

Wellcare Dual Align 001 Wellcare Dual Align 129, HMO D-SNP | 2023 承保藥物清單 (處方集)

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引言

本文件稱為**承保藥物清單** (也稱為「藥物清單」)。其中說明哪些處方藥屬於本項計劃的承保範圍。「藥物清單」也會告訴您，這項計劃所承保的任何藥物是否有任何特殊規定或限制。

我們的聯絡資訊與「藥物清單」的最近更新日期都列於封面與封底。關鍵術語和其定義會列在《會員手冊》的最後一章。

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更新於 12/01/2023。如需更多最新資訊或有其他問題，請致電 Wellcare Dual Align 001 會員服務，電話 **1-866-999-3945**，或致電 Wellcare Dual Align 129 會員服務，電話 **1-888-431-9007**，TTY 使用者請撥打 **711**。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日，上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點。或請造訪 Wellcare Dual Align 001，網址為 www.wellcare.com/medicare；或 Wellcare Dual Align 129，網址為 www.wellcare.com/healthnetCA。

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A. 免責聲明

這是會員可在我們的計劃中獲得的藥物清單。

- ❖ Wellcare 是 Centene Corporation 的 Medicare 品牌、是與 Medicare 簽訂合約的 HMO 計劃，且是經批准的 D 部分贊助商。我們的 D-SNP 計劃與 Medi-Cal 計劃簽訂合約。投保我們的計劃取決於續約情況。
- ❖ 您隨時可以向 Wellcare Dual Align 001 (HMO-DSNP) 查閱本計劃的最新承保藥物清單，線上查詢網址為 www.wellcare.com/medicare，或致電 1-866-999-3945；亦可向 Wellcare Dual Align 129 (HMO-DSNP) 查詢，線上查詢網址為 www.wellcare.com/healthnetCA，或致電 1-888-431-9007，TTY 711。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點。
- ❖ 您可以免費獲得其他格式 (例如大字版、點字版或語音版) 的本文件。請致電 Wellcare Dual Align 001 (HMO-DSNP)：1-866-999-3945，或 Wellcare Dual Align 129 (HMO-DSNP)：1-888-431-9007，TTY 711。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日，上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點。此為免付費電話。
- ❖ 如果您想要求替代格式 (大字版、語音版，易於取用的電子格式、其他格式) 或其他偏好語言，請致電會員服務部，Wellcare Dual Align 001 (HMO-DSNP) 電話為 1-866-999-3945，Wellcare Dual Align 129 (HMO-DSNP) 電話為 1-888-431-9007，TTY 711。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日，上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點。此為免付費電話。
 - 如果您在提出要求後仍希望繼續收到列印資料，我們將繼續每年提供這些資料，直到提出終止要求為止。
 - 如果您有任何問題/疑慮，或是想要更新偏好語言和/或格式要求，請致電 Wellcare Dual Align 001 (HMO-DSNP) 會員服務部：1-866-999-3945，或 Wellcare Dual Align 129 (HMO-DSNP)：1-888-431-9007，TTY 711。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日，上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點。此為免付費電話。



如果您有任何問題，請致電 Wellcare Dual Align 001 (HMO-DSNP)，電話 1-866-999-3945 或 Wellcare Dual Align 129 (HMO-DSNP)，電話 1-888-431-9007，TTY 711。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日，上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點。此為免付費電話。如需更多資訊，請造訪 Wellcare Dual Align 001 (HMO-DSNP)，網址為 www.wellcare.com/medicare；或 Wellcare Dual Align 129 (HMO-DSNP)，網址為 www.wellcare.com/healthnetCA。

B. 常見問題 (FAQ)

尋找關於此承保藥物清單的問題解答。您可以閱讀所有常見問題以進一步瞭解，或尋找問題與解答。

B1. 承保藥物清單上有哪些處方藥？(我們把承保藥物清單簡稱為「藥物清單」)。

第 15 頁開始之承保藥物清單上的藥物，是 Wellcare Dual Align 001 (HMO-DSNP) 和 Wellcare Dual Align 129 (HMO D-SNP) 承保的藥物。這些藥物可在我們網絡內的藥房取得。如果我們與藥房簽訂協議，以便與我們合作並為您提供服務，則藥房就在我們的網絡中。我們將這些藥房稱為「網絡藥房」。這份「承保藥物清單」中包含的處方藥由本項計劃承保。其他藥品，例如非處方 (OTC) 藥品和特定維他命，可能由 Medi-Cal Rx 承保。請造訪 Medi-Cal Rx 網站 (www.medi-calrx.dhcs.ca.gov)，以取得更多資訊。您也可以致電 Medi-Cal Rx 客戶服務中心，電話是 800-977-2273。透過 Medi-Cal Rx 取得處方時，請攜帶您的 Medi-Cal 受益人身分識別卡 (BIC)。

- 在以下情況下，我們的計劃將承保「藥物清單」上所有醫療所必需的藥物：
 - 您的醫生或其他處方開立者表示您需要它們以好轉或保持健康，
 - 我們的計劃同意該藥物對您而言是醫療所必需，且
 - 您在計劃網絡藥房中配取處方藥。
- 在某些情況下，您必須先達成某些條件才能取得藥物。請參閱問題 B4 以取得更多資訊。

您也可以在我們的網站上找到最新的承保藥物清單，Wellcare Dual Align 001 (HMO-DSNP) 的網址為 www.wellcare.com/medicare；Wellcare Dual Align 129 (HMO-DSNP) 的網址為 www.wellcare.com/healthnetCA，或是撥打文件頁尾所列出的電話號碼，聯絡會員服務部。

B2. 藥物清單是否會變更？

是，在變更藥物清單時，我們的計劃必須遵守 Medicare 和 Medi-Cal 的規定。我們可能會在年中新增或移除藥物清單上的藥物。

我們也可能變更有關藥物的規定。例如，我們可以：

- 決定對藥物要求或不要求事先授權。(事先授權是指在您獲得藥物之前，取得計劃的許可)。
- 新增或變更您可以獲得的藥物數量(稱為數量限制)。
- 新增或變更藥物的階段療法限制。(階段療法表示在我們承保另一種藥物之前，您必須先試用一種藥物)。

如需這些藥物規定的更多資訊，請參閱問題 B4。

如果您正在服用年度**開始**時所承保的藥物，我們通常不會在**該年度剩餘時間內**刪除或變更該藥物的承保範圍，除非：

- 新的更便宜藥物上市，而且和藥物清單上的藥物一樣有效，**或是**
- 我們得知某種藥物不安全；**或**
- 藥物遭下架。

問題 B3 和 B6 更詳細說明藥物清單變更時的情況。

- 您隨時可以於線上查閱我們最新的藥物清單，Wellcare Dual Align 001 (HMO-DSNP) 的網址為 www.wellcare.com/medicare；Wellcare Dual Align 129 (HMO-DSNP) 的網址為 www.wellcare.com/healthnetCA。
- 您也可以撥打本頁底部所列號碼致電會員服務部，以查詢目前的藥物清單。



如果您有任何問題，請致電 Wellcare Dual Align 001 (HMO-DSNP)，電話 1-866-999-3945 或 Wellcare Dual Align 129 (HMO-DSNP)，電話 1-888-431-9007，TTY 711。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日，上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點。此為免付費電話。如需更多資訊，請造訪 Wellcare Dual Align 001 (HMO-DSNP)，網址為 www.wellcare.com/medicare；或 Wellcare Dual Align 129 (HMO-DSNP)，網址為 www.wellcare.com/healthnetCA。

B3.當藥物清單有變更時，會發生什麼狀況？

藥物清單的某些變更會立即發生。例如：

- **有新的學名藥可供使用。**有時，新的學名藥上市，而且和目前藥物清單上的原廠藥一樣有效。若發生這種情況，我們可能會移除原廠藥，並加入新的學名藥，但您的新藥物費用仍維持在\$0。當我們加入新的學名藥時，我們可能也會決定將原廠藥保留在清單上，但會變更其承保規定或限制。
 - 我們可能不會在進行這項變更之前告知您，但我們會在變更發生後，將具體變更的相關資訊傳送給您。
 - 您或您的服務提供者可以要求這些變更的例外處理。我們會傳送通知給您，告知您可採取的步驟以要求例外處理。請參閱問題 B10-B12，以瞭解例外處理的更多資訊。
- **藥物遭下架。**如果美國食品藥物管理局 (FDA) 表示您正在服用的藥物不安全，或製藥商已將其下架，我們會將其從藥物清單上刪除。如果您正在服用該藥物，我們會告知您。請與您的醫生或其他處方開立者討論，以幫助您決定藥物清單上是否有您可以改用的類似藥物。

我們可能會做出會影響您所服用藥物的其他變更。我們會事先告知您藥物清單的這些其他變更。這些變更可能會在下列情況下發生：

- FDA 提供新的指引，或是有新的藥物臨床指導原則。
- 我們新增一種非新上市的學名藥，並
 - 取代目前在藥物清單上的原廠藥；或
 - 變更原廠藥的承保規定或限制。

當這些變更發生時，我們會：

- 在我們變更藥物清單之前至少 30 天告訴您；或
- 告知您，並在您要求續配後，提供您 30 天的藥量。

這會讓您有時間與您的醫生或其他處方開立者討論。他們可以協助您決定：

- 如果藥物清單上有類似的藥物，您可以改用；或
- 是否要求這些變更的例外處理。若要進一步瞭解例外處理，請參閱問題 B10-B12。

B4. 藥物承保是否有任何限制或上限，或需要採取任何必要行動以獲得特定藥物？

是的，有些藥物有承保規定，或對您可獲得的量設有上限。在某些情況下，您、您的醫生或其他處方開立者必須採取某些行動才能獲得藥物。例如：

- **事先授權：**對於某些藥物，您、您的醫生或其他處方開立者在您領取處方藥之前，必須先獲得授權。事先授權與轉診不同。如果您沒有獲得事先授權，我們的計劃可能不會承保該藥物。
- **數量限制：**有時我們的計劃會限制您可以獲得的藥物量。
- **階段療法：**有時我們的計劃會要求您進行階段療法。這表示您必須按照特定順序嘗試藥物以改善疾病。在我們承保另一種藥物之前，您可能必須先嘗試一種藥物。如果您的醫生或其他處方開立者認為第一種藥物對您沒有作用，我們將承保第二種藥物。

您可以在從第 15 頁起的一覽表，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取得更多資訊，Wellcare Dual Align 001 (HMO-DSNP) 的網址為 www.wellcare.com/medicare；Wellcare Dual Align 129 (HMO-DSNP) 的網址為 www.wellcare.com/healthnetCA。我們已發布線上文件，說明我們的事先授權和階段療法的限制。您也可以要求我們寄一份副本給您。

您可以要求這些上限的例外處理。這會讓您有時間與您的醫生或其他處方開立者討論。他們可以幫助您決定是否可以改用藥物清單上的類似藥物，或是否請求例外處理。請參閱問題 B10-B12 以瞭解有關例外處理的更多資訊。

B5. 我要如何知道我想要的藥物是否有限制，或是否需要採取任何必要行動才能獲得藥物？

第 15 頁根據醫療狀況的藥物清單一覽表中，有一欄標示為「使用上的必要的動作、限制或上限」。



如果您有任何問題，請致電 Wellcare Dual Align 001 (HMO-DSNP)，電話 1-866-999-3945 或 Wellcare Dual Align 129 (HMO-DSNP)，電話 1-888-431-9007，TTY 711。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日，上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點。此為免付費電話。如需更多資訊，請造訪 Wellcare Dual Align 001 (HMO-DSNP)，網址為 www.wellcare.com/medicare；或 Wellcare Dual Align 129 (HMO-DSNP)，網址為 www.wellcare.com/healthnetCA。

B6. 如果我們的計劃對承保某些藥物的方式 (例如事先授權、數量限制，和/或階段療法限制) 變更其相關規定，會發生什麼情況？

在某些情況下，我們會事先告知您，我們是否新增或變更藥物的事先授權、數量限制，和/或階段療法限制。請參閱問題 B3，以瞭解本事先通知，以及我們可能無法事先告知您藥物清單上藥物相關規定變更的情況。

B7. 我要如何在藥物清單上找到藥物？

有兩種方法可以找到藥物：

- 您可以按字母順序搜尋，或
- 您可以依醫療狀況搜尋。

若要**依字母順序**搜尋，請在「承保藥物索引」區段中尋找您的藥物。如果您知道如何拼寫該藥物，您可以找到它。「承保藥物索引」是藥物清單中所有藥物的字母順序清單。索引中列出了原廠藥和學名藥。Medi-Cal Rx 所承保的 OTC 藥物不會列在藥物清單中。

若要**按醫療狀況**搜尋，請在第 12 頁找到標示為「按照醫療狀況的藥物清單」區段。本區段的藥物係依據適用醫療狀況之類型劃分為不同類別。例如，如果您有心臟疾病，您應該查看「CARDIOVASCULAR」(心血管) 這個類別。您會在此找到治療心臟狀況的藥物。

B8. 如果我想服用的藥物不在藥物清單上該怎麼辦？

如果您在藥物清單上找不到您的藥物，請撥打本文件底部所列號碼，以致電會員服務部並詢問。如果您得知我們的計劃將不承保該藥物，您可以進行以下其中一項動作：

- 請會員服務部提供類似您想要服用藥物之藥物清單。然後向您的醫生或其他處方開立者出示此清單。他們可以開立類似您想服用藥物的此清單上藥物。或
- 您也可以申請計劃例外處理，承保您的藥物。請參閱問題 B10-B12 以瞭解有關例外處理的更多資訊。

B9.如果我是新的計劃會員，並且無法在藥物清單上找到我的藥物，或在獲得藥物時遇到問題，該怎麼辦？

我們樂於協助。您成為我們計劃會員的最初 90 天內，我們可能承保您藥物的 30 天暫時供應。這會讓您有時間與您的醫生或其他處方開立者討論。他們可以幫助您決定是否可以改用藥物清單上的類似藥物，或是否請求例外處理。

如果您處方開立的天數較短，我們將允許您多次續配處方，直到我們為您提供的藥量達到 30 天份上限為止。

如果發生以下情況，我們將承保 30 天的藥物供應：

- 您正在服用不在我們藥物清單上的藥物，**或**
- 我們的計劃規定不讓您獲得處方開立者所開立的數量，**或**
- 該藥物需要由我們的計劃提供事先授權，**或**
- 您正在服用屬於階段療法限制一部分的藥物。

如果您正在服用本計劃不認定為 D 部分藥物的藥物，您有權獲得一次 72 小時的藥物供應量。

如果您在護理院或其他長期照護機構，並且需要不在藥物清單上的藥物，或者如果您無法方便地獲得所需的藥物，我們可以幫助您。如果您已加入計劃超過 90 天、住在長期照護機構內，並立即需要藥物供應：

- 無論您是否為新的計劃會員，我們將承保您所需的藥物一次 31 天供應量 (除非您的處方天數較少)。
- 這是您身為本計劃會員前 90 天內臨時供應之外的額外增加。

如果您的照護等級有所變更，我們將承保您藥物的過渡供應量。您出院時，照護等級會發生變化。當您搬入或離開長期照護機構時，也會發生這種情形。

- 如果您從長期照護機構或醫院搬回家而需要過渡藥量，我們將承保一次 30 天的藥量。如果您的處方天數較少，我們允許續配以提供最多總計 30 天的藥量。
- 如果您從家中或醫院轉到長期照護機構，並且需要過渡藥量，我們將承保一次 31 天的藥量。如果您的處方天數較少，我們允許續配以提供最多總計 31 天的藥量。



如果您有任何問題，請致電 Wellcare Dual Align 001 (HMO-DSNP)，電話 1-866-999-3945 或 Wellcare Dual Align 129 (HMO-DSNP)，電話 1-888-431-9007，TTY 711。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日，上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點。此為免付費電話。如需更多資訊，請造訪 Wellcare Dual Align 001 (HMO-DSNP)，網址為 www.wellcare.com/medicare；或 Wellcare Dual Align 129 (HMO-DSNP)，網址為 www.wellcare.com/healthnetCA。

B10. 我可以申請例外處理以承保我的藥物嗎？

是。您可以要求我們的計劃對不在藥物清單中的藥物提供例外處理。

您也可以要求我們變更對於您藥物的規定。

- 例如，我們的計劃可能會限制我們將承保的藥物量。如果您的藥物有限制，您可以要求我們變更限制並承保較多的藥量。
- 其他範例：您可以要求我們取消階段療法限制或事先授權要求。

B11. 我要如何申請例外處理？

若要申請例外處理，請致電會員服務部。會員服務部代表將與您和您的服務提供者合作，幫助您申請例外處理。您也可以閱讀《會員手冊》第 9 章，以進一步瞭解例外處理。

B12. 例外處理需要多久時間？

我們收到您的處方開立者支持您例外處理要求的聲明後，會在 72 小時內告知您決定。您、您的代表或您的醫生 (或其他處方開立者) 可以致電、寫信或傳真給我們以提出您的要求。您也可以從我們的網站瞭解承保決定程序。如需詳細資訊，請參閱《會員手冊》第 2 章第 A 節，並查看「會員服務」一節。

如果您或您的處方開立者認為，要是您必須等待 72 小時才能得知決定，您的健康可能因此受害，則您可以請求加快例外處理。這是更快的決定。如果您的處方開立者支持您的要求，我們將在獲得您開立處方者支持聲明的 24 小時內告知您決定。

B13. 學名藥是什麼？

學名藥是由與原廠藥相同的活性成分所製成。它們的費用通常低於原廠藥，通常沒有著名的名稱。學名藥經美國食品藥物管理局 (FDA) 核准。

我們的計劃承保了原廠藥和副廠藥。

B14. 甚麼是 OTC 藥物？

OTC 指的是「Over-The-Counter」(非處方)。您的服務提供者開立部份 OTC 藥物時，Medi-Cal Rx 會加以承保。

您可以閱讀 Medi-Cal Rx 藥物清單，以瞭解哪些 OTC 藥物在承保範圍內。

B15. 我們的計劃是否承保非藥物 OTC 產品？

您的服務提供者將部份非藥物 OTC 產品列入處方中時，Medi-Cal Rx 會加以承保。

非藥物 OTC 產品的範例包括酒精棉片和紗布片。

您可以閱讀 Medi-Cal Rx 藥物清單，以瞭解哪些非 OTC 產品在承保範圍內。

B16. 我們的計劃是否承保長期供應的處方藥？

- **郵購計劃。**我們提供郵購計劃，讓您獲得直接送到您家最多 90 天的處方藥量。90 天藥量與一個月藥量的共付額相同。
- **90 天零售藥房計劃。**某些零售藥房可能也會提供最多 90 天的承保處方藥供應量。90 天藥量與一個月藥量的共付額相同。

B17. 我的共付額是什麼？

只要會員遵守計劃的規定，我們的計劃會員無需支付處方藥、OTC 藥物和非藥物產品的共付額。有關 OTC 藥物和非藥物產品的更多資訊，請參閱問題 B14 和 B15。

層級是我們藥物清單上的藥物類別。

- 層級 1 (所有 D 部分承保藥物) 包括原廠藥和學名藥。此層級沒有共付額。

如果您有任何問題，請撥打本頁底部列出的電話號碼，致電會員服務部。



如果您有任何問題，請致電 Wellcare Dual Align 001 (HMO-DSNP)，電話 1-866-999-3945 或 Wellcare Dual Align 129 (HMO-DSNP)，電話 1-888-431-9007，TTY 711。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日，上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點。此為免付費電話。如需更多資訊，請造訪 Wellcare Dual Align 001 (HMO-DSNP)，網址為 www.wellcare.com/medicare；或 Wellcare Dual Align 129 (HMO-DSNP)，網址為 www.wellcare.com/healthnetCA。

C. 承保藥物清單概覽

承保藥物清單提供您我們計劃承保藥物的相關資訊。若您在清單上找不到您的藥物，請查詢從 INDEX-1 頁開始的承保藥物索引。此索引按字母順序列出我們計劃承保的所有藥物。

- **NM** 表示該藥物無法使用您的每月郵寄服務福利取得。這在處方集的「使用上的必要的動作、限制或上限」欄中有註明。
- **PA** 是指事先授權 (Prior Authorization)。請參閱問題 B4。
- **PA-NS** 是指首次用藥者事先授權 (Prior Authorization for New Starts)。這意味著，如果此藥物是您第一次使用，您將需要得到我們的批准，才可以領取處方藥。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** 表示 Medicare B 或 D 承保。此藥物可能符合根據 Medicare B 部分或 D 部分付款的資格。在您配取此藥物的處方之前，您 (或您的醫師) 必須取得我們的事先授權，確定此藥物在 Medicare Part D 下是否承保。未取得事先核准，我們可能無法承保此藥物。
- **QL** 是指數量上限 (Quantity Limits)。請參閱問題 B4。
- **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，請諮詢您的服務提供者和藥房名錄，或致電會員服務部。Wellcare Dual Align 001 (HMO-DSNP) 的電話為 1-866-999-3945；Wellcare Dual Align 129 (HMO-DSNP) 的電話為 1-888-431-9007，TTY 711。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日，上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點，或請造訪 Wellcare Dual Align 001 (HMO-DSNP)，網址為 www.wellcare.com/medicare；或 Wellcare Dual Align 129 (HMO-DSNP)，網址為 www.wellcare.com/healthnetCA。
- **ST** 是指階段性療法 (Step Therapy)。請參閱問題 B4。
- **^** 代表藥物可能最多僅能提供 30 天的份量。

