup>	PA-NS; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG	5 <sup>^</sup>	PA-NS; QL (240 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5 <sup>^</sup>	PA-NS; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5 <sup>^</sup>	PA-NS; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5 <sup>^</sup>	PA-NS; LA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5 <sup>^</sup>	PA-NS; LA; QL (90 EA per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5 <sup>^</sup>	PA-NS; QL (336 EA per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)

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RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5 <sup>^</sup>	PA-NS
RYDAPT ORAL CAPSULE 25 MG	5 <sup>^</sup>	PA-NS; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	5 <sup>^</sup>	PA-NS; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5 <sup>^</sup>	PA-NS; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5 <sup>^</sup>	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)	5 <sup>^</sup>	PA; LA
sirolimus oral solution 1 mg/ml	4	B/D
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	2	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5 <sup>^</sup>	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	5 <sup>^</sup>	PA-NS
sorafenib oral tablet 200 mg	5 <sup>^</sup>	PA-NS; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5 <sup>^</sup>	PA-NS; LA; QL (84 EA per 28 days)

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藥物名稱	藥物層級	要求/限制
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	5 <sup>^</sup>	PA-NS; QL (28 EA per 28 days)
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5 <sup>^</sup>	PA-NS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5 <sup>^</sup>	PA-NS; QL (840 EA per 28 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5 <sup>^</sup>	PA-NS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5 <sup>^</sup>	PA-NS; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	2	
TAZVERIK ORAL TABLET 200 MG	5 <sup>^</sup>	PA-NS; LA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5 <sup>^</sup>	B/D; LA

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藥物名稱	藥物層級	要求/限制
TEPMETKO ORAL TABLET 225 MG	5 <sup>^</sup>	PA-NS; LA
THALOMID ORAL CAPSULE 100 MG	5 <sup>^</sup>	PA-NS; QL (112 EA per 28 days)
THALOMID ORAL CAPSULE 200 MG	5 <sup>^</sup>	PA-NS; QL (56 EA per 28 days)
THALOMID ORAL CAPSULE 50 MG	5 <sup>^</sup>	PA-NS; QL (28 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	5 <sup>^</sup>	PA-NS; LA
toremifene oral tablet 60 mg	5 <sup>^</sup>	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5 <sup>^</sup>	B/D
tretinoin (antineoplastic) oral capsule 10 mg	5 <sup>^</sup>	
TRUQAP ORAL TABLET 160 MG, 200 MG	5 <sup>^</sup>	PA-NS; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5 <sup>^</sup>	PA-NS; LA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5 <sup>^</sup>	PA-NS; QL (56 EA per 28 days)

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藥物名稱	藥物層級	要求/限制
VENCLEXTA ORAL TABLET 10 MG	3	PA-NS; LA; QL (14 EA per 7 days)
VENCLEXTA ORAL TABLET 100 MG	5 <sup>^</sup>	PA-NS; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5 <sup>^</sup>	PA-NS; LA; QL (7 EA per 7 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5 <sup>^</sup>	PA-NS; LA; QL (42 EA per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	2	B/D
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	2	B/D
VITRAKVI ORAL CAPSULE 100 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5 <sup>^</sup>	PA-NS; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5 <sup>^</sup>	PA-NS; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
VONJO ORAL CAPSULE 100 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	5 <sup>^</sup>	PA-NS; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5 <sup>^</sup>	PA-NS; QL (30 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5 <sup>^</sup>	PA-NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
XALKORI ORAL PELLETT 150 MG	5 <sup>^</sup>	PA-NS; QL (180 EA per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	5 <sup>^</sup>	PA-NS; QL (120 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	3	
XERMELO ORAL TABLET 250 MG	5 <sup>^</sup>	PA; LA; QL (84 EA per 28 days)
XOSPATA ORAL TABLET 40 MG	5 <sup>^</sup>	PA-NS; LA; QL (90 EA per 30 days)

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藥物名稱	藥物層 要求/限制	
	級	
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), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	5 <sup>^</sup>	PA-NS; LA
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5 <sup>^</sup>	PA-NS
XTANDI ORAL CAPSULE 40 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5 <sup>^</sup>	PA-NS; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5 <sup>^</sup>	PA-NS; QL (224 EA per 28 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5 <sup>^</sup>	B/D
ZOLINZA ORAL CAPSULE 100 MG	5 <sup>^</sup>	PA-NS; QL (120 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
ZYDELIG ORAL TABLET 100 MG, 150 MG	5 <sup>^</sup>	PA-NS; LA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5 <sup>^</sup>	PA-NS; LA; QL (90 EA per 30 days)
<b>輔助性藥物</b>		
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5 <sup>^</sup>	B/D
BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML)	5 <sup>^</sup>	B/D
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	
mesna oral tablet 400 mg	5 <sup>^</sup>	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5 <sup>^</sup>	B/D
<b>泌尿學藥物</b>		
<b>其他泌尿學藥物</b>		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA
ELMIRON ORAL CAPSULE 100 MG	4	

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藥物名稱	藥物層 要求/限制 級	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	2	
sildenafil oral tablet 100 mg, 25 mg, 50 mg	1	NT; QL (6 EA per 30 days)
tadalafil oral tablet 2.5 mg	4	PA; QL (60 EA per 30 days)
tadalafil oral tablet 5 mg	4	PA; QL (30 EA per 30 days)
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	NT; QL (6 EA per 30 days)
<b>抗膽鹼藥物/解痙藥物</b>		
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	3	QL (30 EA per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	2	QL (600 ML per 30 days)
oxybutynin chloride oral tablet 5 mg	2	QL (120 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	2	QL (60 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	2	QL (30 EA per 30 days)
solifenacin oral tablet 10 mg, 5 mg	2	QL (30 EA per 30 days)
tolterodine oral capsule, extended release 24hr 2 mg, 4 mg	2	QL (30 EA per 30 days)
tolterodine oral tablet 1 mg, 2 mg	2	QL (60 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
trospium oral capsule,extended release 24hr 60 mg	2	QL (30 EA per 30 days)
trospium oral tablet 20 mg	2	QL (60 EA per 30 days)
<b>良性前列腺增生症 (BPH) 治療</b>		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
dutasteride oral capsule 0.5 mg	2	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	2	
finasteride oral tablet 5 mg	1	
tamsulosin oral capsule 0.4 mg	1	
<b>產科/婦科</b>		
<b>其他產科/婦科</b>		
clindamycin phosphate vaginal cream 2 %	4	
eluryng vaginal ring 0.12-0.015 mg/24 hr	2	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	3	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	2	

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藥物名稱	藥物層 要求/限制 級
NEXPLANON SUBDERMAL IMPLANT 68 MG	3
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	2
terconazole vaginal cream 0.4 %, 0.8 %	2
terconazole vaginal suppository 80 mg	4
tranexamic acid oral tablet 650 mg	2
xulane transdermal patch weekly 150- 35 mcg/24 hr	2
zafemy transdermal patch weekly 150- 35 mcg/24 hr	2
<b>口服避孕藥/相關藥物</b>	
altavera (28) oral tablet 0.15-0.03 mg	2
alyacen 1/35 (28) oral tablet 1-35 mg- mcg	2
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2
apri oral tablet 0.15-0.03 mg	2
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	2
aubra eq oral tablet 0.1-20 mg-mcg	2

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藥物名稱	藥物層 要求/限制 級
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2
aviane oral tablet 0.1-20 mg-mcg	2
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2
cryselle (28) oral tablet 0.3-30 mg-mcg	2
cyred eq oral tablet 0.15-0.03 mg	2
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	2
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2

