Wellcare ʻOhana Dual Align, HMO-POS D-SNP

2025 年承保藥物清單 (*藥物清單或處方集*)

05

請閱讀：此文件包含此計劃所承保的藥物相關資訊

HPMS 核准處方集檔案提交 ID 25040，版本編號 22

本處方集更新日期爲 12/01/2025。

如需更多最新資訊，或有其他疑問，請聯絡我們，電話：**1-888-846-4262**，若爲 TTY 使用者則請撥打 **711**，在 10 月 1 日至 3 月 31 日期間的代表服務時間爲週一至週日上午 7:45 至晚上 8:00，在 4 月 1 日至 9 月 30 日期間的代表服務時間爲週一至週五上午 7:45 至晚上 8:00，或造訪 **wellcare.com/ohana**。

wellcare By ʻohana health plan

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簡介

本文件稱爲*《承保藥物清單》*(又稱爲*《藥物清單》*)。它告訴您 Wellcare 'Ohana Dual Align. 承保哪些處方藥和非處方 (OTC) 藥物，以及非藥物產品和項目。藥物*清單*也會告訴您，Wellcare 'Ohana Dual Align 承保的任何藥物是否有任何特殊規定或限制。關鍵術語和其定義會列在*承保證明*的最後一章。

目錄

A. 免責聲明

這是會員可在 Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 中獲得的藥物清單。

- ʻOhana Health Plan 是由 WellCare Health Insurance of Arizona, Inc. 提供的計劃。
- 您隨時可以在 wellcare.com/ohana 線上查看 Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 最新的*承保藥物清單*，或撥打本文件頁尾的號碼致電會員服務部。此爲免付費專線。
- 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。請撥打本文件頁尾的號碼與會員服務部聯絡。此爲免付費專線。
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-888-846-4262 (TTY: 711)**. Someone that speaks English/ Language can help you. This is a free service.

  Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-888-846-4262 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

  我 提供免 的口 服 ，可解答您对我 的健康或 物 划的有 疑 。如需 ， 打 **1-888-846-4262（TTY：711）**。您将获得中文普通 口 的帮助。这是一 免 服 。

  我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-888-846-4262 (TTY：711)**。會説廣東話的人員可以幫助您。此為免費服務。

  May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-888-846-4262 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

  Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-888-846-4262 (TTY : 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

本區段內容延續至下頁。

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-888-846-4262 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-888-846-4262 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-888-846-4262(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-888-846-4262 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

نوفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-888-846-4262 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके कसिी भी प्रश्न का उत्तर देने के लिए, हम मुफ़्त में दुभाषयिा सेवाएं देते हैं। दुभाषयिा सेवा पाने के लिए, बस हमें **1-888-846-4262 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक नःशिुल्क सेवा है।

Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-888-846-4262 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-888-846-4262 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-888-846-4262 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-888-846-4262 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

本區段內容延續至下頁。

弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-888-846-4262（TTY：711）にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

Mi kawor chon affou ese kame ika mei wor om kapas eis fan iten am kewe kokkotun tumwunun inis ika pekin safei. Ika ka mochen emon chon affou, kokori ei nampa **1-888-846-4262 (TTY: 711)**. Emon mi sine fosun chuuk a tongeni alisuk. Ei angang ese kame.

Loaʻa iā mākou nā lawelawe unuhi ʻōlelo manuahi e pane i nā nīnau āu e pili ana i kā mākou papahana olakino a lāʻau paha. No ka loaʻa ʻana o ka unuhi ʻōlelo e kelepona iā mākou ma **1-888-846-4262 (TTY: 711)**. Hiki i kekahi kanaka ʻōlelo Hawaiʻi ke kōkua iā ʻoe. He lawelawe manuahi kēia.

Adda iti libre a serbisyo ti panagpatarus mi tapno masungbatan ti anyaman a saludsod mo maipanggep iti plano ti salun-at wenno agas mi. Tapno makaala ti maysa nga agipatpatarus pakiawagan dakami laeng iti **1-888-846-4262 (TTY: 711)**. Mabalin nga makatulong kenka ti maysa nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Ewōr ad jerbal in ukok ñān uak jabdewōt kajitok emaroñ in wōr am kin būlaan in ejmour ak uno ko rekajur. Ñan am kabbok riukok kall tok ilo **1-888-846-4262 (TTY: 711)**. Juon armej eo ej Kajin Majol emaroñ jibañ eok. Ejelok onean jerbal in.

E iai matou auaunaga faamatala upu e tali atu i soo se fesili e te ono fesili ai e uiga ia matou fuafuaga tau soifua maloloina poo fualaau. Ina ia maua se tagata faamatala upu na'o le vili mai a matou i le **1-888-846-4262 (TTY: 711)**. E mafai ona fesoasoani atu ia te oe se tasi e tautala i le gagana Samoan. E leai se totogi o lenei auaunaga.

ʻOku ʻi ai ʻemau sēvesi fakatonulea taʻetotongi ke tali ha faʻahinga fehuʻi pē te mou maʻu fekauʻaki mo ʻemau palani moʻui leleí pe foʻiʻakaú. Ke maʻu ha fakatonulea, tā mai pē ki he **1-888-846-4262 (TTY: 711)**. ʼE lava ke tokoni atu ha tokotaha lea Fakatonga. Ko ha sēvesi taʻetotongi ʻeni.

Duna mi'y libreng serbisyo sa interpreter aron motubag sa bisan unsa nimong mga pangutana bahin sa among health o drug plan. Aron mokuha og interpreter tawagi lang mi sa **1-888-846-4262 (TTY: 711)**. Ang usa ka tawo nga nagsulti og Bisaya makatabang nimo. Libre kini nga serbisyo.

本區段內容延續至下頁。

- ❖ 本文件免費提供英文、繁體中文、韓文，伊洛果語和越南文版。
- ❖ 如果您想要求替代格式 (大字體印刷、音訊、可存取的電子格式、其他格式) 或其他偏好的語言，請撥打本文件頁尾的號碼致電會員服務部。此爲免付費專線。
  - 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，直到提出終止要求爲止。
  - 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，請撥打本文件頁尾的號碼致電會員服務部。此爲免付費專線。

B. 常見問題 (FAQ)

在此尋找關於該*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？(我們將*《承保藥物清單》*簡稱爲「*藥物清單*」。)

C1 章節開始的*承保藥物清單*上的藥物爲 Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 承保的藥物。該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，以便與我們合作並爲您提供服務，則藥房就在我們的網絡中。我們將這些藥房稱爲「網絡內藥房」。

- Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 將在以下情況承保*藥物清單*上所有醫療上必要的藥物：
  - 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，
  - Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 同意該藥物爲您醫療上所必要，**並且**
  - 您在 Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 網絡內藥房配取處方。
- 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 wellcare.com/ohana 上找到我們承保的最新藥物清單，或撥打本文件頁尾的號碼致電會員服務部。

B2.*藥物清單*是否會變更？

是，Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 在進行變更時必須遵守 Medicare 和 Medicaid 規定。我們可能會在一年中新增或移除*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先獲得 Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 的許可。)
- 新增或變更您可以獲得的藥物數量 (稱爲供藥量限制)。
- 新增或變更藥物的循序用藥限制。(循序用藥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：

- 市場上出現一種新的、更便宜的藥物，且和目前*藥物清單*上的藥物一樣有效，**或**
- 我們得知某種藥物不安全；**或**
- 藥物遭下架。

以下問題 B3 和 B6 提供更多在*藥物清單*變更時的相關資訊。

- 您隨時可以在 wellcare.com/ohana 線上查看 Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 最新的*藥物清單*。*藥物清單*更新內容每個月都會發佈在網站上。
- 您也可以撥打文件頁尾的電話號碼聯絡會員服務部，瞭解目前的*藥物清單*。

B3.*藥物清單*變更時會發生什麼事？

一些*藥物清單*的變更會**立即**發生。例如：

- **替換成某些新版藥物。**如果我們用該藥物的某些新版本替換藥物，我們可能會立即從*藥物清單*中移除該藥物，但您的新藥物費用將維持爲 $0。當我們加入新版本藥物時，我們可能也會決定將原廠藥或原生物製劑保留在清單上，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。
  - 只有在新增下列藥物時，我們才可以進行這些變更：
    - 該藥物是原廠藥的新副廠藥版本，或
    - 該藥物是藥物清單上原生物製劑的生物相似藥特定新版本 (例如，新增可互換的生物相似藥，無需新處方即可取代原生物製劑)。
    - 對您來說，其中一些可能是新的藥物類型。如需詳細資訊，請參閱章節 B14。
  - 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 Food and Drug Administration (FDA) 指出您服用的藥物不安全或無效，或藥物製造商撤出某種藥物，我們可能會立即從*藥物清單*刪除該藥物。如果您正在服用該藥物，我們會在完成變更動作後傳送通知給您。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。

本區段內容延續至下頁。

我們可能會做出會影響您所服用藥物的其他變更。我們會事先通知您*藥物清單*的其他變更。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。
- 在新增非新上市的副廠藥時，我們會從*藥物清單*中移除原廠藥，**或**
- 我們在新增生物相似藥時，移除原生物製劑；**或**
- 我們變更原廠藥的承保規定或限制。

當這些變更發生時，我們會：

- 變更*藥物清單*前至少 30 天通知您，**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：

- *藥物清單*中是否有類似藥物可以代替，**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 Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 授權。事先授權與轉診不同。如果您沒有獲得事先授權，Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 可能不承保該藥物。
- **供藥量限制：**有時 Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 對於您可以獲得的藥物數量有上限。
- **循序用藥：**有時 Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 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醫療病症。在我們承保另一種藥物之前，您可能必須先嘗試一種藥物。如果您的處方開立者認爲第一種藥物對您沒有作用，我們將承保第二種藥物。

您可以查看第 C1 部分中的表格，瞭解您的藥物是否有任何額外的要求或限制。您也可以造訪我們的網站 wellcare.com/ohana 以取得更多資訊。我們已將說明事先授權與循序用藥限制的文件公告於網站上。您也可要求我們將這些文件的副本寄給您。

您可以對這些限制請求例外處理。這會讓您有時間與您的醫生或其他處方開立者討論。他們可以幫助您確定*藥物清單*中是否有類似藥物可以代替，或者是否需要請求例外處理。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，或是否需要採取必要行動才能獲得藥物？

按醫療病症分類的藥物清單中的表格有一列標示爲「必要行動、限制或使用限制」。

B6.如果 Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) 對承保某些藥物的方式 (例如事先授權、供藥量限制，和/或循序用藥限制) 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、供藥量限制，和/或循序用藥限制。如需有關此事先通知的更多資訊，以及在*藥物清單*變更時，我們可能無法提前告知您的情況，請參閱問題 B3。

B7.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**
- 您可以依醫療病症搜尋。

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。承保藥物索引是包含*藥物清單*中所有藥物，依字母順序排列的清單。原廠藥，副廠藥以及非處方 (OTC) 藥列於索引中。

若要按**醫療病症**搜尋，請尋找標有「按醫療病症分類的藥物清單」的 C1 部分。本區段的藥物係依據適用醫療病症之類型劃分爲不同類別。例如，如果您有心臟疾病，您應該查看「心血管，高血壓/血脂」。您會在此找到治療心臟狀況的藥物。

B8.如果我想要使用的藥物不在*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，請撥打本文件頁尾的電話號碼聯絡會員服務部並詢問相關問題。如果您得知 Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) 將不承保該藥物，您可以執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。他們可以選擇*藥物清單*上與您想要使用藥物類似的藥物開立處方。**或**
- 您可以要求 Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) 對您的藥物作出例外處理。請參閱問題 B10-B12 以瞭解有關例外處理的更多資訊。

B9.如果我是新的 Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) 會員，而且在*藥物清單*上找不到我的藥物，或在取得藥物時發生問題，該怎麼辦？

我們樂於協助。您成爲 Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) 會員的前 90 天期間，我們可承保 30 天的臨時藥量。這會讓您有時間與您的醫生或其他處方開立者討論。他們可以幫助您確定*藥物清單*中是否有類似藥物可以代替，或者是否需要請求例外處理。

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

如果發生以下情況，我們將承保 30 天的藥物供應：

- 您服用的藥物不在我們的*藥物清單*上，**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 Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) 的事先授權，**或**
- 您正在服用屬於循序用藥限制一部分的藥物。

如果您位於護理院或其他長期護理設施，且您需要的藥物不在*藥物清單*內，或是您無法輕鬆取得所需的藥物，我們可以提供協助。如果您已加入計劃超過 90 天、住在長期護理設施內，並立即需要藥物供應：

- 無論您是否爲新的 Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) 會員，我們都會承保您 31 天的所需藥量 (除非您的處方天數較短)。
- 這是您身爲 Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) 會員前 90 天內臨時性供藥之外的額外增加。

如果您的照護等級改變 (例如搬入或搬離長期護理設施或醫院)，我們將承保一次 30 天的臨時性供藥。 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。

B10.我可以申請例外處理以承保我的藥物嗎？

是的。您可以要求 Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 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，Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 可能會限制我們將承保的藥物數量。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循序用藥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*承保證明*第 9 章的第 7 節，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。您也可以透過我們的網站取得承保決定程序。請參閱承保證明第 2 章第 1 節，並查看「當您要求對您的醫療照護提供承保決定或上訴時，如何與我們聯絡」一節下的「有關 D 部分處方藥的承保決定」部分，以瞭解詳細資料。

如果您或您的處方開立者認爲，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.副廠藥是什麼？

副廠藥是由與原廠藥相同的活性成分所製成。價格通常低於原廠藥，而且通常其療效也一樣好。副廠藥通常沒有知名的藥名。副廠藥經美國 Food and Drug Administration (FDA) 核准。許多原廠藥都有副廠藥。視各州法律而定，副廠藥通常無須經藥房開立新處方即可替代原廠藥。

Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 承保原廠藥和副廠藥。

B14.什麼是原生物製劑？其與生物相似藥有何關聯？

我們提到「藥物」時，可能是指藥物或生物製劑。生物製劑是比一般藥物更爲複雜的藥物。由於生物製劑比一般藥物更爲複雜，其不具備副廠藥形式，而是具備稱爲生物相似藥的形式。一般來說，生物相似藥和原生物製劑的效果一樣好，而且費用可能較低。某些原生物製劑有替代的生物相似藥。有些生物相似藥是可互換的生物相似藥，視各州法律而定，藥房可能可以在不需要新處方的情況下，用其替代原生物製劑，就像用副廠藥替代原廠藥一樣。

有關藥物類型的更多資訊，請參閱*承保證明*第 5 章。

B15.什麼是 OTC 藥物？

OTC 是指「非處方」。您的服務提供者爲您開立部份 OTC 藥物作爲處方時，Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 會加以承保。

您可以查閱 Wellcare ʻOhana Dual Align (HMO-POS D-SNP) *藥物清單*，以瞭解哪些 OTC 藥物在承保範圍內。

B16.Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 是否承保非藥物 OTC 產品？

您的服務提供者爲您開立某些非藥物 OTC 產品作爲處方時，Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 會加以承保。

非藥物 OTC 產品的範例包括襯墊和呼吸裝置。

您可以查閱 Wellcare ʻOhana Dual Align (HMO-POS D-SNP) *藥物清單*，以瞭解哪些非藥物 OTC 產品在承保範圍內。

B17.Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 是否承保長期的處方用品？

- **郵購計劃。**我們提供郵購計劃，讓您獲得直接送到您家最多 100 天的處方藥量。100 天藥量與一個月藥量的共付額相同。
- **100 天零售藥房計劃。**某些零售藥房可能也會提供最多 100 天的承保處方藥供應量。100 天藥量與一個月藥量的共付額相同。

B18.可以從我的當地藥房將處方藥送到我家嗎？

您的當地藥房可能可以將處方藥送到您家。您可以致電藥房以瞭解是否提供宅配服務。

B19. 我的共付額是什麼？

只要會員遵守計劃的規定，Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 會員無需支付處方藥、OTC 藥物，和非藥物產品的共付額。如需 OTC 藥物及非藥物產品的更多資訊，請參閱問題 B15 和 B16。

層級爲*藥物清單*中的藥物群組。

第 1 級 (單一層級) 包括所有副廠藥和原廠藥。

OTC 共付額 $0。

如果您有疑問，請撥打本文件頁尾的電話號碼聯絡會員服務部。

C. *承保藥物清單*概覽

*承保藥物清單*提供您 Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 承保藥物的相關資訊。如果您在清單中找不到您的藥物，請前往章節 D 開始的承保藥物索引。索引按照字母順序列出 Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 承保的所有藥物。

- **NT** 代表非 D 部分。本藥物並非「D 部分藥物」。
- **NM** 代表該藥物無法透過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。請參閱問題 B4。
- **PA-NS** 是指首次用藥者事先授權。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。如果投保當時您正在服用此藥物，您無需滿足申請核准的條件。
- **B/D** 代表「Medicare B 或 D 有承保」：此藥物可能符合 Medicare Part B 或 Part D 的支付資格。在您配取此藥品處方之前，您 (或您的醫師) 必須先取得我們的事先授權，以判斷此藥物是否屬於 Medicare Part D 承保範圍。如未取得事先核准，我們可能無法承保此藥物。
- **QL** 是指供藥量限制。請參閱問題 B4。
- **LA** 代表「限制獲得」藥物。該處方藥可能只能在特定藥房取得。如需更多最新資訊，或有其他疑問，請聯絡我們，電話：1-888-846-4262，若爲 TTY 使用者則請撥打 711，在 10 月 1 日至 3 月 31 日期間的代表服務時間爲週一至週日上午 7:45 至晚上 8:00，在 4 月 1 日至 9 月 30 日期間的代表服務時間爲週一至週五上午 7:45 至晚上 8:00，或造訪 **wellcare.com/ohana**。
- **ST** 是指循序用藥。請參閱問題 B4。
- **^** 代表藥物可能最多只能提供 30 天供藥量。

本區段內容延續至下頁。

注意：*藥物旁邊的 NT 代表該藥物並非「D 部分藥物」。這些藥物有不同的上訴規定。*

- 如果您認爲我們出錯，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未承保或已不再由 Medicare 或州所承保。
- 如果您或您的處方開立者不同意我們的決定，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*承保證明***第 9 章**，瞭解如何針對決定提出上訴。

C1.按醫療病症列出的藥物清單

本區段的藥物係依據適用醫療病症之類型劃分爲不同類別。例如，如果您有心臟疾病，您應該查看「心血管，高血壓/血脂」這個類別。您會在此找到治療心臟狀況的藥物。

您可以前往第 C 部分，找到本表格中符號與縮寫所代表的資訊。

表中的第一欄列出藥物名稱。副廠藥會以小寫斜體列出 (例如，*simvastatin*)，原廠藥爲大寫 (例如，ELIQUIS)，OTC 藥物和非藥物產品會以小寫列出 (例如，aspirin oral tablet 81 mg)。「必要行動、限制或使用限制」欄中的資訊會告訴您 Wellcare ʻOhana Dual Align (HMO-POS D-SNP) 是否對承保您的藥物有任何規定。

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
免疫學，疫苗/生物技術		
生物技術藥物		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	$0 (1)	PA; LA; ^
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	$0 (1)	PA; LA; ^
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	$0 (1)	PA-NS; LA; ^
BETASERON SUBCUTANEOUS KIT 0.3 MG	$0 (1)	PA; QL (14 EA per 28 days); ^
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	$0 (1)	PA; ^
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	$0 (1)	PA; ^
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	$0 (1)	PA; ^
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	$0 (1)	PA; ^
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	$0 (1)	PA; ^
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	$0 (1)	PA; QL (4 ML per 28 days); ^
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	$0 (1)	PA; QL (2 ML per 28 days); ^
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	$0 (1)	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	$0 (1)	PA; ^
疫苗/其他免疫學藥物		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$0 (1)	NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0 (1)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 (1)	NM

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 (1)	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	$0 (1)	NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	$0 (1)	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$0 (1)	NM
BIVIGAM INTRAVENOUS SOLUTION 10 %	$0 (1)	PA; NM; LA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	$0 (1)	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	$0 (1)	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	$0 (1)	NM
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	$0 (1)	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	$0 (1)	B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	$0 (1)	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	$0 (1)	B/D; NM
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	$0 (1)	NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	$0 (1)	PA; NM; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	$0 (1)	PA; NM; ^
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	$0 (1)	PA; NM; ^

您可以參閱第 C 部分，找到本表格中符號與縮寫所代表的資訊。
12/01/2025

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	$0 (1)	PA; NM; LA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	$0 (1)	PA; NM; LA; ^
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	$0 (1)	PA; NM; ^
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	$0 (1)	NM
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$0 (1)	NM
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	$0 (1)	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	$0 (1)	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0 (1)	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	$0 (1)	NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	$0 (1)	NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	$0 (1)	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	$0 (1)	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	$0 (1)	NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	$0 (1)	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	$0 (1)	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$0 (1)	NM

您可以參閱第 C 部分，找到本表格中符號與縮寫所代表的資訊。

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$0 (1)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	$0 (1)	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	$0 (1)	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0 (1)	NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	$0 (1)	PA; NM; ^
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	$0 (1)	PA; NM; ^
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	$0 (1)	NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	$0 (1)	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	$0 (1)	NM
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	$0 (1)	NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	$0 (1)	NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	$0 (1)	NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	$0 (1)	PA; NM; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	$0 (1)	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	$0 (1)	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	$0 (1)	NM