注意：Medi-Cal Rx 承保的非處方 (OTC) 藥物並非「D 部分藥物」。這些藥物有不同的上訴規定。

- 如果您認為我們出錯，上訴是一種要求我們審查對您的承保所做決定或改變決定的正式方式。
- 例如，我們可能會決定您想要的藥物不在 Medicare 或 Medi-Cal 的承保範圍內。
- 如果您或您的醫生不同意我們的決定，您可以提出上訴。如果您有任何問題，請撥打本文件頁尾列出的電話號碼，致電會員服務部。
- 您也可以閱讀《會員手冊》第 9 章，瞭解如何針對決定提出上訴。

C1. 按醫療狀況列出的藥物清單

本區段的藥物係依據適用醫療狀況之類型劃分為不同類別。例如，如果您有心臟疾病，您應該查看「CARDIOVASCULAR」(心血管) 這個類別。您會在此找到治療心臟狀況的藥物。

您可以在第 11 頁找到關於此表中符號和縮寫含義的資訊。

表中的第一欄列出藥物名稱。學名藥以小寫斜體 (例如 simvastatin) 列出，而原廠藥則為大寫 (例如 ELIQUIS)。

在「使用上的必要的動作、限制或上限」欄中的資訊，會告訴您我們的計劃是否有承保您藥物的任何規定。



如果您有任何問題，請致電 Wellcare Dual Align 001 (HMO-DSNP)，電話 1-866-999-3945 或 Wellcare Dual Align 129 (HMO-DSNP)，電話 1-888-431-9007，TTY 711。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日，上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點。此為免付費電話。**如需更多資訊**，請造訪 Wellcare Dual Align 001 (HMO-DSNP)，網址為 www.wellcare.com/medicare；或 Wellcare Dual Align 129 (HMO-DSNP)，網址為 www.wellcare.com/healthnetCA。

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)	
中樞神經系統		
偏頭痛		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (1)	PA; QL (1 ML per 30 days)
dihydroergotamine mesylate injection solution 1 mg/ml	\$0 (1)	^
dihydroergotamine mesylate nasal solution 4 mg/ml	\$0 (1)	PA; QL (8 ML per 30 days); ^
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (1)	PA; QL (3 ML per 30 days); ^
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	\$0 (1)	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	\$0 (1)	PA; QL (2 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	\$0 (1)	PA; QL (40 EA per 28 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	\$0 (1)	QL (12 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	\$0 (1)	PA; QL (16 EA per 30 days); ^
rizatriptan benzoate oral tablet 10 mg, 5 mg	\$0 (1)	QL (18 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	\$0 (1)	QL (18 EA per 30 days)
sumatriptan nasal solution 20 mg/act	\$0 (1)	QL (12 EA per 30 days)
sumatriptan nasal solution 5 mg/act	\$0 (1)	QL (24 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	QL (12 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	\$0 (1)	QL (9 ML per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	\$0 (1)	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	\$0 (1)	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	\$0 (1)	QL (9 ML per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已於 12/01/2023 更新

藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)	
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	\$0 (1)	QL (6 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	\$0 (1)	QL (12 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	\$0 (1)	QL (12 EA per 30 days)
其他		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	\$0 (1)	PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	\$0 (1)	PA; QL (90 EA per 30 days); ^
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	\$0 (1)	PA; QL (84 EA per 365 days); ^
GRALISE ORAL TABLET 300 MG	\$0 (1)	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET 450 MG	\$0 (1)	PA; QL (120 EA per 30 days)
GRALISE ORAL TABLET 600 MG	\$0 (1)	PA; QL (90 EA per 30 days)
GRALISE ORAL TABLET 750 MG, 900 MG	\$0 (1)	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	\$0 (1)	PA; LA; QL (28 EA per 28 days); ^
lithium carbonate er oral tablet extended release 300 mg, 450 mg	\$0 (1)	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	\$0 (1)	
lithium carbonate oral tablet 300 mg	\$0 (1)	
LITHIUM ORAL SOLUTION 8 MEQ/5ML	\$0 (1)	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	\$0 (1)	PA; QL (90 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	\$0 (1)	PA; QL (60 EA per 30 days)

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已於 12/01/2023 更新

藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
NUDEXTA ORAL CAPSULE 20-10 MG	\$0 (1)	PA; QL (60 EA per 30 days)
pyridostigmine bromide oral tablet 60 mg	\$0 (1)	
riluzole oral tablet 50 mg	\$0 (1)	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (1)	PA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	\$0 (1)	PA
tetrabenazine oral tablet 12.5 mg	\$0 (1)	PA; QL (90 EA per 30 days); ^
tetrabenazine oral tablet 25 mg	\$0 (1)	PA; QL (120 EA per 30 days); ^
多發性硬化症藥物		
AUBAGIO ORAL TABLET 14 MG, 7 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (1)	PA-NS; QL (14 EA per 28 days); ^
dalfampridine er oral tablet extended release 12 hour 10 mg	\$0 (1)	PA
fingolimod hcl oral capsule 0.5 mg	\$0 (1)	PA-NS; QL (28 EA per 28 days); ^
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	\$0 (1)	PA-NS; QL (30 ML per 30 days); ^
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	\$0 (1)	PA-NS; QL (12 ML per 28 days); ^
glatopa subcutaneous solution prefilled syringe 20 mg/ml	\$0 (1)	PA-NS; QL (30 ML per 30 days); ^
glatopa subcutaneous solution prefilled syringe 40 mg/ml	\$0 (1)	PA-NS; QL (12 ML per 28 days); ^
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	\$0 (1)	PA-NS; LA; ^
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	\$0 (1)	PA-NS; LA; QL (14 EA per 7 days); ^
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG	\$0 (1)	PA-NS; LA; ^
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^

您可以在本表的開頭處找到本表格的符號與縮寫資訊。已於 12/01/2023 更新

藥品名稱

**藥物費用 必要的動作、約束或使用限制
(層級)**

安眠藥

BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	\$0 (1)	QL (30 EA per 30 days)
tasimelteon oral capsule 20 mg	\$0 (1)	PA; QL (30 EA per 30 days); ^
temazepam oral capsule 15 mg	\$0 (1)	PA; PA if 65 years and older; QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	\$0 (1)	PA; PA if 65 years and older; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	\$0 (1)	PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)

心理治療-各類

acamprosate calcium oral tablet delayed release 333 mg	\$0 (1)	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	\$0 (1)	PA; QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	\$0 (1)	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	\$0 (1)	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	\$0 (1)	QL (90 EA per 30 days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	\$0 (1)	
disulfiram oral tablet 250 mg, 500 mg	\$0 (1)	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	\$0 (1)	
naloxone hcl injection solution cartridge 0.4 mg/ml	\$0 (1)	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
naloxone hcl nasal liquid 4 mg/0.1ml	\$0 (1)	
naltrexone hcl oral tablet 50 mg	\$0 (1)	
NICOTROL INHALATION INHALER 10 MG	\$0 (1)	
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0 (1)	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	\$0 (1)	
varenicline tartrate oral tablet 0.5 mg, 1 mg	\$0 (1)	QL (56 EA per 28 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (1)	^
抗失智症		
donepezil hcl oral tablet 10 mg	\$0 (1)	
donepezil hcl oral tablet 5 mg	\$0 (1)	QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg	\$0 (1)	
donepezil hcl oral tablet dispersible 5 mg	\$0 (1)	QL (30 EA per 30 days)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	\$0 (1)	QL (30 EA per 30 days)
galantamine hydrobromide oral solution 4 mg/ml	\$0 (1)	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	\$0 (1)	QL (60 EA per 30 days)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	\$0 (1)	PA; PA if < 30 yrs
memantine hcl oral solution 2 mg/ml	\$0 (1)	PA; PA if < 30 yrs
memantine hcl oral tablet 10 mg, 5 mg	\$0 (1)	PA; PA if < 30 yrs
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	\$0 (1)	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (1)	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	\$0 (1)	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	\$0 (1)	QL (30 EA per 30 days)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
抗帕金森藥物		
amantadine hcl oral capsule 100 mg	\$0 (1)	QL (120 EA per 30 days)
amantadine hcl oral solution 50 mg/5ml	\$0 (1)	
amantadine hcl oral tablet 100 mg	\$0 (1)	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	\$0 (1)	PA; LA; QL (60 ML per 30 days); ^
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	\$0 (1)	PA; QL (60 ML per 30 days); ^
benztropine mesylate injection solution 1 mg/ml	\$0 (1)	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)	PA; PA if 70 years and older
bromocriptine mesylate oral capsule 5 mg	\$0 (1)	
bromocriptine mesylate oral tablet 2.5 mg	\$0 (1)	
carbidopa oral tablet 25 mg	\$0 (1)	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	\$0 (1)	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	\$0 (1)	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	\$0 (1)	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	\$0 (1)	
entacapone oral tablet 200 mg	\$0 (1)	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	\$0 (1)	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	\$0 (1)	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	\$0 (1)	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	\$0 (1)	QL (30 EA per 30 days)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	\$0 (1)	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	\$0 (1)	
selegiline hcl oral capsule 5 mg	\$0 (1)	
selegiline hcl oral tablet 5 mg	\$0 (1)	
trihexyphenidyl hcl oral solution 0.4 mg/ml	\$0 (1)	PA; PA if 70 years and older
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	\$0 (1)	PA; PA if 70 years and older
抗抑鬱藥物		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	\$0 (1)	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	\$0 (1)	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	\$0 (1)	
bupropion hcl oral tablet 100 mg, 75 mg	\$0 (1)	
citalopram hydrobromide oral solution 10 mg/5ml	\$0 (1)	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	\$0 (1)	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	\$0 (1)	PA-NS
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	\$0 (1)	PA-NS; QL (30 EA per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	
doxepin hcl oral concentrate 10 mg/ml	\$0 (1)	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	\$0 (1)	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
escitalopram oxalate oral solution 5 mg/5ml	\$0 (1)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	\$0 (1)	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	\$0 (1)	PA-NS
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	\$0 (1)	
fluoxetine hcl oral solution 20 mg/5ml	\$0 (1)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	\$0 (1)	
MARPLAN ORAL TABLET 10 MG	\$0 (1)	QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	\$0 (1)	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	\$0 (1)	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	\$0 (1)	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	
nortriptyline hcl oral solution 10 mg/5ml	\$0 (1)	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	\$0 (1)	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5ml	\$0 (1)	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	\$0 (1)	
phenelzine sulfate oral tablet 15 mg	\$0 (1)	
protriptyline hcl oral tablet 10 mg, 5 mg	\$0 (1)	
sertraline hcl oral concentrate 20 mg/ml	\$0 (1)	

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sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	
tranylcypromine sulfate oral tablet 10 mg	\$0 (1)	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	\$0 (1)	
trimipramine maleate oral capsule 100 mg	\$0 (1)	QL (60 EA per 30 days)
trimipramine maleate oral capsule 25 mg, 50 mg	\$0 (1)	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	\$0 (1)	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	\$0 (1)	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (1)	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	\$0 (1)	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	\$0 (1)	QL (30 EA per 30 days)
抗焦慮		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	\$0 (1)	QL (150 EA per 30 days)
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	\$0 (1)	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	
lorazepam injection solution 2 mg/ml, 4 mg/ml	\$0 (1)	
lorazepam intensol oral concentrate 2 mg/ml	\$0 (1)	QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	\$0 (1)	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)	QL (150 EA per 30 days)
抗精神病藥物		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days); ^
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days); ^
aripiprazole oral solution 1 mg/ml	\$0 (1)	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
aripiprazole oral tablet dispersible 10 mg, 15 mg	\$0 (1)	QL (60 EA per 30 days); ^
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	\$0 (1)	^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	\$0 (1)	QL (3.9 ML per 56 days); ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	\$0 (1)	QL (1.6 ML per 28 days); ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	\$0 (1)	QL (2.4 ML per 28 days); ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	\$0 (1)	QL (3.2 ML per 28 days); ^
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	\$0 (1)	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (1)	QL (30 EA per 30 days); ^
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	\$0 (1)	
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML, 30 MG/ML	\$0 (1)	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)	
clozapine oral tablet 100 mg	\$0 (1)	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	\$0 (1)	QL (120 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	\$0 (1)	
clozapine oral tablet dispersible 100 mg	\$0 (1)	PA-NS; QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg, 25 mg	\$0 (1)	PA-NS
clozapine oral tablet dispersible 150 mg	\$0 (1)	PA-NS; QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	\$0 (1)	PA-NS
fluphenazine decanoate injection solution 25 mg/ml	\$0 (1)	

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fluphenazine hcl injection solution 2.5 mg/ml	\$0 (1)	
fluphenazine hcl oral concentrate 5 mg/ml	\$0 (1)	
fluphenazine hcl oral elixir 2.5 mg/5ml	\$0 (1)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	\$0 (1)	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	\$0 (1)	
haloperidol lactate injection solution 5 mg/ml	\$0 (1)	
haloperidol lactate oral concentrate 2 mg/ml	\$0 (1)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	\$0 (1)	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	\$0 (1)	QL (3.5 ML per 180 days); ^
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	\$0 (1)	QL (5 ML per 180 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0 (1)	QL (0.75 ML per 28 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0 (1)	QL (1 ML per 28 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0 (1)	QL (1.5 ML per 28 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (1)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0 (1)	QL (0.5 ML per 28 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	\$0 (1)	QL (0.88 ML per 90 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	\$0 (1)	QL (1.32 ML per 90 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	\$0 (1)	QL (1.75 ML per 90 days); ^

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INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	\$0 (1)	QL (2.63 ML per 90 days); ^
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (1)	QL (30 EA per 30 days); ^
LATUDA ORAL TABLET 80 MG	\$0 (1)	QL (60 EA per 30 days); ^
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	\$0 (1)	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	\$0 (1)	QL (30 EA per 30 days)
lurasidone hcl oral tablet 80 mg	\$0 (1)	QL (60 EA per 30 days)
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	\$0 (1)	
NUPLAZID ORAL CAPSULE 34 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
NUPLAZID ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
olanzapine intramuscular solution reconstituted 10 mg	\$0 (1)	QL (3 EA per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	\$0 (1)	QL (30 EA per 30 days)
olanzapine oral tablet dispersible 10 mg	\$0 (1)	QL (60 EA per 30 days)
olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	\$0 (1)	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	\$0 (1)	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	\$0 (1)	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	\$0 (1)	QL (1 EA per 30 days); ^
pimozide oral tablet 1 mg, 2 mg	\$0 (1)	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	\$0 (1)	PA-NS; QL (30 EA per 30 days)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	\$0 (1)	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0 (1)	QL (60 EA per 30 days); ^
REXULTI ORAL TABLET 3 MG, 4 MG	\$0 (1)	QL (30 EA per 30 days); ^
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	\$0 (1)	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	\$0 (1)	QL (2 EA per 28 days); ^
risperidone oral solution 1 mg/ml	\$0 (1)	QL (240 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	\$0 (1)	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg	\$0 (1)	QL (90 EA per 30 days)
risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg	\$0 (1)	QL (60 EA per 30 days)
risperidone oral tablet dispersible 4 mg	\$0 (1)	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	\$0 (1)	QL (30 EA per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	\$0 (1)	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	\$0 (1)	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	\$0 (1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (1)	PA-NS; QL (600 ML per 30 days); ^
VRAYLAR ORAL CAPSULE 1.5 MG	\$0 (1)	QL (60 EA per 30 days); ^
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	\$0 (1)	QL (30 EA per 30 days); ^
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	\$0 (1)	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	\$0 (1)	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	\$0 (1)	QL (6 EA per 3 days)

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ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	\$0 (1)	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	\$0 (1)	PA-NS; QL (2 EA per 28 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	\$0 (1)	PA-NS; QL (1 EA per 28 days); ^
抗驚厥藥物		
APTOM ORAL TABLET 200 MG, 400 MG	\$0 (1)	QL (30 EA per 30 days); ^
APTOM ORAL TABLET 600 MG, 800 MG	\$0 (1)	QL (60 EA per 30 days); ^
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	\$0 (1)	PA-NS
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (1)	PA-NS; QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	\$0 (1)	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	\$0 (1)	
carbamazepine oral suspension 100 mg/5ml	\$0 (1)	
carbamazepine oral tablet 200 mg	\$0 (1)	
carbamazepine oral tablet chewable 100 mg	\$0 (1)	
CELONTIN ORAL CAPSULE 300 MG	\$0 (1)	
clobazam oral suspension 2.5 mg/ml	\$0 (1)	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	\$0 (1)	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	\$0 (1)	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	\$0 (1)	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	\$0 (1)	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	\$0 (1)	PA-NS; PA if 65 years and older; QL (180 EA per 30 days)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL PACKET 250 MG	\$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL PACKET 500 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
diazepam injection solution 5 mg/ml	\$0 (1)	
diazepam intensol oral concentrate 5 mg/ml	\$0 (1)	PA-NS; PA if 65 years and older; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	\$0 (1)	PA-NS; PA if 65 years and older; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	\$0 (1)	PA-NS; PA if 65 years and older; QL (120 EA per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	\$0 (1)	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	\$0 (1)	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	\$0 (1)	
DILANTIN ORAL SUSPENSION 125 MG/5ML	\$0 (1)	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	\$0 (1)	
divalproex sodium oral capsule delayed release sprinkle 125 mg	\$0 (1)	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	\$0 (1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (1)	PA-NS; LA; QL (600 ML per 30 days); ^
epitol oral tablet 200 mg	\$0 (1)	
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (1)	PA-NS; QL (480 ML per 30 days)
ethosuximide oral capsule 250 mg	\$0 (1)	
ethosuximide oral solution 250 mg/5ml	\$0 (1)	
felbamate oral suspension 600 mg/5ml	\$0 (1)	^

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
felbamate oral tablet 400 mg, 600 mg	\$0 (1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (1)	PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (1)	PA-NS; QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	\$0 (1)	QL (180 EA per 30 days)
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	\$0 (1)	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	\$0 (1)	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	\$0 (1)	QL (120 EA per 30 days)
lacosamide intravenous solution 200 mg/20ml	\$0 (1)	^
lacosamide oral solution 10 mg/ml	\$0 (1)	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	\$0 (1)	QL (60 EA per 30 days)
lacosamide oral tablet 50 mg	\$0 (1)	QL (120 EA per 30 days)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	\$0 (1)	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	\$0 (1)	
lamotrigine oral tablet chewable 25 mg, 5 mg	\$0 (1)	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	\$0 (1)	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	\$0 (1)	
levetiracetam intravenous solution 500 mg/5ml	\$0 (1)	
levetiracetam oral solution 100 mg/ml	\$0 (1)	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	\$0 (1)	
methsuximide oral capsule 300 mg	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	\$0 (1)	
oxcarbazepine oral suspension 300 mg/5ml	\$0 (1)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	\$0 (1)	
phenobarbital oral elixir 20 mg/5ml	\$0 (1)	PA-NS; PA if 70 years and older
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	\$0 (1)	PA-NS; PA if 70 years and older
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	\$0 (1)	PA-NS; PA if 70 years and older
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	\$0 (1)	
phenytoin oral suspension 125 mg/5ml	\$0 (1)	
phenytoin oral tablet chewable 50 mg	\$0 (1)	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	\$0 (1)	
phenytoin sodium injection solution 50 mg/ml	\$0 (1)	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	\$0 (1)	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	\$0 (1)	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	\$0 (1)	QL (900 ML per 30 days)
primidone oral tablet 125 mg, 250 mg, 50 mg	\$0 (1)	
roweepra oral tablet 500 mg	\$0 (1)	
rufinamide oral suspension 40 mg/ml	\$0 (1)	PA-NS; QL (2400 ML per 30 days); ^
rufinamide oral tablet 200 mg	\$0 (1)	PA-NS; QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	\$0 (1)	PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	\$0 (1)	QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	\$0 (1)	QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	\$0 (1)	QL (180 EA per 30 days)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	\$0 (1)	QL (120 EA per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	\$0 (1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	\$0 (1)	
topiramate oral capsule sprinkle 15 mg, 25 mg	\$0 (1)	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)	
valproate sodium intravenous solution 100 mg/ml	\$0 (1)	
valproic acid oral capsule 250 mg	\$0 (1)	
valproic acid oral solution 250 mg/5ml	\$0 (1)	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	\$0 (1)	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	\$0 (1)	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	\$0 (1)	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	\$0 (1)	
vigabatrin oral packet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigabatrin oral tablet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigadrone oral packet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigadrone oral tablet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 (1)	QL (1200 ML per 30 days); ^
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	\$0 (1)	QL (56 EA per 28 days); ^
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	\$0 (1)	QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (1)	QL (60 EA per 30 days); ^

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XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	\$0 (1)	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	\$0 (1)	QL (28 EA per 28 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5ML	\$0 (1)	PA-NS; QL (900 ML per 30 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	\$0 (1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (1)	PA-NS; LA; QL (1100 ML per 30 days); ^
注意力缺陷多动症		
amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	\$0 (1)	PA; QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	\$0 (1)	PA; QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 20 mg	\$0 (1)	PA; QL (90 EA per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	\$0 (1)	QL (120 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	\$0 (1)	QL (30 EA per 30 days)
atomoxetine hcl oral capsule 40 mg	\$0 (1)	QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg	\$0 (1)	PA; QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	\$0 (1)	PA; QL (120 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg	\$0 (1)	PA; PA if 70 years and older; QL (30 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 3 mg	\$0 (1)	PA; PA if 70 years and older; QL (60 EA per 30 days)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg	\$0 (1)	PA; QL (60 EA per 30 days)
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	\$0 (1)	PA; QL (30 EA per 30 days)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	\$0 (1)	PA; QL (60 EA per 30 days)