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藥物名稱	藥物層 要求/限制 級
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	2
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	2
elinest oral tablet 0.3-30 mg-mcg	2
enskyce oral tablet 0.15-0.03 mg	2
estarylla oral tablet 0.25-0.035 mg	2
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	2
falmina (28) oral tablet 0.1-20 mg-mcg	2
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2
isibloom oral tablet 0.15-0.03 mg	2
jasmiel (28) oral tablet 3-0.02 mg	2
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2
juleber oral tablet 0.15-0.03 mg	2
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2

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藥物名稱	藥物層 要求/限制 級
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2
kelnor 1/35 (28) oral tablet 1-35 mg- mcg	2
kelnor 1/50 (28) oral tablet 1-50 mg- mcg	2
kurvelo (28) oral tablet 0.15-0.03 mg	2
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg	2
larin 1.5/30 (21) oral tablet 1.5-30 mg- mcg	2
larin 1/20 (21) oral tablet 1-20 mg-mcg	2
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	2
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2
lessina oral tablet 0.1-20 mg-mcg	2
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	2

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藥物名稱	藥物層 要求/限制 級
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	2
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	2
levora-28 oral tablet 0.15-0.03 mg	2
loryna (28) oral tablet 3-0.02 mg	2
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	2
marlissa (28) oral tablet 0.15-0.03 mg	2
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	2
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	2
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2
mili oral tablet 0.25-0.035 mg	2
mono-lynyah oral tablet 0.25-0.035 mg	2

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藥物名稱	藥物層 要求/限制 級
nikki (28) oral tablet 3-0.02 mg	2
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	2
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)	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	2
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	2
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	2
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2
philith oral tablet 0.4-35 mg-mcg	2
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2
portia 28 oral tablet 0.15-0.03 mg	2
reclipsen (28) oral tablet 0.15-0.03 mg	2

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藥物名稱	藥物層 要求/限制 級
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2
sprintec (28) oral tablet 0.25-0.035 mg	2
syeda oral tablet 3-0.03 mg	2
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	2
tarina fe 1-20 eq (28) oral tablet 1 mg- 20 mcg (21)/75 mg (7)	2
tilia fe oral tablet 1-20(5)/1-30(7) /1mg- 35mcg (9)	2
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	2
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	2
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	2
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	2
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	2

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藥物名稱	藥物層 要求/限制 級
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2
turqoz (28) oral tablet 0.3-30 mg-mcg	2
valtya oral tablet 1-35 mg-mcg	2
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	2
vestura (28) oral tablet 3-0.02 mg	2
vienva oral tablet 0.1-20 mg-mcg	2
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2
wera (28) oral tablet 0.5-35 mg-mcg	2
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	2
zovia 1-35 (28) oral tablet 1-35 mg-mcg	2
zumandimine (28) oral tablet 3-0.03 mg	2
<b>雌激素/孕激素</b>	
abigale lo oral tablet 0.5-0.1 mg	4
abigale oral tablet 1-0.5 mg	4
camila oral tablet 0.35 mg	2
deblitane oral tablet 0.35 mg	2
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3

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藥物名稱	藥物層級	要求/限制
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	4	QL (8 EA per 28 days)
emzahh oral tablet 0.35 mg	2	
errin oral tablet 0.35 mg	2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	2	
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	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	4	QL (4 EA per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	2	
estradiol vaginal tablet 10 mcg	2	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	4	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	
gallifrey oral tablet 5 mg	2	

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藥物名稱	藥物層級	要求/限制
heather oral tablet 0.35 mg	2	
incassia oral tablet 0.35 mg	2	
jinteli oral tablet 1-5 mg-mcg	4	
lyleq oral tablet 0.35 mg	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	4	QL (8 EA per 28 days)
lyza oral tablet 0.35 mg	2	
medroxyprogesterone intramuscular suspension 150 mg/ml	2	
medroxyprogesterone intramuscular syringe 150 mg/ml	2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
meleya oral tablet 0.35 mg	2	
mimvey oral tablet 1-0.5 mg	4	
nora-be oral tablet 0.35 mg	2	
norethindrone (contraceptive) oral tablet 0.35 mg	2	
norethindrone acetate oral tablet 5 mg	2	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	
orquidea oral tablet 0.35 mg	2	

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藥物名稱	藥物層級	要求/限制
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
progesterone intramuscular oil 50 mg/ml	2	
progesterone micronized oral capsule 100 mg, 200 mg	2	
sharobel oral tablet 0.35 mg	2	
yuvafem vaginal tablet 10 mcg	2	
<b>皮膚學/外用治療</b>		
<b>其他皮膚學藥物</b>		
ammonium lactate topical cream 12 %	2	
ammonium lactate topical lotion 12 %	2	
dermacinrx lidocan topical adhesive patch,medicated 5 %	4	PA; QL (90 EA per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5 <sup>^</sup>	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5 <sup>^</sup>	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5 <sup>^</sup>	PA; QL (1.34 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5 <sup>^</sup>	PA; QL (4.56 ML per 28 days)

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藥物名稱	藥物層級	要求/限制
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5^	PA; QL (8 ML per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	4	PA; QL (120 GM per 30 days)
fluorouracil topical cream 5 %	2	QL (40 GM per 30 days)
fluorouracil topical solution 2 %, 5 %	2	QL (10 ML per 30 days)
glydo mucous membrane jelly in applicator 2 %	2	QL (66 ML per 33 days)
imiquimod topical cream in packet 5 %	2	QL (24 EA per 28 days)
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	2	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	2	
lidocaine hcl laryngotracheal solution 4 %	4	QL (50 ML per 30 days)
lidocaine hcl mucous membrane jelly 2 %	4	QL (60 ML per 30 days)
lidocaine hcl mucous membrane solution 2 %	2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	4	QL (50 ML per 30 days)

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藥物名稱	藥物層級	要求/限制
lidocaine topical adhesive patch,medicated 5 %	4	PA; QL (90 EA per 30 days)
lidocaine topical ointment 5 %	2	QL (50 GM per 30 days)
lidocaine viscous mucous membrane solution 2 %	2	
lidocaine-prilocaine topical cream 2.5-2.5 %	2	QL (30 GM per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	4	PA; QL (90 EA per 30 days)
lidocan iv topical adhesive patch,medicated 5 %	4	PA; QL (90 EA per 30 days)
lidocan v topical adhesive patch,medicated 5 %	4	PA; QL (90 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	5 <sup>^</sup>	PA-NS; QL (60 GM per 30 days)
pimecrolimus topical cream 1 %	4	QL (100 GM per 30 days)
podofilox topical solution 0.5 %	4	QL (7 ML per 28 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 GM per 30 days)
silver sulfadiazine topical cream 1 %	2	
ssd topical cream 1 %	2	
tacrolimus topical ointment 0.03 %, 0.1 %	4	QL (100 GM per 30 days)

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藥物名稱	藥物層級	要求/限制
tridacaine ii topical adhesive patch,medicated 5 %	4	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5 <sup>^</sup>	PA-NS; LA; QL (60 GM per 30 days)
<b>外用抗真菌藥物</b>		
ciclopirox topical cream 0.77 %	2	QL (90 GM per 28 days)
ciclopirox topical gel 0.77 %	2	QL (100 GM per 28 days)
ciclopirox topical suspension 0.77 %	4	QL (60 ML per 28 days)
clotrimazole topical cream 1 %	2	QL (45 GM per 28 days)
clotrimazole topical solution 1 %	2	QL (30 ML per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	2	QL (45 GM per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	4	QL (60 ML per 28 days)
ketoconazole topical cream 2 %	2	QL (60 GM per 28 days)
ketoconazole topical shampoo 2 %	1	QL (120 ML per 28 days)
klayesta topical powder 100,000 unit/gram	2	QL (120 GM per 30 days)
naftifine topical cream 1 %	4	QL (90 GM per 28 days)
naftifine topical cream 2 %	4	QL (60 GM per 28 days)
naftifine topical gel 2 %	4	QL (60 GM per 28 days)
nyamyc topical powder 100,000 unit/gram	2	QL (120 GM per 30 days)