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	$0 (1)	NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	$0 (1)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	$0 (1)	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	$0 (1)	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	$0 (1)	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	$0 (1)	NM; A third dose may be considered in post-transplant members (PA required).; QL (2 EA per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	$0 (1)	NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	$0 (1)	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	$0 (1)	NM
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	$0 (1)	B/D; NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	$0 (1)	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$0 (1)	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	$0 (1)	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	$0 (1)	NM

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	$0 (1)	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	$0 (1)	NM
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	$0 (1)	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	$0 (1)	NM
內分泌/糖尿病		
其他荷爾蒙		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	$0 (1)	PA; ^
cabergoline oral tablet 0.5 mg	$0 (1)	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	$0 (1)	
calcitriol intravenous solution 1 mcg/ml	$0 (1)	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	$0 (1)	
calcitriol oral solution 1 mcg/ml	$0 (1)	
cinacalcet oral tablet 30 mg, 60 mg	$0 (1)	QL (60 EA per 30 days)
cinacalcet oral tablet 90 mg	$0 (1)	QL (120 EA per 30 days); ^
danazol oral capsule 100 mg, 200 mg, 50 mg	$0 (1)	
desmopressin injection solution 4 mcg/ml	$0 (1)	^
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	$0 (1)	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	$0 (1)	
desmopressin oral tablet 0.1 mg, 0.2 mg	$0 (1)	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	$0 (1)	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	$0 (1)	PA; ^
KORLYM ORAL TABLET 300 MG	$0 (1)	PA; LA; ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	$0 (1)	PA; ^
mifepristone oral tablet 300 mg	$0 (1)	PA; ^
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	$0 (1)	PA; LA; ^
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	$0 (1)	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	$0 (1)	
sapropterin oral powder in packet 100 mg, 500 mg	$0 (1)	PA; ^
sapropterin oral tablet,soluble 100 mg	$0 (1)	PA; ^
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	$0 (1)	PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	$0 (1)	
testosterone enanthate intramuscular oil 200 mg/ml	$0 (1)	
testosterone transdermal gel 50 mg/5 gram (1 %)	$0 (1)	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	$0 (1)	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	$0 (1)	PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	$0 (1)	PA; QL (300 GM per 30 days)
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	$0 (1)	PA; ^
tolvaptan oral tablet 15 mg, 30 mg	$0 (1)	PA; ^
zoledronic acid intravenous solution 4 mg/5 ml	$0 (1)	B/D
抗甲狀腺藥物		
methimazole oral tablet 10 mg, 5 mg	$0 (1)	
propylthiouracil oral tablet 50 mg	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
甲狀腺素		
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)	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (1)	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (1)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	$0 (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)	
糖尿病治療		
acarbose oral tablet 100 mg	$0 (1)	QL (90 EA per 30 days)
acarbose oral tablet 25 mg	$0 (1)	QL (360 EA per 30 days)
acarbose oral tablet 50 mg	$0 (1)	QL (180 EA per 30 days)
alcohol pads topical pads, medicated	$0 (1)	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	$0 (1)	PA; QL (3.4 ML per 28 days)
diazoxide oral suspension 50 mg/ml	$0 (1)	^
FARXIGA ORAL TABLET 10 MG, 5 MG	$0 (1)	QL (30 EA per 30 days)
glimepiride oral tablet 1 mg	$0 (1)	QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	$0 (1)	QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	$0 (1)	QL (60 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)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
glipizide oral tablet extended release 24hr 10 mg	$0 (1)	QL (60 EA per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	$0 (1)	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 5 mg	$0 (1)	QL (120 EA per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	$0 (1)	QL (240 EA per 30 days)
glipizide-metformin 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)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	$0 (1)	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	$0 (1)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	$0 (1)	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	$0 (1)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	$0 (1)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	$0 (1)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	$0 (1)	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	$0 (1)	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	$0 (1)	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (1)	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	$0 (1)	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (1)	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (1)	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	$0 (1)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	$0 (1)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 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, 25 MG	$0 (1)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	$0 (1)	QL (30 EA per 30 days)
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (1)	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (1)	
metformin oral tablet 1,000 mg	$0 (1)	QL (75 EA per 30 days)
metformin oral tablet 500 mg	$0 (1)	QL (150 EA per 30 days)
metformin oral tablet 850 mg	$0 (1)	QL (90 EA per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
metformin oral tablet extended release 24 hr 500 mg	$0 (1)	Generic for Glucophage XR; QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	$0 (1)	Generic for Glucophage XR; QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	$0 (1)	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg	$0 (1)	QL (90 EA per 30 days)
nateglinide oral tablet 60 mg	$0 (1)	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	$0 (1)	(brand RELION not covered)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	$0 (1)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (1)	(brand RELION not covered)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	$0 (1)	(brand RELION not covered)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (1)	(brand RELION not covered)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	$0 (1)	(brand RELION not covered)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	$0 (1)	PA; QL (3 ML per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	$0 (1)	QL (30 EA per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	$0 (1)	QL (30 EA per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	$0 (1)	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg	$0 (1)	QL (960 EA per 30 days)
repaglinide oral tablet 1 mg	$0 (1)	QL (480 EA per 30 days)
repaglinide oral tablet 2 mg	$0 (1)	QL (240 EA per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	$0 (1)	PA; QL (30 EA per 30 days)
saxagliptin oral tablet 2.5 mg, 5 mg	$0 (1)	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	$0 (1)	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	$0 (1)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	$0 (1)	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	$0 (1)	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	$0 (1)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	$0 (1)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	$0 (1)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	$0 (1)	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	$0 (1)	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	$0 (1)	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	$0 (1)	QL (15 ML per 30 days)
腎上腺素		
dexamethasone intensol oral drops 1 mg/ml	$0 (1)	
dexamethasone oral elixir 0.5 mg/5 ml	$0 (1)	
dexamethasone oral solution 0.5 mg/5 ml	$0 (1)	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
dexamethasone sodium phos (pf) injection solution 10 mg/ml	$0 (1)	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	$0 (1)	
dexamethasone sodium phosphate injection syringe 4 mg/ml	$0 (1)	
fludrocortisone 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)	B/D
methylprednisolone oral tablets,dose pack 4 mg	$0 (1)	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	$0 (1)	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	$0 (1)	
prednisolone oral solution 15 mg/5 ml	$0 (1)	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	$0 (1)	
prednisone intensol oral concentrate 5 mg/ml	$0 (1)	
prednisone oral solution 5 mg/5 ml	$0 (1)	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	$0 (1)	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	$0 (1)	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
其他用品		
其他用品		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	$0 (1)	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	$0 (1)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	$0 (1)	BD Preferred
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	$0 (1)	PA; QL (15 EA per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	$0 (1)	PA; QL (15 EA per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	$0 (1)	PA; QL (15 EA per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	$0 (1)	BD Preferred
呼吸和過敏		
抗組織胺/抗過敏藥物		
adrenalin injection solution 1 mg/ml (1 ml)	$0 (1)	
cetirizine oral solution 1 mg/ml	$0 (1)	
cyproheptadine oral tablet 4 mg	$0 (1)	PA
desloratadine oral tablet 5 mg	$0 (1)	
diphenhydramine hcl injection solution 50 mg/ml	$0 (1)	
diphenhydramine hcl injection syringe 50 mg/ml	$0 (1)	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	$0 (1)	Only Epinephrine NDCs starting with 00093 and 49502 are covered; QL (4 EA per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (1)	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	$0 (1)	PA
levocetirizine oral solution 2.5 mg/5 ml	$0 (1)	
levocetirizine oral tablet 5 mg	$0 (1)	
promethazine injection solution 25 mg/ml, 50 mg/ml	$0 (1)	
promethazine oral syrup 6.25 mg/5 ml	$0 (1)	PA
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	$0 (1)	PA
肺部藥物		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	$0 (1)	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	$0 (1)	PA; LA; QL (90 EA per 30 days); ^
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	$0 (1)	QL (12 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	$0 (1)	8.5 gm inhaler; QL (17 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	$0 (1)	6.7 gm inhaler; QL (13.4 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	$0 (1)	B/D
albuterol sulfate oral syrup 2 mg/5 ml	$0 (1)	
albuterol sulfate oral tablet 2 mg, 4 mg	$0 (1)	
alyq oral tablet 20 mg	$0 (1)	PA; QL (60 EA per 30 days); ^
ambrisentan oral tablet 10 mg, 5 mg	$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	$0 (1)	QL (60 EA per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	$0 (1)	B/D; QL (120 ML per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	$0 (1)	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	$0 (1)	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	$0 (1)	QL (10.7 GM per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	$0 (1)	PA; LA; QL (60 EA per 30 days); ^
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	$0 (1)	QL (60 EA per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	$0 (1)	Breyna is generic for Symbicort; QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	$0 (1)	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	$0 (1)	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	$0 (1)	QL (8 GM per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	$0 (1)	B/D
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	$0 (1)	PA; LA; QL (1 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	$0 (1)	PA; QL (0.5 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	$0 (1)	PA; LA; QL (1 ML per 28 days); ^
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	$0 (1)	QL (50 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	$0 (1)	QL (16 GM per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	$0 (1)	QL (60 EA per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	$0 (1)	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	$0 (1)	PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	$0 (1)	PA; LA; QL (20 EA per 30 days); ^
icatibant subcutaneous syringe 30 mg/3 ml	$0 (1)	PA; QL (27 ML per 30 days); ^
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	$0 (1)	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	$0 (1)	B/D
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	$0 (1)	B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	$0 (1)	PA; QL (56 EA per 28 days); ^
KALYDECO ORAL GRANULES IN PACKET 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 (56 EA per 28 days); ^
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	$0 (1)	B/D
mometasone nasal spray,non-aerosol 50 mcg/actuation	$0 (1)	QL (34 GM per 30 days)
montelukast oral granules in packet 4 mg	$0 (1)	
montelukast oral tablet 10 mg	$0 (1)	
montelukast oral tablet,chewable 4 mg, 5 mg	$0 (1)	
OFEV ORAL CAPSULE 100 MG, 150 MG	$0 (1)	PA; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	$0 (1)	PA; LA; QL (30 EA per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
ORKAMBI ORAL GRANULES IN 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 801 mg	$0 (1)	PA; QL (90 EA per 30 days); ^
PULMOZYME INHALATION SOLUTION 1 MG/ML	$0 (1)	B/D; ^
roflumilast oral tablet 250 mcg, 500 mcg	$0 (1)	QL (30 EA per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	$0 (1)	PA; LA; QL (27 ML per 30 days); ^
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	$0 (1)	QL (60 EA per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	$0 (1)	PA; generic for Revatio; QL (90 EA per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	$0 (1)	PA; LA; QL (56 EA per 28 days); ^
tadalafil (pulm. hypertension) oral tablet 20 mg	$0 (1)	PA; generic for Adcirca; QL (60 EA per 30 days); ^
terbutaline oral tablet 2.5 mg, 5 mg	$0 (1)	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	$0 (1)	
theophylline oral elixir 80 mg/15 ml	$0 (1)	
theophylline oral solution 80 mg/15 ml	$0 (1)	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	$0 (1)	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	$0 (1)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	$0 (1)	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	$0 (1)	PA; QL (56 EA per 28 days); ^

您可以參閱第 C 部分，找到本表格中符號與縮寫所代表的資訊。
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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	$0 (1)	PA; LA; QL (84 EA per 28 days); ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	$0 (1)	18 gm inhaler; QL (36 GM per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	$0 (1)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	$0 (1)	PA; QL (1 ML per 28 days); ^
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	$0 (1)	PA; LA; QL (8 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (1)	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	$0 (1)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	$0 (1)	PA; LA; QL (1 ML per 28 days); ^
zafirlukast oral tablet 10 mg, 20 mg	$0 (1)	
心血管，高血壓/血脂		
其他心血管藥物		
CORLANOR ORAL SOLUTION 5 MG/5 ML	$0 (1)	QL (450 ML per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	$0 (1)	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	$0 (1)	QL (60 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	$0 (1)	QL (60 EA per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	$0 (1)	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	$0 (1)	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	$0 (1)	QL (60 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	$0 (1)	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	$0 (1)	PA
凝血治療		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
BRILINTA ORAL TABLET 60 MG, 90 MG	$0 (1)	
cilostazol oral tablet 100 mg, 50 mg	$0 (1)	
clopidogrel oral tablet 75 mg	$0 (1)	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	$0 (1)	QL (60 EA per 30 days)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	$0 (1)	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	$0 (1)	PA; LA; ^
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	$0 (1)	PA; LA; ^
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	$0 (1)	PA; LA; ^
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	$0 (1)	QL (74 EA per 180 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)
eltrombopag olamine oral powder in packet 12.5 mg	$0 (1)	PA; QL (360 EA per 30 days); ^
eltrombopag olamine oral powder in packet 25 mg	$0 (1)	PA; QL (180 EA per 30 days); ^
eltrombopag olamine oral tablet 12.5 mg, 25 mg	$0 (1)	PA; QL (30 EA per 30 days); ^
eltrombopag olamine oral tablet 50 mg, 75 mg	$0 (1)	PA; QL (60 EA per 30 days); ^
enoxaparin subcutaneous solution 300 mg/3 ml	$0 (1)	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	$0 (1)	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	$0 (1)	^
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	$0 (1)	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	$0 (1)	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	$0 (1)	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	$0 (1)	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (1)	
pentoxifylline oral tablet extended release 400 mg	$0 (1)	
prasugrel hcl oral tablet 10 mg, 5 mg	$0 (1)	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	$0 (1)	PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL POWDER IN 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); ^
rivaroxaban oral suspension for reconstitution 1 mg/ml	$0 (1)	QL (775 ML per 28 days)
rivaroxaban oral tablet 2.5 mg	$0 (1)	QL (60 EA per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	$0 (1)	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	$0 (1)	QL (51 EA per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	$0 (1)	QL (775 ML per 28 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)
抗心律失常藥物		
amiodarone intravenous solution 50 mg/ml	$0 (1)	
amiodarone 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)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
flecainide oral tablet 100 mg, 150 mg, 50 mg	$0 (1)	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	$0 (1)	
MULTAQ ORAL TABLET 400 MG	$0 (1)	
pacerone oral tablet 100 mg, 200 mg, 400 mg	$0 (1)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	$0 (1)	
propafenone oral tablet 150 mg, 225 mg, 300 mg	$0 (1)	
quinidine sulfate oral tablet 200 mg, 300 mg	$0 (1)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	$0 (1)	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$0 (1)	
抗高血壓治療		
acebutolol oral capsule 200 mg, 400 mg	$0 (1)	
aliskiren oral tablet 150 mg, 300 mg	$0 (1)	
amiloride oral tablet 5 mg	$0 (1)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	$0 (1)	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (1)	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	$0 (1)	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	$0 (1)	QL (30 EA per 30 days)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	$0 (1)	QL (30 EA per 30 days)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	$0 (1)	QL (30 EA per 30 days)
atenolol oral tablet 100 mg, 25 mg, 50 mg	$0 (1)	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	$0 (1)	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	$0 (1)	
betaxolol oral tablet 10 mg, 20 mg	$0 (1)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	$0 (1)	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	$0 (1)	
bumetanide injection solution 0.25 mg/ml	$0 (1)	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	$0 (1)	
candesartan oral tablet 16 mg, 4 mg, 8 mg	$0 (1)	QL (60 EA per 30 days)
candesartan oral tablet 32 mg	$0 (1)	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	$0 (1)	QL (60 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	$0 (1)	QL (30 EA per 30 days)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	$0 (1)	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	$0 (1)	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	$0 (1)	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	$0 (1)	
chlorthalidone oral tablet 25 mg, 50 mg	$0 (1)	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	$0 (1)	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	$0 (1)	
diltiazem hcl intravenous solution 5 mg/ml	$0 (1)	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	$0 (1)	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (1)	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	$0 (1)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	$0 (1)	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (1)	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	$0 (1)	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	$0 (1)	
EDARBI ORAL TABLET 40 MG, 80 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)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$0 (1)	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	$0 (1)	
eplerenone oral tablet 25 mg, 50 mg	$0 (1)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	$0 (1)	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	$0 (1)	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	$0 (1)	
furosemide injection solution 10 mg/ml	$0 (1)	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	$0 (1)	
furosemide oral tablet 20 mg, 40 mg, 80 mg	$0 (1)	
guanfacine oral tablet 1 mg, 2 mg	$0 (1)	
hydralazine injection solution 20 mg/ml	$0 (1)	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (1)	
hydrochlorothiazide oral capsule 12.5 mg	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	$0 (1)	
indapamide oral tablet 1.25 mg, 2.5 mg	$0 (1)	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	$0 (1)	QL (30 EA per 30 days)
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)
isradipine oral capsule 2.5 mg, 5 mg	$0 (1)	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	$0 (1)	QL (30 EA per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	$0 (1)	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	$0 (1)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (1)	
losartan oral tablet 100 mg	$0 (1)	QL (30 EA per 30 days)
losartan oral tablet 25 mg, 50 mg	$0 (1)	QL (60 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	$0 (1)	QL (30 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	$0 (1)	QL (60 EA per 30 days)
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (1)	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (1)	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	$0 (1)	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	$0 (1)	
metoprolol tartrate intravenous solution 5 mg/5 ml	$0 (1)	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$0 (1)	
metyrosine oral capsule 250 mg	$0 (1)	PA; ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
minoxidil oral tablet 10 mg, 2.5 mg	$0 (1)	
moexipril oral tablet 15 mg, 7.5 mg	$0 (1)	
nadolol oral tablet 20 mg, 40 mg, 80 mg	$0 (1)	
nebivolol oral tablet 10 mg, 2.5 mg, 5 mg	$0 (1)	QL (30 EA per 30 days)
nebivolol oral tablet 20 mg	$0 (1)	QL (60 EA per 30 days)
nicardipine oral capsule 20 mg, 30 mg	$0 (1)	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	$0 (1)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	$0 (1)	
nimodipine oral capsule 30 mg	$0 (1)	
olmesartan oral tablet 20 mg, 40 mg	$0 (1)	QL (30 EA per 30 days)
olmesartan oral tablet 5 mg	$0 (1)	QL (60 EA per 30 days)
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	$0 (1)	QL (30 EA per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	$0 (1)	QL (30 EA per 30 days)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	$0 (1)	
pindolol oral tablet 10 mg, 5 mg	$0 (1)	
prazosin oral capsule 1 mg, 2 mg, 5 mg	$0 (1)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	$0 (1)	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	$0 (1)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	$0 (1)	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (1)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (1)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
spironolactone oral tablet 100 mg, 25 mg, 50 mg	$0 (1)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	$0 (1)	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	$0 (1)	
telmisartan oral tablet 20 mg, 40 mg, 80 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-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	$0 (1)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	$0 (1)	QL (60 EA per 30 days)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (1)	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (1)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	$0 (1)	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	$0 (1)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	$0 (1)	
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	$0 (1)	PA; LA; ^
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	$0 (1)	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	$0 (1)	
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)
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)
verapamil intravenous solution 2.5 mg/ml	$0 (1)	
verapamil intravenous syringe 2.5 mg/ml	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	$0 (1)	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	$0 (1)	
verapamil oral tablet 120 mg, 40 mg, 80 mg	$0 (1)	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	$0 (1)	
硝酸鹽		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	$0 (1)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	$0 (1)	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	$0 (1)	
nitro-bid transdermal ointment 2 %	$0 (1)	
nitroglycerin sublingual tablet 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)	
降血脂/膽固醇藥物		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	$0 (1)	QL (30 EA per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (1)	QL (30 EA per 30 days)
cholestyramine (with sugar) oral powder 4 gram	$0 (1)	
cholestyramine (with sugar) oral powder in packet 4 gram	$0 (1)	
cholestyramine light oral powder 4 gram	$0 (1)	
cholestyramine light oral powder in packet 4 gram	$0 (1)	
colesevelam oral powder in packet 3.75 gram	$0 (1)	
colesevelam oral tablet 625 mg	$0 (1)	
colestipol oral granules 5 gram	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
colestipol oral packet 5 gram	$0 (1)	
colestipol oral tablet 1 gram	$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)	QL (30 EA per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	$0 (1)	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	$0 (1)	
fenofibrate oral tablet 160 mg, 54 mg	$0 (1)	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	$0 (1)	
fluvastatin oral capsule 20 mg, 40 mg	$0 (1)	QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	$0 (1)	QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	$0 (1)	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0 (1)	QL (60 EA per 30 days)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	$0 (1)	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	$0 (1)	QL (30 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	$0 (1)	PA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (1)	QL (30 EA per 30 days)
prevalite oral powder 4 gram	$0 (1)	
prevalite oral powder in packet 4 gram	$0 (1)	
rosuvastatin 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)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
抗感染藥物		
其他抗感染藥物		
albendazole oral tablet 200 mg	$0 (1)	^
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	$0 (1)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	$0 (1)	PA; LA; ^
atovaquone oral suspension 750 mg/5 ml	$0 (1)	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	$0 (1)	
aztreonam injection recon soln 1 gram, 2 gram	$0 (1)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	$0 (1)	PA; LA; QL (84 ML per 56 days); ^
chloroquine phosphate oral tablet 250 mg, 500 mg	$0 (1)	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	$0 (1)	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	$0 (1)	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	$0 (1)	
COARTEM ORAL TABLET 20-120 MG	$0 (1)	
colistin (colistimethate na) injection recon soln 150 mg	$0 (1)	QL (30 EA per 10 days)
dapsone oral tablet 100 mg, 25 mg	$0 (1)	
daptomycin intravenous recon soln 500 mg	$0 (1)	^
EMVERM ORAL TABLET,CHEWABLE 100 MG	$0 (1)	^
ertapenem injection recon soln 1 gram	$0 (1)	QL (14 EA per 14 days)
ethambutol oral tablet 100 mg, 400 mg	$0 (1)	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	$0 (1)	
gentamicin injection solution 40 mg/ml	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	$0 (1)	
hydroxychloroquine oral tablet 200 mg	$0 (1)	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	$0 (1)	
isoniazid oral solution 50 mg/5 ml	$0 (1)	
isoniazid oral tablet 100 mg, 300 mg	$0 (1)	
ivermectin oral tablet 3 mg	$0 (1)	PA; QL (20 EA per 30 days)
ivermectin oral tablet 6 mg	$0 (1)	PA; QL (8 EA per 30 days)
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	$0 (1)	
linezolid oral suspension for reconstitution 100 mg/5 ml	$0 (1)	QL (1800 ML per 30 days); ^
linezolid oral tablet 600 mg	$0 (1)	QL (60 EA per 30 days)
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	$0 (1)	
mefloquine oral tablet 250 mg	$0 (1)	
meropenem intravenous recon soln 1 gram	$0 (1)	QL (30 EA per 10 days)
meropenem intravenous recon soln 500 mg	$0 (1)	QL (10 EA per 10 days)
metro i.v. intravenous piggyback 500 mg/100 ml	$0 (1)	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	$0 (1)	
metronidazole oral tablet 250 mg, 500 mg	$0 (1)	
neomycin oral tablet 500 mg	$0 (1)	
nitazoxanide oral tablet 500 mg	$0 (1)	QL (12 EA per 30 days); ^
pentamidine inhalation recon soln 300 mg	$0 (1)	B/D; QL (1 EA per 28 days)
pentamidine injection recon soln 300 mg	$0 (1)	
praziquantel oral tablet 600 mg	$0 (1)	
PRIFTIN ORAL TABLET 150 MG	$0 (1)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
pyrazinamide oral tablet 500 mg	$0 (1)	
pyrimethamine oral tablet 25 mg	$0 (1)	PA; ^
quinine sulfate oral capsule 324 mg	$0 (1)	PA
rifabutin oral capsule 150 mg	$0 (1)	
rifampin intravenous recon soln 600 mg	$0 (1)	
rifampin oral capsule 150 mg, 300 mg	$0 (1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	$0 (1)	PA; LA; ^
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	$0 (1)	QL (60 EA per 30 days)
tigecycline intravenous recon soln 50 mg	$0 (1)	^
tinidazole oral tablet 250 mg, 500 mg	$0 (1)	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	$0 (1)	PA; QL (280 ML per 28 days); ^
tobramycin sulfate injection recon soln 1.2 gram	$0 (1)	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	$0 (1)	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	$0 (1)	QL (4000 ML per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	$0 (1)	QL (1000 ML per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	$0 (1)	QL (4050 ML per 10 days)
vancomycin intravenous recon soln 1,000 mg	$0 (1)	QL (20 EA per 10 days)
vancomycin intravenous recon soln 1.25 gram	$0 (1)	QL (16 EA per 10 days)
vancomycin intravenous recon soln 1.5 gram	$0 (1)	QL (14 EA per 10 days)
vancomycin intravenous recon soln 10 gram, 5 gram	$0 (1)	QL (2 EA per 10 days)
vancomycin intravenous recon soln 500 mg	$0 (1)	QL (10 EA per 10 days)
vancomycin intravenous recon soln 750 mg	$0 (1)	QL (27 EA per 10 days)
vancomycin oral capsule 125 mg	$0 (1)	QL (40 EA per 10 days)
vancomycin oral capsule 250 mg	$0 (1)	QL (80 EA per 10 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
XIFAXAN ORAL TABLET 550 MG	$0 (1)	PA; QL (90 EA per 30 days); ^
喹諾酮類抗生素		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	$0 (1)	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	$0 (1)	
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	$0 (1)	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	$0 (1)	
levofloxacin intravenous solution 25 mg/ml	$0 (1)	
levofloxacin oral solution 250 mg/10 ml	$0 (1)	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	$0 (1)	
moxifloxacin oral tablet 400 mg	$0 (1)	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	$0 (1)	
四環素		
demeclocycline oral tablet 150 mg, 300 mg	$0 (1)	
doxy-100 intravenous recon soln 100 mg	$0 (1)	
doxycycline hyclate intravenous recon soln 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 oral capsule 100 mg, 50 mg, 75 mg	$0 (1)	
minocycline oral tablet 100 mg, 50 mg, 75 mg	$0 (1)	
tetracycline oral capsule 250 mg, 500 mg	$0 (1)	
抗病毒藥物		
abacavir oral solution 20 mg/ml	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
abacavir oral tablet 300 mg	$0 (1)	
abacavir-lamivudine oral tablet 600-300 mg	$0 (1)	
acyclovir oral capsule 200 mg	$0 (1)	
acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)	$0 (1)	
acyclovir oral tablet 400 mg, 800 mg	$0 (1)	
acyclovir sodium intravenous solution 50 mg/ml	$0 (1)	B/D
adefovir oral tablet 10 mg	$0 (1)	
amantadine hcl oral capsule 100 mg	$0 (1)	
amantadine hcl oral solution 50 mg/5 ml	$0 (1)	
amantadine hcl oral tablet 100 mg	$0 (1)	
APTIVUS ORAL CAPSULE 250 MG	$0 (1)	^
atazanavir oral capsule 150 mg, 200 mg, 300 mg	$0 (1)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	$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)	^
darunavir oral tablet 600 mg	$0 (1)	QL (60 EA per 30 days); ^
darunavir oral tablet 800 mg	$0 (1)	QL (30 EA per 30 days); ^
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)	^
EDURANT ORAL TABLET 25 MG	$0 (1)	^
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	$0 (1)	^
efavirenz oral tablet 600 mg	$0 (1)	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	$0 (1)	^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	$0 (1)	^
emtricitabine oral capsule 200 mg	$0 (1)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	$0 (1)	QL (30 EA per 30 days); ^
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	$0 (1)	QL (30 EA per 30 days)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	$0 (1)	^
EMTRIVA ORAL SOLUTION 10 MG/ML	$0 (1)	
entecavir oral tablet 0.5 mg, 1 mg	$0 (1)	
etravirine oral tablet 100 mg, 200 mg	$0 (1)	^
EVOTAZ ORAL TABLET 300-150 MG	$0 (1)	^
famciclovir oral tablet 125 mg, 250 mg, 500 mg	$0 (1)	
fosamprenavir oral tablet 700 mg	$0 (1)	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	$0 (1)	^
ganciclovir sodium intravenous recon soln 500 mg	$0 (1)	
GENVOYA ORAL TABLET 150-150-200-10 MG	$0 (1)	^
INTELENCE ORAL TABLET 25 MG	$0 (1)	
ISENTRESS HD ORAL TABLET 600 MG	$0 (1)	^
ISENTRESS ORAL POWDER IN 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)	
JULUCA ORAL TABLET 50-25 MG	$0 (1)	^
KALETRA ORAL SOLUTION 400-100 MG/5 ML	$0 (1)	
lamivudine oral solution 10 mg/ml	$0 (1)	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	$0 (1)	
lamivudine-zidovudine oral tablet 150-300 mg	$0 (1)	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	$0 (1)	PA; QL (28 EA per 28 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
LEXIVA ORAL SUSPENSION 50 MG/ML	$0 (1)	
LIVTENCITY ORAL TABLET 200 MG	$0 (1)	PA; LA; QL (120 EA per 30 days); ^
lopinavir-ritonavir oral solution 400-100 mg/5 ml	$0 (1)	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	$0 (1)	
maraviroc oral tablet 150 mg, 300 mg	$0 (1)	^
nevirapine oral suspension 50 mg/5 ml	$0 (1)	
nevirapine oral tablet 200 mg	$0 (1)	
nevirapine oral tablet extended release 24 hr 400 mg	$0 (1)	
NORVIR ORAL POWDER IN PACKET 100 MG	$0 (1)	
ODEFSEY ORAL TABLET 200-25-25 MG	$0 (1)	^
oseltamivir oral capsule 30 mg	$0 (1)	QL (168 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	$0 (1)	QL (84 EA per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	$0 (1)	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10), 150 MG (6)- 100 MG (5)	$0 (1)	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	$0 (1)	QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	$0 (1)	^
PREVYMIS ORAL TABLET 240 MG, 480 MG	$0 (1)	PA; QL (30 EA per 30 days); ^
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	$0 (1)	^
PREZISTA ORAL SUSPENSION 100 MG/ML	$0 (1)	QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	$0 (1)	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	$0 (1)	QL (480 EA per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	$0 (1)	QL (120 EA per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	$0 (1)	^
ribavirin oral capsule 200 mg	$0 (1)	
ribavirin oral tablet 200 mg	$0 (1)	