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lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	\$0 (1)	PA; QL (30 EA per 30 days)
metadate er oral tablet extended release 20 mg	\$0 (1)	PA; QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	\$0 (1)	PA; QL (90 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	\$0 (1)	PA; QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	\$0 (1)	PA; QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 5 mg	\$0 (1)	PA; QL (180 EA per 30 days)
methylphenidate hcl oral tablet 20 mg	\$0 (1)	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	\$0 (1)	PA; QL (180 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	\$0 (1)	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	\$0 (1)	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	\$0 (1)	PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	\$0 (1)	PA; QL (30 EA per 30 days)
發作性嗜睡症／猝倒		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	\$0 (1)	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	\$0 (1)	PA; QL (60 EA per 30 days)
modafinil oral tablet 100 mg	\$0 (1)	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	\$0 (1)	PA; QL (60 EA per 30 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	\$0 (1)	PA; LA; QL (540 ML per 30 days); ^
XYREM ORAL SOLUTION 500 MG/ML	\$0 (1)	PA; LA; QL (540 ML per 30 days); ^
肌肉骨骼治療藥物		
baclofen oral tablet 10 mg, 20 mg	\$0 (1)	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	\$0 (1)	PA; PA if 70 years and older
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	\$0 (1)	
tizanidine hcl oral tablet 2 mg, 4 mg	\$0 (1)	

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藥品名稱

**藥物費用 必要的動作、約束或使用限制
(層級)**

免疫藥劑

免疫抑制劑

azathioprine oral tablet 50 mg	\$0 (1)	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	\$0 (1)	PA; LA; ^
BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
cyclosporine intravenous solution 50 mg/ml	\$0 (1)	B/D
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	\$0 (1)	B/D
cyclosporine modified oral solution 100 mg/ml	\$0 (1)	B/D
cyclosporine oral capsule 100 mg, 25 mg	\$0 (1)	B/D
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	\$0 (1)	B/D; ^
engraf oral capsule 100 mg, 25 mg	\$0 (1)	B/D
engraf oral solution 100 mg/ml	\$0 (1)	B/D
mycophenolate mofetil oral capsule 250 mg	\$0 (1)	B/D
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	\$0 (1)	B/D; ^
mycophenolate mofetil oral tablet 500 mg	\$0 (1)	B/D
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	\$0 (1)	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0 (1)	B/D; ^
PROGRAF ORAL PACKET 0.2 MG, 1 MG	\$0 (1)	B/D
REZUROCK ORAL TABLET 200 MG	\$0 (1)	PA; LA; ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (1)	B/D
sirolimus oral solution 1 mg/ml	\$0 (1)	B/D; ^
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)	B/D

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tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	\$0 (1)	B/D
免疫球蛋白		
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	\$0 (1)	PA; LA; ^
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0 (1)	PA; ^
GAMASTAN INTRAMUSCULAR INJECTABLE	\$0 (1)	B/D; LA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (1)	PA; ^
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	\$0 (1)	PA; ^
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	\$0 (1)	PA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0 (1)	PA; LA; ^
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (1)	PA; ^
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	\$0 (1)	PA; ^
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (1)	PA; ^
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (1)	PA; ^
免疫調節劑		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	\$0 (1)	PA-NS; LA; ^

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ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	\$0 (1)	PA; LA; ^
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	\$0 (1)	B/D; LA; ^
疫苗		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0 (1)	NM
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (1)	NM
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	\$0 (1)	NM
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$0 (1)	NM
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	\$0 (1)	NM
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (1)	NM
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5- 18.5 LF-MCG/0.5	\$0 (1)	NM
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0 (1)	NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0 (1)	NM
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (1)	NM
DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	\$0 (1)	B/D; NM
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	\$0 (1)	B/D; NM
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	\$0 (1)	B/D; NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (1)	NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (1)	NM

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HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	\$0 (1)	NM
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$0 (1)	B/D; NM
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0 (1)	NM
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	\$0 (1)	B/D; NM
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0 (1)	NM
IPOL INJECTION INJECTABLE	\$0 (1)	NM
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (1)	NM
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (1)	NM
MENACTRA INTRAMUSCULAR SOLUTION	\$0 (1)	NM
MENQUADFI INTRAMUSCULAR SOLUTION	\$0 (1)	NM
MENVEO INTRAMUSCULAR SOLUTION	\$0 (1)	NM
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (1)	NM
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (1)	NM
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (1)	NM
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0 (1)	NM
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (1)	NM
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0 (1)	B/D; NM
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (1)	NM
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (1)	NM

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QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	\$0 (1)	NM
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (1)	NM
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (1)	B/D; NM
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0 (1)	B/D; NM
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	\$0 (1)	B/D; NM
ROTARIX ORAL SUSPENSION	\$0 (1)	NM
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0 (1)	NM
ROTATEQ ORAL SOLUTION	\$0 (1)	NM
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0 (1)	NM; A third dose may be considered in post-transplant members (PA required); QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0 (1)	B/D; NM
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	\$0 (1)	B/D; NM
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	\$0 (1)	NM
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (1)	NM
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$0 (1)	NM
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	\$0 (1)	NM

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VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	\$0 (1)	NM
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	\$0 (1)	NM
疾病修飾抗風濕病藥物 (DMARDS)		
hydroxychloroquine sulfate oral tablet 200 mg	\$0 (1)	
leflunomide oral tablet 10 mg, 20 mg	\$0 (1)	QL (30 EA per 30 days)
methotrexate sodium oral tablet 2.5 mg	\$0 (1)	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 (1)	
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (1)	
自體免疫藥劑		
DUPIXENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 MG/1.14ML, 300 MG/2ML	\$0 (1)	PA; ^
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	\$0 (1)	PA; ^
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	\$0 (1)	PA; QL (16 EA per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	\$0 (1)	PA; ^
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (1)	PA; QL (6 EA per 28 days); ^
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0 (1)	PA; QL (4 EA per 28 days); ^

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	\$0 (1)	PA; ^
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0 (1)	PA; ^
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	\$0 (1)	PA; ^
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	\$0 (1)	PA; ^
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (1)	PA; QL (6 EA per 28 days); ^
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (1)	PA; LA; ^
KEVZARA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	\$0 (1)	PA; QL (2.28 ML per 28 days); ^
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	\$0 (1)	PA; QL (2.28 ML per 28 days); ^
OTEZLA ORAL TABLET 30 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	\$0 (1)	PA; QL (110 EA per 365 days); ^
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (1)	PA; LA; ^
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (1)	PA; LA; ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	\$0 (1)	PA; QL (168 EA per 365 days); ^
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	\$0 (1)	PA; QL (60 ML per 365 days); ^
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	\$0 (1)	PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	\$0 (1)	PA; QL (2.4 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	\$0 (1)	PA; LA; ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0 (1)	PA; LA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0 (1)	PA; QL (1 ML per 28 days); ^
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	\$0 (1)	PA; LA; QL (3 ML per 28 days); ^
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	\$0 (1)	PA; LA; QL (3 ML per 28 days); ^
XELJANZ ORAL SOLUTION 1 MG/ML	\$0 (1)	PA; QL (480 ML per 24 days); ^
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
內分泌及代謝		
其他		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	\$0 (1)	PA; LA; ^
betaine oral powder	\$0 (1)	LA; ^
cabergoline oral tablet 0.5 mg	\$0 (1)	
carglumic acid oral tablet soluble 200 mg	\$0 (1)	PA; LA; ^
CERDELGA ORAL CAPSULE 84 MG	\$0 (1)	PA; LA; ^
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	\$0 (1)	PA; LA; ^
cinacalcet hcl oral tablet 30 mg	\$0 (1)	B/D; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 60 mg	\$0 (1)	B/D; QL (60 EA per 30 days); ^

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cinacalcet hcl oral tablet 90 mg	\$0 (1)	B/D; QL (120 EA per 30 days); ^
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (1)	PA; LA
desmopressin ace spray refrig nasal solution 0.01 %	\$0 (1)	
desmopressin acetate injection solution 4 mcg/ml	\$0 (1)	^
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	\$0 (1)	
desmopressin acetate pf injection solution 4 mcg/ml	\$0 (1)	^
desmopressin acetate spray nasal solution 0.01 %	\$0 (1)	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	\$0 (1)	PA; LA; ^
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	\$0 (1)	PA; ^
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	\$0 (1)	PA; ^
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	\$0 (1)	PA; LA; ^
javygtor oral packet 100 mg, 500 mg	\$0 (1)	PA; LA; ^
javygtor oral tablet 100 mg	\$0 (1)	PA; LA; ^
KORLYM ORAL TABLET 300 MG	\$0 (1)	PA; LA; ^
levocarnitine oral solution 1 gm/10ml	\$0 (1)	B/D
levocarnitine oral tablet 330 mg	\$0 (1)	B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	\$0 (1)	PA; LA; ^
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	\$0 (1)	PA; ^
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG	\$0 (1)	PA; ^
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	\$0 (1)	PA; ^
miglustat oral capsule 100 mg	\$0 (1)	PA; QL (90 EA per 30 days); ^
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	\$0 (1)	PA; LA; ^

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nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	\$0 (1)	PA; ^
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	\$0 (1)	PA
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	\$0 (1)	PA; ^
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	\$0 (1)	PA
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	\$0 (1)	PA; ^
raloxifene hcl oral tablet 60 mg	\$0 (1)	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	\$0 (1)	PA; ^
sapropterin dihydrochloride oral tablet 100 mg	\$0 (1)	PA; ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0 (1)	PA; LA; ^
sodium phenylbutyrate oral powder 3 gm/tsp	\$0 (1)	PA; ^
sodium phenylbutyrate oral tablet 500 mg	\$0 (1)	PA; ^
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	\$0 (1)	PA-NS; LA; ^
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	\$0 (1)	PA; LA; ^
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (1)	PA; LA; ^
子宮內膜異位症		
danazol oral capsule 100 mg, 200 mg, 50 mg	\$0 (1)	
SYNAREL NASAL SOLUTION 2 MG/ML	\$0 (1)	^
抗糖尿病藥物，胰島素		
ALCOHOL SWABS PAD 70 %	\$0 (1)	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
FIASP INJECTION SOLUTION 100 UNIT/ML	\$0 (1)	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (1)	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (1)	B/D
GAUZE PADS 2" X 2" PAD 2"X2"	\$0 (1)	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (1)	B/D; ^
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	\$0 (1)	^
INSULIN PEN NEEDLE 29G X 12MM	\$0 (1)	
INSULIN SYRINGE (DISP) U-100 0.3 ML 29G 0.3 ML	\$0 (1)	
INSULIN SYRINGE (DISP) U-100 1 ML 29G X 1/2" 1 ML	\$0 (1)	
INSULIN SYRINGE (DISP) U-100 1/2 ML 28G X 1/2" 0.5 ML	\$0 (1)	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	\$0 (1)	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
NEEDLES, INSULIN DISP., SAFETY 29G X 1/2" 1 ML	\$0 (1)	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70- 30) 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
OMNIPOD 5 G6 INTRO (GEN 5) KIT	\$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6 POD (GEN 5)	\$0 (1)	PA; QL (15 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	\$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	\$0 (1)	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	\$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	\$0 (1)	PA; QL (15 EA per 30 days)
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	\$0 (1)	PA; QL (15 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0 (1)	QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (1)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (1)	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	\$0 (1)	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
V-GO 20 KIT 20 UNIT/24HR	\$0 (1)	PA; QL (30 EA per 30 days)
V-GO 30 KIT 30 UNIT/24HR	\$0 (1)	PA; QL (30 EA per 30 days)

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V-GO 40 KIT 40 UNIT/24HR	\$0 (1)	PA; QL (30 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	\$0 (1)	QL (15 ML per 30 days)
抗糖尿病藥物		
acarbose oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	\$0 (1)	PA-NS; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	\$0 (1)	PA-NS; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	\$0 (1)	PA-NS; QL (1.2 ML per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg	\$0 (1)	QL (90 EA per 30 days)
glimepiride oral tablet 4 mg	\$0 (1)	QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	\$0 (1)	QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg	\$0 (1)	QL (90 EA per 30 days)
glipizide oral tablet 10 mg	\$0 (1)	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	\$0 (1)	QL (240 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	\$0 (1)	QL (60 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg	\$0 (1)	QL (90 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	\$0 (1)	QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	\$0 (1)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (1)	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	\$0 (1)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$0 (1)	QL (30 EA per 30 days)

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JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	\$0 (1)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG	\$0 (1)	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	\$0 (1)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	\$0 (1)	QL (30 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	\$0 (1)	(generic of GLUCOPHAGE XR); QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	\$0 (1)	(generic of GLUCOPHAGE XR); QL (60 EA per 30 days)
metformin hcl oral tablet 1000 mg	\$0 (1)	QL (75 EA per 30 days)
metformin hcl oral tablet 500 mg	\$0 (1)	QL (150 EA per 30 days)
metformin hcl oral tablet 850 mg	\$0 (1)	QL (90 EA per 30 days)
nateglinide oral tablet 120 mg, 60 mg	\$0 (1)	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	\$0 (1)	PA-NS; QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	\$0 (1)	PA-NS; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	\$0 (1)	PA-NS; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	\$0 (1)	PA-NS; QL (3 ML per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	\$0 (1)	QL (30 EA per 30 days)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	\$0 (1)	QL (30 EA per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	\$0 (1)	QL (90 EA per 30 days)

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repaglinide oral tablet 0.5 mg, 1 mg	\$0 (1)	QL (120 EA per 30 days)
repaglinide oral tablet 2 mg	\$0 (1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	\$0 (1)	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	\$0 (1)	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	\$0 (1)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	\$0 (1)	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (1)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$0 (1)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	\$0 (1)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	\$0 (1)	PA-NS; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	\$0 (1)	PA-NS; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	\$0 (1)	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	\$0 (1)	QL (60 EA per 30 days)
甲狀腺藥物		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	\$0 (1)	
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	\$0 (1)	

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levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	\$0 (1)	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	\$0 (1)	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	\$0 (1)	
methimazole oral tablet 10 mg, 5 mg	\$0 (1)	
propylthiouracil oral tablet 50 mg	\$0 (1)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (1)	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	\$0 (1)	
磷酸鹽結合劑藥物		
calcium acetate (phos binder) oral capsule 667 mg	\$0 (1)	QL (360 EA per 30 days)
calcium acetate oral tablet 667 mg	\$0 (1)	QL (360 EA per 30 days)
sevelamer carbonate oral packet 0.8 gm	\$0 (1)	QL (540 EA per 30 days); ^
sevelamer carbonate oral packet 2.4 gm	\$0 (1)	QL (180 EA per 30 days); ^
sevelamer carbonate oral tablet 800 mg	\$0 (1)	QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	\$0 (1)	QL (180 EA per 30 days)
維生素 D 類似物		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	\$0 (1)	B/D
calcitriol oral solution 1 mcg/ml	\$0 (1)	B/D
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	\$0 (1)	B/D
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	\$0 (1)	B/D
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	\$0 (1)	^
螯合劑		
CHEMET ORAL CAPSULE 100 MG	\$0 (1)	

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	\$0 (1)	PA; ^
deferasirox oral tablet 180 mg, 360 mg	\$0 (1)	PA; ^
deferasirox oral tablet 90 mg	\$0 (1)	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	\$0 (1)	PA; ^
LOKELMA ORAL PACKET 10 GM, 5 GM	\$0 (1)	
penicillamine oral tablet 250 mg	\$0 (1)	^
sodium polystyrene sulfonate oral powder	\$0 (1)	
sps oral suspension 15 gm/60ml	\$0 (1)	
trientine hcl oral capsule 250 mg	\$0 (1)	PA; ^
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	\$0 (1)	
血糖升高藥物		
diazoxide oral suspension 50 mg/ml	\$0 (1)	^
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	\$0 (1)	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	\$0 (1)	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	\$0 (1)	
避孕劑		
afirmelle oral tablet 0.1-20 mg-mcg	\$0 (1)	
altavera oral tablet 0.15-30 mg-mcg	\$0 (1)	
alyacen 1/35 oral tablet 1-35 mg-mcg	\$0 (1)	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0 (1)	
amethia oral tablet 0.15-0.03 & 0.01 mg	\$0 (1)	
apri oral tablet 0.15-30 mg-mcg	\$0 (1)	
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	\$0 (1)	
ashlyna oral tablet 0.15-0.03 & 0.01 mg	\$0 (1)	
aubra eq oral tablet 0.1-20 mg-mcg	\$0 (1)	
aurovela 1/20 oral tablet 1-20 mg-mcg	\$0 (1)	

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	\$0 (1)
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (1)
aurovela fe 1/20 oral tablet 1-20 mg-mcg	\$0 (1)
aviane oral tablet 0.1-20 mg-mcg	\$0 (1)
ayuna oral tablet 0.15-30 mg-mcg	\$0 (1)
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	\$0 (1)
balziva oral tablet 0.4-35 mg-mcg	\$0 (1)
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	\$0 (1)
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (1)
briellyn oral tablet 0.4-35 mg-mcg	\$0 (1)
camila oral tablet 0.35 mg	\$0 (1)
camrese lo oral tablet 0.1-0.02 & 0.01 mg	\$0 (1)
camrese oral tablet 0.15-0.03 & 0.01 mg	\$0 (1)
chateal oral tablet 0.15-30 mg-mcg	\$0 (1)
cryselle-28 oral tablet 0.3-30 mg-mcg	\$0 (1)
cyred eq oral tablet 0.15-30 mg-mcg	\$0 (1)
dasetta 1/35 oral tablet 1-35 mg-mcg	\$0 (1)
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0 (1)
daysee oral tablet 0.15-0.03 & 0.01 mg	\$0 (1)
deblitane oral tablet 0.35 mg	\$0 (1)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg	\$0 (1)
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	\$0 (1)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	\$0 (1)
elinest oral tablet 0.3-30 mg-mcg	\$0 (1)
eluryng vaginal ring 0.12-0.015 mg/24hr	\$0 (1)
emoquette oral tablet 0.15-30 mg-mcg	\$0 (1)
enilloring vaginal ring 0.12-0.015 mg/24hr	\$0 (1)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	\$0 (1)
enskyce oral tablet 0.15-30 mg-mcg	\$0 (1)
errin oral tablet 0.35 mg	\$0 (1)
estarylla oral tablet 0.25-35 mg-mcg	\$0 (1)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	\$0 (1)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	\$0 (1)
falmina oral tablet 0.1-20 mg-mcg	\$0 (1)
femynor oral tablet 0.25-35 mg-mcg	\$0 (1)
finzala oral tablet chewable 1-20 mg-mcg(24)	\$0 (1)
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (1)
hailey 24 fe oral tablet 1-20 mg-mcg(24)	\$0 (1)
haloette vaginal ring 0.12-0.015 mg/24hr	\$0 (1)
heather oral tablet 0.35 mg	\$0 (1)
iclevia oral tablet 0.15-0.03 mg	\$0 (1)
incassia oral tablet 0.35 mg	\$0 (1)
introvale oral tablet 0.15-0.03 mg	\$0 (1)
isibloom oral tablet 0.15-30 mg-mcg	\$0 (1)
jasmiel oral tablet 3-0.02 mg	\$0 (1)
jolessa oral tablet 0.15-0.03 mg	\$0 (1)
juleber oral tablet 0.15-30 mg-mcg	\$0 (1)
junel 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (1)
junel 1/20 oral tablet 1-20 mg-mcg	\$0 (1)
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (1)
junel fe 1/20 oral tablet 1-20 mg-mcg	\$0 (1)
junel fe 24 oral tablet 1-20 mg-mcg(24)	\$0 (1)
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	\$0 (1)
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	\$0 (1)
kelnor 1/35 oral tablet 1-35 mg-mcg	\$0 (1)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
kelnor 1/50 oral tablet 1-50 mg-mcg	\$0 (1)
kurvelo oral tablet 0.15-30 mg-mcg	\$0 (1)
larin 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (1)
larin 1/20 oral tablet 1-20 mg-mcg	\$0 (1)
larin 24 fe oral tablet 1-20 mg-mcg(24)	\$0 (1)
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (1)
larin fe 1/20 oral tablet 1-20 mg-mcg	\$0 (1)
layolis fe oral tablet chewable 0.8-25 mg-mcg	\$0 (1)
leena oral tablet 0.5/1/0.5-35 mg-mcg	\$0 (1)
lessina oral tablet 0.1-20 mg-mcg	\$0 (1)
levonest oral tablet 50-30/75-40/ 125-30 mcg	\$0 (1)
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	\$0 (1)
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	\$0 (1)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	\$0 (1)
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	\$0 (1)
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	\$0 (1)
loestrin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	\$0 (1)
loestrin 1/20 (21) oral tablet 1-20 mg-mcg	\$0 (1)
loestrin fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (1)
loestrin fe 1/20 oral tablet 1-20 mg-mcg	\$0 (1)
loryna oral tablet 3-0.02 mg	\$0 (1)
low-ogestrel oral tablet 0.3-30 mg-mcg	\$0 (1)
lutra oral tablet 0.1-20 mg-mcg	\$0 (1)
lyleq oral tablet 0.35 mg	\$0 (1)
lyza oral tablet 0.35 mg	\$0 (1)
marlissa oral tablet 0.15-30 mg-mcg	\$0 (1)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	\$0 (1)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	\$0 (1)
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	\$0 (1)
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (1)
microgestin 1/20 oral tablet 1-20 mg-mcg	\$0 (1)
microgestin 24 fe oral tablet 1-20 mg-mcg	\$0 (1)
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (1)
microgestin fe 1/20 oral tablet 1-20 mg-mcg	\$0 (1)
mili oral tablet 0.25-35 mg-mcg	\$0 (1)
mono-lynyah oral tablet 0.25-35 mg-mcg	\$0 (1)
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	\$0 (1)
nikki oral tablet 3-0.02 mg	\$0 (1)
nora-be oral tablet 0.35 mg	\$0 (1)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	\$0 (1)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	\$0 (1)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	\$0 (1)
norethindrone oral tablet 0.35 mg	\$0 (1)
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	\$0 (1)
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	\$0 (1)
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	\$0 (1)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	\$0 (1)
norlyroc oral tablet 0.35 mg	\$0 (1)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	\$0 (1)
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	\$0 (1)
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (1)
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0 (1)
nylia 1/35 oral tablet 1-35 mg-mcg	\$0 (1)
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0 (1)
nymyo oral tablet 0.25-35 mg-mcg	\$0 (1)
ocella oral tablet 3-0.03 mg	\$0 (1)
philith oral tablet 0.4-35 mg-mcg	\$0 (1)
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	\$0 (1)
pirmella 1/35 oral tablet 1-35 mg-mcg	\$0 (1)
portia-28 oral tablet 0.15-30 mg-mcg	\$0 (1)
reclipsen oral tablet 0.15-30 mg-mcg	\$0 (1)
rivelsa oral tablet 42-21-21-7 days	\$0 (1)
setlakin oral tablet 0.15-0.03 mg	\$0 (1)
sharobel oral tablet 0.35 mg	\$0 (1)
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	\$0 (1)
simpesse oral tablet 0.15-0.03 & 0.01 mg	\$0 (1)
sprintec 28 oral tablet 0.25-35 mg-mcg	\$0 (1)
sronyx oral tablet 0.1-20 mg-mcg	\$0 (1)
syeda oral tablet 3-0.03 mg	\$0 (1)
tarina 24 fe oral tablet 1-20 mg-mcg(24)	\$0 (1)
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	\$0 (1)
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	\$0 (1)
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0 (1)
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	\$0 (1)
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0 (1)
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0 (1)
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0 (1)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0 (1)
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0 (1)
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0 (1)
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0 (1)
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0 (1)
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	\$0 (1)
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0 (1)
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0 (1)
tydemy oral tablet 3-0.03-0.451 mg	\$0 (1)
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	\$0 (1)
vestura oral tablet 3-0.02 mg	\$0 (1)
vienva oral tablet 0.1-20 mg-mcg	\$0 (1)
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	\$0 (1)
vyfemla oral tablet 0.4-35 mg-mcg	\$0 (1)
vylibra oral tablet 0.25-35 mg-mcg	\$0 (1)
wera oral tablet 0.5-35 mg-mcg	\$0 (1)
wymzya fe oral tablet chewable 0.4-35 mg-mcg	\$0 (1)
xulane transdermal patch weekly 150-35 mcg/24hr	\$0 (1)
zafemy transdermal patch weekly 150-35 mcg/24hr	\$0 (1)
zovia 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (1)
zumandimine oral tablet 3-0.03 mg	\$0 (1)
糖皮質類固醇	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	\$0 (1)
dexamethasone oral elixir 0.5 mg/5ml	\$0 (1)
dexamethasone oral solution 0.5 mg/5ml	\$0 (1)
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	\$0 (1)
dexamethasone sod phosphate pf injection solution 10 mg/ml	\$0 (1)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	\$0 (1)	
fludrocortisone acetate oral tablet 0.1 mg	\$0 (1)	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	\$0 (1)	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	\$0 (1)	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	\$0 (1)	
methylprednisolone oral tablet therapy pack 4 mg	\$0 (1)	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	\$0 (1)	
prednisolone oral solution 15 mg/5ml	\$0 (1)	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	\$0 (1)	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (1)	
prednisone oral solution 5 mg/5ml	\$0 (1)	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	\$0 (1)	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	\$0 (1)	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	\$0 (1)	
鈣調節藥		
alendronate sodium oral solution 70 mg/75ml	\$0 (1)	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	\$0 (1)	
calcitonin (salmon) nasal solution 200 unit/act	\$0 (1)	B/D
FORTEO SUBCUTANEOUS SOLUTION PEN- INJECTOR 600 MCG/2.4ML	\$0 (1)	PA; ^
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	\$0 (1)	ST