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nystatin topical cream 100,000 unit/gram	2	QL (30 GM per 28 days)
nystatin topical ointment 100,000 unit/gram	2	QL (30 GM per 28 days)
nystatin topical powder 100,000 unit/gram	2	QL (120 GM per 30 days)
nystop topical powder 100,000 unit/gram	2	QL (120 GM per 30 days)
<b>外用抗菌劑</b>		
gentamicin topical cream 0.1 %	2	QL (60 GM per 30 days)
gentamicin topical ointment 0.1 %	4	QL (60 GM per 30 days)
mupirocin topical ointment 2 %	1	QL (44 GM per 30 days)
sulfacetamide sodium (acne) topical suspension 10 %	4	
<b>外用滅疥癬/滅虱藥物</b>		
malathion topical lotion 0.5 %	2	
permethrin topical cream 5 %	2	QL (60 GM per 30 days)
<b>外用皮質類固醇</b>		
ala-cort topical cream 1 %	1	
alclometasone topical cream 0.05 %	4	QL (120 GM per 30 days)
alclometasone topical ointment 0.05 %	4	QL (120 GM per 30 days)
betamethasone dipropionate topical cream 0.05 %	2	QL (135 GM per 30 days)

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藥物名稱	藥物層級	要求/限制
betamethasone dipropionate topical lotion 0.05 %	2	QL (120 ML per 30 days)
betamethasone dipropionate topical ointment 0.05 %	4	QL (135 GM per 30 days)
betamethasone valerate topical cream 0.1 %	2	QL (135 GM per 30 days)
betamethasone valerate topical lotion 0.1 %	4	QL (120 ML per 30 days)
betamethasone valerate topical ointment 0.1 %	2	QL (135 GM per 30 days)
betamethasone, augmented topical cream 0.05 %	2	QL (150 GM per 30 days)
betamethasone, augmented topical gel 0.05 %	2	QL (150 GM per 30 days)
betamethasone, augmented topical lotion 0.05 %	2	QL (120 ML per 30 days)
betamethasone, augmented topical ointment 0.05 %	2	QL (150 GM per 30 days)
clobetasol scalp solution 0.05 %	2	QL (100 ML per 28 days)
clobetasol topical cream 0.05 %	2	QL (120 GM per 28 days)
clobetasol topical gel 0.05 %	4	QL (120 GM per 28 days)
clobetasol topical ointment 0.05 %	2	QL (120 GM per 28 days)
clobetasol topical shampoo 0.05 %	4	QL (236 ML per 28 days)

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藥物名稱	藥物層 要求/限制 級	
clobetasol-emollient topical cream 0.05 %	4	QL (120 GM per 28 days)
clodan topical shampoo 0.05 %	4	QL (236 ML per 28 days)
desonide topical cream 0.05 %	2	QL (120 GM per 30 days)
desonide topical lotion 0.05 %	4	QL (118 ML per 30 days)
desonide topical ointment 0.05 %	2	QL (120 GM per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	2	QL (118.28 ML per 30 days)
fluocinolone topical cream 0.01 %, 0.025 %	4	QL (120 GM per 30 days)
fluocinolone topical oil 0.01 %	2	QL (118.28 ML per 30 days)
fluocinolone topical ointment 0.025 %	4	QL (120 GM per 30 days)
fluocinolone topical solution 0.01 %	2	QL (120 ML per 30 days)
fluocinonide topical cream 0.05 %	4	QL (120 GM per 30 days)
fluocinonide topical gel 0.05 %	4	QL (120 GM per 30 days)
fluocinonide topical ointment 0.05 %	2	QL (120 GM per 30 days)
fluocinonide topical solution 0.05 %	2	QL (120 ML per 30 days)
fluocinonide-emollient topical cream 0.05 %	4	QL (120 GM per 30 days)
fluticasone propionate topical cream 0.05 %	2	

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藥物名稱	藥物層級	要求/限制
halobetasol propionate topical cream 0.05 %	2	QL (100 GM per 30 days)
halobetasol propionate topical ointment 0.05 %	4	QL (100 GM per 30 days)
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical lotion 2.5 %	2	
hydrocortisone topical ointment 2.5 %	2	
mometasone topical cream 0.1 %	2	
mometasone topical ointment 0.1 %	2	
mometasone topical solution 0.1 %	2	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm topical cream 0.5 %	2	
<b>抗銀屑病/抗脂溢性皮炎藥物</b>		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	
calcipotriene scalp solution 0.005 %	4	QL (120 ML per 30 days)
calcipotriene topical ointment 0.005 %	4	QL (120 GM per 30 days)

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藥物名稱	藥物層級	要求/限制
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5 <sup>^</sup>	PA; QL (10 ML per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5 <sup>^</sup>	PA; QL (10 ML per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5 <sup>^</sup>	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5 <sup>^</sup>	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5 <sup>^</sup>	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5 <sup>^</sup>	PA; QL (10 ML per 28 days)
selenium sulfide topical lotion 2.5 %	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5 <sup>^</sup>	PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5 <sup>^</sup>	PA; QL (6 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5 <sup>^</sup>	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days)

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藥物名稱	藥物層級	要求/限制
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	5 <sup>^</sup>	PA; QL (1 ML per 28 days)
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5 <sup>^</sup>	PA; QL (12 ML per 180 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	5 <sup>^</sup>	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	5 <sup>^</sup>	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5 <sup>^</sup>	PA; QL (2 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5 <sup>^</sup>	PA; QL (0.5 ML per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	5 <sup>^</sup>	PA; QL (1 ML per 28 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	5 <sup>^</sup>	PA; QL (1 ML per 28 days)
<b>痤瘡治療</b>		
acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	

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amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
azelaic acid topical gel 15 %	4	QL (50 GM per 30 days)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
clindamycin phosphate topical gel 1 %	4	QL (120 GM per 30 days)
clindamycin phosphate topical gel, once daily 1 %	4	QL (75 ML per 30 days)
clindamycin phosphate topical lotion 1 %	4	QL (120 ML per 30 days)
clindamycin phosphate topical solution 1 %	2	QL (120 ML per 30 days)
ery pads topical swab 2 %	4	QL (60 EA per 30 days)
erythromycin with ethanol topical solution 2 %	2	QL (60 ML per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	4	
metronidazole topical cream 0.75 %	4	QL (45 GM per 30 days)
metronidazole topical gel 0.75 %	4	QL (45 GM per 30 days)
metronidazole topical lotion 0.75 %	4	QL (59 ML per 30 days)
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	

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藥物名稱	藥物層 要求/限制	
	級	
tazarotene topical cream 0.1 %	3	PA; QL (60 GM per 30 days)
tazarotene topical gel 0.05 %, 0.1 %	4	PA; QL (100 GM per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	4	PA; QL (45 GM per 30 days)
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	4	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
<b>眼科學</b>		
<b>B-阻斷劑</b>		
betaxolol ophthalmic (eye) drops 0.5 %	2	
carteolol ophthalmic (eye) drops 1 %	2	
levobunolol ophthalmic (eye) drops 0.5 %	2	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	2	

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藥物名稱	藥物層 要求/限制 級
<b>併用類固醇抗生素</b>	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g-1%	2
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	2
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %	1
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	2
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	4
<b>其他眼科學藥物</b>	
atropine ophthalmic (eye) drops 1 %	2
azelastine ophthalmic (eye) drops 0.05 %	2
cromolyn ophthalmic (eye) drops 4 %	1

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藥物名稱	藥物層級	要求/限制
cyclosporine ophthalmic (eye) dropperette 0.05 %	3	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5 <sup>^</sup>	PA; LA
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	5 <sup>^</sup>	PA
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	2	
sulfacetamide sodium ophthalmic (eye) drops 10 %	2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	2	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	5 <sup>^</sup>	PA; QL (10 ML per 42 days)
<b>其他青光眼藥物</b>		
brinzolamide ophthalmic (eye) drops,suspension 1 %	2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
dorzolamide ophthalmic (eye) drops 2 %	1	