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rimantadine oral tablet 100 mg	$0 (1)	
ritonavir oral tablet 100 mg	$0 (1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	$0 (1)	^
SELZENTRY ORAL SOLUTION 20 MG/ML	$0 (1)	^
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	$0 (1)	PA; QL (28 EA per 28 days); ^
STRIBILD ORAL TABLET 150-150-200-300 MG	$0 (1)	^
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	$0 (1)	^
SYMTUZA ORAL TABLET 800-150-200-10 MG	$0 (1)	
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 FOR SUSPENSION 5 MG	$0 (1)	^
TRIUMEQ ORAL TABLET 600-50-300 MG	$0 (1)	^
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	$0 (1)	
TRIZIVIR ORAL TABLET 300-150-300 MG	$0 (1)	^
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	$0 (1)	LA; ^
valacyclovir oral tablet 1 gram, 500 mg	$0 (1)	
valganciclovir oral recon soln 50 mg/ml	$0 (1)	^
valganciclovir oral tablet 450 mg	$0 (1)	
VEMLIDY ORAL TABLET 25 MG	$0 (1)	^
VIRACEPT ORAL TABLET 250 MG, 625 MG	$0 (1)	^
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	$0 (1)	^
VIREAD ORAL TABLET 150 MG, 250 MG	$0 (1)	^
VIREAD ORAL TABLET 200 MG	$0 (1)	
zidovudine oral capsule 100 mg	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
zidovudine oral syrup 10 mg/ml	$0 (1)	
zidovudine oral tablet 300 mg	$0 (1)	
抗真菌藥物		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	$0 (1)	
amphotericin b injection recon soln 50 mg	$0 (1)	B/D
caspofungin intravenous recon soln 50 mg, 70 mg	$0 (1)	
clotrimazole mucous membrane troche 10 mg	$0 (1)	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	$0 (1)	PA; ^
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	$0 (1)	
fluconazole oral suspension for reconstitution 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/5 ml	$0 (1)	
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; QL (120 EA per 30 days)
ketoconazole oral tablet 200 mg	$0 (1)	PA
micafungin intravenous recon soln 100 mg, 50 mg	$0 (1)	
nystatin oral suspension 100,000 unit/ml	$0 (1)	
nystatin oral tablet 500,000 unit	$0 (1)	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	$0 (1)	PA; QL (96 EA per 30 days); ^
terbinafine hcl oral tablet 250 mg	$0 (1)	
voriconazole intravenous recon soln 200 mg	$0 (1)	PA; ^
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	$0 (1)	PA; ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
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)
voriconazole-hpbcd intravenous recon soln 200 mg	$0 (1)	PA; ^
泌尿道藥物		
methenamine hippurate oral tablet 1 gram	$0 (1)	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	$0 (1)	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	$0 (1)	
trimethoprim oral tablet 100 mg	$0 (1)	
磺胺類藥物/相關藥物		
sulfadiazine oral tablet 500 mg	$0 (1)	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	$0 (1)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	$0 (1)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	$0 (1)	
紅黴素/其他巨環類藥物		
azithromycin intravenous recon soln 500 mg	$0 (1)	
azithromycin oral packet 1 gram	$0 (1)	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	$0 (1)	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	$0 (1)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (1)	
clarithromycin oral tablet 250 mg, 500 mg	$0 (1)	
clarithromycin oral tablet extended release 24 hr 500 mg	$0 (1)	
DIFICID ORAL TABLET 200 MG	$0 (1)	QL (20 EA per 10 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	$0 (1)	
erythrocin (as stearate) oral tablet 250 mg	$0 (1)	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	$0 (1)	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	$0 (1)	
erythromycin oral tablet 250 mg, 500 mg	$0 (1)	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	$0 (1)	
fidaxomicin oral tablet 200 mg	$0 (1)	QL (20 EA per 10 days); ^
青黴素類藥物		
amoxicillin oral capsule 250 mg, 500 mg	$0 (1)	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	$0 (1)	
amoxicillin oral tablet 500 mg, 875 mg	$0 (1)	
amoxicillin oral tablet,chewable 125 mg, 250 mg	$0 (1)	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	$0 (1)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	$0 (1)	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 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 recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	$0 (1)	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	$0 (1)	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	$0 (1)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	$0 (1)	
dicloxacillin oral capsule 250 mg, 500 mg	$0 (1)	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	$0 (1)	
nafcillin injection recon soln 1 gram, 2 gram	$0 (1)	
nafcillin injection recon soln 10 gram	$0 (1)	^
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	$0 (1)	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	$0 (1)	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	$0 (1)	
penicillin g sodium injection recon soln 5 million unit	$0 (1)	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	$0 (1)	
penicillin v potassium oral tablet 250 mg, 500 mg	$0 (1)	
pfizerpen-g injection recon soln 20 million unit, 5 million unit	$0 (1)	
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	$0 (1)	
頭孢菌素		
cefaclor oral capsule 250 mg, 500 mg	$0 (1)	
cefaclor oral suspension for reconstitution 250 mg/5 ml	$0 (1)	

您可以參閱第 C 部分，找到本表格中符號與縮寫所代表的資訊。
12/01/2025

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
cefadroxil oral capsule 500 mg	$0 (1)	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	$0 (1)	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	$0 (1)	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 gram, 500 mg	$0 (1)	
cefazolin intravenous recon soln 1 gram	$0 (1)	
cefdinir oral capsule 300 mg	$0 (1)	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (1)	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	$0 (1)	
cefepime injection recon soln 1 gram, 2 gram	$0 (1)	
cefixime oral capsule 400 mg	$0 (1)	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	$0 (1)	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	$0 (1)	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	$0 (1)	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	$0 (1)	
cefpodoxime oral tablet 100 mg, 200 mg	$0 (1)	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (1)	
cefprozil oral tablet 250 mg, 500 mg	$0 (1)	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	$0 (1)	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	$0 (1)	

您可以參閱第 C 部分，找到本表格中符號與縮寫所代表的資訊。
12/01/2025

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	$0 (1)	
ceftriaxone intravenous recon soln 1 gram, 2 gram	$0 (1)	
cefuroxime axetil oral tablet 250 mg, 500 mg	$0 (1)	
cefuroxime sodium injection recon soln 750 mg	$0 (1)	
cefuroxime sodium intravenous recon soln 1.5 gram	$0 (1)	
cephalexin oral capsule 250 mg, 500 mg	$0 (1)	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (1)	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	$0 (1)	
tazicef intravenous recon soln 1 gram, 2 gram	$0 (1)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	$0 (1)	^
抗腫瘤藥物/免疫抑制劑藥物		
抗腫瘤藥物/免疫抑制劑藥物		
abiraterone oral tablet 250 mg	$0 (1)	PA-NS; QL (120 EA per 30 days)
abiraterone oral tablet 500 mg	$0 (1)	PA-NS; QL (60 EA per 30 days)
abirtega oral tablet 250 mg	$0 (1)	PA-NS; QL (120 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ALECENSA ORAL CAPSULE 150 MG	$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
ALUNBRIG ORAL TABLET 180 MG, 90 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ALUNBRIG ORAL TABLET 30 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	$0 (1)	PA-NS; LA; QL (30 EA per 180 days); ^
anastrozole oral tablet 1 mg	$0 (1)	
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	$0 (1)	PA-NS; QL (240 EA per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	$0 (1)	PA-NS; QL (66 EA per 28 days); ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
azacitidine injection recon soln 100 mg	$0 (1)	B/D; ^
azathioprine oral tablet 50 mg	$0 (1)	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	$0 (1)	PA-NS; LA; ^
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	$0 (1)	B/D; ^
bexarotene oral capsule 75 mg	$0 (1)	PA-NS; ^
bexarotene topical gel 1 %	$0 (1)	PA-NS; QL (60 GM per 30 days); ^
bicalutamide oral tablet 50 mg	$0 (1)	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	$0 (1)	B/D; ^
bortezomib injection recon soln 3.5 mg	$0 (1)	B/D; ^
BOSULIF ORAL CAPSULE 100 MG	$0 (1)	PA-NS; QL (180 EA per 30 days); ^
BOSULIF ORAL CAPSULE 50 MG	$0 (1)	PA-NS; QL (330 EA per 30 days); ^
BOSULIF ORAL TABLET 100 MG	$0 (1)	PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL TABLET 400 MG, 500 MG	$0 (1)	PA-NS; QL (30 EA per 30 days); ^
BRAFTOVI ORAL CAPSULE 75 MG	$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
BRUKINSA ORAL CAPSULE 80 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
BRUKINSA ORAL TABLET 160 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 300 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
carboplatin intravenous solution 10 mg/ml	$0 (1)	B/D
cisplatin intravenous solution 1 mg/ml	$0 (1)	B/D
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	$0 (1)	B/D; ^
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	$0 (1)	PA-NS; LA; QL (112 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	$0 (1)	PA-NS; LA; QL (84 EA per 28 days); ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
COTELLIC ORAL TABLET 20 MG	$0 (1)	PA-NS; LA; QL (63 EA per 28 days); ^
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	$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
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
cytarabine injection solution 20 mg/ml	$0 (1)	
DANZITEN ORAL TABLET 71 MG, 95 MG	$0 (1)	PA-NS; QL (112 EA per 28 days); ^
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	$0 (1)	PA-NS; QL (30 EA per 30 days); ^
dasatinib oral tablet 20 mg, 70 mg	$0 (1)	PA-NS; QL (60 EA per 30 days); ^
DAURISMO ORAL TABLET 100 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
DAURISMO ORAL TABLET 25 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	$0 (1)	B/D; ^
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	$0 (1)	B/D
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	$0 (1)	B/D; ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	$0 (1)	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	$0 (1)	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	$0 (1)	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	$0 (1)	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	$0 (1)	PA-NS
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	$0 (1)	B/D
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	$0 (1)	PA-NS; ^
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	$0 (1)	B/D
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	$0 (1)	B/D; ^
ERIVEDGE ORAL CAPSULE 150 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 240 MG	$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 60 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
erlotinib oral tablet 100 mg, 150 mg	$0 (1)	PA-NS; QL (30 EA per 30 days); ^
erlotinib oral tablet 25 mg	$0 (1)	PA-NS; QL (90 EA per 30 days); ^
etoposide intravenous solution 20 mg/ml	$0 (1)	B/D