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
ibandronate sodium intravenous solution 3 mg/3ml	\$0 (1)	B/D; QL (3 ML per 90 days)
ibandronate sodium oral tablet 150 mg	\$0 (1)	B/D
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	\$0 (1)	PA; LA; ^
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	\$0 (1)	B/D
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	\$0 (1)	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	\$0 (1)	QL (1 ML per 180 days)
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	\$0 (1)	
risedronate sodium oral tablet delayed release 35 mg	\$0 (1)	
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	\$0 (1)	PA; ^
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	\$0 (1)	PA; ^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	\$0 (1)	PA; ^
zoledronic acid intravenous concentrate 4 mg/5ml	\$0 (1)	B/D
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	\$0 (1)	B/D
雄性素		
depo-testosterone intramuscular solution 100 mg/ml, 200 mg/ml	\$0 (1)	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	\$0 (1)	
testosterone enanthate intramuscular solution 200 mg/ml	\$0 (1)	
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	\$0 (1)	PA; QL (300 GM per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	\$0 (1)	PA; QL (150 GM per 30 days)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
雌激素	
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	\$0 (1)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	\$0 (1)
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	\$0 (1)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	\$0 (1)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	\$0 (1)
estradiol vaginal cream 0.1 mg/gm	\$0 (1)
estradiol vaginal tablet 10 mcg	\$0 (1)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	\$0 (1)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	\$0 (1)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	\$0 (1)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	\$0 (1)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	\$0 (1)
jinteli oral tablet 1-5 mg-mcg	\$0 (1)
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	\$0 (1)
mimvey oral tablet 1-0.5 mg	\$0 (1)
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	\$0 (1)
yuvaferm vaginal tablet 10 mcg	\$0 (1)

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藥品名稱**藥物費用 必要的動作、約束或使用限制
(層級)****黃體素**

medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	
megestrol acetate oral suspension 40 mg/ml	\$0 (1)	
megestrol acetate oral suspension 625 mg/5ml	\$0 (1)	PA
norethindrone acetate oral tablet 5 mg	\$0 (1)	

呼吸的**B 致效劑**

albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act	\$0 (1)	(generic of Proair HFA); QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	\$0 (1)	(generic of Proventil HFA); QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	\$0 (1)	(generic of Ventolin HFA); QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	\$0 (1)	B/D
albuterol sulfate oral syrup 2 mg/5ml	\$0 (1)	
albuterol sulfate oral tablet 2 mg, 4 mg	\$0 (1)	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	\$0 (1)	B/D
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	\$0 (1)	B/D; ^
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	\$0 (1)	B/D
levalbuterol tartrate inhalation aerosol 45 mcg/act	\$0 (1)	ST; QL (30 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (1)	QL (60 EA per 30 days)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	\$0 (1)	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	\$0 (1)	QL (48 GM per 30 days)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	\$0 (1)	QL (36 GM per 30 days)
其他		
acetylcysteine inhalation solution 10 %, 20 %	\$0 (1)	B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	\$0 (1)	PA; LA; ^
cromolyn sodium inhalation nebulization solution 20 mg/2ml	\$0 (1)	B/D
epinephrine injection solution 0.3 mg/0.3ml	\$0 (1)	(generic of Adrenaclick)
epinephrine injection solution auto-injector 0.15 mg/0.15ml	\$0 (1)	(generic of Adrenaclick)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	\$0 (1)	(generic of EpiPen)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	\$0 (1)	PA; LA; ^
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	\$0 (1)	PA; LA; ^
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (1)	PA; LA; QL (112 EA per 28 days); ^
pirfenidone oral capsule 267 mg	\$0 (1)	PA; QL (270 EA per 30 days); ^
pirfenidone oral tablet 267 mg	\$0 (1)	PA; QL (270 EA per 30 days); ^
pirfenidone oral tablet 534 mg, 801 mg	\$0 (1)	PA; QL (90 EA per 30 days); ^
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	\$0 (1)	PA; LA; ^

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PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	\$0 (1)	PA; LA; ^
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	\$0 (1)	PA; ^
roflumilast oral tablet 250 mcg, 500 mcg	\$0 (1)	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (1)	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	\$0 (1)	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	\$0 (1)	
theophylline oral elixir 80 mg/15ml	\$0 (1)	
theophylline oral solution 80 mg/15ml	\$0 (1)	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	\$0 (1)	PA; LA; QL (84 EA per 28 days); ^
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	\$0 (1)	PA; LA; ^
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	\$0 (1)	PA; LA; ^
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	\$0 (1)	PA; LA; ^
抗組織胺藥物		
azelastine hcl nasal solution 0.1 %, 0.15 %	\$0 (1)	
cetirizine hcl oral solution 1 mg/ml	\$0 (1)	
cyproheptadine hcl oral syrup 2 mg/5ml	\$0 (1)	PA; PA if 70 years and older
cyproheptadine hcl oral tablet 4 mg	\$0 (1)	PA; PA if 70 years and older
desloratadine oral tablet 5 mg	\$0 (1)	
diphenhydramine hcl injection solution 50 mg/ml	\$0 (1)	

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hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	\$0 (1)	PA; PA if 70 years and older
hydroxyzine hcl oral syrup 10 mg/5ml	\$0 (1)	PA; PA if 70 years and older
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	\$0 (1)	PA; PA if 70 years and older
hydroxyzine pamoate oral capsule 25 mg, 50 mg	\$0 (1)	PA; PA if 70 years and older
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	\$0 (1)	
levocetirizine dihydrochloride oral tablet 5 mg	\$0 (1)	
olopatadine hcl nasal solution 0.6 %	\$0 (1)	
抗膽鹼／B 致效劑複合物		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	\$0 (1)	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	\$0 (1)	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	\$0 (1)	Institutional Pack (5.9g inhaler containing 28 inhalations); QL (23.6 GM per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	\$0 (1)	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	\$0 (1)	QL (8 GM per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	\$0 (1)	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	\$0 (1)	QL (60 EA per 30 days)
抗膽鹼劑		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	\$0 (1)	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	\$0 (1)	QL (30 EA per 30 days)

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ipratropium bromide inhalation solution 0.02 %	\$0 (1)	B/D
ipratropium bromide nasal solution 0.03 %, 0.06 %	\$0 (1)	
白三烯調節器		
montelukast sodium oral packet 4 mg	\$0 (1)	
montelukast sodium oral tablet 10 mg	\$0 (1)	
montelukast sodium oral tablet chewable 4 mg, 5 mg	\$0 (1)	
zafirlukast oral tablet 10 mg, 20 mg	\$0 (1)	
類固醇／B 致效劑複合物		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	\$0 (1)	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	\$0 (1)	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	\$0 (1)	QL (60 EA per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	\$0 (1)	QL (30.6 GM per 30 days)
類固醇吸入劑		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	\$0 (1)	QL (30 EA per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	\$0 (1)	B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT	\$0 (1)	QL (240 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (1)	QL (180 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	\$0 (1)	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	\$0 (1)	QL (21.2 GM per 30 days)

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PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	\$0 (1)	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	\$0 (1)	QL (3 EA per 30 days)
鼻用類固醇		
flunisolide nasal solution 25 mcg/act (0.025%)	\$0 (1)	QL (75 ML per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	\$0 (1)	QL (16 GM per 30 days)
mometasone furoate nasal suspension 50 mcg/act	\$0 (1)	ST; QL (34 GM per 30 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	\$0 (1)	ST; QL (12.5 GM per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	\$0 (1)	PA; QL (32 ML per 30 days)
外用的		
口腔／咽喉／牙齒藥物		
cevimeline hcl oral capsule 30 mg	\$0 (1)	
chlorhexidine gluconate mouth/throat solution 0.12 %	\$0 (1)	
clotrimazole mouth/throat troche 10 mg	\$0 (1)	QL (150 EA per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %	\$0 (1)	
nystatin mouth/throat suspension 100000 unit/ml	\$0 (1)	
periogard mouth/throat solution 0.12 %	\$0 (1)	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	\$0 (1)	
triamcinolone acetonide mouth/throat paste 0.1 %	\$0 (1)	
皮膚病，傷口護理藥物		
REGRANEX EXTERNAL GEL 0.01 %	\$0 (1)	PA; QL (30 GM per 30 days); ^
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	\$0 (1)	QL (180 GM per 30 days)
sodium chloride irrigation solution 0.9 %	\$0 (1)	
sterile water for irrigation irrigation solution	\$0 (1)	
皮膚病，其他皮膚和黏膜		
ammonium lactate external cream 12 %	\$0 (1)	
ammonium lactate external lotion 12 %	\$0 (1)	
azelaic acid external gel 15 %	\$0 (1)	QL (50 GM per 30 days)

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bexarotene external gel 1 %	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
diclofenac sodium external gel 1 %	\$0 (1)	QL (1000 GM per 30 days)
FINACEA EXTERNAL FOAM 15 %	\$0 (1)	QL (50 GM per 30 days)
fluorouracil external cream 5 %	\$0 (1)	QL (40 GM per 30 days)
fluorouracil external solution 2 %, 5 %	\$0 (1)	QL (10 ML per 30 days)
hydrocortisone (perianal) external cream 1 %, 2.5 %	\$0 (1)	
imiquimod external cream 5 %	\$0 (1)	QL (24 EA per 30 days)
metronidazole external cream 0.75 %	\$0 (1)	QL (45 GM per 30 days)
metronidazole external gel 0.75 %	\$0 (1)	QL (45 GM per 30 days)
metronidazole external lotion 0.75 %	\$0 (1)	QL (59 ML per 30 days)
NORITATE EXTERNAL CREAM 1 %	\$0 (1)	QL (60 GM per 30 days); ^
PANRETIN EXTERNAL GEL 0.1 %	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
podofilox external solution 0.5 %	\$0 (1)	QL (7 ML per 28 days)
procto-med hc external cream 2.5 %	\$0 (1)	
proctosol hc external cream 2.5 %	\$0 (1)	
proctozone-hc external cream 2.5 %	\$0 (1)	
RECTIV RECTAL OINTMENT 0.4 %	\$0 (1)	QL (30 GM per 30 days)
tacrolimus external ointment 0.03 %, 0.1 %	\$0 (1)	QL (100 GM per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	\$0 (1)	PA-NS; LA; QL (60 GM per 30 days); ^
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	\$0 (1)	QL (7.5 GM per 28 days); ^
皮膚病，局部麻醉藥物		
glydo external prefilled syringe 2 %	\$0 (1)	PA; QL (60 ML per 30 days)
lidocaine external ointment 5 %	\$0 (1)	PA; QL (50 GM per 30 days)
lidocaine external patch 5 %	\$0 (1)	PA; QL (3 EA per 1 day)
lidocaine hcl external solution 4 %	\$0 (1)	PA; QL (50 ML per 30 days)
lidocaine-prilocaine external cream 2.5-2.5 %	\$0 (1)	PA; QL (30 GM per 30 days)
皮膚病，抗乾癬劑		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	\$0 (1)	PA
calcipotriene external ointment 0.005 %	\$0 (1)	PA; QL (120 GM per 30 days)

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calcipotriene external solution 0.005 %	\$0 (1)	PA; QL (120 ML per 30 days)
calcitrene external ointment 0.005 %	\$0 (1)	PA; QL (120 GM per 30 days)
tazarotene external cream 0.1 %	\$0 (1)	PA; QL (60 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	\$0 (1)	PA; QL (60 GM per 30 days)
皮膚病，抗生素		
gentamicin sulfate external cream 0.1 %	\$0 (1)	QL (30 GM per 30 days)
gentamicin sulfate external ointment 0.1 %	\$0 (1)	QL (30 GM per 30 days)
mupirocin external ointment 2 %	\$0 (1)	QL (220 GM per 30 days)
silver sulfadiazine external cream 1 %	\$0 (1)	
ssd external cream 1 %	\$0 (1)	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	\$0 (1)	QL (453.6 GM per 30 days)
皮膚病，抗真菌藥		
ciclopirox olamine external cream 0.77 %	\$0 (1)	QL (90 GM per 30 days)
ciclopirox olamine external suspension 0.77 %	\$0 (1)	QL (60 ML per 30 days)
clotrimazole external cream 1 %	\$0 (1)	QL (45 GM per 30 days)
clotrimazole external solution 1 %	\$0 (1)	QL (30 ML per 30 days)
clotrimazole-betamethasone external cream 1-0.05 %	\$0 (1)	QL (45 GM per 30 days)
ketoconazole external cream 2 %	\$0 (1)	QL (60 GM per 30 days)
nyamyc external powder 100000 unit/gm	\$0 (1)	QL (60 GM per 30 days)
nystatin external cream 100000 unit/gm	\$0 (1)	QL (30 GM per 30 days)
nystatin external ointment 100000 unit/gm	\$0 (1)	QL (30 GM per 30 days)
nystatin external powder 100000 unit/gm	\$0 (1)	QL (60 GM per 30 days)
nystop external powder 100000 unit/gm	\$0 (1)	QL (60 GM per 30 days)
皮膚病，抗脂溢性皮炎		
ketoconazole external shampoo 2 %	\$0 (1)	QL (120 ML per 30 days)
selenium sulfide external lotion 2.5 %	\$0 (1)	
皮膚病，滅疥癬和滅虱藥物		
malathion external lotion 0.5 %	\$0 (1)	QL (59 ML per 30 days)
permethrin external cream 5 %	\$0 (1)	QL (60 GM per 30 days)

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(層級)****皮膚病，痤瘡**

accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (1)	PA
amnesteem oral capsule 10 mg, 20 mg, 40 mg	\$0 (1)	PA
benzoyl peroxide-erythromycin external gel 5-3 %	\$0 (1)	QL (46.6 GM per 30 days)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (1)	PA
clindamycin phosphate external gel 1 %	\$0 (1)	QL (75 GM per 30 days)
clindamycin phosphate external lotion 1 %	\$0 (1)	QL (60 ML per 30 days)
clindamycin phosphate external solution 1 %	\$0 (1)	QL (60 ML per 30 days)
ery external pad 2 %	\$0 (1)	QL (60 EA per 30 days)
erythromycin external solution 2 %	\$0 (1)	QL (60 ML per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (1)	PA
sulfacetamide sodium (acne) external lotion 10 %	\$0 (1)	QL (118 ML per 30 days)
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	\$0 (1)	PA; QL (45 GM per 30 days)
tretinoin external gel 0.01 %, 0.025 %	\$0 (1)	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (1)	PA

皮膚病，皮質類固醇

ala-cort external cream 1 %, 2.5 %	\$0 (1)	
alclometasone dipropionate external cream 0.05 %	\$0 (1)	QL (60 GM per 30 days)
alclometasone dipropionate external ointment 0.05 %	\$0 (1)	QL (60 GM per 30 days)
betamethasone dipropionate aug external cream 0.05 %	\$0 (1)	QL (120 GM per 30 days)
betamethasone dipropionate aug external gel 0.05 %	\$0 (1)	QL (120 GM per 30 days)
betamethasone dipropionate aug external lotion 0.05 %	\$0 (1)	QL (120 ML per 30 days)
betamethasone dipropionate aug external ointment 0.05 %	\$0 (1)	QL (120 GM per 30 days)
betamethasone dipropionate external cream 0.05 %	\$0 (1)	QL (120 GM per 30 days)
betamethasone dipropionate external lotion 0.05 %	\$0 (1)	QL (120 ML per 30 days)

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betamethasone dipropionate external ointment 0.05 %	\$0 (1)	QL (120 GM per 30 days)
betamethasone valerate external cream 0.1 %	\$0 (1)	QL (120 GM per 30 days)
betamethasone valerate external lotion 0.1 %	\$0 (1)	QL (120 ML per 30 days)
betamethasone valerate external ointment 0.1 %	\$0 (1)	QL (120 GM per 30 days)
clobetasol propionate e external cream 0.05 %	\$0 (1)	QL (60 GM per 30 days)
clobetasol propionate external cream 0.05 %	\$0 (1)	QL (60 GM per 30 days)
clobetasol propionate external gel 0.05 %	\$0 (1)	QL (60 GM per 30 days)
clobetasol propionate external ointment 0.05 %	\$0 (1)	QL (60 GM per 30 days)
clobetasol propionate external solution 0.05 %	\$0 (1)	QL (50 ML per 30 days)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	\$0 (1)	PA; QL (120 GM per 30 days)
fluocinolone acetonide body external oil 0.01 %	\$0 (1)	QL (118.28 ML per 30 days)
fluocinolone acetonide external cream 0.01 %	\$0 (1)	QL (60 GM per 30 days)
fluocinolone acetonide external cream 0.025 %	\$0 (1)	QL (120 GM per 30 days)
fluocinolone acetonide external ointment 0.025 %	\$0 (1)	QL (120 GM per 30 days)
fluocinolone acetonide external solution 0.01 %	\$0 (1)	QL (90 ML per 30 days)
fluocinolone acetonide scalp external oil 0.01 %	\$0 (1)	QL (118.28 ML per 30 days)
fluocinonide emulsified base external cream 0.05 %	\$0 (1)	QL (120 GM per 30 days)
fluocinonide external cream 0.05 %	\$0 (1)	QL (120 GM per 30 days)
fluocinonide external gel 0.05 %	\$0 (1)	QL (60 GM per 30 days)
fluocinonide external ointment 0.05 %	\$0 (1)	QL (60 GM per 30 days)
fluocinonide external solution 0.05 %	\$0 (1)	QL (60 ML per 30 days)
fluticasone propionate external cream 0.05 %	\$0 (1)	
fluticasone propionate external ointment 0.005 %	\$0 (1)	
halobetasol propionate external cream 0.05 %	\$0 (1)	QL (50 GM per 30 days)
halobetasol propionate external ointment 0.05 %	\$0 (1)	QL (50 GM per 30 days)
hydrocortisone external cream 1 %, 2.5 %	\$0 (1)	
hydrocortisone external lotion 2.5 %	\$0 (1)	
hydrocortisone external ointment 2.5 %	\$0 (1)	
mometasone furoate external cream 0.1 %	\$0 (1)	