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藥物名稱	藥物層 要求/限制 級
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1
latanoprost ophthalmic (eye) drops 0.005 %	1
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3
travoprost ophthalmic (eye) drops 0.004 %	2
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4
<b>抗生素</b>	
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	1
bacitracin ophthalmic (eye) ointment 500 unit/gram	2
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1

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erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1
gatifloxacin ophthalmic (eye) drops 0.5 %	2
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	2
gentamicin ophthalmic (eye) drops 0.3 %	1
moxifloxacin ophthalmic (eye) drops 0.5 %	2
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	2
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit-unit/g	2
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	2
ofloxacin ophthalmic (eye) drops 0.3 %	2
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1

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tobramycin ophthalmic (eye) drops 0.3 %	1
<b>抗病毒藥物</b>	
trifluridine ophthalmic (eye) drops 1 %	2
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4
<b>擬交感神經藥物</b>	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3
apraclonidine ophthalmic (eye) drops 0.5 %	4
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	1
<b>青光眼口服藥物</b>	
acetazolamide oral capsule, extended release 500 mg	2
acetazolamide oral tablet 125 mg, 250 mg	2
methazolamide oral tablet 25 mg, 50 mg	2
<b>非類固醇抗發炎藥物</b>	
bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %	4

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diclofenac sodium ophthalmic (eye) drops 0.1 %	2
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	2
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	2
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3
<b>類固醇</b>	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	4
difluprednate ophthalmic (eye) drops 0.05 %	4
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	2
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	4
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	2
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	4

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<b>維他命，補血劑/電解質</b>		
<b>其他營養品</b>		
electrolyte-148 intravenous parenteral solution	2	
electrolyte-48 in d5w intravenous parenteral solution	4	
electrolyte-a intravenous parenteral solution	2	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	4	B/D
premasol 10 % intravenous parenteral solution 10 %	4	B/D
travasol 10 % intravenous parenteral solution 10 %	4	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	B/D
<b>維他命/補血劑</b>		
cyanocobalamin (vitamin b-12) injection solution	1	NT
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	NT
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	2	

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folic acid oral tablet 1 mg	1 NT
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	2
<b>電解質</b>	
klor-con 10 oral tablet extended release 10 meq	1
klor-con 8 oral tablet extended release 8 meq	1
klor-con m10 oral tablet,er particles/crystals 10 meq	1
klor-con m15 oral tablet,er particles/crystals 15 meq	2
klor-con m20 oral tablet,er particles/crystals 20 meq	1
klor-con oral packet 20 meq	2
lactated ringers intravenous parenteral solution	4
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	4

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magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	4
magnesium sulfate injection solution 500 mg/ml (50 %)	4
magnesium sulfate injection syringe 500 mg/ml (50 %)	4
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	2
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	2
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	2
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml	4
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	2
potassium chloride oral capsule, extended release 10 meq, 8 meq	2

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02/01/2026

藥物名稱	藥物層 要求/限制 級
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	2
potassium chloride oral packet 20 meq	2
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1
potassium chloride oral tablet,er particles/crystals 15 meq	2
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	2
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	2
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	2
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	4
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	2

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02/01/2026

藥物名稱	藥物層級	要求/限制
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	2	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	2	
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	4	
<b>耳鼻/喉藥物</b>		
<b>其他耳用製劑</b>		
acetic acid otic (ear) solution 2 %	2	
flac otic oil otic (ear) drops 0.01 %	2	
fluocinolone acetonide oil otic (ear) drops 0.01 %	2	
ofloxacin otic (ear) drops 0.3 %	2	
<b>其他藥物</b>		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)	2	QL (60 ML per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	2	QL (30 ML per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	2	QL (30 ML per 20 days)
kourzeq dental paste 0.1 %	3	

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02/01/2026

藥物名稱	藥物層級	要求/限制
olopatadine nasal spray,non-aerosol 0.6 %	2	
periogard mucous membrane mouthwash 0.12 %	1	
triamcinolone acetonide dental paste 0.1 %	4	
<b>耳用類固醇/抗生素</b>		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	4	QL (7.5 ML per 7 days)
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%	2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	2	
<b>肌肉骨骼/風濕病學</b>		
<b>其他風濕病學</b>		
BENLYSTA SUBCUTANEOUS AUTO- INJECTOR 200 MG/ML	5^	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5^	PA; QL (8 ML per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5^	PA; QL (6 EA per 180 days)

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藥物名稱	藥物層級	要求/限制
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5 <sup>^</sup>	PA; QL (4 EA per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5 <sup>^</sup>	PA; QL (4 EA per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5 <sup>^</sup>	PA; QL (2 EA per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5 <sup>^</sup>	PA; QL (4 EA per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5 <sup>^</sup>	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5 <sup>^</sup>	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5 <sup>^</sup>	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5 <sup>^</sup>	PA; QL (8 ML per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5 <sup>^</sup>	PA; QL (20.1 ML per 30 days)
leflunomide oral tablet 10 mg, 20 mg	2	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	5 <sup>^</sup>	PA; QL (60 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5 <sup>^</sup>	PA; QL (55 EA per 180 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	5 <sup>^</sup>	PA; QL (41 EA per 180 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	5 <sup>^</sup>	PA; QL (30 EA per 30 days)
penicillamine oral tablet 250 mg	5 <sup>^</sup>	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5 <sup>^</sup>	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5 <sup>^</sup>	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5 <sup>^</sup>	PA; QL (84 EA per 180 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (55 EA per 180 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5 <sup>^</sup>	PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5 <sup>^</sup>	PA; QL (3.6 ML per 28 days)

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藥物名稱	藥物層級	要求/限制
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5^	PA; QL (3 EA per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5^	PA; QL (4 EA per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5^	PA; QL (2 EA per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5^	PA; QL (2 EA per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5^	PA; QL (4 EA per 28 days)

### 痛風治療

allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	4	QL (120 EA per 30 days)
colchicine oral tablet 0.6 mg	4	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	2	
probenecid oral tablet 500 mg	2	
probenecid-colchicine oral tablet 500- 0.5 mg	2	

### 骨質疏鬆症治療

alendronate oral solution 70 mg/75 ml	2	QL (300 ML per 28 days)
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藥物名稱	藥物層級	要求/限制
alendronate oral tablet 10 mg	1	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5 <sup>^</sup>	PA; QL (2.48 ML per 28 days)
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
ibandronate intravenous solution 3 mg/3 ml	2	QL (3 ML per 90 days)
ibandronate intravenous syringe 3 mg/3 ml	2	QL (3 ML per 90 days)
ibandronate oral tablet 150 mg	1	QL (1 EA per 30 days)
raloxifene oral tablet 60 mg	2	
risedronate oral tablet 150 mg	2	QL (1 EA per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	2	QL (4 EA per 28 days)
risedronate oral tablet 5 mg	2	QL (30 EA per 30 days)
risedronate oral tablet, delayed release (dr/ec) 35 mg	2	QL (4 EA per 28 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)

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02/01/2026

藥物名稱	藥物層級	要求/限制
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5^	PA; Only Teriparatide NDC 47781065289 is covered; QL (2.48 ML per 28 days)

## 胃腸學

### 其他胃腸道藥物

alose tron oral tablet 0.5 mg	4	PA; QL (60 EA per 30 days)
alose tron oral tablet 1 mg	5^	PA; QL (60 EA per 30 days)
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	B/D
aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)	2	B/D
balsalazide oral capsule 750 mg	2	
betaine oral powder 1 gram/scoop	5^	LA
budesonide oral capsule, delayed, extend. release 3 mg	2	
budesonide oral tablet, delayed and ext. release 9 mg	5^	PA; QL (30 EA per 30 days)
compro rectal suppository 25 mg	2	
constulose oral solution 10 gram/15 ml	2	