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
EULEXIN ORAL CAPSULE 125 MG	$0 (1)	^
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	$0 (1)	PA-NS; QL (30 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 2 mg	$0 (1)	PA-NS; QL (150 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 3 mg	$0 (1)	PA-NS; QL (90 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 5 mg	$0 (1)	PA-NS; QL (60 EA per 30 days); ^
everolimus (immunosuppressive) oral tablet 0.25 mg	$0 (1)	B/D
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	$0 (1)	B/D; ^
exemestane oral tablet 25 mg	$0 (1)	
EXKIVITY ORAL CAPSULE 40 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	$0 (1)	PA-NS; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	$0 (1)	PA-NS
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	$0 (1)	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 1 MG	$0 (1)	PA-NS; QL (84 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 5 MG	$0 (1)	PA-NS; QL (21 EA per 28 days); ^
fulvestrant intramuscular syringe 250 mg/5 ml	$0 (1)	B/D; ^
GAVRETO ORAL CAPSULE 100 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
gefitinib oral tablet 250 mg	$0 (1)	PA-NS; QL (30 EA per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	$0 (1)	B/D
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	$0 (1)	B/D
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	$0 (1)	B/D
gengraf oral capsule 100 mg, 25 mg	$0 (1)	B/D
gengraf oral solution 100 mg/ml	$0 (1)	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	$0 (1)	
GLEOSTINE ORAL CAPSULE 100 MG	$0 (1)	^
GOMEKLI ORAL CAPSULE 1 MG	$0 (1)	PA-NS; QL (126 EA per 28 days); ^
GOMEKLI ORAL CAPSULE 2 MG	$0 (1)	PA-NS; QL (84 EA per 28 days); ^
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	$0 (1)	PA-NS; QL (168 EA per 28 days); ^
HERNEXEOS ORAL TABLET 60 MG	$0 (1)	PA-NS; QL (90 EA per 30 days); ^
hydroxyurea oral capsule 500 mg	$0 (1)	
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); ^
IBTROZI ORAL CAPSULE 200 MG	$0 (1)	PA-NS; QL (90 EA per 30 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 oral tablet 100 mg	$0 (1)	PA-NS; QL (180 EA per 30 days); ^
imatinib 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); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
IMBRUVICA ORAL CAPSULE 70 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	$0 (1)	PA-NS; LA; QL (324 ML per 30 days); ^
IMBRUVICA ORAL TABLET 420 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IMKELDI ORAL SOLUTION 80 MG/ML	$0 (1)	PA-NS; QL (280 ML per 28 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); ^
INQOVI ORAL TABLET 35-100 MG	$0 (1)	PA-NS; LA; QL (5 EA per 28 days); ^
INREBIC ORAL CAPSULE 100 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	$0 (1)	B/D
ITOVEBI ORAL TABLET 3 MG	$0 (1)	PA-NS; QL (60 EA per 30 days); ^
ITOVEBI ORAL TABLET 9 MG	$0 (1)	PA-NS; QL (30 EA per 30 days); ^
IWILFIN ORAL TABLET 192 MG	$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
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; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	$0 (1)	PA-NS; QL (30 EA per 30 days); ^
JYLAMVO ORAL SOLUTION 2 MG/ML	$0 (1)	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	$0 (1)	B/D; ^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	$0 (1)	PA-NS; ^
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	$0 (1)	PA-NS; QL (49 EA per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	$0 (1)	PA-NS; QL (70 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	$0 (1)	PA-NS; QL (91 EA per 28 days); ^
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	$0 (1)	PA-NS; QL (21 EA per 28 days); ^
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	$0 (1)	PA-NS; QL (42 EA per 28 days); ^
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	$0 (1)	PA-NS; QL (63 EA per 28 days); ^
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	$0 (1)	PA-NS; ^
KRAZATI ORAL TABLET 200 MG	$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
lanreotide subcutaneous syringe 120 mg/0.5 ml	$0 (1)	PA-NS; ^
lapatinib oral tablet 250 mg	$0 (1)	PA-NS; QL (180 EA per 30 days); ^
LAZCLUZE ORAL TABLET 240 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LAZCLUZE ORAL TABLET 80 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
letrozole oral tablet 2.5 mg	$0 (1)	
LEUKERAN ORAL TABLET 2 MG	$0 (1)	^
leuprolide subcutaneous kit 1 mg/0.2 ml	$0 (1)	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	$0 (1)	PA-NS; LA; ^
LORBRENA ORAL TABLET 100 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
LORBRENA ORAL TABLET 25 MG	$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LUMAKRAS ORAL TABLET 120 MG	$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
LUMAKRAS ORAL TABLET 240 MG	$0 (1)	PA-NS; QL (120 EA per 30 days); ^
LUMAKRAS ORAL TABLET 320 MG	$0 (1)	PA-NS; QL (90 EA per 30 days); ^
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	$0 (1)	PA-NS; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
LYSODREN ORAL TABLET 500 MG	$0 (1)	^
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	$0 (1)	PA-NS; QL (84 EA per 28 days); ^
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	$0 (1)	PA-NS; QL (112 EA per 28 days); ^
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	$0 (1)	PA-NS; QL (140 EA per 28 days); ^
MATULANE ORAL CAPSULE 50 MG	$0 (1)	LA; ^
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	$0 (1)	PA
megestrol oral tablet 20 mg, 40 mg	$0 (1)	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	$0 (1)	PA-NS; QL (1200 ML per 30 days); ^
MEKINIST ORAL TABLET 0.5 MG	$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
MEKINIST ORAL TABLET 2 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
MEKTOVI ORAL TABLET 15 MG	$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
mercaptopurine oral suspension 20 mg/ml	$0 (1)	^
mercaptopurine oral tablet 50 mg	$0 (1)	
methotrexate sodium (pf) injection recon soln 1 gram	$0 (1)	B/D
methotrexate sodium (pf) injection solution 25 mg/ml	$0 (1)	B/D

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
methotrexate sodium injection solution 25 mg/ml	$0 (1)	B/D
methotrexate sodium oral tablet 2.5 mg	$0 (1)	
MODEYSO ORAL CAPSULE 125 MG	$0 (1)	PA-NS; QL (20 EA per 28 days); ^
MONJUVI INTRAVENOUS RECON SOLN 200 MG	$0 (1)	PA-NS; LA; ^
mycophenolate mofetil oral capsule 250 mg	$0 (1)	B/D
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	$0 (1)	B/D; ^
mycophenolate mofetil oral tablet 500 mg	$0 (1)	B/D
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	$0 (1)	B/D
mycophenolic acid dr 180 mg tb	$0 (1)	B/D; mycophenolate sodium = mycophenolic acid
mycophenolic acid dr 360 mg tb	$0 (1)	B/D; mycophenolate sodium = mycophenolic acid
NERLYNX ORAL TABLET 40 MG	$0 (1)	PA-NS; LA; ^
nilotinib hcl oral capsule 150 mg, 200 mg	$0 (1)	PA-NS; QL (112 EA per 28 days); ^
nilotinib hcl oral capsule 50 mg	$0 (1)	PA-NS; QL (120 EA per 30 days); ^
nilutamide oral tablet 150 mg	$0 (1)	^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	$0 (1)	PA-NS; QL (3 EA per 28 days); ^
NUBEQA ORAL TABLET 300 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
NULOJIX INTRAVENOUS RECON SOLN 250 MG	$0 (1)	^
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	$0 (1)	PA; ^
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	$0 (1)	PA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	$0 (1)	PA
ODOMZO ORAL CAPSULE 200 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
OGSIVEO ORAL TABLET 100 MG, 150 MG	$0 (1)	PA-NS; QL (56 EA per 28 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
OGSIVEO ORAL TABLET 50 MG	$0 (1)	PA-NS; QL (180 EA per 30 days); ^
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	$0 (1)	PA-NS; QL (96 ML per 28 days); ^
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	$0 (1)	PA-NS; QL (16 EA per 28 days); ^
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	$0 (1)	PA-NS; QL (20 EA per 28 days); ^
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	$0 (1)	PA-NS; QL (24 EA per 28 days); ^
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ONUREG ORAL TABLET 200 MG, 300 MG	$0 (1)	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	$0 (1)	PA-NS; LA; QL (30 EA per 28 days); ^
ORSERDU ORAL TABLET 345 MG	$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ORSERDU ORAL TABLET 86 MG	$0 (1)	PA-NS; QL (90 EA per 30 days); ^
oxaliplatin intravenous recon soln 100 mg, 50 mg	$0 (1)	B/D
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	$0 (1)	B/D
paclitaxel intravenous concentrate 6 mg/ml	$0 (1)	B/D
paraplatin intravenous solution 10 mg/ml	$0 (1)	B/D
pazopanib oral tablet 200 mg	$0 (1)	PA-NS; QL (120 EA per 30 days); ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg, 750 mg	$0 (1)	B/D; ^
pemetrexed disodium intravenous recon soln 100 mg	$0 (1)	B/D
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	$0 (1)	PA-NS; QL (28 EA per 28 days); ^
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	$0 (1)	PA-NS; QL (56 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); ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	$0 (1)	B/D

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
PURIXAN ORAL SUSPENSION 20 MG/ML	$0 (1)	^
QINLOCK ORAL TABLET 50 MG	$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
RETEVMO ORAL CAPSULE 40 MG	$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
RETEVMO ORAL CAPSULE 80 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
RETEVMO ORAL TABLET 40 MG	$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
REVUFORJ ORAL TABLET 110 MG, 160 MG	$0 (1)	PA-NS; QL (60 EA per 30 days); ^
REVUFORJ ORAL TABLET 25 MG	$0 (1)	PA-NS; QL (240 EA per 30 days); ^
REZLIDHIA ORAL CAPSULE 150 MG	$0 (1)	PA-NS; QL (60 EA per 30 days); ^
REZUROCK ORAL TABLET 200 MG	$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
ROZLYTREK ORAL CAPSULE 100 MG	$0 (1)	PA-NS; LA; QL (150 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 200 MG	$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	$0 (1)	PA-NS; QL (336 EA per 28 days); ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	$0 (1)	PA-NS; ^
RYDAPT ORAL CAPSULE 25 MG	$0 (1)	PA-NS; QL (224 EA per 28 days); ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	$0 (1)	B/D
SCEMBLIX ORAL TABLET 100 MG	$0 (1)	PA-NS; QL (120 EA per 30 days); ^
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); ^

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	$0 (1)	PA; LA; ^
sirolimus oral solution 1 mg/ml	$0 (1)	B/D; ^
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	$0 (1)	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	$0 (1)	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	$0 (1)	PA-NS; ^
sorafenib oral tablet 200 mg	$0 (1)	PA-NS; QL (120 EA per 30 days); ^
STIVARGA ORAL TABLET 40 MG	$0 (1)	PA-NS; LA; QL (84 EA per 28 days); ^
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	$0 (1)	PA-NS; QL (28 EA per 28 days); ^
TABLOID ORAL TABLET 40 MG	$0 (1)	
TABRECTA ORAL TABLET 150 MG, 200 MG	$0 (1)	PA-NS; ^
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	$0 (1)	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	$0 (1)	PA-NS; QL (840 EA per 28 days); ^
TAGRISSO ORAL TABLET 40 MG, 80 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	$0 (1)	PA-NS; ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	$0 (1)	PA-NS; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
tamoxifen oral tablet 10 mg, 20 mg	$0 (1)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	$0 (1)	PA-NS; QL (112 EA per 28 days); ^
TASIGNA ORAL CAPSULE 50 MG	$0 (1)	PA-NS; QL (120 EA per 30 days); ^
TAZVERIK ORAL TABLET 200 MG	$0 (1)	PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	$0 (1)	B/D; LA; ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
TEPMETKO ORAL TABLET 225 MG	$0 (1)	PA-NS; LA; ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	$0 (1)	PA-NS; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 200 MG	$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
TIBSOVO ORAL TABLET 250 MG	$0 (1)	PA-NS; LA; ^
toremifene oral tablet 60 mg	$0 (1)	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	$0 (1)	B/D; ^
tretinoin (antineoplastic) oral capsule 10 mg	$0 (1)	^
TRUQAP ORAL TABLET 160 MG, 200 MG	$0 (1)	PA-NS; QL (64 EA per 28 days); ^
TUKYSA ORAL TABLET 150 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
TUKYSA ORAL TABLET 50 MG	$0 (1)	PA-NS; LA; QL (300 EA per 30 days); ^
TURALIO ORAL CAPSULE 125 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	$0 (1)	PA-NS; QL (56 EA per 28 days); ^
VENCLEXTA ORAL TABLET 10 MG	$0 (1)	PA-NS; LA; QL (14 EA per 7 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 (7 EA per 7 days); ^
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	$0 (1)	PA-NS; LA; QL (42 EA per 180 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	$0 (1)	
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	$0 (1)	B/D
VITRAKVI ORAL CAPSULE 100 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
VITRAKVI ORAL CAPSULE 25 MG	$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VITRAKVI ORAL SOLUTION 20 MG/ML	$0 (1)	PA-NS; LA; QL (300 ML per 30 days); ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
VONJO ORAL CAPSULE 100 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
VORANIGO ORAL TABLET 10 MG	$0 (1)	PA-NS; QL (60 EA per 30 days); ^
VORANIGO ORAL TABLET 40 MG	$0 (1)	PA-NS; QL (30 EA per 30 days); ^
WELIREG ORAL TABLET 40 MG	$0 (1)	PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
XALKORI ORAL PELLET 150 MG	$0 (1)	PA-NS; QL (180 EA per 30 days); ^
XALKORI ORAL PELLET 20 MG, 50 MG	$0 (1)	PA-NS; QL (120 EA per 30 days); ^
XATMEP ORAL SOLUTION 2.5 MG/ML	$0 (1)	
XERMELO ORAL TABLET 250 MG	$0 (1)	PA; LA; QL (84 EA per 28 days); ^
XOSPATA ORAL TABLET 40 MG	$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	$0 (1)	PA-NS; LA; ^
XTANDI ORAL CAPSULE 40 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 40 MG	$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 80 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
ZEJULA ORAL TABLET 100 MG	$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 200 MG, 300 MG	$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	$0 (1)	PA-NS; QL (224 EA per 28 days); ^
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	$0 (1)	B/D; ^
ZOLINZA ORAL CAPSULE 100 MG	$0 (1)	PA-NS; QL (120 EA per 30 days); ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ZYKADIA ORAL TABLET 150 MG	$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
輔助性藥物		
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	$0 (1)	B/D; ^
BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML)	$0 (1)	B/D; ^
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	$0 (1)	
mesna oral tablet 400 mg	$0 (1)	^
MESNEX ORAL TABLET 400 MG	$0 (1)	^
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	$0 (1)	B/D; ^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	$0 (1)	B/D; ^
泌尿學藥物		
其他泌尿學藥物		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	$0 (1)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	$0 (1)	PA; LA
ELMIRON ORAL CAPSULE 100 MG	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	$0 (1)	
tadalafil oral tablet 2.5 mg	$0 (1)	PA; QL (60 EA per 30 days)
tadalafil oral tablet 5 mg	$0 (1)	PA; QL (30 EA per 30 days)
抗膽鹼藥物/解痙藥物		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	$0 (1)	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	$0 (1)	QL (30 EA per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	$0 (1)	
oxybutynin chloride oral tablet 5 mg	$0 (1)	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	$0 (1)	QL (60 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	$0 (1)	QL (30 EA per 30 days)
solifenacin oral tablet 10 mg, 5 mg	$0 (1)	QL (30 EA per 30 days)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	$0 (1)	QL (30 EA per 30 days)
tolterodine oral tablet 1 mg, 2 mg	$0 (1)	QL (60 EA per 30 days)
trospium oral tablet 20 mg	$0 (1)	QL (60 EA per 30 days)
良性前列腺增生症 (BPH) 治療		
alfuzosin oral tablet extended release 24 hr 10 mg	$0 (1)	
dutasteride oral capsule 0.5 mg	$0 (1)	QL (30 EA per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	$0 (1)	QL (30 EA per 30 days)
finasteride oral tablet 5 mg	$0 (1)	
tamsulosin oral capsule 0.4 mg	$0 (1)	
產科/婦科		
其他產科/婦科		
clindamycin phosphate vaginal cream 2 %	$0 (1)	

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eluryng vaginal ring 0.12-0.015 mg/24 hr	$0 (1)	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	$0 (1)	
haloette vaginal ring 0.12-0.015 mg/24 hr	$0 (1)	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	$0 (1)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	$0 (1)	
NEXPLANON SUBDERMAL IMPLANT 68 MG	$0 (1)	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	$0 (1)	
terconazole vaginal cream 0.4 %, 0.8 %	$0 (1)	
terconazole vaginal suppository 80 mg	$0 (1)	
tranexamic acid oral tablet 650 mg	$0 (1)	
xulane transdermal patch weekly 150-35 mcg/24 hr	$0 (1)	
zafemy transdermal patch weekly 150-35 mcg/24 hr	$0 (1)	
口服避孕藥/相關藥物		
altavera (28) oral tablet 0.15-0.03 mg	$0 (1)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	$0 (1)	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (1)	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (1)	
apri oral tablet 0.15-0.03 mg	$0 (1)	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	$0 (1)	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (1)	
aubra eq oral tablet 0.1-20 mg-mcg	$0 (1)	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (1)	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (1)	

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藥物名稱	藥物費用 必要的動作、約束或使用限制 (層級)
aviane oral tablet 0.1-20 mg-mcg	$0 (1)
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (1)
balziva (28) oral tablet 0.4-35 mg-mcg	$0 (1)
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (1)
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (1)
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (1)
briellyn oral tablet 0.4-35 mg-mcg	$0 (1)
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	$0 (1)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (1)
cryselle (28) oral tablet 0.3-30 mg-mcg	$0 (1)
cyred eq oral tablet 0.15-0.03 mg	$0 (1)
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	$0 (1)
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (1)
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (1)
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (1)
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	$0 (1)
dolishale oral tablet 90-20 mcg (28)	$0 (1)
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	$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)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (1)

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藥物名稱	藥物費用 必要的動作、約束或使用限制 (層級)
enskyce oral tablet 0.15-0.03 mg	$0 (1)
estarylla oral tablet 0.25-0.035 mg	$0 (1)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0 (1)
falmina (28) oral tablet 0.1-20 mg-mcg	$0 (1)
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0 (1)
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	$0 (1)
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (1)
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (1)
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (1)
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (1)
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (1)
isibloom oral tablet 0.15-0.03 mg	$0 (1)
jasmiel (28) oral tablet 3-0.02 mg	$0 (1)
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (1)
juleber oral tablet 0.15-0.03 mg	$0 (1)
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (1)
junel 1/20 (21) oral tablet 1-20 mg-mcg	$0 (1)
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (1)
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (1)
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (1)
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	$0 (1)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (1)	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	$0 (1)	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	$0 (1)	
kurvelo (28) oral tablet 0.15-0.03 mg	$0 (1)	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (1)	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (1)	
larin 1/20 (21) oral tablet 1-20 mg-mcg	$0 (1)	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (1)	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (1)	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (1)	
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	$0 (1)	
lessina oral tablet 0.1-20 mg-mcg	$0 (1)	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (1)	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	$0 (1)	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	$0 (1)	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (1)	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (1)	
levora-28 oral tablet 0.15-0.03 mg	$0 (1)	
loryna (28) oral tablet 3-0.02 mg	$0 (1)	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
lutera (28) oral tablet 0.1-20 mg-mcg	$0 (1)	
marlissa (28) oral tablet 0.15-0.03 mg	$0 (1)	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0 (1)	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (1)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	$0 (1)	
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (1)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (1)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (1)	
mili oral tablet 0.25-0.035 mg	$0 (1)	
mono-linyah oral tablet 0.25-0.035 mg	$0 (1)	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0 (1)	
nikki (28) oral tablet 3-0.02 mg	$0 (1)	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	$0 (1)	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0 (1)	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)	$0 (1)	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0 (1)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	$0 (1)	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0 (1)	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	$0 (1)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (1)	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	$0 (1)	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 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 (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (1)	
portia 28 oral tablet 0.15-0.03 mg	$0 (1)	
reclipsen (28) oral tablet 0.15-0.03 mg	$0 (1)	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	$0 (1)	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (1)	
sprintec (28) oral tablet 0.25-0.035 mg	$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 mg-20 mcg (24)/75 mg (4)	$0 (1)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (1)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (1)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (1)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (1)	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (1)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0 (1)	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0 (1)	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0 (1)	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (1)	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	$0 (1)	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (1)	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0 (1)	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (1)	
turqoz (28) oral tablet 0.3-30 mg-mcg	$0 (1)	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	$0 (1)	
vestura (28) oral tablet 3-0.02 mg	$0 (1)	
vienva oral tablet 0.1-20 mg-mcg	$0 (1)	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (1)	
vyfemla (28) oral tablet 0.4-35 mg-mcg	$0 (1)	
vylibra oral tablet 0.25-0.035 mg	$0 (1)	
wera (28) oral tablet 0.5-35 mg-mcg	$0 (1)	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	$0 (1)	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (1)	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	$0 (1)	
zumandimine (28) oral tablet 3-0.03 mg	$0 (1)	
雌激素/孕激素		
abigale lo oral tablet 0.5-0.1 mg	$0 (1)	
abigale oral tablet 1-0.5 mg	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
camila oral tablet 0.35 mg	$0 (1)	
deblitane oral tablet 0.35 mg	$0 (1)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	$0 (1)	
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (1)	
emzahh oral tablet 0.35 mg	$0 (1)	
errin oral tablet 0.35 mg	$0 (1)	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	$0 (1)	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (1)	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (1)	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	$0 (1)	
estradiol vaginal tablet 10 mcg	$0 (1)	
estradiol valerate intramuscular oil 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)	
gallifrey oral tablet 5 mg	$0 (1)	
heather oral tablet 0.35 mg	$0 (1)	
incassia oral tablet 0.35 mg	$0 (1)	
jinteli oral tablet 1-5 mg-mcg	$0 (1)	
lyleq oral tablet 0.35 mg	$0 (1)	
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
lyza oral tablet 0.35 mg	$0 (1)	
medroxyprogesterone intramuscular suspension 150 mg/ml	$0 (1)	
medroxyprogesterone intramuscular syringe 150 mg/ml	$0 (1)	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (1)	
meleya oral tablet 0.35 mg	$0 (1)	
mimvey oral tablet 1-0.5 mg	$0 (1)	
nora-be oral tablet 0.35 mg	$0 (1)	
norethindrone (contraceptive) oral tablet 0.35 mg	$0 (1)	
norethindrone acetate oral tablet 5 mg	$0 (1)	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0 (1)	
orquidea oral tablet 0.35 mg	$0 (1)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	$0 (1)	
progesterone intramuscular oil 50 mg/ml	$0 (1)	
progesterone micronized oral capsule 100 mg, 200 mg	$0 (1)	
sharobel oral tablet 0.35 mg	$0 (1)	
yuvafem vaginal tablet 10 mcg	$0 (1)	
皮膚學/外用治療		
其他皮膚學藥物		
ammonium lactate topical cream 12 %	$0 (1)	
ammonium lactate topical lotion 12 %	$0 (1)	
dermacinrx lidocan topical adhesive patch,medicated 5 %	$0 (1)	PA; QL (90 EA per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	$0 (1)	PA; QL (4.56 ML per 28 days); ^