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mometasone furoate external ointment 0.1 %	\$0 (1)	
mometasone furoate external solution 0.1 %	\$0 (1)	
triamcinolone acetonide external cream 0.025 %, 0.5 %	\$0 (1)	
triamcinolone acetonide external cream 0.1 %	\$0 (1)	QL (454 GM per 30 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	\$0 (1)	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	\$0 (1)	
心血管		
ACE 抑制劑		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (1)	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	\$0 (1)	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	\$0 (1)	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	\$0 (1)	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	\$0 (1)	
moexipril hcl oral tablet 15 mg, 7.5 mg	\$0 (1)	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	\$0 (1)	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (1)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	\$0 (1)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	\$0 (1)	
ACE 抑制組合劑		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	\$0 (1)	QL (30 EA per 30 days)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	\$0 (1)	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	\$0 (1)	

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	\$0 (1)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	\$0 (1)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	\$0 (1)
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	\$0 (1)
A 受體阻斷劑	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	\$0 (1)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	\$0 (1)
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	\$0 (1)
B-阻斷劑／利尿劑組合藥物	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	\$0 (1)
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	\$0 (1)
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	\$0 (1)
B-阻斷劑	
acebutolol hcl oral capsule 200 mg, 400 mg	\$0 (1)
atenolol oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)
bisoprolol fumarate oral tablet 10 mg, 5 mg	\$0 (1)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	\$0 (1)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	\$0 (1)
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)
metoprolol tartrate intravenous solution 5 mg/5ml	\$0 (1)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)
nadolol oral tablet 20 mg, 40 mg, 80 mg	\$0 (1)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
nebivolol hcl oral tablet 20 mg	\$0 (1)	QL (60 EA per 30 days)
pindolol oral tablet 10 mg, 5 mg	\$0 (1)	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	\$0 (1)	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	\$0 (1)	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	\$0 (1)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	\$0 (1)	
其他		
ADRENALIN INJECTION SOLUTION 1 MG/ML	\$0 (1)	
aliskiren fumarate oral tablet 150 mg, 300 mg	\$0 (1)	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	\$0 (1)	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	\$0 (1)	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	\$0 (1)	
CORLANOR ORAL SOLUTION 5 MG/5ML	\$0 (1)	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (1)	
digoxin injection solution 0.25 mg/ml	\$0 (1)	
digoxin oral solution 0.05 mg/ml	\$0 (1)	
digoxin oral tablet 125 mcg, 250 mcg	\$0 (1)	QL (30 EA per 30 days)
droxidopa oral capsule 100 mg	\$0 (1)	PA; QL (90 EA per 30 days); ^
droxidopa oral capsule 200 mg, 300 mg	\$0 (1)	PA; QL (180 EA per 30 days); ^
epinephrine (anaphylaxis) injection solution 1 mg/ml	\$0 (1)	
guanfacine hcl oral tablet 1 mg, 2 mg	\$0 (1)	PA; PA if 70 years and older
hydralazine hcl injection solution 20 mg/ml	\$0 (1)	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
metyrosine oral capsule 250 mg	\$0 (1)	PA; ^
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	
minoxidil oral tablet 10 mg, 2.5 mg	\$0 (1)	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	\$0 (1)	
其他抗高血脂藥物		
cholestyramine light oral packet 4 gm	\$0 (1)	
cholestyramine light oral powder 4 gm/dose	\$0 (1)	
cholestyramine oral packet 4 gm	\$0 (1)	
cholestyramine oral powder 4 gm/dose	\$0 (1)	
colesevelam hcl oral packet 3.75 gm	\$0 (1)	
colesevelam hcl oral tablet 625 mg	\$0 (1)	
colestipol hcl oral granules 5 gm	\$0 (1)	
colestipol hcl oral packet 5 gm	\$0 (1)	
colestipol hcl oral tablet 1 gm	\$0 (1)	
ezetimibe oral tablet 10 mg	\$0 (1)	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	\$0 (1)	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	\$0 (1)	QL (60 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML, 75 MG/ML	\$0 (1)	PA
prevalite oral packet 4 gm	\$0 (1)	
prevalite oral powder 4 gm/dose	\$0 (1)	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	\$0 (1)	
利尿劑		
acetazolamide er oral capsule extended release 12 hour 500 mg	\$0 (1)	
acetazolamide oral tablet 125 mg, 250 mg	\$0 (1)	
amiloride hcl oral tablet 5 mg	\$0 (1)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	\$0 (1)	

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
bumetanide injection solution 0.25 mg/ml	\$0 (1)
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)
chlorthalidone oral tablet 25 mg, 50 mg	\$0 (1)
furosemide injection solution 10 mg/ml	\$0 (1)
furosemide oral solution 10 mg/ml, 8 mg/ml	\$0 (1)
furosemide oral tablet 20 mg, 40 mg, 80 mg	\$0 (1)
hydrochlorothiazide oral capsule 12.5 mg	\$0 (1)
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	\$0 (1)
indapamide oral tablet 1.25 mg, 2.5 mg	\$0 (1)
methazolamide oral tablet 25 mg, 50 mg	\$0 (1)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)
spironolactone-hctz oral tablet 25-25 mg	\$0 (1)
toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	\$0 (1)
triamterene-hctz oral capsule 37.5-25 mg	\$0 (1)
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	\$0 (1)
抗心律不整劑	
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	\$0 (1)
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	\$0 (1)
disopyramide phosphate oral capsule 100 mg, 150 mg	\$0 (1)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	\$0 (1)
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	\$0 (1)
MULTAQ ORAL TABLET 400 MG	\$0 (1)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	\$0 (1)
pacerone oral tablet 100 mg, 200 mg, 400 mg	\$0 (1)
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	\$0 (1)
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	\$0 (1)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
quinidine sulfate oral tablet 200 mg, 300 mg	\$0 (1)	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	\$0 (1)	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	\$0 (1)	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	\$0 (1)	
抗高血壓藥物，HMG-COA 還原酶抑制劑		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	\$0 (1)	ST; QL (30 EA per 30 days); ^
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	\$0 (1)	QL (30 EA per 30 days)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	\$0 (1)	ST; QL (30 EA per 30 days)
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	\$0 (1)	QL (30 EA per 30 days)
fluvastatin sodium oral capsule 20 mg, 40 mg	\$0 (1)	QL (60 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 (1)	ST; QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	\$0 (1)	QL (60 EA per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	\$0 (1)	QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	\$0 (1)	QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	\$0 (1)	ST; QL (30 EA per 30 days)
抗高血壓藥物，纖維酸衍生物		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	\$0 (1)	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	\$0 (1)	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	\$0 (1)	
gemfibrozil oral tablet 600 mg	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
硝酸鹽		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	\$0 (1)	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	\$0 (1)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	\$0 (1)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0 (1)	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	\$0 (1)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	\$0 (1)	
肺動脈高血壓		
ADCIRCA ORAL TABLET 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
alyq oral tablet 20 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
ambrisentan oral tablet 10 mg, 5 mg	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
bosentan oral tablet 125 mg, 62.5 mg	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
sildenafil citrate oral tablet 20 mg	\$0 (1)	PA-NS; generic for Revatio; QL (360 EA per 30 days)
tadalafil (pah) oral tablet 20 mg	\$0 (1)	PA-NS; generic for Adcirca; QL (60 EA per 30 days); ^
TADLIQ ORAL SUSPENSION 20 MG/5ML	\$0 (1)	PA-NS; QL (300 ML per 30 days); ^
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	\$0 (1)	PA-NS; LA; ^
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	\$0 (1)	PA-NS; LA; ^

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)	
血管緊張素 II 受體拮抗劑		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	\$0 (1)	QL (60 EA per 30 days)
candesartan cilexetil oral tablet 32 mg	\$0 (1)	QL (30 EA per 30 days)
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (1)	QL (30 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	\$0 (1)	QL (30 EA per 30 days)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	
olmesartan medoxomil oral tablet 20 mg, 40 mg	\$0 (1)	QL (30 EA per 30 days)
olmesartan medoxomil oral tablet 5 mg	\$0 (1)	QL (60 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	\$0 (1)	QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	\$0 (1)	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	\$0 (1)	QL (30 EA per 30 days)
血管緊張素 II 受體拮抗劑組合藥物		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	\$0 (1)	QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	\$0 (1)	QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet 16-12.5 mg	\$0 (1)	QL (60 EA per 30 days)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	\$0 (1)	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (1)	QL (30 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (1)	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	\$0 (1)	QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	\$0 (1)	QL (30 EA per 30 days)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	\$0 (1)	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	\$0 (1)	QL (30 EA per 30 days)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	\$0 (1)	QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	\$0 (1)	QL (30 EA per 30 days)
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	\$0 (1)	QL (30 EA per 30 days)
telmisartan-hctz oral tablet 80-12.5 mg	\$0 (1)	QL (60 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	\$0 (1)	QL (30 EA per 30 days)
醛固酮受體拮抗劑		
eplerenone oral tablet 25 mg, 50 mg	\$0 (1)	
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (1)	QL (30 EA per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	
鈣離子通道阻斷劑		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	\$0 (1)	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (1)	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	\$0 (1)	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	\$0 (1)	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (1)	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	\$0 (1)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	\$0 (1)	

藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	\$0 (1)	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	\$0 (1)	
isradipine oral capsule 2.5 mg, 5 mg	\$0 (1)	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (1)	
nicardipine hcl oral capsule 20 mg, 30 mg	\$0 (1)	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	\$0 (1)	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	\$0 (1)	
nimodipine oral capsule 30 mg	\$0 (1)	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	\$0 (1)	
NYMALIZE ORAL SOLUTION 6 MG/ML	\$0 (1)	[^]
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	\$0 (1)	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (1)	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	\$0 (1)	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	\$0 (1)	
verapamil hcl intravenous solution 2.5 mg/ml	\$0 (1)	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	\$0 (1)	
抗惡性腫瘤藥物		
免疫調節劑		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); [^]

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lenalidomide oral capsule 20 mg, 25 mg	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
REVLIMID ORAL CAPSULE 20 MG, 25 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
其他		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	\$0 (1)	PA-NS; LA; ^
bexarotene oral capsule 75 mg	\$0 (1)	PA-NS; ^
hydroxyurea oral capsule 500 mg	\$0 (1)	
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	\$0 (1)	B/D
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (1)	PA-NS; QL (49 EA per 28 days); ^
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (1)	PA-NS; QL (70 EA per 28 days); ^
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (1)	PA-NS; QL (91 EA per 28 days); ^
MATULANE ORAL CAPSULE 50 MG	\$0 (1)	LA; ^
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	\$0 (1)	PA-NS; ^
tretinoin oral capsule 10 mg	\$0 (1)	^
WELIREG ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
分子標靶藥劑		
ALECENSA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; ^

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	\$0 (1)	PA-NS; LA; ^
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	\$0 (1)	PA-NS; LA; ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (1)	PA-NS; LA; ^
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG	\$0 (1)	PA-NS; ^
bortezomib injection solution reconstituted 3.5 mg	\$0 (1)	PA-NS; ^
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	\$0 (1)	PA-NS; ^
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	\$0 (1)	PA-NS; ^
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (1)	PA-NS; LA; ^
BRUKINSA ORAL CAPSULE 80 MG	\$0 (1)	PA-NS; LA; ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
CALQUENCE ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CALQUENCE ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG, 300 MG	\$0 (1)	PA-NS; LA; ^
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	\$0 (1)	PA-NS; LA; ^
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	\$0 (1)	PA-NS; LA; ^
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	\$0 (1)	PA-NS; LA; ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (1)	PA-NS; LA; ^
COTELLIC ORAL TABLET 20 MG	\$0 (1)	PA-NS; LA; ^
DAURISMO ORAL TABLET 100 MG, 25 MG	\$0 (1)	PA-NS; LA; ^
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; ^
erlotinib hcl oral tablet 100 mg, 150 mg	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
erlotinib hcl oral tablet 25 mg	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
everolimus oral tablet soluble 2 mg	\$0 (1)	PA-NS; QL (150 EA per 30 days); ^
everolimus oral tablet soluble 3 mg	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
everolimus oral tablet soluble 5 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
EXKIVITY ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; ^
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
GAVRETO ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; ^
gefitinib oral tablet 250 mg	\$0 (1)	PA-NS; ^
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (1)	PA-NS; LA; ^
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	\$0 (1)	PA-NS; LA; ^
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	\$0 (1)	PA-NS; LA; ^
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (1)	PA-NS; LA; ^
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
imatinib mesylate oral tablet 100 mg	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
imatinib mesylate oral tablet 400 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^

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藥品名稱	藥物費用 (層級)	必要的動作、約束或使用限制
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (1)	PA-NS; LA; QL (216 ML per 27 days); ^
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
INREBIC ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; ^
IRESSA ORAL TABLET 250 MG	\$0 (1)	PA-NS; LA; ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	\$0 (1)	B/D; LA; ^
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (1)	PA-NS; LA; ^
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (1)	PA-NS; LA; ^
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (1)	PA-NS; QL (21 EA per 28 days); ^
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (1)	PA-NS; QL (42 EA per 28 days); ^
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (1)	PA-NS; QL (63 EA per 28 days); ^
KRAZATI ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; ^
lapatinib ditosylate oral tablet 250 mg	\$0 (1)	PA-NS; ^
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
LORBRENA ORAL TABLET 100 MG, 25 MG	\$0 (1)	PA-NS; LA; ^
LUMAKRAS ORAL TABLET 120 MG, 320 MG	\$0 (1)	PA-NS; LA; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (1)	PA-NS; LA; ^
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (1)	PA-NS; LA; ^
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (1)	PA-NS; LA; ^
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	\$0 (1)	PA-NS; LA; ^
MEKINIST ORAL TABLET 0.5 MG, 2 MG	\$0 (1)	PA-NS; LA; ^
MEKTOVI ORAL TABLET 15 MG	\$0 (1)	PA-NS; LA; ^
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	\$0 (1)	PA-NS; LA; ^
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0 (1)	PA-NS; LA; ^

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NERLYNX ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
NEXAVAR ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; QL (3 EA per 28 days); ^
ODOMZO ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; ^
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (1)	PA-NS; LA; ^
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (1)	PA-NS; LA; ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (1)	PA-NS; LA; ^
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	\$0 (1)	PA-NS; LA; ^
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (1)	PA-NS; ^
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	\$0 (1)	PA-NS; ^
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	\$0 (1)	PA-NS; ^
QINLOCK ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; ^
RETEVMO ORAL CAPSULE 40 MG, 80 MG	\$0 (1)	PA-NS; LA; ^
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; ^
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	\$0 (1)	PA-NS; LA; ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RYDAPT ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; ^
SCEMBLIX ORAL TABLET 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
SCEMBLIX ORAL TABLET 40 MG	\$0 (1)	PA-NS; QL (300 EA per 30 days); ^
sorafenib tosylate oral tablet 200 mg	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	\$0 (1)	PA-NS; ^
STIVARGA ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)	
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (1)	PA-NS; ^
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (1)	PA-NS; LA; ^
TAFINLAR ORAL TABLET SOLUBLE 10 MG	\$0 (1)	PA-NS; LA; ^
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	\$0 (1)	PA-NS; ^
TAZVERIK ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	\$0 (1)	PA-NS; LA; ^
TEPMETKO ORAL TABLET 225 MG	\$0 (1)	PA-NS; LA; ^
TIBSOVO ORAL TABLET 250 MG	\$0 (1)	PA-NS; LA; ^
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (1)	PA-NS; ^
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	\$0 (1)	PA-NS; LA; ^
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	\$0 (1)	PA-NS; LA; ^
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (1)	PA-NS; LA; ^
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (1)	PA-NS; LA; ^
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0 (1)	PA-NS; ^
TUKYSA ORAL TABLET 150 MG, 50 MG	\$0 (1)	PA-NS; LA; ^
TURALIO ORAL CAPSULE 125 MG, 200 MG	\$0 (1)	PA-NS; LA; ^
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (1)	PA-NS; LA; ^

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
VENCLEXTA ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VENCLEXTA ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (112 EA per 28 days); ^
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	\$0 (1)	PA-NS; LA; QL (42 EA per 28 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	\$0 (1)	PA-NS; LA; ^
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (1)	PA-NS; LA; ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; ^
VONJO ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
VOTRIENT ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (1)	PA-NS; LA; ^
XOSPATA ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (1)	PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	\$0 (1)	PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (1)	PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (1)	PA-NS; LA; QL (32 EA per 28 days); ^

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
ZEJULA ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	\$0 (1)	PA-NS; LA; ^
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0 (1)	PA-NS; LA; ^
ZOLINZA ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; LA; ^
ZYKADIA ORAL TABLET 150 MG	\$0 (1)	PA-NS; LA; ^
抗代謝藥物		
azacitidine injection suspension reconstituted 100 mg	\$0 (1)	B/D; ^
cytarabine injection solution 20 mg/ml	\$0 (1)	B/D
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	\$0 (1)	B/D
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	\$0 (1)	B/D
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg	\$0 (1)	B/D
INQOVI ORAL TABLET 35-100 MG	\$0 (1)	PA-NS; LA; ^
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (1)	PA-NS; LA; ^
mercaptopurine oral tablet 50 mg	\$0 (1)	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	\$0 (1)	B/D
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	\$0 (1)	B/D
methotrexate sodium injection solution reconstituted 1 gm	\$0 (1)	B/D
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (1)	PA-NS; LA; ^
pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg	\$0 (1)	B/D; ^

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PURIXAN ORAL SUSPENSION 2000 MG/100ML	\$0 (1)	^
TABLOID ORAL TABLET 40 MG	\$0 (1)	
抗生素		
doxorubicin hcl intravenous solution 2 mg/ml	\$0 (1)	B/D
doxorubicin hcl liposomal intravenous injectable 2 mg/ml	\$0 (1)	B/D; ^
ELLENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML	\$0 (1)	B/D
核分裂抑制劑		
DOCETAXEL CONCENTRATE 160 MG/8ML INTRAVENOUS	\$0 (1)	B/D; ^
DOCETAXEL CONCENTRATE 80 MG/4ML INTRAVENOUS	\$0 (1)	B/D; ^
docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml	\$0 (1)	B/D; ^
docetaxel intravenous concentrate 20 mg/ml	\$0 (1)	B/D
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	\$0 (1)	B/D; ^
DOCETAXEL SOLUTION 160 MG/16ML INTRAVENOUS	\$0 (1)	B/D; ^
DOCETAXEL SOLUTION 20 MG/2ML INTRAVENOUS	\$0 (1)	B/D; ^
DOCETAXEL SOLUTION 80 MG/8ML INTRAVENOUS	\$0 (1)	B/D; ^
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	\$0 (1)	B/D
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	\$0 (1)	B/D
paclitaxel protein-bound part intravenous suspension reconstituted 100 mg	\$0 (1)	B/D; ^
vincristine sulfate intravenous solution 1 mg/ml	\$0 (1)	B/D
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	\$0 (1)	B/D
激素抗惡性腫瘤藥物		
abiraterone acetate oral tablet 250 mg, 500 mg	\$0 (1)	PA-NS; ^

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anastrozole oral tablet 1 mg	\$0 (1)	
bicalutamide oral tablet 50 mg	\$0 (1)	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	\$0 (1)	PA-NS
EMCYT ORAL CAPSULE 140 MG	\$0 (1)	^
ERLEADA ORAL TABLET 240 MG, 60 MG	\$0 (1)	PA-NS; LA; ^
EULEXIN ORAL CAPSULE 125 MG	\$0 (1)	^
exemestane oral tablet 25 mg	\$0 (1)	
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	\$0 (1)	B/D; ^
letrozole oral tablet 2.5 mg	\$0 (1)	
leuprolide acetate injection kit 1 mg/0.2ml	\$0 (1)	PA-NS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	\$0 (1)	PA-NS; ^
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	\$0 (1)	PA-NS; ^
LYSODREN ORAL TABLET 500 MG	\$0 (1)	^
megestrol acetate oral tablet 20 mg, 40 mg	\$0 (1)	
nilutamide oral tablet 150 mg	\$0 (1)	^
NUBEQA ORAL TABLET 300 MG	\$0 (1)	PA-NS; LA; ^
ORGOVYX ORAL TABLET 120 MG	\$0 (1)	PA-NS; LA; ^
ORSERDU ORAL TABLET 345 MG, 86 MG	\$0 (1)	PA-NS; LA; ^
SOLTAMOX ORAL SOLUTION 10 MG/5ML	\$0 (1)	^
tamoxifen citrate oral tablet 10 mg, 20 mg	\$0 (1)	
toremifene citrate oral tablet 60 mg	\$0 (1)	^
XTANDI ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; ^
XTANDI ORAL TABLET 40 MG, 80 MG	\$0 (1)	PA-NS; LA; ^
烷化劑		
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (1)	B/D; LA; ^
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	\$0 (1)	B/D