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藥物名稱	藥物層級	要求/限制
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
cromolyn oral concentrate 100 mg/5 ml	2	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	2	PA; QL (60 EA per 30 days)
enulose oral solution 10 gram/15 ml	2	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	
generlac oral solution 10 gram/15 ml	2	
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	2	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	2	
granisetron hcl oral tablet 1 mg	2	B/D
hydrocortisone rectal enema 100 mg/60 ml	2	

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藥物名稱	藥物層級	要求/限制
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5^	PA; QL (20 EA per 30 days)
lactulose oral solution 10 gram/15 ml	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	4	QL (60 EA per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	2	
mesalamine oral capsule (with del rel tablets) 400 mg	2	
mesalamine oral capsule,extended release 24hr 0.375 gram	2	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	2	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	4	
mesalamine rectal enema 4 gram/60 ml	2	
mesalamine rectal suppository 1,000 mg	2	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	2	

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藥物名稱	藥物層級	要求/限制
metoclopramide hcl injection solution 5 mg/ml	2	
metoclopramide hcl injection syringe 5 mg/ml	2	
metoclopramide hcl oral solution 5 mg/5 ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	4	QL (30 GM per 30 days)
ondansetron hcl (pf) injection solution 4 mg/2 ml	2	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	2	
ondansetron hcl intravenous solution 2 mg/ml	2	
ondansetron hcl oral solution 4 mg/5 ml	2	
ondansetron hcl oral tablet 4 mg, 8 mg	2	
ondansetron oral tablet, disintegrating 4 mg, 8 mg	2	

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藥物名稱	藥物層級	要求/限制
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	
peg-electrolyte soln oral recon soln 420 gram	1	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	4	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	
prochlorperazine rectal suppository 25 mg	2	
procto-med hc topical cream with perineal applicator 2.5 %	2	
proctosol hc topical cream with perineal applicator 2.5 %	2	
proctozone-hc topical cream with perineal applicator 2.5 %	2	
scopolamine base transdermal patch 3 day 1 mg over 3 days	4	PA; QL (10 EA per 30 days)
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5 <sup>^</sup>	PA; QL (30 ML per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5 <sup>^</sup>	PA; QL (1.2 ML per 56 days)

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藥物名稱	藥物層級	要求/限制
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5 <sup>^</sup>	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)	2	
sulfasalazine oral tablet 500 mg	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	2	
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet 250 mg, 500 mg	4	
VOWST ORAL CAPSULE	5 <sup>^</sup>	PA; LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
<b>止瀉藥/解痙藥物</b>		
dicyclomine oral capsule 10 mg	4	
dicyclomine oral solution 10 mg/5 ml	4	
dicyclomine oral tablet 20 mg	4	

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藥物名稱	藥物層級	要求/限制
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	4	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
loperamide oral capsule 2 mg	2	
<b>潰瘍治療</b>		
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	2	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	2	QL (60 EA per 30 days)
famotidine (pf) intravenous solution 20 mg/2 ml	2	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	2	
famotidine intravenous solution 10 mg/ml	2	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	2	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	2	QL (60 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
misoprostol oral tablet 100 mcg, 200 mcg	2	
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	QL (60 EA per 30 days)
pantoprazole intravenous recon soln 40 mg	2	
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg	1	QL (60 EA per 30 days)
rabeprazole oral tablet, delayed release (dr/ec) 20 mg	2	QL (60 EA per 30 days)
sucralfate oral suspension 100 mg/ml	4	
sucralfate oral tablet 1 gram	2	
<b>自律/中樞神經系統藥物，神經學/精神科</b>		
<b>偏頭痛/叢發性頭痛治療</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)
dihydroergotamine injection solution 1 mg/ml	5 <sup>^</sup>	
dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)	5 <sup>^</sup>	QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 ML per 30 days)

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藥物名稱	藥物層級	要求/限制
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	2	QL (40 EA per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg	2	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	5^	PA; QL (16 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	2	QL (18 EA per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	2	QL (18 EA per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	2	QL (18 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	QL (18 EA per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	2	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	2	QL (8 ML per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	2	QL (18 EA per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	2	QL (18 EA per 28 days)

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**藥物名稱**

**藥物層 要求/限制  
級**

**其他神經學治療**

dalfampridine oral tablet extended release 12 hr 10 mg	2	PA; QL (60 EA per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	4	PA; QL (56 EA per 28 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	4	PA; QL (120 EA per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	5 <sup>^</sup>	PA; QL (60 EA per 30 days)
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	4	QL (30 EA per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	
fingolimod oral capsule 0.5 mg	5 <sup>^</sup>	PA; QL (30 EA per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	2	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	2	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	2	QL (60 EA per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	5 <sup>^</sup>	PA; QL (30 ML per 30 days)

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藥物名稱	藥物層級	要求/限制
glatiramer subcutaneous syringe 40 mg/ml	5 <sup>^</sup>	PA; QL (12 ML per 28 days)
glatopa subcutaneous syringe 20 mg/ml	5 <sup>^</sup>	PA; QL (30 ML per 30 days)
glatopa subcutaneous syringe 40 mg/ml	5 <sup>^</sup>	PA; QL (12 ML per 28 days)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21)	5 <sup>^</sup>	PA; LA; QL (28 EA per 180 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5 <sup>^</sup>	PA; LA; QL (30 EA per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	2	PA
memantine oral solution 2 mg/ml	2	PA
memantine oral tablet 10 mg, 5 mg	2	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 EA per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5 <sup>^</sup>	PA; QL (20 ML per 180 days)

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藥物名稱	藥物層級	要求/限制
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	5 <sup>^</sup>	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	5 <sup>^</sup>	PA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	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	2	QL (30 EA per 30 days)
teriflunomide oral tablet 14 mg, 7 mg	5 <sup>^</sup>	PA; QL (30 EA per 30 days)
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 EA per 30 days)
tetrabenazine oral tablet 25 mg	5 <sup>^</sup>	PA; QL (120 EA per 30 days)

### 心理治療藥物

ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5 <sup>^</sup>	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5 <sup>^</sup>	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5 <sup>^</sup>	QL (1 EA per 28 days)

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藥物名稱	藥物層級	要求/限制
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5^	QL (1 EA per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	QL (150 EA per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	4	
aripiprazole oral solution 1 mg/ml	4	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	4	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5^	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5^	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5^	QL (1.6 ML per 28 days)

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藥物名稱	藥物層級	要求/限制
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5^	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5^	QL (3.2 ML per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	2	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	2	PA; QL (60 EA per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	2	QL (60 EA per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	2	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	2	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	4	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	2	
bupropion hcl oral tablet extended release 24 hr 150 mg	2	QL (90 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
bupropion hcl oral tablet extended release 24 hr 300 mg	2	QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	2	QL (60 EA per 30 days)
bupirone oral tablet 10 mg, 15 mg, 5 mg	1	
bupirone oral tablet 30 mg, 7.5 mg	2	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5 <sup>^</sup>	QL (30 EA per 30 days)
chlorpromazine injection solution 25 mg/ml	2	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	4	
chlorpromazine oral tablet 10 mg, 50 mg	2	
chlorpromazine oral tablet 100 mg, 200 mg, 25 mg	4	
citalopram oral solution 10 mg/5 ml	2	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	4	PA-NS
clorazepate dipotassium oral tablet 15 mg	4	PA-NS; QL (180 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
clorazepate dipotassium oral tablet 3.75 mg	4	PA-NS; QL (90 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	4	PA-NS; QL (360 EA per 30 days)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	4	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5^	QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5^	QL (56 EA per 180 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	2	QL (30 EA per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	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	2	QL (30 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	2	QL (90 EA per 30 days)
diazepam injection solution 5 mg/ml	2	
diazepam injection syringe 5 mg/ml	2	
diazepam intensol oral concentrate 5 mg/ml	2	PA-NS; QL (240 ML per 30 days)
diazepam oral concentrate 5 mg/ml	2	PA-NS; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	2	PA-NS; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	PA-NS; QL (120 EA per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
doxepin oral concentrate 10 mg/ml	4	
doxepin oral tablet 3 mg, 6 mg	4	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	QL (60 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	2	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5^	QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	5^	ST; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5^	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	ST; QL (8 EA per 180 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)-6 MG(2)-8 MG(2)	4	ST; QL (12 EA per 180 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) - 6 MG (2)	4	ST; QL (8 EA per 180 days)