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	$0 (1)	PA; QL (8 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	$0 (1)	PA; QL (1.34 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	$0 (1)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	$0 (1)	PA; QL (8 ML per 28 days); ^
fluorouracil topical cream 5 %	$0 (1)	QL (40 GM per 30 days)
fluorouracil topical solution 2 %, 5 %	$0 (1)	QL (10 ML per 30 days)
glydo mucous membrane jelly in applicator 2 %	$0 (1)	QL (60 ML per 30 days)
imiquimod topical cream in packet 5 %	$0 (1)	QL (24 EA per 28 days)
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	$0 (1)	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	$0 (1)	
lidocaine hcl laryngotracheal solution 4 %	$0 (1)	QL (50 ML per 30 days)
lidocaine hcl mucous membrane jelly 2 %	$0 (1)	QL (60 ML per 30 days)
lidocaine hcl mucous membrane solution 2 %	$0 (1)	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	$0 (1)	QL (50 ML per 30 days)
lidocaine topical adhesive patch,medicated 5 %	$0 (1)	PA; QL (90 EA per 30 days)
lidocaine topical ointment 5 %	$0 (1)	QL (50 GM per 30 days)
lidocaine viscous mucous membrane solution 2 %	$0 (1)	
lidocaine-prilocaine topical cream 2.5-2.5 %	$0 (1)	QL (30 GM per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	$0 (1)	PA; QL (90 EA per 30 days)
lidocan iv topical adhesive patch,medicated 5 %	$0 (1)	PA; QL (90 EA per 30 days)
lidocan v topical adhesive patch,medicated 5 %	$0 (1)	PA; QL (90 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	$0 (1)	PA-NS; QL (60 GM per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
pimecrolimus topical cream 1 %	$0 (1)	QL (100 GM per 30 days)
podofilox topical solution 0.5 %	$0 (1)	QL (7 ML per 28 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	$0 (1)	QL (180 GM per 30 days)
silver sulfadiazine topical cream 1 %	$0 (1)	
ssd topical cream 1 %	$0 (1)	
tacrolimus topical ointment 0.03 %, 0.1 %	$0 (1)	QL (100 GM per 30 days)
tridacaine ii topical adhesive patch,medicated 5 %	$0 (1)	PA; QL (90 EA per 30 days)
tridacaine topical adhesive patch,medicated 5 %	$0 (1)	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	$0 (1)	PA-NS; LA; QL (60 GM per 30 days); ^
外用抗真菌藥物		
ciclopirox topical cream 0.77 %	$0 (1)	QL (90 GM per 28 days)
ciclopirox topical gel 0.77 %	$0 (1)	QL (100 GM per 28 days)
ciclopirox topical suspension 0.77 %	$0 (1)	QL (60 ML per 28 days)
clotrimazole topical cream 1 %	$0 (1)	QL (45 GM per 28 days)
clotrimazole topical solution 1 %	$0 (1)	QL (30 ML per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	$0 (1)	QL (45 GM per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	$0 (1)	QL (60 ML per 28 days)
ketoconazole topical cream 2 %	$0 (1)	QL (60 GM per 28 days)
ketoconazole topical shampoo 2 %	$0 (1)	QL (120 ML per 28 days)
klayesta topical powder 100,000 unit/gram	$0 (1)	QL (120 GM per 30 days)
naftifine topical cream 1 %	$0 (1)	QL (90 GM per 28 days)
naftifine topical cream 2 %	$0 (1)	QL (60 GM per 28 days)
naftifine topical gel 2 %	$0 (1)	QL (60 GM per 28 days)
nyamyc topical powder 100,000 unit/gram	$0 (1)	QL (120 GM per 30 days)
nystatin topical cream 100,000 unit/gram	$0 (1)	QL (30 GM per 28 days)
nystatin topical ointment 100,000 unit/gram	$0 (1)	QL (30 GM per 28 days)
nystatin topical powder 100,000 unit/gram	$0 (1)	QL (120 GM per 30 days)
nystop topical powder 100,000 unit/gram	$0 (1)	QL (120 GM per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
外用抗菌劑		
gentamicin topical cream 0.1 %	$0 (1)	QL (30 GM per 30 days)
gentamicin topical ointment 0.1 %	$0 (1)	QL (30 GM per 30 days)
mupirocin topical ointment 2 %	$0 (1)	QL (44 GM per 30 days)
sulfacetamide sodium (acne) topical suspension 10 %	$0 (1)	
外用滅疥癬/滅虱藥物		
malathion topical lotion 0.5 %	$0 (1)	
permethrin topical cream 5 %	$0 (1)	QL (60 GM per 30 days)
外用皮質類固醇		
ala-cort topical cream 1 %	$0 (1)	
alclometasone topical cream 0.05 %	$0 (1)	QL (120 GM per 30 days)
alclometasone topical ointment 0.05 %	$0 (1)	QL (120 GM per 30 days)
betamethasone dipropionate topical cream 0.05 %	$0 (1)	QL (135 GM per 30 days)
betamethasone dipropionate topical lotion 0.05 %	$0 (1)	QL (120 ML per 30 days)
betamethasone dipropionate topical ointment 0.05 %	$0 (1)	QL (135 GM per 30 days)
betamethasone valerate topical cream 0.1 %	$0 (1)	QL (135 GM per 30 days)
betamethasone valerate topical lotion 0.1 %	$0 (1)	QL (120 ML per 30 days)
betamethasone valerate topical ointment 0.1 %	$0 (1)	QL (135 GM per 30 days)
betamethasone, augmented topical cream 0.05 %	$0 (1)	QL (150 GM per 30 days)
betamethasone, augmented topical gel 0.05 %	$0 (1)	QL (150 GM per 30 days)
betamethasone, augmented topical lotion 0.05 %	$0 (1)	QL (120 ML per 30 days)
betamethasone, augmented topical ointment 0.05 %	$0 (1)	QL (150 GM per 30 days)
clobetasol scalp solution 0.05 %	$0 (1)	QL (100 ML per 28 days)
clobetasol topical cream 0.05 %	$0 (1)	QL (120 GM per 28 days)
clobetasol topical gel 0.05 %	$0 (1)	QL (60 GM per 28 days)
clobetasol topical ointment 0.05 %	$0 (1)	QL (120 GM per 28 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
clobetasol topical shampoo 0.05 %	$0 (1)	QL (118 ML per 28 days)
clobetasol-emollient topical cream 0.05 %	$0 (1)	QL (120 GM per 28 days)
clodan topical shampoo 0.05 %	$0 (1)	QL (118 ML per 28 days)
desonide topical lotion 0.05 %	$0 (1)	QL (118 ML per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	$0 (1)	QL (118.28 ML per 30 days)
fluocinolone topical cream 0.01 %, 0.025 %	$0 (1)	QL (120 GM per 30 days)
fluocinolone topical oil 0.01 %	$0 (1)	QL (118.28 ML per 30 days)
fluocinolone topical ointment 0.025 %	$0 (1)	QL (120 GM per 30 days)
fluocinolone topical solution 0.01 %	$0 (1)	QL (120 ML per 30 days)
fluocinonide topical cream 0.05 %	$0 (1)	QL (120 GM per 30 days)
fluocinonide topical gel 0.05 %	$0 (1)	QL (120 GM per 30 days)
fluocinonide topical ointment 0.05 %	$0 (1)	QL (120 GM per 30 days)
fluocinonide topical solution 0.05 %	$0 (1)	QL (120 ML per 30 days)
fluocinonide-e topical cream 0.05 %	$0 (1)	QL (120 GM per 30 days)
fluocinonide-emollient topical cream 0.05 %	$0 (1)	QL (120 GM per 30 days)
fluticasone propionate topical cream 0.05 %	$0 (1)	
halobetasol propionate topical cream 0.05 %	$0 (1)	QL (100 GM per 30 days)
halobetasol propionate topical ointment 0.05 %	$0 (1)	QL (100 GM per 30 days)
hydrocortisone topical cream 1 %, 2.5 %	$0 (1)	
hydrocortisone topical lotion 2 %, 2.5 %	$0 (1)	
hydrocortisone topical ointment 2.5 %	$0 (1)	
mometasone topical cream 0.1 %	$0 (1)	
mometasone topical ointment 0.1 %	$0 (1)	
mometasone topical solution 0.1 %	$0 (1)	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	$0 (1)	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	$0 (1)	
triderm topical cream 0.5 %	$0 (1)	
抗銀屑病/抗脂溢性皮炎藥物		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	$0 (1)	
calcipotriene scalp solution 0.005 %	$0 (1)	QL (120 ML per 30 days)
calcipotriene topical ointment 0.005 %	$0 (1)	QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	$0 (1)	PA; QL (2.5 ML per 28 days); ^
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	$0 (1)	PA; QL (10 ML per 28 days); ^
selenium sulfide topical lotion 2.5 %	$0 (1)	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	$0 (1)	PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (1)	PA; QL (6 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	$0 (1)	PA; QL (1 ML per 28 days); ^
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	$0 (1)	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	$0 (1)	PA; QL (1 ML per 28 days); ^
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	$0 (1)	PA; QL (2 ML per 28 days); ^
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	$0 (1)	PA; QL (12 ML per 180 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	$0 (1)	PA; QL (2 ML per 28 days); ^
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	$0 (1)	PA; QL (2 ML per 28 days); ^
痤瘡治療		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (1)	
adapalene topical cream 0.1 %	$0 (1)	QL (45 GM per 30 days)
adapalene topical gel 0.3 %	$0 (1)	QL (45 GM per 30 days)
adapalene topical gel with pump 0.3 %	$0 (1)	QL (45 GM per 30 days)
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (1)	
azelaic acid topical gel 15 %	$0 (1)	QL (50 GM per 30 days)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (1)	
clindamycin phosphate topical gel 1 %	$0 (1)	QL (75 GM per 30 days)
clindamycin phosphate topical gel, once daily 1 %	$0 (1)	QL (75 ML per 30 days)
clindamycin phosphate topical lotion 1 %	$0 (1)	QL (60 ML per 30 days)
clindamycin phosphate topical solution 1 %	$0 (1)	QL (60 ML per 30 days)
clindamycin phosphate topical swab 1 %	$0 (1)	QL (60 EA per 30 days)
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	$0 (1)	QL (45 GM per 30 days)
clindamycin-benzoyl peroxide topical gel 1-5 %	$0 (1)	QL (50 GM per 30 days)
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	$0 (1)	QL (50 GM per 30 days)
ery pads topical swab 2 %	$0 (1)	QL (60 EA per 30 days)
erythromycin with ethanol topical solution 2 %	$0 (1)	QL (60 ML per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	$0 (1)	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	$0 (1)	
metronidazole topical cream 0.75 %	$0 (1)	QL (45 GM per 30 days)
metronidazole topical gel 0.75 %	$0 (1)	QL (45 GM per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
metronidazole topical lotion 0.75 %	$0 (1)	QL (59 ML per 30 days)
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (1)	
neuac topical gel 1.2 %(1 % base) -5 %	$0 (1)	QL (45 GM per 30 days)
tazarotene topical cream 0.1 %	$0 (1)	PA; QL (60 GM per 30 days)
tazarotene topical gel 0.05 %, 0.1 %	$0 (1)	PA
tretinoin microspheres topical gel 0.04 %, 0.1 %	$0 (1)	PA; QL (50 GM per 30 days)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	$0 (1)	PA; QL (50 GM per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	$0 (1)	PA; QL (45 GM per 30 days)
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	$0 (1)	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (1)	
眼科學		
B-阻斷劑		
betaxolol ophthalmic (eye) drops 0.5 %	$0 (1)	
carteolol ophthalmic (eye) drops 1 %	$0 (1)	
levobunolol ophthalmic (eye) drops 0.5 %	$0 (1)	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	$0 (1)	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	$0 (1)	
併用類固醇抗生素		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	$0 (1)	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	$0 (1)	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	$0 (1)	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	$0 (1)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	$0 (1)	
其他眼科學藥物		
atropine ophthalmic (eye) drops 1 %	$0 (1)	
azelastine ophthalmic (eye) drops 0.05 %	$0 (1)	
cromolyn ophthalmic (eye) drops 4 %	$0 (1)	
cyclosporine ophthalmic (eye) dropperette 0.05 %	$0 (1)	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	$0 (1)	PA; LA; ^
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	$0 (1)	PA; ^
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	$0 (1)	
sulfacetamide sodium ophthalmic (eye) drops 10 %	$0 (1)	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	$0 (1)	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	$0 (1)	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	$0 (1)	PA; QL (10 ML per 42 days); ^
其他青光眼藥物		
brinzolamide ophthalmic (eye) drops,suspension 1 %	$0 (1)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	$0 (1)	
dorzolamide ophthalmic (eye) drops 2 %	$0 (1)	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	$0 (1)	
latanoprost ophthalmic (eye) drops 0.005 %	$0 (1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	$0 (1)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	$0 (1)	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	$0 (1)	
travoprost ophthalmic (eye) drops 0.004 %	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
抗生素		
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	$0 (1)	
bacitracin ophthalmic (eye) ointment 500 unit/gram	$0 (1)	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	$0 (1)	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	$0 (1)	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	$0 (1)	
gatifloxacin ophthalmic (eye) drops 0.5 %	$0 (1)	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	$0 (1)	
gentamicin ophthalmic (eye) drops 0.3 %	$0 (1)	
moxifloxacin ophthalmic (eye) drops 0.5 %	$0 (1)	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	$0 (1)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	$0 (1)	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	$0 (1)	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	$0 (1)	
ofloxacin ophthalmic (eye) drops 0.3 %	$0 (1)	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	$0 (1)	
tobramycin ophthalmic (eye) drops 0.3 %	$0 (1)	
抗病毒藥物		
trifluridine ophthalmic (eye) drops 1 %	$0 (1)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	$0 (1)	
擬交感神經藥物		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
apraclonidine ophthalmic (eye) drops 0.5 %	$0 (1)	
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	$0 (1)	
青光眼口服藥物		
acetazolamide oral capsule, extended release 500 mg	$0 (1)	
acetazolamide oral tablet 125 mg, 250 mg	$0 (1)	
methazolamide oral tablet 25 mg, 50 mg	$0 (1)	
非類固醇抗發炎藥物		
bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %	$0 (1)	
diclofenac sodium ophthalmic (eye) drops 0.1 %	$0 (1)	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	$0 (1)	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	$0 (1)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	$0 (1)	
類固醇		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	$0 (1)	
difluprednate ophthalmic (eye) drops 0.05 %	$0 (1)	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	$0 (1)	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	$0 (1)	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	$0 (1)	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	$0 (1)	
維他命，補血劑/電解質		
其他營養品		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	$0 (1)	B/D

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	$0 (1)	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	$0 (1)	B/D
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	$0 (1)	B/D
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	$0 (1)	B/D
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	$0 (1)	B/D
electrolyte-148 intravenous parenteral solution	$0 (1)	
electrolyte-48 in d5w intravenous parenteral solution	$0 (1)	
electrolyte-a intravenous parenteral solution	$0 (1)	
intralipid intravenous emulsion 20 %	$0 (1)	B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	$0 (1)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	$0 (1)	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	$0 (1)	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	$0 (1)	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	$0 (1)	B/D
premasol 10 % intravenous parenteral solution 10 %	$0 (1)	B/D
travasol 10 % intravenous parenteral solution 10 %	$0 (1)	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	$0 (1)	B/D
維他命/補血劑		
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	$0 (1)	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	$0 (1)	
電解質		
klor-con 10 oral tablet extended release 10 meq	$0 (1)	
klor-con 8 oral tablet extended release 8 meq	$0 (1)	
klor-con m10 oral tablet,er particles/crystals 10 meq	$0 (1)	
klor-con m15 oral tablet,er particles/crystals 15 meq	$0 (1)	
klor-con m20 oral tablet,er particles/crystals 20 meq	$0 (1)	
klor-con oral packet 20 meq	$0 (1)	
lactated ringers intravenous parenteral solution	$0 (1)	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	$0 (1)	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	$0 (1)	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	$0 (1)	
magnesium sulfate injection solution 500 mg/ml (50 %)	$0 (1)	
magnesium sulfate injection syringe 500 mg/ml (50 %)	$0 (1)	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	$0 (1)	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	$0 (1)	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml	$0 (1)	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	$0 (1)	
potassium chloride oral capsule, extended release 10 meq, 8 meq	$0 (1)	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	$0 (1)	
potassium chloride oral packet 20 meq	$0 (1)	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	$0 (1)	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	$0 (1)	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	$0 (1)	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	$0 (1)	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	$0 (1)	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	$0 (1)	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	$0 (1)	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	$0 (1)	
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	$0 (1)	
耳鼻/喉藥物		
其他耳用製劑		
acetic acid otic (ear) solution 2 %	$0 (1)	
flac otic oil otic (ear) drops 0.01 %	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
fluocinolone acetonide oil otic (ear) drops 0.01 %	$0 (1)	
ofloxacin otic (ear) drops 0.3 %	$0 (1)	
其他藥物		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)	$0 (1)	QL (60 ML per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	$0 (1)	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	$0 (1)	QL (30 ML per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	$0 (1)	QL (45 ML per 30 days)
kourzeq dental paste 0.1 %	$0 (1)	
olopatadine nasal spray,non-aerosol 0.6 %	$0 (1)	
periogard mucous membrane mouthwash 0.12 %	$0 (1)	
triamcinolone acetonide dental paste 0.1 %	$0 (1)	
耳用類固醇/抗生素		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	$0 (1)	QL (7.5 ML per 7 days)
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	$0 (1)	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	$0 (1)	
肌肉骨骼/風濕病學		
其他風濕病學		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	$0 (1)	PA; QL (3.6 ML per 28 days); ^
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	$0 (1)	PA; QL (3.6 ML per 28 days); ^
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	$0 (1)	PA; ^
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	$0 (1)	PA; LA; QL (8 ML per 28 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	$0 (1)	PA; LA; QL (8 ML per 28 days); ^
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (1)	PA; QL (6 EA per 180 days); ^
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (1)	PA; QL (4 EA per 180 days); ^
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (1)	PA; QL (4 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	$0 (1)	PA; QL (2 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (1)	PA; QL (4 EA per 28 days); ^
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	$0 (1)	PA; QL (8 ML per 28 days); ^
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 180 days); ^
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (2 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
leflunomide oral tablet 10 mg, 20 mg	$0 (1)	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	$0 (1)	PA; QL (60 EA per 30 days); ^
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	$0 (1)	PA; QL (55 EA per 180 days); ^
penicillamine oral tablet 250 mg	$0 (1)	^
RINVOQ LQ ORAL SOLUTION 1 MG/ML	$0 (1)	PA; QL (360 ML per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	$0 (1)	PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	$0 (1)	PA; QL (84 EA per 180 days); ^
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	$0 (1)	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	$0 (1)	QL (55 EA per 180 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	$0 (1)	PA; QL (3.6 ML per 28 days); ^
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	$0 (1)	PA; QL (3.6 ML per 28 days); ^

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	$0 (1)	PA; QL (3 EA per 180 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	$0 (1)	PA; QL (4 EA per 28 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	$0 (1)	PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	$0 (1)	PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	$0 (1)	PA; QL (4 EA per 28 days); ^
痛風治療		
allopurinol oral tablet 100 mg, 300 mg	$0 (1)	
colchicine oral capsule 0.6 mg	$0 (1)	QL (120 EA per 30 days)
colchicine oral tablet 0.6 mg	$0 (1)	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	$0 (1)	
probenecid oral tablet 500 mg	$0 (1)	
probenecid-colchicine oral tablet 500-0.5 mg	$0 (1)	
骨質疏鬆症治療		
alendronate oral solution 70 mg/75 ml	$0 (1)	QL (300 ML per 28 days)
alendronate oral tablet 10 mg	$0 (1)	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	$0 (1)	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	$0 (1)	PA; QL (2.48 ML per 28 days); ^
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	$0 (1)	QL (1 ML per 180 days)
ibandronate intravenous solution 3 mg/3 ml	$0 (1)	QL (3 ML per 90 days)
ibandronate intravenous syringe 3 mg/3 ml	$0 (1)	QL (3 ML per 90 days)
ibandronate oral tablet 150 mg	$0 (1)	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	$0 (1)	QL (1 ML per 180 days)
raloxifene oral tablet 60 mg	$0 (1)	
risedronate oral tablet 150 mg	$0 (1)	QL (1 EA per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	$0 (1)	QL (4 EA per 28 days)
risedronate oral tablet 5 mg	$0 (1)	QL (30 EA per 30 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	$0 (1)	QL (4 EA per 28 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	$0 (1)	QL (1 ML per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	$0 (1)	PA; Only Teriparatide NDC 47781065289 is covered; QL (2.48 ML per 28 days); ^
胃腸學		
其他胃腸道藥物		
alosetron oral tablet 0.5 mg	$0 (1)	PA; QL (60 EA per 30 days)
alosetron oral tablet 1 mg	$0 (1)	PA; QL (60 EA per 30 days); ^
aprepitant oral capsule 125 mg, 40 mg, 80 mg	$0 (1)	B/D
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	$0 (1)	B/D
balsalazide oral capsule 750 mg	$0 (1)	
betaine oral powder 1 gram/scoop	$0 (1)	LA; ^
budesonide oral capsule,delayed,extend.release 3 mg	$0 (1)	
budesonide oral tablet,delayed and ext.release 9 mg	$0 (1)	PA; QL (30 EA per 30 days); ^
compro rectal suppository 25 mg	$0 (1)	
constulose oral solution 10 gram/15 ml	$0 (1)	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT	$0 (1)	
cromolyn oral concentrate 100 mg/5 ml	$0 (1)	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	$0 (1)	B/D; QL (60 EA per 30 days)
enulose oral solution 10 gram/15 ml	$0 (1)	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	$0 (1)	PA; LA; ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	$0 (1)	PA; ^
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	$0 (1)	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	$0 (1)	
generlac oral solution 10 gram/15 ml	$0 (1)	
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	$0 (1)	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	$0 (1)	
granisetron hcl oral tablet 1 mg	$0 (1)	B/D
hydrocortisone rectal enema 100 mg/60 ml	$0 (1)	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	$0 (1)	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	$0 (1)	PA; QL (20 EA per 30 days); ^
lactulose oral solution 10 gram/15 ml	$0 (1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	$0 (1)	QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	$0 (1)	QL (60 EA per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	$0 (1)	
mesalamine oral capsule (with del rel tablets) 400 mg	$0 (1)	
mesalamine oral capsule,extended release 24hr 0.375 gram	$0 (1)	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	$0 (1)	
mesalamine rectal enema 4 gram/60 ml	$0 (1)	
mesalamine rectal suppository 1,000 mg	$0 (1)	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	$0 (1)	
metoclopramide hcl injection solution 5 mg/ml	$0 (1)	
metoclopramide hcl injection syringe 5 mg/ml	$0 (1)	
metoclopramide hcl oral solution 5 mg/5 ml	$0 (1)	
metoclopramide hcl oral tablet 10 mg, 5 mg	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	$0 (1)	QL (30 EA per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	$0 (1)	QL (30 GM per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ondansetron hcl (pf) injection solution 4 mg/2 ml	$0 (1)	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	$0 (1)	
ondansetron hcl intravenous solution 2 mg/ml	$0 (1)	
ondansetron hcl oral solution 4 mg/5 ml	$0 (1)	
ondansetron hcl oral tablet 4 mg, 8 mg	$0 (1)	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	$0 (1)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	$0 (1)	
peg-electrolyte soln oral recon soln 420 gram	$0 (1)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	$0 (1)	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	$0 (1)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	$0 (1)	
prochlorperazine rectal suppository 25 mg	$0 (1)	
procto-med hc topical cream with perineal applicator 2.5 %	$0 (1)	
proctosol hc topical cream with perineal applicator 2.5 %	$0 (1)	
proctozone-hc topical cream with perineal applicator 2.5 %	$0 (1)	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	$0 (1)	QL (30 GM per 30 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	$0 (1)	PA; QL (10 EA per 30 days)
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	$0 (1)	PA; QL (30 ML per 180 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	$0 (1)	PA; QL (1.2 ML per 56 days); ^