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)	
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	\$0 (1)	B/D
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	\$0 (1)	B/D; ^
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML, 500 MG/ML	\$0 (1)	B/D; ^
cyclophosphamide oral capsule 25 mg, 50 mg	\$0 (1)	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	\$0 (1)	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0 (1)	
GLEOSTINE ORAL CAPSULE 100 MG	\$0 (1)	^
LEUKERAN ORAL TABLET 2 MG	\$0 (1)	
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	\$0 (1)	B/D
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	\$0 (1)	B/D; ^
paraplatin intravenous solution 1000 mg/100ml	\$0 (1)	B/D
防護藥物		
leucovorin calcium injection solution 500 mg/50ml	\$0 (1)	B/D
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	\$0 (1)	B/D
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	\$0 (1)	
MESNEX ORAL TABLET 400 MG	\$0 (1)	^
抗感染藥物		
其他抗感染藥物		
albendazole oral tablet 200 mg	\$0 (1)	^
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	\$0 (1)	
atovaquone oral suspension 750 mg/5ml	\$0 (1)	
aztreonam injection solution reconstituted 1 gm, 2 gm	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	\$0 (1)	PA; LA; ^
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	\$0 (1)	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	\$0 (1)	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	\$0 (1)	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	\$0 (1)	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml	\$0 (1)	
colistimethate sodium (cba) injection solution reconstituted 150 mg	\$0 (1)	
dapsone oral tablet 100 mg, 25 mg	\$0 (1)	
daptomycin intravenous solution reconstituted 350 mg, 500 mg	\$0 (1)	^
DAPTOMYCIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS	\$0 (1)	^
EMVERM ORAL TABLET CHEWABLE 100 MG	\$0 (1)	QL (12 EA per 365 days); ^
ertapenem sodium injection solution reconstituted 1 gm	\$0 (1)	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	\$0 (1)	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	\$0 (1)	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	\$0 (1)	
ivermectin oral tablet 3 mg	\$0 (1)	PA; QL (12 EA per 90 days)
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	\$0 (1)	
linezolid intravenous solution 600 mg/300ml	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
linezolid oral suspension reconstituted 100 mg/5ml	\$0 (1)	QL (1800 ML per 30 days); ^
linezolid oral tablet 600 mg	\$0 (1)	QL (60 EA per 30 days)
meropenem intravenous solution reconstituted 1 gm, 500 mg	\$0 (1)	
methenamine hippurate oral tablet 1 gm	\$0 (1)	
metronidazole intravenous solution 500 mg/100ml	\$0 (1)	
metronidazole oral tablet 250 mg, 500 mg	\$0 (1)	
neomycin sulfate oral tablet 500 mg	\$0 (1)	
nitazoxanide oral tablet 500 mg	\$0 (1)	QL (6 EA per 30 days); ^
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	\$0 (1)	
nitrofurantoin monohyd macro oral capsule 100 mg	\$0 (1)	
paromomycin sulfate oral capsule 250 mg	\$0 (1)	
pentamidine isethionate inhalation solution reconstituted 300 mg	\$0 (1)	B/D
pentamidine isethionate injection solution reconstituted 300 mg	\$0 (1)	
praziquantel oral tablet 600 mg	\$0 (1)	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	\$0 (1)	^
SIVEXTRO ORAL TABLET 200 MG	\$0 (1)	^
streptomycin sulfate intramuscular solution reconstituted 1 gm	\$0 (1)	
sulfadiazine oral tablet 500 mg	\$0 (1)	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	\$0 (1)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	\$0 (1)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	\$0 (1)	
tobramycin inhalation nebulization solution 300 mg/5ml	\$0 (1)	PA; ^

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	\$0 (1)	
trimethoprim oral tablet 100 mg	\$0 (1)	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML- %, 750-0.9 MG/150ML-%	\$0 (1)	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg	\$0 (1)	
vancomycin hcl oral capsule 125 mg	\$0 (1)	QL (80 EA per 180 days)
vancomycin hcl oral capsule 250 mg	\$0 (1)	QL (160 EA per 180 days)
四環素		
doxy 100 intravenous solution reconstituted 100 mg	\$0 (1)	
doxycycline hyclate intravenous solution reconstituted 100 mg	\$0 (1)	
doxycycline hyclate oral capsule 100 mg, 50 mg	\$0 (1)	
doxycycline hyclate oral tablet 100 mg, 20 mg	\$0 (1)	
doxycycline monohydrate oral capsule 100 mg, 50 mg	\$0 (1)	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	\$0 (1)	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	\$0 (1)	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (1)	LA; ^
NUZYRA ORAL TABLET 150 MG	\$0 (1)	LA; ^
tetracycline hcl oral capsule 250 mg, 500 mg	\$0 (1)	PA
tigecycline intravenous solution reconstituted 50 mg	\$0 (1)	^
TIGECYCLINE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	\$0 (1)	^
抗病毒藥物		
acyclovir oral capsule 200 mg	\$0 (1)	
acyclovir oral suspension 200 mg/5ml	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
acyclovir oral tablet 400 mg, 800 mg	\$0 (1)	
acyclovir sodium intravenous solution 50 mg/ml	\$0 (1)	B/D
adefovir dipivoxil oral tablet 10 mg	\$0 (1)	^
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (1)	^
entecavir oral tablet 0.5 mg, 1 mg	\$0 (1)	
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	\$0 (1)	PA; ^
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	\$0 (1)	PA; ^
EPIVIR HBV ORAL SOLUTION 5 MG/ML	\$0 (1)	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	\$0 (1)	
ganciclovir sodium intravenous solution reconstituted 500 mg	\$0 (1)	B/D
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	\$0 (1)	PA; ^
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	\$0 (1)	PA; ^
lamivudine oral tablet 100 mg	\$0 (1)	
MAVYRET ORAL PACKET 50-20 MG	\$0 (1)	PA; ^
MAVYRET ORAL TABLET 100-40 MG	\$0 (1)	PA; ^
oseltamivir phosphate oral capsule 30 mg	\$0 (1)	QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	\$0 (1)	QL (84 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	\$0 (1)	QL (1080 ML per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (1)	PA; ^
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	\$0 (1)	PA; ^
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (1)	PA; QL (28 EA per 28 days); ^
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	\$0 (1)	QL (120 EA per 365 days)
ribavirin oral capsule 200 mg	\$0 (1)	
ribavirin oral tablet 200 mg	\$0 (1)	
rimantadine hcl oral tablet 100 mg	\$0 (1)	
valacyclovir hcl oral tablet 1 gm, 500 mg	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
valganciclovir hcl oral solution reconstituted 50 mg/ml	\$0 (1)	^
valganciclovir hcl oral tablet 450 mg	\$0 (1)	
VEMLIDY ORAL TABLET 25 MG	\$0 (1)	^
VOSEVI ORAL TABLET 400-100-100 MG	\$0 (1)	PA; ^
抗瘧疾藥物		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	\$0 (1)	
chloroquine phosphate oral tablet 250 mg, 500 mg	\$0 (1)	
COARTEM ORAL TABLET 20-120 MG	\$0 (1)	
mefloquine hcl oral tablet 250 mg	\$0 (1)	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	\$0 (1)	
primaquine phosphate tablet 26.3 (15 base) mg oral	\$0 (1)	
quinine sulfate oral capsule 324 mg	\$0 (1)	PA
抗真菌藥物		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (1)	B/D
amphotericin b intravenous solution reconstituted 50 mg	\$0 (1)	B/D
amphotericin b liposome intravenous suspension reconstituted 50 mg	\$0 (1)	B/D; ^
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	\$0 (1)	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	\$0 (1)	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	\$0 (1)	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	\$0 (1)	
flucytosine oral capsule 250 mg, 500 mg	\$0 (1)	PA; ^
griseofulvin microsize oral suspension 125 mg/5ml	\$0 (1)	

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griseofulvin microsize oral tablet 500 mg	\$0 (1)	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	\$0 (1)	
itraconazole oral capsule 100 mg	\$0 (1)	PA
ketoconazole oral tablet 200 mg	\$0 (1)	PA
miconazole sodium intravenous solution reconstituted 100 mg, 50 mg	\$0 (1)	^
NOXAFIL ORAL SUSPENSION 40 MG/ML	\$0 (1)	PA; QL (630 ML per 30 days); ^
nystatin oral tablet 500000 unit	\$0 (1)	
posaconazole oral suspension 40 mg/ml	\$0 (1)	PA; QL (630 ML per 30 days); ^
posaconazole oral tablet delayed release 100 mg	\$0 (1)	PA; QL (93 EA per 30 days); ^
terbinafine hcl oral tablet 250 mg	\$0 (1)	QL (90 EA per 365 days)
voriconazole intravenous solution reconstituted 200 mg	\$0 (1)	PA; ^
voriconazole oral suspension reconstituted 40 mg/ml	\$0 (1)	PA; ^
voriconazole oral tablet 200 mg	\$0 (1)	PA; QL (120 EA per 30 days)
voriconazole oral tablet 50 mg	\$0 (1)	PA; QL (480 EA per 30 days)
抗結核藥物		
cycloserine oral capsule 250 mg	\$0 (1)	^
ethambutol hcl oral tablet 100 mg, 400 mg	\$0 (1)	
isoniazid oral syrup 50 mg/5ml	\$0 (1)	
isoniazid oral tablet 100 mg, 300 mg	\$0 (1)	
PRIFTIN ORAL TABLET 150 MG	\$0 (1)	
pyrazinamide oral tablet 500 mg	\$0 (1)	
rifabutin oral capsule 150 mg	\$0 (1)	
rifampin intravenous solution reconstituted 600 mg	\$0 (1)	
rifampin oral capsule 150 mg, 300 mg	\$0 (1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (1)	PA; LA; ^
TRECTOR ORAL TABLET 250 MG	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
抗逆轉錄病毒組合藥物		
abacavir sulfate-lamivudine oral tablet 600-300 mg	\$0 (1)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (1)	^
CIMDUO ORAL TABLET 300-300 MG	\$0 (1)	^
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (1)	^
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (1)	^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (1)	QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	\$0 (1)	^
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	\$0 (1)	^
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	\$0 (1)	^
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	\$0 (1)	QL (30 EA per 30 days); ^
EVOTAZ ORAL TABLET 300-150 MG	\$0 (1)	^
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (1)	^
JULUCA ORAL TABLET 50-25 MG	\$0 (1)	^
lamivudine-zidovudine oral tablet 150-300 mg	\$0 (1)	
lopinavir-ritonavir oral solution 400-100 mg/5ml	\$0 (1)	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	\$0 (1)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (1)	^
PREZCOBIX ORAL TABLET 800-150 MG	\$0 (1)	^
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (1)	^
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (1)	^
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (1)	^
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	\$0 (1)	^
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0 (1)	^
抗逆轉錄病毒藥物		
abacavir sulfate oral solution 20 mg/ml	\$0 (1)	

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
abacavir sulfate oral tablet 300 mg	\$0 (1)
APTIVUS ORAL CAPSULE 250 MG	\$0 (1) ^
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	\$0 (1)
EDURANT ORAL TABLET 25 MG	\$0 (1) ^
efavirenz oral capsule 200 mg, 50 mg	\$0 (1)
efavirenz oral tablet 600 mg	\$0 (1)
emtricitabine oral capsule 200 mg	\$0 (1)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (1)
etravirine oral tablet 100 mg, 200 mg	\$0 (1) ^
fosamprenavir calcium oral tablet 700 mg	\$0 (1) ^
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	\$0 (1) ^
INTELENCE ORAL TABLET 25 MG	\$0 (1)
ISENTRESS HD ORAL TABLET 600 MG	\$0 (1) ^
ISENTRESS ORAL PACKET 100 MG	\$0 (1) ^
ISENTRESS ORAL TABLET 400 MG	\$0 (1) ^
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0 (1) ^
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0 (1)
lamivudine oral solution 10 mg/ml	\$0 (1)
lamivudine oral tablet 150 mg, 300 mg	\$0 (1)
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (1)
maraviroc oral tablet 150 mg, 300 mg	\$0 (1) ^
nevirapine er oral tablet extended release 24 hour 400 mg	\$0 (1)
nevirapine oral suspension 50 mg/5ml	\$0 (1)
nevirapine oral tablet 200 mg	\$0 (1)
NORVIR ORAL PACKET 100 MG	\$0 (1)
PIFELTRO ORAL TABLET 100 MG	\$0 (1) ^
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (1) QL (400 ML per 30 days); ^

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)	
PREZISTA ORAL TABLET 150 MG	\$0 (1)	QL (240 EA per 30 days); ^
PREZISTA ORAL TABLET 600 MG	\$0 (1)	QL (60 EA per 30 days); ^
PREZISTA ORAL TABLET 75 MG	\$0 (1)	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	\$0 (1)	QL (30 EA per 30 days); ^
REYATAZ ORAL PACKET 50 MG	\$0 (1)	^
ritonavir oral tablet 100 mg	\$0 (1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	\$0 (1)	^
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (1)	^
SELZENTRY ORAL TABLET 25 MG	\$0 (1)	
SELZENTRY ORAL TABLET 75 MG	\$0 (1)	^
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	\$0 (1)	LA; ^
tenofovir disoproxil fumarate oral tablet 300 mg	\$0 (1)	
TIVICAY ORAL TABLET 10 MG	\$0 (1)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (1)	^
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	\$0 (1)	^
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	\$0 (1)	LA; ^
TYBOST ORAL TABLET 150 MG	\$0 (1)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (1)	^
VIREAD ORAL POWDER 40 MG/GM	\$0 (1)	^
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (1)	^
zidovudine oral capsule 100 mg	\$0 (1)	
zidovudine oral syrup 50 mg/5ml	\$0 (1)	
zidovudine oral tablet 300 mg	\$0 (1)	
氟喹諾酮類藥物		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	\$0 (1)	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	\$0 (1)	

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ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	\$0 (1)
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	\$0 (1)
levofloxacin intravenous solution 25 mg/ml	\$0 (1)
levofloxacin oral solution 25 mg/ml	\$0 (1)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	\$0 (1)
moxifloxacin hcl oral tablet 400 mg	\$0 (1)
紅黴素／大環內酯類藥物	
azithromycin intravenous solution reconstituted 500 mg	\$0 (1)
azithromycin oral packet 1 gm	\$0 (1)
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	\$0 (1)
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	\$0 (1)
clarithromycin er oral tablet extended release 24 hour 500 mg	\$0 (1)
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	\$0 (1)
clarithromycin oral tablet 250 mg, 500 mg	\$0 (1)
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	\$0 (1) ^
DIFICID ORAL TABLET 200 MG	\$0 (1) ^
e.e.s. 400 oral tablet 400 mg	\$0 (1)
ery-tab oral tablet delayed release 250 mg, 333 mg, 500 mg	\$0 (1)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0 (1)
erythrocin stearate oral tablet 250 mg	\$0 (1)
erythromycin base oral capsule delayed release particles 250 mg	\$0 (1)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
erythromycin base oral tablet 250 mg, 500 mg	\$0 (1)
erythromycin ethylsuccinate oral tablet 400 mg	\$0 (1)
erythromycin lactobionate intravenous solution reconstituted 500 mg	\$0 (1) ^
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	\$0 (1)
青黴素類藥物	
amoxicillin oral capsule 250 mg, 500 mg	\$0 (1)
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	\$0 (1)
amoxicillin oral tablet 500 mg, 875 mg	\$0 (1)
amoxicillin oral tablet chewable 125 mg, 250 mg	\$0 (1)
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	\$0 (1)
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	\$0 (1)
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	\$0 (1)
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	\$0 (1)
ampicillin oral capsule 500 mg	\$0 (1)
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	\$0 (1)
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	\$0 (1)
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	\$0 (1)
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	\$0 (1)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	\$0 (1)
dicloxacillin sodium oral capsule 250 mg, 500 mg	\$0 (1)
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	\$0 (1)
nafcillin sodium intravenous solution reconstituted 10 gm	\$0 (1) ^
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	\$0 (1)
oxacillin sodium intravenous solution reconstituted 10 gm	\$0 (1)
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	\$0 (1)
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	\$0 (1)
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	\$0 (1)
penicillin g sodium injection solution reconstituted 5000000 unit	\$0 (1)
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	\$0 (1)
penicillin v potassium oral tablet 250 mg, 500 mg	\$0 (1)
pfizerpen injection solution reconstituted 20000000 unit, 5000000 unit	\$0 (1)
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	\$0 (1)
頭孢菌素	
CEFACLO ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG	\$0 (1)
cefaclo oral capsule 250 mg, 500 mg	\$0 (1)
cefaclo oral suspension reconstituted 250 mg/5ml	\$0 (1)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
cefadroxil oral capsule 500 mg	\$0 (1)
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	\$0 (1)
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg	\$0 (1)
cefazolin sodium intravenous solution reconstituted 1 gm	\$0 (1)
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 3 GM	\$0 (1)
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	\$0 (1)
cefdinir oral capsule 300 mg	\$0 (1)
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	\$0 (1)
cefepime hcl injection solution reconstituted 1 gm	\$0 (1)
cefepime hcl intravenous solution reconstituted 2 gm	\$0 (1)
cefixime oral capsule 400 mg	\$0 (1)
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	\$0 (1)
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	\$0 (1)
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	\$0 (1)
cefpodoxime proxetil oral tablet 100 mg, 200 mg	\$0 (1)
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	\$0 (1)
cefprozil oral tablet 250 mg, 500 mg	\$0 (1)
ceftazidime injection solution reconstituted 1 gm, 6 gm	\$0 (1)
ceftazidime intravenous solution reconstituted 2 gm	\$0 (1)

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ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	\$0 (1)
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	\$0 (1)
cefuroxime axetil oral tablet 250 mg, 500 mg	\$0 (1)
cefuroxime sodium injection solution reconstituted 750 mg	\$0 (1)
cefuroxime sodium intravenous solution reconstituted 1.5 gm	\$0 (1)
cephalexin oral capsule 250 mg, 500 mg	\$0 (1)
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	\$0 (1)
tazicef injection solution reconstituted 1 gm	\$0 (1)
tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm	\$0 (1)
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	\$0 (1) ^
營養／補充劑	
電解質/礦物質，注射	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	\$0 (1)
dextrose in lactated ringers intravenous solution 5 %	\$0 (1)
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 2.5-0.45 %	\$0 (1)
dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	\$0 (1)
dextrose-sodium chloride intravenous solution 2.5- 0.45 %, 5-0.225 %, 5-0.3 %	\$0 (1)
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (1)
ISOLYTE-S INTRAVENOUS SOLUTION	\$0 (1)
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	\$0 (1)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	\$0 (1)
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 40-5-0.9 MEQ/L-%-%	\$0 (1)
KCL IN DEXTROSE-NACL SOLUTION 40-5-0.9 MEQ/L-%-% INTRAVENOUS	\$0 (1)
lactated ringers intravenous solution	\$0 (1)
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	\$0 (1)
MAGNESIUM SULFATE IN D5W SOLUTION 1-5 GM/100ML-% INTRAVENOUS	\$0 (1)
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	\$0 (1)
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	\$0 (1)
MAGNESIUM SULFATE SOLUTION 2 GM/50ML INTRAVENOUS	\$0 (1)
MAGNESIUM SULFATE SOLUTION 20 GM/500ML INTRAVENOUS	\$0 (1)
MAGNESIUM SULFATE SOLUTION 4 GM/100ML INTRAVENOUS	\$0 (1)
MAGNESIUM SULFATE SOLUTION 4 GM/50ML INTRAVENOUS	\$0 (1)
MAGNESIUM SULFATE SOLUTION 40 GM/1000ML INTRAVENOUS	\$0 (1)
multiple electro type 1 ph 5.5 intravenous solution	\$0 (1)
multiple electro type 1 ph 7.4 intravenous solution	\$0 (1)
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0 (1)
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0 (1)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	\$0 (1)	
POTASSIUM CHLORIDE IN NAACL SOLUTION 20-0.45 MEQ/L-% INTRAVENOUS	\$0 (1)	
POTASSIUM CHLORIDE IN NAACL SOLUTION 20-0.9 MEQ/L-% INTRAVENOUS	\$0 (1)	
POTASSIUM CHLORIDE IN NAACL SOLUTION 40-0.9 MEQ/L-% INTRAVENOUS	\$0 (1)	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/50ML, 20 MEQ/50ML	\$0 (1)	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	\$0 (1)	
potassium chloride solution 10 meq/100ml intravenous	\$0 (1)	
potassium chloride solution 20 meq/100ml intravenous	\$0 (1)	
potassium chloride solution 20 meq/50ml intravenous	\$0 (1)	
potassium chloride solution 40 meq/100ml intravenous	\$0 (1)	
potassium cl in dextrose 5% intravenous solution 20 meq/l	\$0 (1)	
sodium chloride injection solution 2.5 meq/ml	\$0 (1)	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	\$0 (1)	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	\$0 (1)	B/D
電解質/礦物質/維生素，口服		
klor-con 10 oral tablet extended release 10 meq	\$0 (1)	
klor-con m10 oral tablet extended release 10 meq	\$0 (1)	
klor-con m15 oral tablet extended release 15 meq	\$0 (1)	
klor-con m20 oral tablet extended release 20 meq	\$0 (1)	
klor-con oral packet 20 meq	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
klor-con oral tablet extended release 8 meq	\$0 (1)	
M-NATAL PLUS ORAL TABLET 27-1 MG	\$0 (1)	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	\$0 (1)	
potassium chloride er oral capsule extended release 10 meq, 8 meq	\$0 (1)	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	\$0 (1)	
potassium chloride oral packet 20 meq	\$0 (1)	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	\$0 (1)	
PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET ORAL TABLET 27-1 MG	\$0 (1)	
sodium fluoride chew, tab, 1.1 (0.5 f) mg/ml soln oral tablet 2.2 (1 f) mg	\$0 (1)	
靜脈輸入營養		
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	\$0 (1)	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	\$0 (1)	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	\$0 (1)	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	\$0 (1)	B/D
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	\$0 (1)	B/D
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	\$0 (1)	B/D
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	\$0 (1)	B/D
clinisol sf intravenous solution 15 %	\$0 (1)	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	\$0 (1)	B/D