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藥物名稱	藥物層級	要求/限制
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	2	
fluphenazine decanoate injection solution 25 mg/ml	2	
fluphenazine hcl injection solution 2.5 mg/ml	2	
fluphenazine hcl oral concentrate 5 mg/ml	2	
fluphenazine hcl oral elixir 2.5 mg/5 ml	2	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	2	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	4	QL (30 EA per 30 days)
guanfacine oral tablet extended release 24 hr 3 mg	4	QL (60 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	2	
haloperidol lactate injection solution 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5 <sup>^</sup>	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5 <sup>^</sup>	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5 <sup>^</sup>	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5 <sup>^</sup>	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5 <sup>^</sup>	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 ML per 28 days)

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藥物名稱	藥物層級	要求/限制
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5^	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5^	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5^	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5^	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	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	4	QL (30 EA per 30 days)
lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	QL (30 EA per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	2	
lithium citrate oral solution 8 meq/5 ml	2	
lorazepam injection solution 2 mg/ml, 4 mg/ml	2	

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藥物名稱	藥物層級	要求/限制
lorazepam injection syringe 2 mg/ml	2	
lorazepam intensol oral concentrate 2 mg/ml	2	QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	2	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	QL (150 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	4	QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
methylphenidate hcl oral solution 10 mg/5 ml	2	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	2	QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg	2	QL (180 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg	2	
modafinil oral tablet 100 mg	2	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	2	PA; QL (60 EA per 30 days)
molindone oral tablet 10 mg, 25 mg, 5 mg	2	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	2	
nortriptyline oral solution 10 mg/5 ml	4	
NUPLAZID ORAL CAPSULE 34 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5 <sup>^</sup>	PA-NS; LA; QL (30 EA per 30 days)
olanzapine intramuscular recon soln 10 mg	2	QL (3 EA per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	2	QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	2	QL (30 EA per 30 days)

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藥物名稱	藥物層 要求/限制 級	
olanzapine oral tablet,disintegrating 10 mg	4	QL (60 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	4	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG	4	QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	4	QL (30 EA per 30 days)
OPIPZA ORAL FILM 5 MG	4	QL (180 EA per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	4	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	4	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	4	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	2	QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg	2	QL (60 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	4	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	2	
phenelzine oral tablet 15 mg	2	
pimozide oral tablet 1 mg, 2 mg	2	
protriptyline oral tablet 10 mg, 5 mg	4	

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藥物名稱	藥物層級	要求/限制
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	
QUETIAPINE ORAL TABLET 150 MG	2	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	2	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	2	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	5 <sup>^</sup>	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5 <sup>^</sup>	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5 <sup>^</sup>	QL (2 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	4	QL (2 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	5 <sup>^</sup>	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	2	

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藥物名稱	藥物層級	要求/限制
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	2	QL (60 EA per 30 days)
risperidone oral tablet, disintegrating 4 mg	2	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	5 <sup>^</sup>	QL (30 EA per 30 days)
sertraline oral concentrate 20 mg/ml	2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	5 <sup>^</sup>	PA; LA; QL (540 ML per 30 days)
temazepam oral capsule 15 mg	4	PA; QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	4	PA; QL (30 EA per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	
tranlycypromine oral tablet 10 mg	2	
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	

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藥物名稱	藥物層級	要求/限制
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg	1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5 <sup>^</sup>	PA-NS; QL (600 ML per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	2	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	2	
zolpidem oral tablet 10 mg, 5 mg	2	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5 <sup>^</sup>	PA-NS; QL (28 EA per 365 days)

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藥物名稱	藥物層級	要求/限制
ZURZUVAE ORAL CAPSULE 30 MG	5 <sup>^</sup>	PA-NS; QL (14 EA per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	4	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	PA-NS; QL (1 EA per 28 days)
<b>抗帕金森氏症藥物</b>		
benztropine injection solution 1 mg/ml	4	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	4	PA
bromocriptine oral capsule 5 mg	2	
bromocriptine oral tablet 2.5 mg	2	
carbidopa oral tablet 25 mg	2	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	2	
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg	2	

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藥物名稱	藥物層級	要求/限制
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	2	
entacapone oral tablet 200 mg	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5 <sup>^</sup>	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	4	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg	2	
rasagiline oral tablet 0.5 mg, 1 mg	2	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	2	
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	2	
trihexyphenidyl oral tablet 2 mg, 5 mg	3	

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**藥物名稱**

**藥物層 要求/限制  
級**

**抗驚厥藥物**

BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	5 <sup>^</sup>	QL (600 ML per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5 <sup>^</sup>	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5 <sup>^</sup>	QL (60 EA per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	2	
carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml	2	
carbamazepine oral tablet 200 mg	2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	2	
carbamazepine oral tablet, chewable 100 mg	2	
clobazam oral suspension 2.5 mg/ml	4	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	4	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	2	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	2	QL (300 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	QL (90 EA per 30 days)
clonazepam oral tablet,disintegrating 2 mg	2	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5 <sup>^</sup>	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5 <sup>^</sup>	PA-NS; LA; QL (180 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5 <sup>^</sup>	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5 <sup>^</sup>	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	4	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	4	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 30 MG	4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	4	
divalproex oral capsule, delayed rel sprinkle 125 mg	2	

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藥物名稱	藥物層級	要求/限制
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	2	
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5 <sup>^</sup>	PA-NS; LA
epitol oral tablet 200 mg	2	
eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg	5 <sup>^</sup>	QL (60 EA per 30 days)
ethosuximide oral capsule 250 mg	2	
ethosuximide oral solution 250 mg/5 ml	2	
felbamate oral suspension 600 mg/5 ml	4	
felbamate oral tablet 400 mg, 600 mg	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5 <sup>^</sup>	PA-NS; LA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5 <sup>^</sup>	QL (720 ML per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	QL (270 EA per 30 days)
gabapentin oral capsule 300 mg	1	QL (360 EA per 30 days)
gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	2	QL (2160 ML per 30 days)

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藥物名稱	藥物層級	要求/限制
gabapentin oral tablet 600 mg	2	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	2	QL (120 EA per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	4	PA; QL (180 EA per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	4	PA; QL (90 EA per 30 days)
lacosamide intravenous solution 200 mg/20 ml	5 <sup>^</sup>	QL (1200 ML per 30 days)
lacosamide oral solution 10 mg/ml	2	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	2	QL (60 EA per 30 days)
lacosamide oral tablet 50 mg	2	QL (120 EA per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	2	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	2	
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg	2	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	2	

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藥物名稱	藥物層級	要求/限制
levetiracetam intravenous solution 500 mg/5 ml	2	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	2	
methsuximide oral capsule 300 mg	4	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA-NS; QL (10 EA per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	2	
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	5 <sup>^</sup>	QL (30 EA per 30 days)
perampanel oral tablet 2 mg	4	QL (60 EA per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	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	2	PA-NS