您可以參閱第 C 部分，找到本表格中符號與縮寫所代表的資訊。
12/01/2025

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	$0 (1)	PA; QL (2.4 ML per 56 days); ^
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	$0 (1)	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	$0 (1)	PA; ^
sulfasalazine oral tablet 500 mg	$0 (1)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	$0 (1)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	$0 (1)	
TRULANCE ORAL TABLET 3 MG	$0 (1)	QL (30 EA per 30 days)
ursodiol oral capsule 300 mg	$0 (1)	
ursodiol oral tablet 250 mg, 500 mg	$0 (1)	
VOWST ORAL CAPSULE	$0 (1)	PA; LA; ^
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	$0 (1)	
止瀉藥/解痙藥物		
dicyclomine oral capsule 10 mg	$0 (1)	
dicyclomine oral solution 10 mg/5 ml	$0 (1)	
dicyclomine oral tablet 20 mg	$0 (1)	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	$0 (1)	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	$0 (1)	
glycopyrrolate oral tablet 1 mg, 2 mg	$0 (1)	
loperamide oral capsule 2 mg	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
潰瘍治療		
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	$0 (1)	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	$0 (1)	QL (60 EA per 30 days)
famotidine (pf) intravenous solution 20 mg/2 ml	$0 (1)	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	$0 (1)	
famotidine intravenous solution 10 mg/ml	$0 (1)	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	$0 (1)	
famotidine oral tablet 20 mg, 40 mg	$0 (1)	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	$0 (1)	QL (60 EA per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	$0 (1)	
nizatidine oral capsule 150 mg, 300 mg	$0 (1)	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	$0 (1)	QL (60 EA per 30 days)
pantoprazole intravenous recon soln 40 mg	$0 (1)	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	$0 (1)	QL (60 EA per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	$0 (1)	QL (60 EA per 30 days)
sucralfate oral suspension 100 mg/ml	$0 (1)	
sucralfate oral tablet 1 gram	$0 (1)	
自律/中樞神經系統藥物，神經學/精神科		
偏頭痛/叢發性頭痛治療		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	$0 (1)	PA; QL (1 ML per 30 days)
dihydroergotamine injection solution 1 mg/ml	$0 (1)	^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	$0 (1)	PA; QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	$0 (1)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	$0 (1)	PA; QL (2 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	$0 (1)	QL (40 EA per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg	$0 (1)	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	$0 (1)	PA; QL (16 EA per 30 days); ^
rizatriptan oral tablet 10 mg, 5 mg	$0 (1)	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	$0 (1)	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	$0 (1)	QL (18 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	$0 (1)	QL (18 EA per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	$0 (1)	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	$0 (1)	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	$0 (1)	QL (8 ML per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	$0 (1)	QL (18 EA per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	$0 (1)	QL (18 EA per 28 days)
其他神經學治療		
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 HR 12 MG	$0 (1)	PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	$0 (1)	PA; QL (30 EA per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	$0 (1)	PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	$0 (1)	PA; QL (90 EA per 30 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	$0 (1)	PA; QL (28 EA per 180 days); ^
dalfampridine oral tablet extended release 12 hr 10 mg	$0 (1)	PA; QL (60 EA per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	$0 (1)	PA; QL (14 EA per 7 days); ^
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	$0 (1)	PA; QL (120 EA per 180 days); ^
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	$0 (1)	PA; QL (60 EA per 30 days); ^
donepezil oral tablet 10 mg, 5 mg	$0 (1)	
donepezil oral tablet 23 mg	$0 (1)	QL (30 EA per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	$0 (1)	
fingolimod oral capsule 0.5 mg	$0 (1)	PA; QL (30 EA per 30 days); ^
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	$0 (1)	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	$0 (1)	
galantamine oral tablet 12 mg, 4 mg, 8 mg	$0 (1)	QL (60 EA per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	$0 (1)	PA; QL (30 ML per 30 days); ^
glatiramer subcutaneous syringe 40 mg/ml	$0 (1)	PA; QL (12 ML per 28 days); ^
glatopa subcutaneous syringe 20 mg/ml	$0 (1)	PA; QL (30 ML per 30 days); ^
glatopa subcutaneous syringe 40 mg/ml	$0 (1)	PA; QL (12 ML per 28 days); ^
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	$0 (1)	PA; LA; QL (28 EA per 180 days); ^
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	$0 (1)	PA; LA; QL (30 EA per 30 days); ^
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	$0 (1)	PA

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
memantine oral solution 2 mg/ml	$0 (1)	PA
memantine oral tablet 10 mg, 5 mg	$0 (1)	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	$0 (1)	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	$0 (1)	
NUEDEXTA ORAL CAPSULE 20-10 MG	$0 (1)	PA; QL (60 EA per 30 days); ^
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	$0 (1)	PA; QL (20 ML per 180 days); ^
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	$0 (1)	PA; ^
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	$0 (1)	PA; ^
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/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	$0 (1)	QL (30 EA per 30 days)
teriflunomide oral tablet 14 mg, 7 mg	$0 (1)	PA; QL (30 EA per 30 days); ^
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); ^
心理治療藥物		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	$0 (1)	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	$0 (1)	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	$0 (1)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	$0 (1)	QL (1 EA per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	$0 (1)	QL (150 EA per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
amitriptyline 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)	
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)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	$0 (1)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	$0 (1)	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	$0 (1)	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	$0 (1)	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	$0 (1)	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	$0 (1)	QL (3.2 ML per 28 days)
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)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	$0 (1)	QL (60 EA per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	$0 (1)	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	$0 (1)	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	$0 (1)	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	$0 (1)	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	$0 (1)	
bupropion hcl oral tablet extended release 24 hr 150 mg	$0 (1)	QL (90 EA per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
bupropion hcl oral tablet extended release 24 hr 300 mg	$0 (1)	QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	$0 (1)	QL (60 EA per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (1)	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	$0 (1)	QL (30 EA per 30 days)
chlorpromazine injection solution 25 mg/ml	$0 (1)	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	$0 (1)	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	$0 (1)	
citalopram oral solution 10 mg/5 ml	$0 (1)	
citalopram oral tablet 10 mg, 20 mg, 40 mg	$0 (1)	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	$0 (1)	PA-NS
clorazepate dipotassium oral tablet 15 mg	$0 (1)	PA-NS; QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	$0 (1)	PA-NS; QL (90 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	$0 (1)	PA-NS; QL (360 EA per 30 days)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	$0 (1)	
clozapine oral tablet,disintegrating 100 mg	$0 (1)	QL (270 EA per 30 days)
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	$0 (1)	
clozapine oral tablet,disintegrating 150 mg	$0 (1)	QL (180 EA per 30 days)
clozapine oral tablet,disintegrating 200 mg	$0 (1)	QL (120 EA per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	$0 (1)	QL (60 EA per 30 days); ^
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	$0 (1)	QL (56 EA per 180 days); ^
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (1)	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	$0 (1)	QL (30 EA per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	$0 (1)	QL (30 EA per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	$0 (1)	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	$0 (1)	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	$0 (1)	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	$0 (1)	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg	$0 (1)	QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	$0 (1)	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	$0 (1)	QL (30 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (1)	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	$0 (1)	QL (90 EA per 30 days)
diazepam injection solution 5 mg/ml	$0 (1)	
diazepam injection syringe 5 mg/ml	$0 (1)	
diazepam intensol oral concentrate 5 mg/ml	$0 (1)	PA-NS; QL (240 ML per 30 days)
diazepam oral concentrate 5 mg/ml	$0 (1)	PA-NS; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	$0 (1)	PA-NS; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	$0 (1)	PA-NS; QL (120 EA per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (1)	
doxepin oral concentrate 10 mg/ml	$0 (1)	
doxepin oral tablet 3 mg, 6 mg	$0 (1)	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	$0 (1)	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	$0 (1)	QL (30 EA per 30 days); ^
escitalopram oxalate oral solution 5 mg/5 ml	$0 (1)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	$0 (1)	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0 (1)	ST; QL (60 EA per 30 days); ^
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	$0 (1)	ST; QL (8 EA per 180 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	$0 (1)	ST; QL (12 EA per 180 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	$0 (1)	ST; QL (8 EA per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	$0 (1)	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	$0 (1)	QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	$0 (1)	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	$0 (1)	
fluphenazine decanoate injection solution 25 mg/ml	$0 (1)	
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/5 ml	$0 (1)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	$0 (1)	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	$0 (1)	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	$0 (1)	QL (30 EA per 30 days)
guanfacine oral tablet extended release 24 hr 3 mg	$0 (1)	QL (60 EA per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
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)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (1)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	$0 (1)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	$0 (1)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	$0 (1)	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	$0 (1)	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	$0 (1)	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	$0 (1)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	$0 (1)	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	$0 (1)	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	$0 (1)	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	$0 (1)	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	$0 (1)	QL (2.63 ML per 90 days)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg	$0 (1)	QL (60 EA per 30 days)
lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg	$0 (1)	QL (30 EA per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg	$0 (1)	QL (60 EA per 30 days)
lisdexamfetamine oral tablet,chewable 40 mg, 50 mg, 60 mg	$0 (1)	QL (30 EA per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	$0 (1)	
lithium carbonate oral tablet 300 mg	$0 (1)	
lithium carbonate oral tablet extended release 300 mg, 450 mg	$0 (1)	
lithium citrate oral solution 8 meq/5 ml	$0 (1)	
lorazepam injection solution 2 mg/ml, 4 mg/ml	$0 (1)	
lorazepam injection syringe 2 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)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	$0 (1)	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	$0 (1)	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	$0 (1)	QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	$0 (1)	
methylphenidate hcl oral solution 10 mg/5 ml	$0 (1)	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	$0 (1)	QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	$0 (1)	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	$0 (1)	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)	$0 (1)	QL (30 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	$0 (1)	QL (180 EA per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	$0 (1)	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	$0 (1)	
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)
molindone oral tablet 10 mg, 25 mg, 5 mg	$0 (1)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	$0 (1)	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	$0 (1)	
nortriptyline oral solution 10 mg/5 ml	$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 recon soln 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,disintegrating 10 mg	$0 (1)	QL (60 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	$0 (1)	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG	$0 (1)	ST; QL (90 EA per 30 days); ^
OPIPZA ORAL FILM 2 MG	$0 (1)	ST; QL (30 EA per 30 days); ^
OPIPZA ORAL FILM 5 MG	$0 (1)	ST; QL (180 EA per 30 days); ^
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	$0 (1)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	$0 (1)	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	$0 (1)	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	$0 (1)	QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg	$0 (1)	QL (60 EA per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	$0 (1)	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	$0 (1)	
phenelzine oral tablet 15 mg	$0 (1)	
pimozide oral tablet 1 mg, 2 mg	$0 (1)	
protriptyline oral tablet 10 mg, 5 mg	$0 (1)	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	$0 (1)	
QUETIAPINE ORAL TABLET 150 MG	$0 (1)	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	$0 (1)	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	$0 (1)	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	$0 (1)	^
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	$0 (1)	QL (30 EA per 30 days); ^
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	$0 (1)	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	$0 (1)	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	$0 (1)	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg	$0 (1)	QL (90 EA per 30 days)
risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg	$0 (1)	QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 4 mg	$0 (1)	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	$0 (1)	QL (30 EA per 30 days)
sertraline oral concentrate 20 mg/ml	$0 (1)	
sertraline oral tablet 100 mg, 25 mg, 50 mg	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	$0 (1)	PA; LA; QL (540 ML per 30 days); ^
temazepam oral capsule 15 mg	$0 (1)	PA; QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	$0 (1)	PA; QL (30 EA per 30 days)
thioridazine 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)	
tranylcypromine oral tablet 10 mg	$0 (1)	
trazodone oral tablet 100 mg, 150 mg, 50 mg	$0 (1)	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	$0 (1)	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	$0 (1)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	$0 (1)	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	$0 (1)	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$0 (1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	$0 (1)	PA-NS; QL (600 ML per 30 days); ^
vilazodone oral tablet 10 mg, 20 mg, 40 mg	$0 (1)	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	$0 (1)	QL (30 EA per 30 days); ^
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	$0 (1)	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	$0 (1)	
zolpidem oral tablet 10 mg, 5 mg	$0 (1)	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	$0 (1)	PA-NS; QL (28 EA per 365 days); ^
ZURZUVAE ORAL CAPSULE 30 MG	$0 (1)	PA-NS; QL (14 EA per 365 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	$0 (1)	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	$0 (1)	PA-NS; QL (1 EA per 28 days)
抗帕金森氏症藥物		
benztropine injection solution 1 mg/ml	$0 (1)	

您可以參閱第 C 部分，找到本表格中符號與縮寫所代表的資訊。
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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	$0 (1)	PA
bromocriptine oral capsule 5 mg	$0 (1)	
bromocriptine oral tablet 2.5 mg	$0 (1)	
carbidopa oral tablet 25 mg	$0 (1)	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	$0 (1)	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	$0 (1)	
carbidopa-levodopa oral tablet,disintegrating 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)	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	$0 (1)	PA; QL (300 EA per 30 days); ^
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	$0 (1)	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	$0 (1)	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg	$0 (1)	
rasagiline oral tablet 0.5 mg, 1 mg	$0 (1)	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	$0 (1)	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	$0 (1)	
selegiline hcl oral capsule 5 mg	$0 (1)	
selegiline hcl oral tablet 5 mg	$0 (1)	
trihexyphenidyl oral tablet 2 mg, 5 mg	$0 (1)	PA

您可以參閱第 C 部分，找到本表格中符號與縮寫所代表的資訊。

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
抗驚厥藥物		
APTIOM ORAL TABLET 200 MG, 400 MG	$0 (1)	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	$0 (1)	QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	$0 (1)	QL (600 ML per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	$0 (1)	QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	$0 (1)	QL (60 EA per 30 days); ^
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	$0 (1)	
carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml	$0 (1)	
carbamazepine oral tablet 200 mg	$0 (1)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	$0 (1)	
carbamazepine oral tablet,chewable 100 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,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	$0 (1)	QL (90 EA per 30 days)
clonazepam oral tablet,disintegrating 2 mg	$0 (1)	QL (300 EA per 30 days)
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 POWDER IN PACKET 250 MG	$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 500 MG	$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	$0 (1)	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	$0 (1)	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	$0 (1)	
DILANTIN ORAL CAPSULE 30 MG	$0 (1)	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	$0 (1)	
divalproex oral capsule, delayed rel sprinkle 125 mg	$0 (1)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	$0 (1)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	$0 (1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	$0 (1)	PA-NS; LA
epitol oral tablet 200 mg	$0 (1)	
EPRONTIA ORAL SOLUTION 25 MG/ML	$0 (1)	PA-NS
eslicarbazepine oral tablet 200 mg, 400 mg	$0 (1)	QL (30 EA per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	$0 (1)	QL (60 EA per 30 days)
ethosuximide oral capsule 250 mg	$0 (1)	
ethosuximide oral solution 250 mg/5 ml	$0 (1)	
felbamate oral suspension 600 mg/5 ml	$0 (1)	
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)	QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	$0 (1)	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	$0 (1)	QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 400 mg	$0 (1)	QL (270 EA per 30 days)
gabapentin oral capsule 300 mg	$0 (1)	QL (360 EA per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	$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)
gabapentin oral tablet extended release 24 hr 300 mg	$0 (1)	PA; QL (180 EA per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	$0 (1)	PA; QL (90 EA per 30 days)
lacosamide intravenous solution 200 mg/20 ml	$0 (1)	QL (1200 ML per 30 days); ^
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 oral tablet 100 mg, 150 mg, 200 mg, 25 mg	$0 (1)	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	$0 (1)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	$0 (1)	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	$0 (1)	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	$0 (1)	
levetiracetam intravenous solution 500 mg/5 ml	$0 (1)	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	$0 (1)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	$0 (1)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	$0 (1)	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	$0 (1)	PA-NS; QL (10 EA per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
methsuximide oral capsule 300 mg	$0 (1)	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	$0 (1)	PA-NS; QL (10 EA per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	$0 (1)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	$0 (1)	
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	$0 (1)	QL (30 EA per 30 days); ^
perampanel oral tablet 2 mg	$0 (1)	QL (60 EA per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	$0 (1)	PA-NS
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	$0 (1)	PA-NS
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	$0 (1)	
phenytoin oral suspension 125 mg/5 ml	$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 intravenous 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	$0 (1)	
primidone oral tablet 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); ^

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	$0 (1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG	$0 (1)	PA-NS; QL (60 EA per 30 days); ^
SYMPAZAN ORAL FILM 5 MG	$0 (1)	PA-NS; QL (60 EA per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	$0 (1)	
topiramate oral capsule, sprinkle 15 mg, 25 mg	$0 (1)	
topiramate oral solution 25 mg/ml	$0 (1)	PA-NS
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	$0 (1)	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	$0 (1)	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	$0 (1)	
valproic acid oral capsule 250 mg	$0 (1)	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	$0 (1)	PA-NS; QL (10 EA per 30 days)
vigabatrin oral powder in 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 powder in 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); ^
vigpoder oral powder in packet 500 mg	$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	$0 (1)	QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	$0 (1)	QL (30 EA per 30 days); ^

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
XCOPRI ORAL TABLET 150 MG, 200 MG	$0 (1)	QL (60 EA per 30 days); ^
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	$0 (1)	QL (28 EA per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	$0 (1)	QL (28 EA per 180 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5 ML	$0 (1)	PA-NS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	$0 (1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	$0 (1)	PA-NS; QL (1100 ML per 30 days); ^
肌肉鬆弛劑/解痙治療		
baclofen oral tablet 10 mg, 20 mg	$0 (1)	
cyclobenzaprine oral tablet 10 mg, 5 mg	$0 (1)	PA
dantrolene oral capsule 100 mg, 25 mg, 50 mg	$0 (1)	
pyridostigmine bromide oral tablet 60 mg	$0 (1)	
tizanidine oral tablet 2 mg, 4 mg	$0 (1)	
非麻醉鎮痛劑		
buprenorphine-naloxone sublingual film 12-3 mg	$0 (1)	QL (60 EA per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	$0 (1)	QL (90 EA per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	$0 (1)	QL (90 EA per 30 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	$0 (1)	
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)	
diclofenac sodium oral tablet extended release 24 hr 100 mg	$0 (1)	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
diclofenac sodium topical gel 1 %	$0 (1)	Over the counter NDCs are not eligible for coverage under Medicare; QL (1000 GM per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	$0 (1)	QL (224 GM per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	$0 (1)	
diflunisal oral tablet 500 mg	$0 (1)	
etodolac oral capsule 200 mg, 300 mg	$0 (1)	
etodolac oral tablet 400 mg, 500 mg	$0 (1)	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	$0 (1)	
flurbiprofen oral tablet 100 mg	$0 (1)	
ibu oral tablet 600 mg, 800 mg	$0 (1)	
ibuprofen oral suspension 100 mg/5 ml	$0 (1)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	$0 (1)	
meloxicam oral tablet 15 mg	$0 (1)	QL (30 EA per 30 days)
meloxicam oral tablet 7.5 mg	$0 (1)	
nabumetone oral tablet 500 mg, 750 mg	$0 (1)	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	$0 (1)	
naloxone injection solution 0.4 mg/ml	$0 (1)	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	$0 (1)	
naloxone nasal spray,non-aerosol 4 mg/actuation	$0 (1)	Only naloxone NDCs starting 00093 are covered
naltrexone oral tablet 50 mg	$0 (1)	
naproxen oral tablet 250 mg, 375 mg, 500 mg	$0 (1)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	$0 (1)	QL (120 EA per 30 days)
naproxen sodium oral tablet 275 mg, 550 mg	$0 (1)	
oxaprozin oral tablet 600 mg	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
piroxicam oral capsule 10 mg, 20 mg	$0 (1)	
sulindac oral tablet 150 mg, 200 mg	$0 (1)	
tramadol 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)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	$0 (1)	
麻醉鎮痛劑		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	$0 (1)	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 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)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	$0 (1)	PA; QL (90 EA per 30 days)
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 1,600 mcg, 400 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)
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)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	$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 oral liquid 1 mg/ml	$0 (1)	QL (600 ML per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	$0 (1)	QL (180 EA per 30 days)
methadone intensol oral concentrate 10 mg/ml	$0 (1)	PA; QL (90 ML per 30 days)