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
dextrose intravenous solution 10 %, 5 %	\$0 (1)	
dextrose intravenous solution 50 %, 70 %	\$0 (1)	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (1)	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (1)	B/D
plenamine intravenous solution 15 %	\$0 (1)	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	\$0 (1)	B/D; ^
PROSOL INTRAVENOUS SOLUTION 20 %	\$0 (1)	B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	\$0 (1)	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	\$0 (1)	B/D
生殖泌尿道		
其他		
acetic acid irrigation solution 0.25 %	\$0 (1)	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	\$0 (1)	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	\$0 (1)	
尿路解痙藥		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	\$0 (1)	ST; QL (30 EA per 30 days)
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	\$0 (1)	QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	\$0 (1)	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	\$0 (1)	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	\$0 (1)	QL (60 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	\$0 (1)	QL (30 EA per 30 days)
oxybutynin chloride oral solution 5 mg/5ml	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
oxybutynin chloride oral tablet 5 mg	\$0 (1)	
solifenacin succinate oral tablet 10 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	\$0 (1)	ST; QL (30 EA per 30 days)
tolterodine tartrate oral tablet 1 mg, 2 mg	\$0 (1)	QL (60 EA per 30 days)
tropium chloride oral tablet 20 mg	\$0 (1)	QL (60 EA per 30 days)
抗陰道感染藥		
clindamycin phosphate vaginal cream 2 %	\$0 (1)	
metronidazole vaginal gel 0.75 %	\$0 (1)	
terconazole vaginal cream 0.4 %, 0.8 %	\$0 (1)	
terconazole vaginal suppository 80 mg	\$0 (1)	
良性前列腺增生症		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	\$0 (1)	QL (30 EA per 30 days)
dutasteride oral capsule 0.5 mg	\$0 (1)	QL (30 EA per 30 days)
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	\$0 (1)	QL (30 EA per 30 days)
finasteride oral tablet 5 mg	\$0 (1)	
silodosin oral capsule 4 mg, 8 mg	\$0 (1)	QL (30 EA per 30 days)
tamsulosin hcl oral capsule 0.4 mg	\$0 (1)	
眼用藥物		
其他		
atropine sulfate ophthalmic solution 1 %	\$0 (1)	
ATROPINE SULFATE SOLUTION 1 % OPHTHALMIC	\$0 (1)	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	\$0 (1)	PA; LA; ^
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	\$0 (1)	PA; LA; ^
proparacaine hcl ophthalmic solution 0.5 %	\$0 (1)	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	\$0 (1)	
RESTASIS OPHTHALMIC EMULSION 0.05 %	\$0 (1)	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	\$0 (1)	

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
抗感染／抗發炎	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	\$0 (1)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	\$0 (1)
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	\$0 (1)
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	\$0 (1)
neo-polycin hc ophthalmic ointment 1 %	\$0 (1)
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	\$0 (1)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	\$0 (1)
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	\$0 (1)
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	\$0 (1)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	\$0 (1)
抗感染藥物	
bacitracin ophthalmic ointment 500 unit/gm	\$0 (1)
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	\$0 (1)
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	\$0 (1)
CILOXAN OPHTHALMIC OINTMENT 0.3 %	\$0 (1)
ciprofloxacin hcl ophthalmic solution 0.3 %	\$0 (1)
erythromycin ophthalmic ointment 5 mg/gm	\$0 (1)
gatifloxacin ophthalmic solution 0.5 %	\$0 (1)
gentak ophthalmic ointment 0.3 %	\$0 (1)
gentamicin sulfate ophthalmic solution 0.3 %	\$0 (1)
moxifloxacin hcl ophthalmic solution 0.5 %	\$0 (1)
NATACYN OPHTHALMIC SUSPENSION 5 %	\$0 (1)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	\$0 (1)
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	\$0 (1)
neo-polycin ophthalmic ointment 3.5-400-10000	\$0 (1)
ofloxacin ophthalmic solution 0.3 %	\$0 (1)
polycin ophthalmic ointment 500-10000 unit/gm	\$0 (1)
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	\$0 (1)
sulfacetamide sodium ophthalmic ointment 10 %	\$0 (1)
sulfacetamide sodium ophthalmic solution 10 %	\$0 (1)
tobramycin ophthalmic solution 0.3 %	\$0 (1)
trifluridine ophthalmic solution 1 %	\$0 (1)
ZIRGAN OPHTHALMIC GEL 0.15 %	\$0 (1)
抗過敏	
azelastine hcl ophthalmic solution 0.05 %	\$0 (1)
cromolyn sodium ophthalmic solution 4 %	\$0 (1)
olopatadine hcl ophthalmic solution 0.1 %	\$0 (1)
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	\$0 (1)
抗青光眼	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	\$0 (1)
betaxolol hcl ophthalmic solution 0.5 %	\$0 (1)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	\$0 (1)
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	\$0 (1)
brinzolamide ophthalmic suspension 1 %	\$0 (1)
carteolol hcl ophthalmic solution 1 %	\$0 (1)
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	\$0 (1)
dorzolamide hcl ophthalmic solution 2 %	\$0 (1)
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	\$0 (1)

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
latanoprost ophthalmic solution 0.005 %	\$0 (1)
levobunolol hcl ophthalmic solution 0.5 %	\$0 (1)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$0 (1)
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	\$0 (1)
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	\$0 (1)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	\$0 (1)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	\$0 (1)
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	\$0 (1)
timolol maleate ophthalmic solution 0.25 %, 0.5 %	\$0 (1)
travoprost (bak free) ophthalmic solution 0.004 %	\$0 (1)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	\$0 (1)
消炎藥物	
ALREX OPHTHALMIC SUSPENSION 0.2 %	\$0 (1)
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	\$0 (1)
BROMSITE OPHTHALMIC SOLUTION 0.075 %	\$0 (1)
dexamethasone sodium phosphate ophthalmic solution 0.1 %	\$0 (1)
diclofenac sodium ophthalmic solution 0.1 %	\$0 (1)
difluprednate ophthalmic emulsion 0.05 %	\$0 (1)
FLAREX OPHTHALMIC SUSPENSION 0.1 %	\$0 (1)
fluorometholone ophthalmic suspension 0.1 %	\$0 (1)
flurbiprofen sodium ophthalmic solution 0.03 %	\$0 (1)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	\$0 (1)
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	\$0 (1)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	\$0 (1)
prednisolone acetate ophthalmic suspension 1 %	\$0 (1)
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %	\$0 (1)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
PROLENSA OPHTHALMIC SOLUTION 0.07 %	\$0 (1)	
耳部		
耳用藥劑		
acetic acid otic solution 2 %	\$0 (1)	
CIPRO HC OTIC SUSPENSION 0.2-1 %	\$0 (1)	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	\$0 (1)	
flac otic oil 0.01 %	\$0 (1)	
fluocinolone acetonide otic oil 0.01 %	\$0 (1)	
neomycin-polymyxin-hc otic solution 1 %	\$0 (1)	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	\$0 (1)	
ofloxacin otic solution 0.3 %	\$0 (1)	
胃腸道		
H2 受體拮抗劑		
famotidine (pf) intravenous solution 20 mg/2ml	\$0 (1)	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	\$0 (1)	
famotidine oral suspension reconstituted 40 mg/5ml	\$0 (1)	QL (300 ML per 30 days)
famotidine oral tablet 20 mg	\$0 (1)	QL (120 EA per 30 days)
famotidine oral tablet 40 mg	\$0 (1)	QL (60 EA per 30 days)
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	\$0 (1)	
nizatidine oral capsule 150 mg, 300 mg	\$0 (1)	
其他		
alosetron hcl oral tablet 0.5 mg, 1 mg	\$0 (1)	PA; QL (60 EA per 30 days); ^
CARAFATE ORAL SUSPENSION 1 GM/10ML	\$0 (1)	PA
cromolyn sodium oral concentrate 100 mg/5ml	\$0 (1)	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	\$0 (1)	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
GATTEX SUBCUTANEOUS KIT 5 MG	\$0 (1)	PA; LA; ^
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (1)	QL (30 EA per 30 days)
loperamide hcl oral capsule 2 mg	\$0 (1)	
lubiprostone oral capsule 24 mcg, 8 mcg	\$0 (1)	QL (60 EA per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	\$0 (1)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	QL (30 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	\$0 (1)	PA; ^
sucralfate oral suspension 1 gm/10ml	\$0 (1)	PA
sucralfate oral tablet 1 gm	\$0 (1)	
ursodiol oral capsule 300 mg	\$0 (1)	
ursodiol oral tablet 250 mg, 500 mg	\$0 (1)	
XERMELO ORAL TABLET 250 MG	\$0 (1)	PA; LA; QL (90 EA per 30 days); ^
XIFAXAN ORAL TABLET 550 MG	\$0 (1)	PA; ^
止吐藥物		
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	\$0 (1)	B/D
compro rectal suppository 25 mg	\$0 (1)	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	\$0 (1)	B/D; QL (60 EA per 30 days)
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	\$0 (1)	
granisetron hcl oral tablet 1 mg	\$0 (1)	B/D
meclizine hcl oral tablet 12.5 mg, 25 mg	\$0 (1)	
metoclopramide hcl injection solution 5 mg/ml	\$0 (1)	
metoclopramide hcl oral solution 5 mg/5ml	\$0 (1)	
metoclopramide hcl oral tablet 10 mg, 5 mg	\$0 (1)	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	\$0 (1)	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
ondansetron hcl oral solution 4 mg/5ml	\$0 (1)	
ondansetron hcl oral tablet 4 mg, 8 mg	\$0 (1)	
ondansetron oral tablet dispersible 4 mg, 8 mg	\$0 (1)	
prochlorperazine edisylate injection solution 10 mg/2ml	\$0 (1)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	\$0 (1)	
prochlorperazine rectal suppository 25 mg	\$0 (1)	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	\$0 (1)	PA; PA if 70 years and older
promethazine hcl oral syrup 6.25 mg/5ml	\$0 (1)	PA; PA if 70 years and older
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	\$0 (1)	PA; PA if 70 years and older
scopolamine transdermal patch 72 hour 1 mg/3days	\$0 (1)	PA; PA if 70 years and older; QL (10 EA per 30 days)
炎症性腸病		
balsalazide disodium oral capsule 750 mg	\$0 (1)	
budesonide er oral tablet extended release 24 hour 9 mg	\$0 (1)	PA; QL (30 EA per 30 days); ^
budesonide oral capsule delayed release particles 3 mg	\$0 (1)	PA; QL (90 EA per 30 days)
hydrocortisone rectal enema 100 mg/60ml	\$0 (1)	
mesalamine er oral capsule extended release 24 hour 0.375 gm	\$0 (1)	QL (120 EA per 30 days)
mesalamine oral capsule delayed release 400 mg	\$0 (1)	QL (180 EA per 30 days)
mesalamine oral tablet delayed release 1.2 gm, 800 mg	\$0 (1)	
mesalamine rectal enema 4 gm	\$0 (1)	
mesalamine rectal suppository 1000 mg	\$0 (1)	
mesalamine-cleanser rectal kit 4 gm	\$0 (1)	
sulfasalazine oral tablet 500 mg	\$0 (1)	
sulfasalazine oral tablet delayed release 500 mg	\$0 (1)	

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)
緩瀉劑	
constulose oral solution 10 gm/15ml	\$0 (1)
enulose oral solution 10 gm/15ml	\$0 (1)
gavilyte-c oral solution reconstituted 240 gm	\$0 (1)
gavilyte-g oral solution reconstituted 236 gm	\$0 (1)
generlac oral solution 10 gm/15ml	\$0 (1)
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	\$0 (1)
lactulose encephalopathy oral solution 10 gm/15ml	\$0 (1)
lactulose oral solution 10 gm/15ml	\$0 (1)
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	\$0 (1)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	\$0 (1)
peg-3350/electrolytes oral solution reconstituted 236 gm	\$0 (1)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	\$0 (1)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	\$0 (1)
胰蛋白酶	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	\$0 (1)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	\$0 (1)
質子泵抑制劑	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	\$0 (1)

藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	\$0 (1)	ST
lansoprazole oral capsule delayed release 15 mg, 30 mg	\$0 (1)	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	\$0 (1)	ST
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	\$0 (1)	
pantoprazole sodium intravenous solution reconstituted 40 mg	\$0 (1)	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	\$0 (1)	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	\$0 (1)	PA
rabeprazole sodium oral tablet delayed release 20 mg	\$0 (1)	
鎮痙藥物		
dicyclomine hcl oral capsule 10 mg	\$0 (1)	
dicyclomine hcl oral solution 10 mg/5ml	\$0 (1)	
dicyclomine hcl oral tablet 20 mg	\$0 (1)	
glycopyrrolate oral tablet 1 mg, 2 mg	\$0 (1)	
血液學		
其他		
anagrelide hcl oral capsule 0.5 mg, 1 mg	\$0 (1)	
BERINERT INTRAVENOUS KIT 500 UNIT	\$0 (1)	PA; LA; QL (24 EA per 30 days); ^
cilostazol oral tablet 100 mg, 50 mg	\$0 (1)	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	\$0 (1)	PA; LA; ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (1)	
ENDARI ORAL PACKET 5 GM	\$0 (1)	PA; LA; ^
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	\$0 (1)	PA; LA; QL (20 EA per 30 days); ^
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	\$0 (1)	PA; QL (27 ML per 30 days); ^
pentoxifylline er oral tablet extended release 400 mg	\$0 (1)	
PROMACTA ORAL PACKET 12.5 MG	\$0 (1)	PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL PACKET 25 MG	\$0 (1)	PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
sajazir subcutaneous solution prefilled syringe 30 mg/3ml	\$0 (1)	PA; LA; QL (27 ML per 30 days); ^
tranexamic acid intravenous solution 1000 mg/10ml	\$0 (1)	
tranexamic acid oral tablet 650 mg	\$0 (1)	
抗凝血劑		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	\$0 (1)	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (1)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (1)	QL (74 EA per 30 days)
enoxaparin sodium injection solution 300 mg/3ml	\$0 (1)	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	\$0 (1)	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	\$0 (1)	^
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	\$0 (1)	
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	\$0 (1)	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	\$0 (1)	

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	\$0 (1)	B/D
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	\$0 (1)	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	\$0 (1)	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	\$0 (1)	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (1)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (1)	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0 (1)	QL (51 EA per 30 days)
血小板聚合抑制劑		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	\$0 (1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (1)	
clopidogrel bisulfate oral tablet 75 mg	\$0 (1)	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	\$0 (1)	PA; PA if 70 years and older
prasugrel hcl oral tablet 10 mg, 5 mg	\$0 (1)	
造血生長因子		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (1)	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	\$0 (1)	PA; ^
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (1)	PA; ^
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (1)	PA; ^
鎮痛藥		
痛風		
allopurinol oral tablet 100 mg, 300 mg	\$0 (1)	
colchicine oral tablet 0.6 mg	\$0 (1)	QL (120 EA per 30 days)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
colchicine-probenecid oral tablet 0.5-500 mg	\$0 (1)	
febuxostat oral tablet 40 mg, 80 mg	\$0 (1)	PA
MITIGARE ORAL CAPSULE 0.6 MG	\$0 (1)	QL (60 EA per 30 days)
probenecid oral tablet 500 mg	\$0 (1)	
非類固醇抗炎藥		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	\$0 (1)	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	\$0 (1)	QL (30 EA per 30 days)
diclofenac potassium oral tablet 50 mg	\$0 (1)	QL (120 EA per 30 days)
diclofenac sodium er oral tablet extended release 24 hour 100 mg	\$0 (1)	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	\$0 (1)	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	\$0 (1)	
diflunisal oral tablet 500 mg	\$0 (1)	
ec-naproxen oral tablet delayed release 375 mg	\$0 (1)	QL (120 EA per 30 days)
ec-naproxen oral tablet delayed release 500 mg	\$0 (1)	QL (90 EA per 30 days)
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	\$0 (1)	
etodolac oral capsule 200 mg, 300 mg	\$0 (1)	
etodolac oral tablet 400 mg, 500 mg	\$0 (1)	
flurbiprofen oral tablet 100 mg	\$0 (1)	
ibu oral tablet 400 mg, 600 mg, 800 mg	\$0 (1)	
ibuprofen oral suspension 100 mg/5ml	\$0 (1)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	\$0 (1)	
meloxicam oral tablet 15 mg, 7.5 mg	\$0 (1)	
nabumetone oral tablet 500 mg, 750 mg	\$0 (1)	
naproxen oral tablet 250 mg, 375 mg, 500 mg	\$0 (1)	
naproxen oral tablet delayed release 375 mg	\$0 (1)	QL (120 EA per 30 days)
naproxen oral tablet delayed release 500 mg	\$0 (1)	QL (90 EA per 30 days)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
naproxen sodium oral tablet 275 mg, 550 mg	\$0 (1)	
oxaprozin oral tablet 600 mg	\$0 (1)	
piroxicam oral capsule 10 mg, 20 mg	\$0 (1)	
sulindac oral tablet 150 mg, 200 mg	\$0 (1)	
類鴉片止痛劑，短效		
acetaminophen-codeine oral solution 120-12 mg/5ml	\$0 (1)	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	\$0 (1)	QL (400 EA per 30 days)
acetaminophen-codeine oral tablet 300-30 mg	\$0 (1)	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	\$0 (1)	QL (180 EA per 30 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	\$0 (1)	
endocet oral tablet 10-325 mg	\$0 (1)	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	\$0 (1)	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	\$0 (1)	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	\$0 (1)	PA; QL (120 EA per 30 days); ^
fentanyl citrate buccal lozenge on a handle 200 mcg	\$0 (1)	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	\$0 (1)	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	\$0 (1)	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	\$0 (1)	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	\$0 (1)	QL (150 EA per 30 days)
hydromorphone hcl oral liquid 1 mg/ml	\$0 (1)	QL (600 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	\$0 (1)	QL (180 EA per 30 days)
morphine sulfate (concentrate) oral solution 20 mg/ml	\$0 (1)	QL (180 ML per 30 days)
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	\$0 (1)	B/D

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藥品名稱	藥物費用 必要的動作、約束或使用限制 (層級)	
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML	\$0 (1)	B/D
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	\$0 (1)	B/D
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	\$0 (1)	QL (900 ML per 30 days)
morphine sulfate oral tablet 15 mg, 30 mg	\$0 (1)	QL (180 EA per 30 days)
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	\$0 (1)	
oxycodone hcl oral capsule 5 mg	\$0 (1)	QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	\$0 (1)	QL (180 ML per 30 days)
oxycodone hcl oral solution 5 mg/5ml	\$0 (1)	QL (900 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	\$0 (1)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	\$0 (1)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	\$0 (1)	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	\$0 (1)	QL (240 EA per 30 days)
tramadol hcl oral tablet 50 mg	\$0 (1)	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	\$0 (1)	QL (240 EA per 30 days)
類鴉片止痛劑，長效		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	\$0 (1)	PA; QL (10 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE- DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	\$0 (1)	PA; QL (30 EA per 30 days)
methadone hcl intensol oral concentrate 10 mg/ml	\$0 (1)	PA; QL (90 ML per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	\$0 (1)	PA; QL (450 ML per 30 days)
methadone hcl oral tablet 10 mg, 5 mg	\$0 (1)	PA; QL (90 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	\$0 (1)	PA; QL (90 EA per 30 days)

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藥品名稱	藥物費用	必要的動作、約束或使用限制 (層級)
麻醉藥物		
局部麻醉藥物		
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %	\$0 (1)	B/D
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	\$0 (1)	B/D