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藥物名稱	藥物層級	要求/限制
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	4	
phenytoin oral suspension 125 mg/5 ml	2	
phenytoin oral tablet, chewable 50 mg	2	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	2	
phenytoin sodium intravenous solution 50 mg/ml	2	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	2	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	2	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	2	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	
primidone oral tablet 250 mg, 50 mg	1	
roweepra oral tablet 500 mg	2	
rufinamide oral suspension 40 mg/ml	5 <sup>^</sup>	PA-NS; QL (2760 ML per 30 days)
rufinamide oral tablet 200 mg	2	PA-NS; QL (480 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
rufinamide oral tablet 400 mg	5 <sup>^</sup>	PA-NS; QL (240 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5 <sup>^</sup>	PA-NS; QL (60 EA per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	2	
topiramate oral capsule, sprinkle 15 mg, 25 mg	2	
topiramate oral solution 25 mg/ml	3	PA-NS
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	2	
valproic acid oral capsule 250 mg	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	PA-NS; QL (10 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
vigabatrin oral powder in packet 500 mg	5 <sup>^</sup>	PA-NS; LA; QL (150 EA per 25 days)
vigabatrin oral tablet 500 mg	5 <sup>^</sup>	PA-NS; LA; QL (180 EA per 30 days)
vigadrone oral powder in packet 500 mg	5 <sup>^</sup>	PA-NS; LA; QL (150 EA per 25 days)
vigadrone oral tablet 500 mg	5 <sup>^</sup>	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)	5 <sup>^</sup>	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5 <sup>^</sup>	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5 <sup>^</sup>	QL (60 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	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)	5 <sup>^</sup>	QL (28 EA per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	5 <sup>^</sup>	PA-NS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	

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藥物名稱	藥物層級	要求/限制
ZTALMY ORAL SUSPENSION 50 MG/ML	5 <sup>^</sup>	PA-NS; QL (1100 ML per 30 days)
<b>肌肉鬆弛劑/解痙治療</b>		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
cyclobenzaprine oral tablet 10 mg, 5 mg	4	PA
dantrolene oral capsule 100 mg, 25 mg, 50 mg	2	
pyridostigmine bromide oral tablet 60 mg	2	
tizanidine oral tablet 2 mg, 4 mg	2	
<b>非麻醉鎮痛劑</b>		
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	2	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	2	
butorphanol injection solution 1 mg/ml, 2 mg/ml	4	
butorphanol nasal spray, non-aerosol 10 mg/ml	2	QL (10 ML per 28 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	
diclofenac potassium oral tablet 50 mg	2	

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藥物名稱	藥物層 要求/限制 級	
diclofenac sodium oral tablet extended release 24 hr 100 mg	2	
diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg	2	
diclofenac sodium topical drops 1.5 %	2	QL (300 ML per 28 days)
diclofenac sodium topical gel 1 %	2	Over the counter NDCs are not eligible for coverage under Medicare; QL (1000 GM per 28 days)
diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg	2	
diflunisal oral tablet 500 mg	2	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	2	
flurbiprofen oral tablet 100 mg	2	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	

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藥物名稱	藥物層級	要求/限制
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	4	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	4	
naloxone injection solution 0.4 mg/ml	2	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	2	
naloxone nasal spray, non-aerosol 4 mg/actuation	2	Only naloxone NDCs starting 00093 are covered
naltrexone oral tablet 50 mg	2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet, delayed release (dr/ec) 375 mg	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet 600 mg	2	
piroxicam oral capsule 10 mg, 20 mg	2	
sulindac oral tablet 150 mg, 200 mg	2	

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藥物名稱	藥物層級	要求/限制
tramadol oral tablet 50 mg	2	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	2	QL (240 EA per 30 days)
<b>麻醉鎮痛劑</b>		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	2	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	QL (180 EA per 30 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	2	
endocet oral tablet 10-325 mg	2	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	2	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	2	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1,600 mcg, 400 mcg, 800 mcg	5 <sup>^</sup>	PA; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; QL (10 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	4	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	4	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	4	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	4	QL (150 EA per 30 days)
hydromorphone oral liquid 1 mg/ml	2	QL (600 ML per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	2	QL (180 EA per 30 days)
methadone intensol oral concentrate 10 mg/ml	2	PA; QL (90 ML per 30 days)
methadone oral concentrate 10 mg/ml	2	PA; QL (90 ML per 30 days)
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	2	PA; QL (450 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	2	PA; QL (90 EA per 30 days)
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	4	B/D
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	2	QL (180 ML per 30 days)

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藥物名稱	藥物層級	要求/限制
morphine injection syringe 4 mg/ml	4	
morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml	4	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	4	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	2	QL (900 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	2	QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	2	PA; QL (90 EA per 30 days)
oxycodone oral capsule 5 mg	2	QL (180 EA per 30 days)
oxycodone oral concentrate 20 mg/ml	2	QL (180 ML per 30 days)
oxycodone oral solution 5 mg/5 ml	2	QL (900 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	2	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	2	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	2	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	2	QL (240 EA per 30 days)

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**藥物名稱**

**藥物層 要求/限制  
級**

**診斷/其他藥物**

**其他藥物**

acamprosate oral tablet, delayed release (dr/ec) 333 mg	2	
acetic acid irrigation solution 0.25 %	2	
anagrelide oral capsule 0.5 mg, 1 mg	2	
carglumic acid oral tablet, dispersible 200 mg	5 <sup>^</sup>	PA; LA
cevimeline oral capsule 30 mg	2	
CHEMET ORAL CAPSULE 100 MG	4	
d10 %-0.45 % sodium chloride intravenous parenteral solution	2	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	4	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	2	
d5 %-0.45 % sodium chloride intravenous parenteral solution	2	
deferasirox oral tablet 180 mg, 360 mg	4	PA
deferasirox oral tablet 90 mg	2	PA
deferasirox oral tablet, dispersible 125 mg	4	PA

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藥物名稱	藥物層 要求/限制 級
deferasirox oral tablet, dispersible 250 mg, 500 mg	5^ PA
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	4
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	2
dextrose 5 % in water (d5w) intravenous parenteral solution	2
dextrose 5 % in water (d5w) intravenous piggyback 5 %	2
dextrose 5 %-lactated ringers intravenous parenteral solution	4
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	2
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	4
dextrose 50 % in water (d50w) intravenous parenteral solution	2
dextrose 50 % in water (d50w) intravenous syringe	2
dextrose 70 % in water (d70w) intravenous parenteral solution	4
disulfiram oral tablet 250 mg, 500 mg	2

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藥物名稱	藥物層級	要求/限制
glutamine (sickle cell) oral powder in packet 5 gram	5 <sup>^</sup>	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5 <sup>^</sup>	PA; LA
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	2	
levocarnitine (with sugar) oral solution 100 mg/ml	2	
levocarnitine oral solution 100 mg/ml	2	
levocarnitine oral tablet 330 mg	2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	2	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	5 <sup>^</sup>	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	2	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5 <sup>^</sup>	PA; LA
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5 <sup>^</sup>	PA; LA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5 <sup>^</sup>	PA; QL (30 EA per 30 days)

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藥物名稱	藥物層級	要求/限制
riluzole oral tablet 50 mg	2	
risedronate oral tablet 30 mg	2	QL (30 EA per 30 days)
sodium chloride 0.9 % intravenous parenteral solution	2	
sodium chloride 0.9 % intravenous piggyback	2	
sodium chloride irrigation solution 0.9 %	2	
sodium phenylbutyrate oral powder 0.94 gram/gram	5 <sup>^</sup>	PA
sodium phenylbutyrate oral tablet 500 mg	5 <sup>^</sup>	PA
sodium polystyrene sulfonate oral powder 15 gram	2	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	2	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	2	
trientine oral capsule 250 mg	5 <sup>^</sup>	PA
water for irrigation, sterile irrigation solution	4	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	

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**藥物名稱****藥物層 要求/限制  
級****戒菸**

bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	2	QL (60 EA per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	2	
varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)	2	

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한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-844-428-2224 (TTY: 711)번으로 전화해 주십시오.