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
methadone oral concentrate 10 mg/ml	$0 (1)	PA; QL (90 ML per 30 days)
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	$0 (1)	PA; QL (450 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	$0 (1)	PA; QL (90 EA per 30 days)
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	$0 (1)	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	$0 (1)	QL (180 ML per 30 days)
morphine injection syringe 4 mg/ml	$0 (1)	
morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml	$0 (1)	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	$0 (1)	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	$0 (1)	QL (900 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	$0 (1)	QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	$0 (1)	PA; QL (90 EA per 30 days)
oxycodone oral capsule 5 mg	$0 (1)	QL (180 EA per 30 days)
oxycodone oral concentrate 20 mg/ml	$0 (1)	QL (180 ML per 30 days)
oxycodone oral solution 5 mg/5 ml	$0 (1)	QL (900 ML per 30 days)
oxycodone 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)
診斷/其他藥物		
其他藥物		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	$0 (1)	
acetic acid irrigation solution 0.25 %	$0 (1)	

您可以參閱第 C 部分，找到本表格中符號與縮寫所代表的資訊。

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
anagrelide oral capsule 0.5 mg, 1 mg	$0 (1)	
carglumic acid oral tablet, dispersible 200 mg	$0 (1)	PA; LA; ^
cevimeline oral capsule 30 mg	$0 (1)	
CHEMET ORAL CAPSULE 100 MG	$0 (1)	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	$0 (1)	B/D
d10 %-0.45 % sodium chloride intravenous parenteral solution	$0 (1)	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	$0 (1)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	$0 (1)	
d5 %-0.45 % sodium chloride intravenous parenteral solution	$0 (1)	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	$0 (1)	PA; ^
deferasirox oral tablet 180 mg, 360 mg, 90 mg	$0 (1)	PA
deferasirox oral tablet, dispersible 125 mg	$0 (1)	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	$0 (1)	PA; ^
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	$0 (1)	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	$0 (1)	
dextrose 5 % in water (d5w) intravenous parenteral solution	$0 (1)	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	$0 (1)	
dextrose 5 %-lactated ringers intravenous parenteral solution	$0 (1)	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	$0 (1)	

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	$0 (1)	
dextrose 50 % in water (d50w) intravenous parenteral solution	$0 (1)	
dextrose 50 % in water (d50w) intravenous syringe	$0 (1)	
dextrose 70 % in water (d70w) intravenous parenteral solution	$0 (1)	
disulfiram oral tablet 250 mg, 500 mg	$0 (1)	
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)
glutamine (sickle cell) oral powder in packet 5 gram	$0 (1)	PA; ^
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	$0 (1)	PA; LA; ^
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	$0 (1)	
levocarnitine (with sugar) oral solution 100 mg/ml	$0 (1)	
levocarnitine oral solution 100 mg/ml	$0 (1)	
levocarnitine oral tablet 330 mg	$0 (1)	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	$0 (1)	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (1)	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	$0 (1)	PA; ^
pilocarpine hcl oral tablet 5 mg, 7.5 mg	$0 (1)	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	$0 (1)	PA; LA; ^
riluzole oral tablet 50 mg	$0 (1)	
risedronate oral tablet 30 mg	$0 (1)	QL (30 EA per 30 days)
sodium chloride 0.9 % intravenous parenteral solution	$0 (1)	
sodium chloride 0.9 % intravenous piggyback	$0 (1)	
sodium chloride irrigation solution 0.9 %	$0 (1)	

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
sodium phenylbutyrate oral powder 0.94 gram/gram	$0 (1)	PA; ^
sodium phenylbutyrate oral tablet 500 mg	$0 (1)	PA; ^
sodium polystyrene sulfonate oral powder 15 gram	$0 (1)	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	$0 (1)	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	$0 (1)	
trientine oral capsule 250 mg	$0 (1)	PA; ^
water for irrigation, sterile irrigation solution	$0 (1)	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	$0 (1)	
戒菸		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0 (1)	
NICOTROL INHALATION CARTRIDGE 10 MG	$0 (1)	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	$0 (1)	
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	$0 (1)	
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	$0 (1)	
非處方 (OTC) 及處方藥物		
非處方 (OTC) 及處方藥物		
5-mthf 1,700 mcg dfe capsule	$0 (1)	NT
ace aerosol cloud enhancer	$0 (1)	NT
acephen rectal suppository 325 mg, 650 mg	$0 (1)	NT
acetaminophen 160 mg/5 ml solution cup outer 160 mg/5 ml (5 ml)	$0 (1)	NT
acetaminophen 325 mg gummy	$0 (1)	NT
acetaminophen 325 mg tablet	$0 (1)	NT
acetaminophen 325 mg tablet outer, f/c	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
acetaminophen 500 mg caplet caplet,xtra-strength	$0 (1)	NT
acetaminophen 500 mg tablet	$0 (1)	NT
acid gone tablet chew 160-105 mg	$0 (1)	NT
acne medication 5% lotion	$0 (1)	NT
aerochamber mv hold chamber	$0 (1)	NT
aerochamber plus flow-vu	$0 (1)	NT
aerochamber plus flow-vu large	$0 (1)	NT
aerochamber plus flow-vu med with mask	$0 (1)	NT
aerochamber plus flow-vu small	$0 (1)	NT
aerochamber with flowsignal spacer	$0 (1)	NT
aerochamber z-stat plus w-flow	$0 (1)	NT
alamax protect capsule 125 mg-95 mcg- 250 mg	$0 (1)	NT
alavert d-12 allergy-sinus tab 5-120 mg	$0 (1)	NT
alaway 0.025% eye drops 0.025 % (0.035 %)	$0 (1)	NT
aler-caps 25 mg capsule	$0 (1)	NT
aler-tab oral tablet 25 mg	$0 (1)	NT
allegra-d 12 hour tablet allergy/congest (otc) 60-120 mg	$0 (1)	NT
aller-chlor 4 mg tablet	$0 (1)	NT
aller-chlor oral syrup 2 mg/5 ml	$0 (1)	NT
allergy 4 mg tablet	$0 (1)	NT
allergy relief 25 mg capsule	$0 (1)	NT
altamist 0.65% nose spray	$0 (1)	NT
altaryl oral liquid 12.5 mg/5 ml	$0 (1)	NT
aluminum hydroxide gel 320 mg/5 ml	$0 (1)	NT
amlactin moisturizing body lot fragrance/f, lotion 12 %	$0 (1)	NT
ammonium lactate 12% cream (rx)	$0 (1)	NT
ammonium lactate 12% lotion fragrance free (rx)	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
antacid 500 mg chew tablet assorted fruit 200 mg calcium (500 mg)	$0 (1)	NT
antacid anti-gas max str liq 400-400-40 mg/5 ml	$0 (1)	NT
antacid ex-str 750 mg tab chew 300 mg (750 mg)	$0 (1)	NT
antacid liquid reg str,mint 200-200-20 mg/5 ml	$0 (1)	NT
anti-diarrheal 1 mg/5 ml soln	$0 (1)	NT
antifungal (tolnaftate) topical powder 1 %	$0 (1)	NT
anti-hist oral tablet 25 mg	$0 (1)	NT
anti-itch (hc) with aloe-vit e topical cream 1 %	$0 (1)	NT
anti-itch maximum strength topical cream 2 %	$0 (1)	NT
apple cider vinegar-ginger chw 500-5 mg	$0 (1)	NT
artificial tears 1.4% drops	$0 (1)	NT
artificial tears drops sterile, p/f 0.1-0.3 %	$0 (1)	NT
artificial tears eye drops strl 0.1-0.3 %	$0 (1)	NT
artificial tears eye ointment 83-15 %	$0 (1)	NT
ascorbic acid (vitamin c) oral powder in packet 500 mg	$0 (1)	NT
ascorbic acid (vitamin c) oral tablet 250 mg	$0 (1)	NT
aspirin 300 mg suppository	$0 (1)	NT
aspirin 325 mg tablet	$0 (1)	NT
aspirin 600 mg suppository	$0 (1)	NT
aspirin 81 mg chewable tablet gluten-free, orange	$0 (1)	NT
aspirin 81 mg tablet	$0 (1)	NT
aspirin ec 325 mg tablet	$0 (1)	NT
aspirin ec 325 mg tablet federal supply	$0 (1)	NT
aspirin ec 81 mg tablet low strength	$0 (1)	NT
auraphene-b otic (ear) drops 6.5 %	$0 (1)	NT
aveeno 1% cream	$0 (1)	NT
ayr saline 0.65% nose spray	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
azo urinary pain rlf 99.5 mg	$0 (1)	NT
bacitracin 500 unit/gm ointmnt 500 unit/gram	$0 (1)	NT
bacitracin zn 500 unit/gm oint u-d,144x.94gm pkt 500 unit/gram	$0 (1)	NT
bacitracin-polymyxin b topical packet 500-10,000 unit/gram	$0 (1)	NT
banophen 25 mg capsule	$0 (1)	NT
banophen 25 mg tablet	$0 (1)	NT
bc max str 500-500-65 mg pwd pk	$0 (1)	NT
bd glucose 5 g tablet chewable 5 gram	$0 (1)	NT
benadryl allergy oral liquid 12.5 mg/5 ml	$0 (1)	NT
benadryl itch stopping 2% gel	$0 (1)	NT
benzonatate 100 mg capsule	$0 (1)	NT
benzonatate 200 mg capsule	$0 (1)	NT
benzoyl peroxide 10% gel aqueous (otc)	$0 (1)	NT
benzoyl peroxide 5% gel (otc)	$0 (1)	NT
benzoyl peroxide 6% cleanser (otc)	$0 (1)	NT
biotin 2,500 mcg gummy	$0 (1)	NT
biotin 5,000 mcg gummy	$0 (1)	NT
bisac-evac rectal suppository 10 mg	$0 (1)	NT
bisacodyl ec 5 mg tablet	$0 (1)	NT
biscolax rectal suppository 10 mg	$0 (1)	NT
bismatrol oral tablet,chewable 262 mg	$0 (1)	NT
bismuth 262 mg tablet chew	$0 (1)	NT
bismuth 262 mg/15 ml susp	$0 (1)	NT
bismuth tablet chew 262 mg	$0 (1)	NT
brotapp dm oral elixir 1-15-5 mg/5 ml	$0 (1)	NT
brotapp oral liquid 1-15 mg/5 ml	$0 (1)	NT
cal-carb forte oral tablet 500 mg calcium (1,250 mg)	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
calci-chew oral tablet,chewable 500 mg calcium (1,250 mg)	$0 (1)	NT
calcium 500 mg tablet 500mg elemental (otc) 500 mg calcium (1,250 mg)	$0 (1)	NT
calcium 500 mg tablet federal supply 500 mg calcium (1,250 mg)	$0 (1)	NT
calcium 500-vit d3 400 tablet p/f (rx) 500 mg-10 mcg (400 unit)	$0 (1)	NT
calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	$0 (1)	NT
calcium 600 mg tablet 600 mg calcium (1,500 mg)	$0 (1)	NT
calcium 600 mg tablet 600 mg calcium (1,500 mg)	$0 (1)	NT
calcium 600 mg tablet p/f, n (rx) 600 mg calcium (1,500 mg)	$0 (1)	NT
calcium 600 mg tablet p/f, na/f 600 mg calcium (1,500 mg)	$0 (1)	NT
calcium 600-vit d3 200 tablet (rx) 600 mg-5 mcg (200 unit)	$0 (1)	NT
calcium 600-vit d3 200 tablet gluten-free (rx) 600 mg-5 mcg (200 unit)	$0 (1)	NT
calcium 600-vit d3 200 tablet p/f (rx) 600 mg-5 mcg (200 unit)	$0 (1)	NT
calcium 600-vit d3 400 tablet federal supply (rx) 600 mg-10 mcg (400 unit)	$0 (1)	NT
calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg)	$0 (1)	NT
calcium carb 1,250 mg/5 ml sus (rx) 500 mg/5 ml (1,250 mg/5 ml)	$0 (1)	NT
calcium carb 1,250 mg/5 ml sus 500 mg/5 ml (1,250 mg/5 ml)	$0 (1)	NT
calcium carb 500 mg tab chew assorted flavors 200 mg calcium (500 mg)	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
calcium carbonate 650 mg tab federal supply 650 mg calcium (1,625 mg)	$0 (1)	NT
calcium carbonate oral tablet 500 mg calcium (1,250 mg)	$0 (1)	NT
calcium carbonate-vitamin d2 oral tablet 500-125 mg-unit, 600 mg-3.125mcg (125 unit)	$0 (1)	NT
calcium d-glucarate 500 mg cap	$0 (1)	NT
calcium lactate 648 mg tablet (rx) 84 mg (648 mg)	$0 (1)	NT
cal-gest 500 mg tablet chew 200 mg calcium (500 mg)	$0 (1)	NT
cal-lac oral capsule 500 mg	$0 (1)	NT
caltrate 600 oral tablet 600 mg calcium (1,500 mg)	$0 (1)	NT
caltrate 600 plus d3 tablet 600 mg-20 mcg (800 unit)	$0 (1)	NT
capsaicin 0.025% cream	$0 (1)	NT
carnitex 340 mg capsule	$0 (1)	NT
carter's little pills oral tablet,delayed release (dr/ec) 5 mg	$0 (1)	NT
centamin oral liquid 9 mg iron/15 ml	$0 (1)	NT
centavite a-z complete-mineral oral tablet 27-0.4 mg	$0 (1)	NT
centavite oral liquid	$0 (1)	NT
cerovite advanced formula oral tablet 18-400 mg-mcg	$0 (1)	NT
certavite-antioxid (iron gluc) oral liquid 9 mg iron/15 ml	$0 (1)	NT
cetirizine hcl 1 mg/1 ml soln children's (otc) 1 mg/ml	$0 (1)	NT
cetirizine hcl 1 mg/ml soln (otc)	$0 (1)	NT
cetirizine hcl 1 mg/ml syrup (rx)	$0 (1)	NT
cetirizine hcl 10 mg tablet	$0 (1)	NT
cetirizine hcl 5 mg tablet	$0 (1)	NT
cetirizine-pse er 5-120 mg tab	$0 (1)	NT