D. 承保藥物索引。

在本節中，您可以依名稱的字母順序尋找藥物。這會告訴您頁碼，您可在該處找到藥物的額外承保資訊。

<i>abacavir sulfate</i>	99, 100	<i>aliskiren fumarate</i>	73	<i>anastrozole</i>	91
<i>abacavir sulfate-lamivudine</i>	99	<i>allopurinol</i>	121	ANORO ELLIPTA.....	64
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<i>abiraterone acetate</i>	90	<i>alprazolam</i>	23	<i>aprepitant</i>	116
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<i>acarbose</i>	47	ALTOPREV.....	76	APTIVUS.....	100
<i>accutane</i>	69	ALUNBRIG.....	82	ARALAST NP.....	62
<i>acebutolol hcl</i>	72	<i>alyacen 1/35</i>	51	<i>aranelle</i>	51
<i>acetaminophen-codeine</i>	123	<i>alyacen 7/7/7</i>	51	ARCALYST.....	37
<i>acetazolamide</i>	74	<i>alyq</i>	77	AREXVY.....	37
<i>acetazolamide er</i>	74	<i>amabelz</i>	60	<i>arformoterol tartrate</i>	61
<i>acetic acid</i>	110, 115	<i>amantadine hcl</i>	20	<i>aripiprazole</i>	23, 24
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<i>acyclovir sodium</i>	96	<i>amiodarone hcl</i>	75	<i>ashlyna</i>	51
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<i>adefovir dipivoxil</i>	96	<i>amlodipine besylate</i>	79	<i>atenolol</i>	72
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<i>azacitidine</i>	89	BOOSTRIX	37	<i>captopril-hydrochlorothiazide</i>	71
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<i>azithromycin</i>	102	BOSULIF	82	<i>carbidopa</i>	20
<i>aztreonam</i>	92	BRAFTOVI	82	<i>carbidopa-levodopa</i>	20
<i>azurette</i>	52	BREO ELLIPTA	65	<i>carbidopa-levodopa er</i>	20
<i>bacitracin</i>	112	BREZTRI AEROSPHERE	64	<i>carbidopa-levodopa-</i>	
<i>bacitracin-polymyxin b</i>	112	<i>briellyn</i>	52	<i>entacapone</i>	20
<i>bacitra-neomycin-polymyxin-hc</i>	112	BRILINTA	121	<i>carboplatin</i>	91
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<i>betaine</i>	42	<i>butorphanol tartrate</i>	123	<i>cefpodoxime proxetil</i>	105
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<i>betamethasone dipropionate</i>		BYETTA 5 MCG PEN	47	<i>ceftriaxone sodium</i>	106
<i>aug</i>	69	<i>cabergoline</i>	42	<i>cefuroxime axetil</i>	106
<i>betamethasone valerate</i>	70	CABOMETYX	82	<i>cefuroxime sodium</i>	106
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<i>bethanechol chloride</i>	110	<i>calcitrene</i>	68	<i>cephalexin</i>	106
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<i>bexarotene</i>	67, 81	<i>calcium acetate (phos binder)</i>	50	<i>cetirizine hcl</i>	63
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反歧視聲明

歧視是違法的。Wellcare by Health Net 遵循州與聯邦民權法。Wellcare by Health Net 不會因生理性別、種族、膚色、宗教、血統、原國籍、族群認同、年齡、精神殘疾、身體殘疾、病況、基因資訊、婚姻狀態、性別、性別認同或性取向等原因而非法歧視、排斥他人或區別對待。

Wellcare by Health Net 提供：

- 為殘疾人提供免費的幫助和服務，以協助他們更好地溝通，如：
 - 合格的手語翻譯
 - 其他格式的文字資料 (大型輸出、音訊、易於取用的電子格式、其他格式)
- 為主要語言不是英語的人提供免費語言服務，例如：
 - 合格口譯員
 - 以其他語言撰寫的資訊

如果您需要這些服務，請致電 **1-800-431-9007** 聯絡 Wellcare by Health Net。在 10 月 1 日至 3 月 31 日期間，您可以致電我們的時間為一週 7 天，早上 8 點至晚上 8 點。從 4 月 1 日至 9 月 30 日，您可以致電我們的時間為週一至週五，早上 8 點至晚上 8 點。非服務時間、週末和聯邦假日會由留言系統接聽。若您的聽力或言語能力有障礙，請致電 **TTY 711**。視您的要求而定，本文件可以點字版、大型輸出、錄音帶或電子形式提供。若要以下列其中一種替代格式取得副本，請致電或寫信至：

Wellcare by Health Net
21281 Burbank Blvd.
Woodland Hills, CA 91367
1-800-431-9007
TTY : 711

如何提出申訴

如果您認為 Wellcare by Health Net 基於性別、種族、膚色、宗教、血統、原國籍、族群認同、年齡、精神殘疾、身體殘疾、病況、基因資訊、婚姻狀態、性別、性別認同或性取向等原因而未能提供這些服務或以其他方式非法歧視，您可以向會員服務部提出申訴。您可以透過電話、書面、親自或電子方式提出申訴：

- **透過電話：**致電 **1-866-458-2208** 聯絡 Wellcare by Health Net 民權協調員。早上 8 點至晚上 5 點之間，週一至週五。或者，若您的聽力或言語能力有障礙，請致電 **TTY 711**。
- **書面：**填寫投訴表格或寫信並寄送至：
Wellcare Civil Rights Coordinator
P.O. Box 9103
Van Nuys, CA 91409-9103
- **親自：**造訪您醫生的辦公室或 Wellcare by Health Net，並表示您想提出申訴。
- **電子方式：**造訪 Wellcare by Health Net 網站 **www.wellcare.com/healthnetCA**。

民權辦公室 – 加州衛生保健服務部

您也可以透過電話、書面或電子方式，向加州衛生保健服務部、民權辦公室提出民權投訴：

- **透過電話：**請致電 **1-916-440-7370**。若您的言語能力或聽力有障礙，請致電 **TTY 711 (電信中繼服務)**。
- **書面：**填寫投訴表格或寄信至：
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
投訴表格可於此網站 http://www.dhcs.ca.gov/Pages/Language_Access.aspx 取得
- **電子方式：**傳送電子郵件至 CivilRights@dhcs.ca.gov。

民權辦公室 – 美國健康與公眾服務部

如果您認為您因種族、膚色、原國籍、年齡、殘障或性別而受到歧視，您也可以透過電話、書面或電子方式向美國衛生與公共服務部民權辦公室提出民權投訴：

- **透過電話：**請致電 **1-800-368-1019**。若您的言語能力或聽力有障礙，請致電 **TTY/TDD 1-800-537-7697**。
- **書面：**填寫投訴表格或寄信至：
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
投訴表格可於此網站 <http://www.hhs.gov/ocr/office/file/index.html> 取得。
- **電子方式：**造訪民權辦公室投訴入口網站
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>。

English: ATTENTION: If you need help in your language call **1-800-431-9007** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-431-9007** (TTY: **711**). These services are free of charge.

العربية (Arabic): انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم **1-800-431-9007** (TTY: **711**) تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقات مثل المستندات بطريقة برايل وبطباعة كبيرة. اتصل على الرقم **1-800-431-9007** (TTY: **711**) وهذه الخدمات مجانية.

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեր լեզվով օգնության կարիք ունեք, զանգահարեք **1-800-431-9007** (TTY` **711**): Հասանելի են նաև օգնություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են՝ բրայլյան և խոշոր տառերով փաստաթղթերը: Չանգահարեք **1-800-431- 9007** (TTY` **711**): Այս ծառայություններն անվճար են:

ភាសាខ្មែរ (Cambodian): ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាខ្មែរសម្រាប់សម្ភារៈសព្ទទៅលេខ **1-800-431-9007** (TTY: **711**)។ ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរធំសម្រាប់ជនពិការភ្នែក និងពុម្ពអក្សរធំ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ **1-800-431- 9007** (TTY: **711**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

中文 (Chinese) : 注意：如果您需要以您母语提供的协助，请致电 **1-800-431-9007** (TTY : **711**) 。我们也为残疾人士提供辅助和服务，例如点字和大字体印刷的文件。请致电 **1-800-431-9007** (TTY : **711**) 。这些服务为免费服务。

فارسی (Farsi): توجه: اگر نیاز به کمک به زبان خودتان دارید با شماره **1-800-431-9007** (TTY: **711**) تماس بگیرید. کمک‌ها و خدمات برای افراد دارای معلولیت نیز در دسترس است، مانند اسناد با خط بریل و چاپ درشت. با شماره **1-800-431-9007** (TTY **711**) تماس بگیرید. این خدمات رایگان است.

हिंदी (Hindi): ध्यान दें: अगर आपको अपनी भाषा में मदद चाहिए, तो **1-800-431-9007** (TTY: **711**) पर कॉल करें. विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज़ जैसी सहायता और सेवाएं उपलब्ध हैं. **1-800-431-9007** (TTY: **711**) पर कॉल करें. ये सेवाएं नि:शुल्क हैं.

Lus Hmoob (Hmong): TSEEM CEEB: : Yog koj xav tau kev pab ua koj hom lus hu rau **1-800-431-9007** (TTY: **711**). Tsis tas li ntawd, kuj tseem muaj cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv Ua Ntawv Su thiab cov ntawv loj. Hu rau **1-800-431-9007** (TTY: **711**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese) : 注意：言語のヘルプが必要な場合は **1-800-431-9007** (TTY : **711**) までお電話ください。障害をお持ちの方には、点字や大判プリントなどの補助機能やサービスもご利用になれます。 **1-800-431-9007** (TTY : **711**) までお電話ください。これらのサービスは無料です。

한국어(Korean): 주의: 귀하의 구사 언어로 도움을 받으셔야 한다면 **1-800-431-9007** (TTY: **711**) 번으로 연락해 주십시오. 점자 및 큰 활자 인쇄 형식으로 된 문서 등 장애인을 위한 도움 및 서비스도 제공됩니다. **1-800-431-9007**(TTY: **711**)번으로 연락해 주십시오. 해당 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian): ສຳຄັນ: ຖ້າວ່າທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ໂທ **1-800-431-9007** (TTY: **711**). ນອກຈາກນີ້ ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ບໍລິການສຳລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່ ໂທ **1-800-431-9007** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ

Mienh (Mien): Liouh Eix: Oix se meih oix nongc zuqc gorngv mienh wac daih taengx meih, cingv meih mboqv dienx wac **1-800-431-9007** (TTY: **711**). Yie mbuo hac haih nongc mienh wac daih taengx waic fangx nyei mienh, hnangv zing mangc mv buatc lamh nyei mienh nongc nyei nzangc caux domh nzangc wenh jienx. Cingv meih mboqv dienx wac **1-800-431-9007** (TTY: **711**). Naiv deix bong zouc gong se maiv siou zinh nyanh nyei.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ **1-800-431-9007** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪੰਗਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਵਾਸਤੇ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਛਾਪੇ ਵਾਲੇ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। **1-800-431-9007** 'ਤੇ ਕਾਲ ਕਰੋ (TTY: **711**)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian): ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру **1-800-431-9007** (телетайп: **711**). Также доступны сопутствующая помощь и услуги для людей с ограниченными возможностями, такие как материалы, напечатанные крупным шрифтом и шрифтом Брайля. Позвоните по номеру **1-800-431-9007** (телетайп: **711**). Эти услуги предоставляются бесплатно.

Español (Spanish): ATENCIÓN: Si necesita ayuda en su idioma llame al **1-800-431-9007** (TTY: **711**). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al **1-800-431-9007** (TTY: **711**). Estos servicios son gratuitos.

Tagalog (Tagalog): PAALALA: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa **1-800-431-9007** (TTY: **711**). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-431-9007** (TTY: **711**). Walang bayad ang mga serbisyonang ito.

ภาษาไทย (Thai): หมายเหตุ: หากต้องการความช่วยเหลือในภาษาของคุณ โปรดโทรไปท **1-800-431-9007** (TTY: **711**) เรามีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารที่เป็นอักษรเบรลล์และเอกสารที่ใช้ตัวอักษรขนาดใหญ่ ด้วยเช่นกัน โปรดโทรไปที่ **1-800-431-9007** (TTY: **711**) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Українська (Ukrainian): УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером **1-800-431-9007** (TTY: **711**). Також доступні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте за номером **1-800-431-9007** (TTY: **711**). Ці послуги є безкоштовними.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số **1-800-431-9007** (TTY: **711**). Các hỗ trợ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu bằng chữ nổi và cỡ chữ lớn cũng được cung cấp. Hãy gọi số **1-800-431-9007** (TTY: **711**). Các dịch vụ này được miễn phí.

反歧視聲明

歧視是違法的。Wellcare 遵循州與聯邦民權法。Wellcare 不會因生理性別、種族、膚色、宗教、血統、原國籍、族群認同、年齡、精神殘疾、身體殘疾、病況、基因資訊、婚姻狀態、性別、性別認同或性取向等原因而非法歧視、排斥他人或區別對待。

Wellcare 提供：

- 為殘疾人提供免費的幫助和服務，以協助他們更好地溝通，如：
 - 合格的手語翻譯
 - 其他格式的文字資料 (大型輸出、音訊、易於取用的電子格式、其他格式)
- 為主要語言不是英語的人提供免費語言服務，例如：
 - 合格口譯員
 - 以其他語言撰寫的資訊

如果您需要這些服務，請致電 **1-866-999-3945** 聯絡 Wellcare。在 10 月 1 日至 3 月 31 日期間，代表的服務時間為週一至週日，早上 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，早上 8 點至晚上 8 點。若您的聽力或言語能力有障礙，請致電 **TTY 711**。視您的要求而定，本文件可以點字版、大型輸出、錄音帶或電子形式提供。若要以下列其中一種替代格式取得副本，請致電或寫信至：

Wellcare
6261 Katella Ave., # 100
Cypress, CA 90630
1-866-999-3945
TTY : 711

如何提出申訴

如果您認為 Wellcare 基於性別、種族、膚色、宗教、血統、原國籍、族群認同、年齡、精神殘疾、身體殘疾、病況、基因資訊、婚姻狀態、性別、性別認同或性取向等原因而未能提供這些服務或以其他方式非法歧視，您可以向會員服務部提出申訴。您可以透過電話、書面、親自或電子方式提出申訴：

- **透過電話：**請致電 **1-866-999-3945** 聯絡會員服務部。在 10 月 1 日至 3 月 31 日期間，代表的服務時間為週一至週日，早上 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，早上 8 點至晚上 8 點。或者，若您的聽力或言語能力有障礙，請致電 **TTY 711**。
- **書面：**填寫投訴表格或寫信並寄送至：
WellCare Health Plans, Inc.
Grievance Department
P.O.Box 31384
Tampa, FL 33631-3384
- **親自：**造訪您醫生的辦公室或 Wellcare，並表示您想提出申訴。
- **電子方式：**造訪 Wellcare 網站 **www.wellcare.com/medicare**。

民權辦公室 – California Department of Health Care Services

您也可以透過電話、書面或電子方式，California、民權辦公室提出民權投訴：

- **透過電話：**請致電 **1-916-440-7370**。若您的言語能力或聽力有障礙，請致電 **TTY 711 (電信中繼服務)**。
- **書面：**填寫投訴表格或寄信至：
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O.Box 997413, MS 0009
Sacramento, CA 95899-7413
投訴表格可於此網站 http://www.dhcs.ca.gov/Pages/Language_Access.aspx 取得
- **電子方式：**傳送電子郵件至 CivilRights@dhcs.ca.gov。

民權辦公室 – 美國健康與公眾服務部

如果您認為您因種族、膚色、原國籍、年齡、殘障或性別而受到歧視，您也可以透過電話、書面或電子方式向美國衛生署和公眾服務部民權辦公室提交申訴：

- **透過電話：**請致電 **1-800-368-1019**。若您的言語能力或聽力有障礙，請致電 **TTY/TDD 1-800-537-7697**。
- **書面：**填寫投訴表格或寄信至：
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
投訴表格可於此網站 <http://www.hhs.gov/ocr/office/file/index.html> 取得。
- **電子方式：**造訪民權辦公室投訴入口網站
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>。

English: ATTENTION: If you need help in your language call **1-866-999-3945** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available.

Call **1-866-999-3945** (TTY: **711**). These services are free of charge.

العربية (Arabic): انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم **1-866-999-3945** (TTY: **711**) تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقات مثل المستندات بطريقة برايل وبطباعة كبيرة. اتصل على الرقم **1-866-999-3945** (TTY: **711**) وهذه الخدمات مجانية.

Հայերեն (Armenian): Ուշադրություն. Եթե Ձեր լեզվով օգնության կարիք ունեք, զանգահարեք **1-866-999-3945** (TTY: **711**): Հասանելի են նաև օգնություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են՝ բրայլյան և խոշոր տառերով փաստաթղթերը: Չանգահարեք **1-866-999-3945** (TTY: **711**): Այս ծառայություններն անվճար են:

ភាសាខ្មែរ (Cambodian): ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាខ្មែរ ឬសូមទូរសព្ទទៅលេខ **1-866-999-3945** (TTY: **711**)។ ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរធំសម្រាប់ជនពិការភ្នែក និងពុម្ពអក្សរធំ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ **1-866-999-3945** (TTY: **711**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

中文 (Chinese): 注意: 如果您需要以您母语提供的协助, 请致电 **1-866-999-3945** (TTY: **711**)。我们也为残疾人士提供辅助和服务, 例如点字和大字体印刷的文件。请致电 **1-866-999-3945** (TTY: **711**)。这些服务为免费服务。

فارسی (Farsi): توجه: اگر نیاز به کمک به زبان خودتان دارید با شماره **1-866-999-3945** (TTY: **711**) تماس بگیرید. کمک‌ها و خدمات برای افراد دارای معلولیت نیز در دسترس است, مانند اسناد با خط بریل و چاپ درشت. با شماره **1-866-999-3945** (TTY: **711**) تماس بگیرید. این خدمات رایگان است.

हिंदी (Hindi): ध्यान दें: अगर आपको अपनी भाषा में मदद चाहिए, तो **1-866-999-3945** (TTY: **711**) पर कॉल करें. विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज़ जैसी सहायता और सेवाएं उपलब्ध हैं. **1-866-999-3945** (TTY: **711**) पर कॉल करें. ये सेवाएं नि:शुल्क हैं.

Lus Hmoob (Hmong): TSEEM CEEB: : Yog koj xav tau kev pab ua koj hom lus hu rau **1-866-999-3945** (TTY: **711**). Tsis tas li ntawd, kuj tseem muaj cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv Ua Ntawv Su thiab cov ntawv loj. Hu rau **1-866-999-3945** (TTY: **711**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese): 注意: 言語のヘルプが必要な場合は **1-866-999-3945** (TTY: **711**) までお電話ください。障害をお持ちの方には、点字や大判プリントなどの補助機能やサービスもご利用になれます。 **1-866-999-3945** (TTY: **711**) までお電話ください。これらのサービスは無料です。

한국어(Korean): 주의: 귀하의 구사 언어로 도움을 받으셔야 한다면 **1-866-999-3945** (TTY: **711**) 번으로 연락해 주십시오. 점자 및 큰 활자 인쇄 형식으로 된 문서 등 장애인을 위한 도움 및 서비스도 제공됩니다. **1-866-999-3945**(TTY: **711**)번으로 연락해 주십시오. 해당 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian): ສຳຄັນ: ຖ້າວ່າທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ໂທ **1-866-999-3945** (TTY: **711**). ນອກຈາກນີ້ ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ບໍລິການສຳລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່ ໂທ **1-866-999-3945** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ

Mienh (Mien): Liouh Eix: Oix se meih oix nongc zuqc gorngv mienh wac daih taengx meih, cingv meih mboqv dienx wac **1-866-999-3945** (TTY: **711**). Yie mbuo hac haih nongc mienh wac daih taengx waic fangx nyei mienh, hnangv zing mangc mv buatac lamh nyei mienh nongc nyei nzangc caux domh nzangc wenh jienx. Cingv meih mboqv dienx wac **1-866-999-3945** (TTY: **711**). Naiv deix bong zouc gong se maiv siou zinh nyanh nyei.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ **1-866-999-3945** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪੰਗਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਵਾਸਤੇ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਛਾਪੇ ਵਾਲੇ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। **1-866-999-3945** 'ਤੇ ਕਾਲ ਕਰੋ (TTY: **711**)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian): ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру **1-866-999-3945** (телетайп: **711**). Также доступны сопутствующая помощь и услуги для людей с ограниченными возможностями, такие как материалы, напечатанные крупным шрифтом и шрифтом Брайля. Позвоните по номеру **1-866-999-3945** (телетайп: **711**). Эти услуги предоставляются бесплатно.

Español (Spanish): ATENCIÓN: Si necesita ayuda en su idioma llame al **1-866-999-3945** (TTY: **711**). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al **1-866-999-3945** (TTY: **711**). Estos servicios son gratuitos.

Tagalog (Tagalog): PAALALA: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa **1-866-999-3945** (TTY: **711**). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento sa braille at malaking print. Tumawag sa **1-866-999-3945** (TTY: **711**). Walang bayad ang mga serbisyong ito.

ภาษาไทย (Thai): หมายเหตุ: หากต้องการความช่วยเหลือในภาษาของคุณ โปรดโทรไปท **1-866-999-3945** (TTY: **711**) เรามีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารที่เป็นอักษรเบรลล์และเอกสารที่ใช้ตัวอักษรขนาดใหญ่ ด้วยเช่นกัน โปรดโทรไปที่ **1-866-999-3945** (TTY: **711**) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Українська (Ukrainian): УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером **1-866-999-3945** (TTY: **711**). Також доступні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте за номером **1-866-999-3945** (TTY: **711**). Ці послуги є безкоштовними.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số **1-866-999-3945** (TTY: **711**). Các hỗ trợ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu bằng chữ nổi và cỡ chữ lớn cũng được cung cấp. Hãy gọi số **1-866-999-3945** (TTY: **711**). Các dịch vụ này được miễn phí.



更新於 **12/01/2023**。

如需更多最新資訊或其他問題，請致電 Wellcare Dual Align 001 會員服務，電話 **1-866-999-3945**；或致電 Wellcare Dual Align 129 會員服務，電話 **1-888-431-9007**，TTY 使用者請撥打 **711**。在 10 月 1 日至 3 月 31 日，代表的服務時間為週一至週日，上午 8 點至下午 8 點；在 4 月 1 日至 9 月 30 日，代表的服務時間為週一至週五上午 8 點至晚上 8 點。此為免付費電話。或請造訪 Wellcare Dual Align 001，網址為 www.wellcare.com/medicare；或 Wellcare Dual Align 129，網址為 www.wellcare.com/healthnetCA。

Medicare^{Rx}
Prescription Drug Coverage