ພາສາລາວ ໝາຍເຫດ: ມີບໍລິການຊ່ວຍເຫຼືອດ້າຍພາສາພາສາພາສາລາວ ນອກຈາກນີ້ຍັງມີ ບໍລິການຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍ ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍເພີ່ມເຕີມ. ໂທ 1-844-428-2224 (TTY: 711).

മലയാളം ശ്രദ്ധിക്കൂ: നിങ്ങൾക്ക് സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകുന്നതിന്, സൗജന്യമായി അനുയോജ്യമായ ഓക്സിലിയറി സഹായങ്ങളും സേവനങ്ങളും ലഭ്യമാണ്. 1-844-428-2224 (TTY: 711) എന്ന നമ്പറിൽ വിളിക്കുക.

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-844-428-2224 (TTY: 711) वर कॉल करा.

Diné Bizaad BAA NAANISH'AGHA: T'aadoo baabhilinigoo saad 'ahiilka 'ana'alwo' biniit'aa bineesh'a bil hadlee' goo ni. Ch'idi'nishaah t'aala'i bi'aa yilts'ilgo bika 'iishyeed 'aadoo biniit'aa goo bik'inaasdzil bil ch'idaash'a di baa honit'l' ya'akogoo bineesh'a aldo' bil hadlee' t'aadoo baabhilinigoo 'at'e yeel. Bika 'adishni 1-844-428-2224 (TTY: 711).

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्।

1-844-428-2224 (TTY: 711) मा कल गर्नुहोस्।

Pennsylvania Deitsch GEB ACHT: Schprooch Hilfe sin meeglich mitaus Koscht. Rechtliche Auxiliary Aids un Hilfe um Information zu gewwe in helfreiche Formats sin aa meeglich mit aus Koscht. Ruf 1-844-428-2224 (TTY: 711).

Polski UWAGA: usługi wsparcia językowego są dostępne nieodpłatnie. Bezpłatnie oferowane są również dodatkowe pomoce i usługi pozwalające na przekazanie informacji w formacie przystępnym dla odbiorcy. Zadzwoń pod numer 1-844-428-2224 (TTY: 711).

Português ATENÇÃO: estão disponíveis serviços de assistência gratuitos no seu idioma. Também estão disponíveis apoios auxiliares e serviços adequados que oferecem informações em formatos acessíveis e sem custos. Ligue para 1-844-428-2224 (TTY: 711).

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਣਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। 1-844-428-2224 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-844-428-2224 (TTY: 711).

Gagana Sāmoa FA'AALIGA: O lo'o avanoa fua ia te oe auaunaga fesoasoani i le gagana. E avanoa fo'i fua fesoasoani ma meafaigaluega talafeagai e tu'uina atu ai fa'amatalaga i auala faigofie ona malamalama ai. Vala'au 1-844-428-2224 (TTY: 711).

Srpski PAŽNJA: Dostupne su vam besplatne usluge jezičke pomoći. Odgovarajuća pomagala i pomoćne usluge koje nude informacije o pristupačnim formatima takođe su besplatne. Pozovite broj 1-844-428-2224 (TTY: 711).

Soomaali DIGNIIN: Adeegyada kaalmada luqadda bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo kaabayaal ku habboon ayaa diyaar ah si macluumaadka loogu helo qaabab sahlan oo la heli karo, iyadoo aan wax kharash ah lagaaga qaadin. Wac 1-844-428-2224 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-844-428-2224 (TTY: 711).

Kiswahili TANBIHI: Huduma za usaidizi wa lugha zinapatikana bila malipo kwako. Nyenzo na huduma sahihi za usaidizi za kutoa maelezo katika miundo inayoweza kufikiwa pia zinapatikana bila malipo. Piga simu 1-844-428-2224 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-844-428-2224 (TTY: 711).

தமிழ் உங்களின் கவனத்திற்கு: உங்களுக்கு மொழி உதவிக்கான இலவச சேவைகள் கிடைக்கின்றன. பயன்படுத்தக்கூடிய வடிவங்களில் தகவல்களை வழங்குவதற்குப் பொருத்தமான புலன் உணர்வுக் கருவிகளும் சேவைகளும் இலவசமாகக் கிடைக்கின்றன. 1-844-428-2224 (TTY: 711) என்ற எண்ணை அழைத்தீடுங்கள்.

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి.

1-844-428-2224 (TTY: 711) నంబర్కి కాల్ చేయండి.

ไทย โปรดทราบ: พร้อมให้บริการความช่วยเหลือทางภาษาฟรีแก่คุณ และมีความช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่ายด้วยเช่นกัน โทร 1-844-428-2224 (TTY: 711)

Twi HYE NO NSO: Kasa ho mmoa dwumadie ahodoɔ wo ho ma wo a wontua hwee. Nneema a ebeboa wo ama wate nsem ne dwumadie ahodoɔ a ede nsem bema wo wo akwan bebreɛ so nso wo ho a wontua hwee. Fre 1-844-428-2224 (TTY: 711).

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-844-428-2224 (TTY: 711).

اردو توجہ: زبان معاونت کی خدمات آپ کے لیے مفت دستیاب ہیں۔ معلومات کو قابل رسائی شکل میں فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔  
1-844-428-2224 (TTY: 711) پر کال کریں۔

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-844-428-2224 (TTY: 711).

יידיש אויפֿמערקזאַמקייט: פרייע שפראַך הילף סערוויסעס זענען פֿאַר אייך פֿאַראַן. פֿאַסיקע הילפֿסמיטלען און סערוויסעס צו צושטעלן אינפֿאַרמאַציע אין צוגענגלעכע פֿאַרמאַטן זענען אויך פֿאַראַן פֿריי פֿון אָפּצאָל.  
רופֿט 1-844-428-2224 (TTY: 711).

Yorùbá ÀKÍYÈSÍ: Àwọn iṣẹ̀ ìránlọ́wọ̀ ti èdè wà nílẹ̀ fún ọ̀ lọ́fẹ́ẹ̀. Àwọn iṣẹ̀ àti àwọn ìránwọ̀ arannílọ́wọ̀ tóyẹ̀ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọ̀sílẹ̀ tóṣeé ráàyè sí tún wà nílẹ̀ bákan náà lọ́fẹ́ẹ̀ láisan owó rárá. Pe 1-844-428-2224 (TTY: 711).

## **Arizona**

Wellcare Specialty Simple (HMO C-SNP)  
H0351038000 H0351057000

**1-800-977-7522 (TTY: 711)**

**[go.wellcare.com/AZ](https://go.wellcare.com/AZ)**

## **Nevada**

Wellcare Specialty Simple (HMO-POS  
C-SNP)

**1-800-977-7522 (TTY: 711)**

**[go.wellcare.com/NV](https://go.wellcare.com/NV)**

## **California**

Wellcare Specialty Simple (HMO C-SNP)  
H0562092000,

Wellcare Specialty Simple Focus (HMO  
C-SNP)

**1-800-275-4737 (TTY: 711)**

**[go.wellcare.com/HealthNetCA](https://go.wellcare.com/HealthNetCA)**



本處方集於 **02/01/2026** 更新。

如需最新資訊或有其他問題，請撥打本處方集封面內頁和封底所列計劃的電話號碼或網站至 Wellcare 會員服務部與我們聯絡，在 10 月 1 日至 3 月 31 日期間，代表的服務時間為一週七天，上午 8 點至晚上 8 點，在 4 月 1 日至 9 月 30 日期間，代表的服務時間為週一至週五，上午 8 點至晚上 8 點。

02/01/2026

**Medicare**<sub>Rx</sub>  
Prescription Drug Coverage