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藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
cheratussin ac oral liquid 10-100 mg/5 ml	$0 (1)	NT
cheratussin dac oral syrup 30-10-100 mg/5 ml	$0 (1)	NT
chest congest rlf 400 mg tab	$0 (1)	NT
chewable vitamin c oral tablet,chewable 250 mg	$0 (1)	NT
child aspirin 81 mg tab chew	$0 (1)	NT
child loratadine 5 mg/5 ml sol	$0 (1)	NT
child pain-fever 160 mg/5 ml	$0 (1)	NT
child saline 0.65% nasal spray	$0 (1)	NT
childrens afrin nasal pmp mist 0.025 %	$0 (1)	NT
children's allegra allergy oral tablet 30 mg	$0 (1)	NT
children's ibuprofen oral drops,suspension 50 mg/1.25 ml	$0 (1)	NT
children's iron oral drops 15 mg iron (75 mg)/ml	$0 (1)	NT
children's mapap 80 mg tab chw	$0 (1)	NT
children's non-aspirin pain oral tablet,chewable 80 mg	$0 (1)	NT
children's pain reliever oral tablet,chewable 80 mg	$0 (1)	NT
children's tactinal oral tablet,chewable 80 mg	$0 (1)	NT
child's chewable multivit tab 300 mcg	$0 (1)	NT
chlorhexidine 4% scrub	$0 (1)	NT
chlorhist 4 mg tablet	$0 (1)	NT
cidatrine-tm 975-232 mg tablet	$0 (1)	NT
cimetidine 200 mg tablet (rx)	$0 (1)	NT
citrate of magnesia oral solution	$0 (1)	NT
citroma solution	$0 (1)	NT
clotrimazole 1% solution (otc)	$0 (1)	NT
clotrimazole 1% topical cream (rx)	$0 (1)	NT
complete allergy 25 mg caplet	$0 (1)	NT
complete allergy 25 mg cplt mfg unresponsive	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
compound w 17% gel	$0 (1)	NT
compound w liquid 17 %	$0 (1)	NT
compoz oral tablet 25 mg, 50 mg	$0 (1)	NT
coqmax-omega 100 mg softgel 348-500-100 mg	$0 (1)	NT
corfen-dm oral liquid 4-10-15 mg/5 ml	$0 (1)	NT
correctol 5 mg tablet	$0 (1)	NT
correctol extra gentle oral capsule 100 mg	$0 (1)	NT
cough suppressant-expectorant oral syrup 10-100 mg/5 ml	$0 (1)	NT
cromolyn sodium nasal solution non-drowsy 5.2 mg/spray (4 %)	$0 (1)	NT
cvs anti-diarrheal suspension 262 mg/15 ml	$0 (1)	NT
cvs glycerin suppository	$0 (1)	NT
cyanocobalamin 30,000 mcg/30 ml inner,mdv 1,000 mcg/ml	$0 (1)	NT
daily multiple oral tablet	$0 (1)	NT
daily vite tablet (rx)	$0 (1)	NT
daily-vite tablet 400 mcg	$0 (1)	NT
dakin's 0.125% solution	$0 (1)	NT
dakin's 0.25% solution	$0 (1)	NT
dakin's 0.5% solution	$0 (1)	NT
dandelion root 525 mg capsule	$0 (1)	NT
deep sea 0.65% nose spray	$0 (1)	NT
delsym 30 mg/5 ml suspension	$0 (1)	NT
delsym cough-soothing action mucous membrane lozenge 5-5 mg	$0 (1)	NT
delsym nighttime multi-symptom oral liquid 6.25-15-325 mg/15 ml	$0 (1)	NT
diabetic siltussin das-na oral liquid 100 mg/5 ml	$0 (1)	NT
diabetic siltussin-dm oral liquid 10-100 mg/5 ml	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
diabetic tussin max st oral liquid 10-200 mg/5 ml	$0 (1)	NT
digestive support capsule 100-21.5 mg	$0 (1)	NT
dimetapp long-acting (cpm-dm) oral liquid 1-7.5 mg/5 ml	$0 (1)	NT
diocto oral liquid 50 mg/5 ml	$0 (1)	NT
diocto oral syrup 60 mg/15 ml	$0 (1)	NT
diotame 262 mg tablet chew outer	$0 (1)	NT
diphen 12.5 mg/5 ml elixir	$0 (1)	NT
diphenhist 25 mg capsule	$0 (1)	NT
diphenhist oral liquid 12.5 mg/5 ml	$0 (1)	NT
diphenhist oral tablet 25 mg	$0 (1)	NT
diphenhydramine 25 mg tablet	$0 (1)	NT
diphenhydramine 50 mg capsule federal supply (otc)	$0 (1)	NT
diphenhydramine 50 mg tablet	$0 (1)	NT
diphenhydramine hcl oral capsule 25 mg	$0 (1)	NT
doc-q-lax oral tablet 8.6-50 mg	$0 (1)	NT
docu soft oral capsule 100 mg	$0 (1)	NT
docusate cal 240 mg capsule federal supply	$0 (1)	NT
docusate sodium 100 mg softgel	$0 (1)	NT
docusate sodium 100 mg tablet crushable	$0 (1)	NT
docusate sodium 250 mg capsule federal supply	$0 (1)	NT
docusate sodium 250 mg softgel	$0 (1)	NT
docusil oral capsule 100 mg	$0 (1)	NT
dok 100 mg tablet	$0 (1)	NT
dok oral capsule 100 mg, 250 mg	$0 (1)	NT
dr scholl's clear away strips 40 %	$0 (1)	NT
dss 250 mg softgel	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
ducodyl (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	$0 (1)	NT
dulcolax ss 100 mg liquid gel	$0 (1)	NT
ear drops 6.5%	$0 (1)	NT
ear wax treatment otic (ear) drops 6.5 %	$0 (1)	NT
easivent holding chamber retail pack	$0 (1)	NT
ed chlorped jr syrup 2 mg/5 ml	$0 (1)	NT
ed-apap 160 mg/5 ml liquid	$0 (1)	NT
endur-acin er 500 mg tablet	$0 (1)	NT
eq hemorrhoidal suppositories 0.25-85.39 %	$0 (1)	NT
ergocalciferol 200 mcg/ml drop (rx) 200 mcg/ml (8,000 unit/ml)	$0 (1)	NT
e-r-o ear otic (ear) drops 6.5 %	$0 (1)	NT
e-r-o ear wax removal system otic (ear) drops 6.5 %	$0 (1)	NT
ex-lax chocolate chocolate 15 mg	$0 (1)	NT
ex-lax ultra oral tablet 5 mg	$0 (1)	NT
famotidine 10 mg tablet	$0 (1)	NT
feen-a-mint oral tablet 5 mg	$0 (1)	NT
ferosul oral elixir 220 mg (44 mg iron)/5 ml	$0 (1)	NT
ferro-bob oral tablet 325 mg (65 mg iron)	$0 (1)	NT
ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)	$0 (1)	NT
ferrous sulf ec 325 mg tablet u-d, outer (rx) 325 mg (65 mg iron)	$0 (1)	NT
ferrous sulfate 300 mg/5 ml cup outer 300 mg (60 mg iron)/5 ml	$0 (1)	NT
ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron)	$0 (1)	NT
ferrous sulfate oral tablet 325 mg (65 mg iron)	$0 (1)	NT
fexofenadine hcl 180 mg tablet 24 hour, non-drowsy (otc)	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
fexofenadine hcl 60 mg tablet 12 hour, non-drowsy (otc)	$0 (1)	NT
fexofenadine-pse er 180-240 tb (otc) 180-240 mg	$0 (1)	NT
fiber 625 mg caplet	$0 (1)	NT
fiber lax 625 mg caplet	$0 (1)	NT
fiber laxative 625 mg caplet caplet	$0 (1)	NT
fibergen oral tablet 625 mg	$0 (1)	NT
fleet laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	$0 (1)	NT
flonase allergy rlf 50 mcg spr 120 metered sprays 50 mcg/actuation	$0 (1)	NT
foaming antacid oral tablet,chewable 80-20 mg	$0 (1)	NT
folic acid 0.8 mg tablet (rx) 800 mcg	$0 (1)	NT
folic acid 1 mg tablet federal supply (rx)	$0 (1)	NT
folic acid 1,000 mcg tablet (rx) 1 mg	$0 (1)	NT
folic acid 400 mcg tablet (rx)	$0 (1)	NT
freezone corn remover topical liquid 17.6 %	$0 (1)	NT
genahist oral capsule 25 mg	$0 (1)	NT
genteal tears 0.1%-0.2%-0.3% 0.1-0.3-0.2 %	$0 (1)	NT
gentle laxative 5 mg tablet	$0 (1)	NT
gerivite complete oral tablet	$0 (1)	NT
gilphex tr 390 mg-10 mg tablet 10-390 mg	$0 (1)	NT
glucose oral tablet,chewable 4 gram	$0 (1)	NT
goody's hangover powder packet 1,000-150 mg	$0 (1)	NT
gs allergy relief 4 mg tablet	$0 (1)	NT
gs antacid plus anti-gas susp 400-400-40 mg/5 ml	$0 (1)	NT
gs child allergy 12.5 mg/5 ml	$0 (1)	NT
gs naproxen sod 220 mg tablet	$0 (1)	NT
gs nicotine 2 mg chewing gum	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
gs nicotine 4 mg chewing gum	$0 (1)	NT
gs omeprazole dr 20 mg tablet	$0 (1)	NT
gs stool softener 100 mg sftgl	$0 (1)	NT
gs suphedrine 12hr 120 mg cplt	$0 (1)	NT
gyne-lotrimin 3 day 2% crm	$0 (1)	NT
headache pm formula 25-500 mg asprin-free	$0 (1)	NT
healthylax powder packet inner 17 gram	$0 (1)	NT
hemorrhoidal rectal suppository 0.25-3 %	$0 (1)	NT
hemorrhoidal suppositories 0.25-88.44 %	$0 (1)	NT
humist nasal aerosol,spray 0.65 %	$0 (1)	NT
hydrocortisone 0.5% cream (otc)	$0 (1)	NT
hydrocortisone 0.5% ointment	$0 (1)	NT
hydrocortisone 1% cream (rx)	$0 (1)	NT
hydrocortisone 1% cream maximum strength (otc)	$0 (1)	NT
hydrocortisone 1% cream maximum strength	$0 (1)	NT
hydrocortisone 1% cream moisturizer,max. str (otc)	$0 (1)	NT
hydrocortisone 1% lotion (otc)	$0 (1)	NT
hydrocortisone 1% ointment (rx)	$0 (1)	NT
hydrocortisone-aloe 1% cream	$0 (1)	NT
hydroskin with aloe topical cream 1 %	$0 (1)	NT
hypotears ophthalmic (eye) drops 1-1 %	$0 (1)	NT
ibuprofen 100 mg/5 ml susp children's (otc)	$0 (1)	NT
ibuprofen 100 mg/5 ml suspension cup inner (rx)	$0 (1)	NT
in-check dial training device	$0 (1)	NT
ipecac oral syrup	$0 (1)	NT
iron 18 mg tablet	$0 (1)	NT
iron 65 mg tablet (rx) 325 mg (65 mg iron)	$0 (1)	NT
itch relief (diphenhydramine) topical cream 2 %	$0 (1)	NT
kaopectate 262 mg/15 ml susp peppermint	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
kaopectate extra strength liq peppermint 525 mg/15 ml	$0 (1)	NT
kao-tin (bismuth subsalicylat) oral suspension 262 mg/15 ml	$0 (1)	NT
kao-tin (docusate calcium) oral capsule 240 mg	$0 (1)	NT
kenwood therapeutic liquid	$0 (1)	NT
ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %)	$0 (1)	NT
kidkare cough/cold oral liquid 1-15-5 mg/5 ml	$0 (1)	NT
k-mg citrate 99-70 mg capsule 70-99 mg	$0 (1)	NT
konsyl 6 gm packet gluten-f, inner (otc) 6 gram	$0 (1)	NT
konsyl fiber oral tablet 625 mg	$0 (1)	NT
laxa basic 100 mg softgel	$0 (1)	NT
laxative 10 mg suppository	$0 (1)	NT
laxative-senna oral tablet 25 mg	$0 (1)	NT
lice treatment 1% creme rinse multi-pack, 2x59ml	$0 (1)	NT
liquid calcium with vitamin d softgel, p/f (rx) 600 mg-5 mcg (200 unit)	$0 (1)	NT
liquitears ophthalmic (eye) drops 1.4 %	$0 (1)	NT
little remedies 0.65% spray for noses	$0 (1)	NT
loperamide 1 mg/5 ml solution	$0 (1)	NT
loperamide a-d caplet mfg unresponsive 2 mg	$0 (1)	NT
loratadine 10 mg odt non-drowsy, 24 hour	$0 (1)	NT
loratadine 10 mg tablet non-drowsy	$0 (1)	NT
loratadine 5 mg/5 ml solution	$0 (1)	NT
loratadine hives 5 mg/5 ml d/f, a/f, s/f	$0 (1)	NT
loratadine-pseudoephedrine oral tablet extended release 24 hr 10-240 mg	$0 (1)	NT
maalox maximum strength susp berry, max strength 400-400-40 mg/5 ml	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
maalox maximum strength susp maximum strength 400-400-40 mg/5 ml	$0 (1)	NT
maalox rs oral tablet,chewable 600 mg calcium (1.5 gram)	$0 (1)	NT
mag delay tablet sa 64 mg	$0 (1)	NT
mag64 dr 64 mg tablet (rx)	$0 (1)	NT
magnacaps oral capsule 100 mg	$0 (1)	NT
magnesium 250 mg tablet (rx) 250 mg magnesium	$0 (1)	NT
magnesium 250 mg tablet lactose free, p/f	$0 (1)	NT
magnesium citrate 83.3 mg gummy	$0 (1)	NT
magnesium citrate solution saline laxative	$0 (1)	NT
magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)	$0 (1)	NT
magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium)	$0 (1)	NT
magnesium oxide 400 mg tablet outer (rx) 400 mg (241.3 mg magnesium)	$0 (1)	NT
magnesium oxide 420 mg tablet (rx)	$0 (1)	NT
magnesium oxide 420 mg tablet (rx)	$0 (1)	NT
magnesium oxide oral powder in packet 240 mg magnesium	$0 (1)	NT
mag-tab sr 84 mg caplet	$0 (1)	NT
mapap (acetaminophen) oral suspension 160 mg/5 ml	$0 (1)	NT
mapap 500 mg capsule	$0 (1)	NT
mapap 64 mg/2 ml oral syringe 32 mg/ml	$0 (1)	NT
mapap arthritis er 650 mg cplt	$0 (1)	NT
mapap extra strength oral tablet 500 mg	$0 (1)	NT
mapap pm oral tablet 25-500 mg	$0 (1)	NT
maxapap maximum strength oral tablet 500 mg	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
maxapap regular strength oral tablet 325 mg	$0 (1)	NT
maxichlor peh dm tablet 4-10-18 mg	$0 (1)	NT
maxifed tablet 60-360 mg	$0 (1)	NT
maxifed tr 30-1.25 mg tablet 1.25-30 mg	$0 (1)	NT
maxi-tuss cd liquid 4-10-10 mg/5 ml	$0 (1)	NT
meclizine 12.5 mg tablet (otc)	$0 (1)	NT
melatonin 12 mg tablet	$0 (1)	NT
melatonin 5 mg tablet (otc)	$0 (1)	NT
metamucil capsule 0.4 gram	$0 (1)	NT
metamucil fiber thin 2 gram	$0 (1)	NT
metamucil multihealth powder berry smooth 3.4 gram/5.8 gram	$0 (1)	NT
metamucil packet gluten-free 3.4 gram	$0 (1)	NT
metamucil powder gluten-free, orange 3.4 gram/12 gram	$0 (1)	NT
methyl salicylate 40% oil	$0 (1)	NT
mi-acid gas relief(simethicon) oral tablet,chewable 80 mg	$0 (1)	NT
mi-acid(calcium carb-mag hydr) oral tablet,chewable 700-300 mg	$0 (1)	NT
miconazole 100 mg vag supp	$0 (1)	NT
miconazole 2% vaginal cream w/7 disp applicators	$0 (1)	NT
miconazole 3 combo pack 200 mg- 2 % (9 gram)	$0 (1)	NT
miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)	$0 (1)	NT
miconazole 3 kit 3pref app w/crm+3wip 4 % (200 mg)- 2 % (9 gram)	$0 (1)	NT
microchamber	$0 (1)	NT
microspacer for aerosol device	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
milantex extra strength oral suspension 400-400-40 mg/5 ml	$0 (1)	NT
milk of magnesia suspension 100's, u-d 400 mg/5 ml	$0 (1)	NT
milk of magnesia suspension mint,low sodium 400 mg/5 ml	$0 (1)	NT
mineral oil enema	$0 (1)	NT
mintox plus tablet chewable 200-200-25 mg	$0 (1)	NT
monistat 3 4% cream 3 pref-applicators 200 mg/5 gram (4 %)	$0 (1)	NT
motion sickness 25 mg chew tab chewable tablet	$0 (1)	NT
motion sickness rlf 25 mg tab	$0 (1)	NT
mucinex cold-flu hbp liq gel 325-200 mg	$0 (1)	NT
mucinex fast-max dm max liquid maximum strength 5-100 mg/5 ml	$0 (1)	NT
mucus relief 400 mg tablet f/c,caplet	$0 (1)	NT
mucus relief dm tablet 20-400 mg	$0 (1)	NT
multi-day oral tablet	$0 (1)	NT
multivitamin-mineral liquid 9 mg iron/15 ml	$0 (1)	NT
multivitamins tablet (rx)	$0 (1)	NT
multi-vit-flor 0.25 mg tb chew 0.25 mg fluoride	$0 (1)	NT
multi-vit-flor 0.5 mg tab chew 0.5 mg fluoride	$0 (1)	NT
multi-vit-flor 1 mg tab chew 1 mg fluoride	$0 (1)	NT
multivit-fluor 0.25 mg/ml drop (rx)	$0 (1)	NT
multivit-fluor 0.5 mg/ml drop (rx)	$0 (1)	NT
murine 6.5% ear drops	$0 (1)	NT
murine ear wax removal system 6.5 %	$0 (1)	NT
mytab gas (simethicone) oral tablet,chewable 80 mg	$0 (1)	NT
n.o.max er tablet 660 mg	$0 (1)	NT
n-acetyl tyrosine 350-5 mg cap	$0 (1)	NT
nasal mist 0.9% spray	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
nasal moist nasal aerosol,spray 0.65 %	$0 (1)	NT
natural fiber lax powder original texture 3.4 gram/7 gram	$0 (1)	NT
natural fiber laxative powder 3.4 gram/11 gram	$0 (1)	NT
natural vegetable fiber oral powder	$0 (1)	NT
na-zone nasal aerosol,spray 0.65 %	$0 (1)	NT
nephronex-sl tablet 800-2,000 mcg-unit	$0 (1)	NT
niacin 100 mg tablet (rx)	$0 (1)	NT
niacin 250 mg capsule sa (otc)	$0 (1)	NT
niacin 250 mg tablet sa mfg no response	$0 (1)	NT
niacin 50 mg tablet	$0 (1)	NT
niacin 500 mg capsule sa (rx)	$0 (1)	NT
niacin 500 mg tablet (rx)	$0 (1)	NT
nicotine 14 mg/24hr patch clear, step 2 (otc)	$0 (1)	NT
nicotine 21 mg/24hr patch clear, step 1 (otc)	$0 (1)	NT
nicotine 7 mg/24hr patch 2 week kit (otc)	$0 (1)	NT
nohist-dm liquid 4-10-15 mg/5 ml	$0 (1)	NT
non-aspirin 325 mg tablet 250's, u-d	$0 (1)	NT
non-aspirin 500 mg tablet 250's	$0 (1)	NT
non-aspirin 80 mg tab chew children's	$0 (1)	NT
nortemp 80 mg/0.8 ml drop	$0 (1)	NT
nytol 25 mg tablet 12's	$0 (1)	NT
ocean for kids nasal aerosol,spray 0.65 %	$0 (1)	NT
olopatadine hcl 0.1% eye drops (otc)	$0 (1)	NT
omegapure 900-tg softgel 964-257-643 mg	$0 (1)	NT
once daily oral tablet	$0 (1)	NT
one daily multivitamin tab (rx)	$0 (1)	NT
optichamber advantage spacer	$0 (1)	NT
optichamber large face mask device	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
optichamber medium face mask device	$0 (1)	NT
optichamber small face mask device	$0 (1)	NT
optihaler drug delivery system spacer	$0 (1)	NT
optimag plus calcium powder 600 mg calcium- 300 mg/scoop	$0 (1)	NT
oralyte freezer pops	$0 (1)	NT
oralyte solution	$0 (1)	NT
orazinc 220 mg capsule 50 mg zinc (220 mg)	$0 (1)	NT
ossopan 1100 capsule 275 mg calcium (1,100 mg)	$0 (1)	NT
ossopan md capsule 200 mg calcium- 1.25 mcg	$0 (1)	NT
oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit)	$0 (1)	NT
oysco-500 oral tablet 500 mg calcium (1,250 mg)	$0 (1)	NT
oyst-cal d oral tablet 250 mg-3.125 mcg (125 unit)	$0 (1)	NT
oyster shell 250-vit d3 125 tb (rx) 250 mg-3.125 mcg (125 unit)	$0 (1)	NT
oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit)	$0 (1)	NT
oyster shell calcium-vit d tab p/f (rx) 500 mg-10 mcg (400 unit)	$0 (1)	NT
oyster shell calcium-vit d tab p/f, s/f (otc) 500 mg-10 mcg (400 unit)	$0 (1)	NT
oyster shell calcium-vit d2 oral tablet 250 (625)-125 mg-unit, 500-125 mg-unit	$0 (1)	NT
oyster shell calcium-vit d3 oral powder in packet 500 mg-5 mcg (200 unit)	$0 (1)	NT
oyster shell calcium-vit d3 oral tablet 500 mg-5 mcg (200 unit)	$0 (1)	NT
oyster shell-d 250 mg tablet u-d, 10x10 (rx) 250 mg-3.125 mcg (125 unit)	$0 (1)	NT
pain relief 500 mg tablet ex-strength	$0 (1)	NT
pain relief pm 25-500 mg cplt caplet,ex-strength	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
pain reliever pm oral tablet 25-500 mg	$0 (1)	NT
panoxyl 10% acne foaming wash	$0 (1)	NT
pediatric enema 9.5-3.5 gram/59 ml	$0 (1)	NT
peri-colace oral tablet 8.6-50 mg	$0 (1)	NT
peri-wash topical solution 10 %	$0 (1)	NT
pflex inspiratory trainer	$0 (1)	NT
pharbedryl 50 mg capsule	$0 (1)	NT
pharbetol 325 mg tablet regular strength	$0 (1)	NT
pharbetol 500 mg caplet extra-str, caplet	$0 (1)	NT
phazyme 500 mg softgel	$0 (1)	NT
phenazopyridine 100 mg tab	$0 (1)	NT
phenazopyridine 95 mg tablet	$0 (1)	NT
phenylhistine dh oral liquid 2-30-10 mg/5 ml	$0 (1)	NT
phosphate oral saline laxative ginger lemon 7.2-2.7 gram/15 ml	$0 (1)	NT
pink bismuth oral suspension 262 mg/15 ml	$0 (1)	NT
pink bismuth tablet chew regular strength 262 mg	$0 (1)	NT
plain niacin 250 mg tablet (rx)	$0 (1)	NT
pocket chamber	$0 (1)	NT
pocket spacer spacer	$0 (1)	NT
polyethylene glycol 3350 powd (otc) 17 gram/dose	$0 (1)	NT
poly-iron 150 mg capsule 150 mg iron	$0 (1)	NT
poly-vi-flor 0.25 mg drop 0.25 mg fluoride/ml	$0 (1)	NT
poly-vi-flor-iron 0.25 mg drop 0.25mg fluoride -7 mg iron/ml	$0 (1)	NT
poly-vitamin oral drops 1,500-35-400 unit-mg-unit/ml	$0 (1)	NT
poly-vitamin with iron oral drops 1,500 unit-400 unit-10 mg/ml	$0 (1)	NT
povidone-iodine 10% solution usp	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
prebiotic inulin-fos powder 3 gram/ 3.8gram (scoop)	$0 (1)	NT
prenatal plus-dha combo pack 27 mg iron-1 mg -312 mg-250 mg	$0 (1)	NT
prenatal tablet (rx) 27 mg iron- 0.8 mg	$0 (1)	NT
preparation h hc 1% cream	$0 (1)	NT
promethazine vc-codeine soln 6.25-5-10 mg/5 ml	$0 (1)	NT
promethazine-codeine solution 6.25-10 mg/5 ml	$0 (1)	NT
promethazine-dm 6.25-15 mg/5 ml syrup	$0 (1)	NT
proteoxyme capsule 50 mg	$0 (1)	NT
pseudoephedrine 30 mg tablet federal supply	$0 (1)	NT
pseudoephedrine 60 mg tablet federal supply (otc)	$0 (1)	NT
pure comfort spacer-adult mask	$0 (1)	NT
pyridium 200 mg tablet	$0 (1)	NT
pyridoxine 500 mg tablet	$0 (1)	NT
q-dryl oral capsule 25 mg	$0 (1)	NT
q-dryl oral liquid 12.5 mg/5 ml	$0 (1)	NT
q-tapp oral liquid 1-15 mg/5 ml	$0 (1)	NT
ra hi-cal plus vit d tab 500-125 mg-unit	$0 (1)	NT
reese's pinworm 144 mg/ml susp 50 mg/ml	$0 (1)	NT
refenesen 200 mg tablet	$0 (1)	NT
refenesen 400 mg tablet	$0 (1)	NT
reguloid capsule 0.4 gram	$0 (1)	NT
renal caps softgel 1 mg	$0 (1)	NT
rena-vite rx tablet (rx) 1-60-300 mg-mg-mcg	$0 (1)	NT
reno caps softgel 1 mg	$0 (1)	NT
robafen 200 mg/10 ml syrup 100 mg/5 ml	$0 (1)	NT
robafen cf liquid cough & cold 5-10-100 mg/5 ml	$0 (1)	NT
robitussin long-acting liq 1-7.5 mg/5 ml	$0 (1)	NT
robitussin pediatric oral syrup 7.5 mg/5 ml	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
rynex dm liquid gluten/f 1-2.5-5 mg/5 ml	$0 (1)	NT
salactic film topical liquid 17 %	$0 (1)	NT
saline mist 0.65% nose spry	$0 (1)	NT
sam-e-tmg powder stick pack 400-600 mg	$0 (1)	NT
scot-tussin allergy relief oral liquid 12.5 mg/5 ml	$0 (1)	NT
sea soft nasal mist nasal aerosol,spray 0.65 %	$0 (1)	NT
senexon oral syrup 8.8 mg/5 ml	$0 (1)	NT
senexon oral tablet 8.6 mg	$0 (1)	NT
senna 17.6 mg/10 ml syrup cup 8.8 mg/5 ml	$0 (1)	NT
senna 8.6 mg tablet	$0 (1)	NT
senna laxative 8.6 mg tablet	$0 (1)	NT
senna oral tablet 8.6 mg	$0 (1)	NT
senna plus tablet 8.6-50 mg	$0 (1)	NT
senna soft oral tablet 15 mg	$0 (1)	NT
sennacon oral tablet 8.6 mg	$0 (1)	NT
senna-lax 8.6 mg tablet	$0 (1)	NT
sennalax-s oral tablet 8.6-50 mg	$0 (1)	NT
senna-s tablet 8.6-50 mg	$0 (1)	NT
senna-time 8.6 mg tablet	$0 (1)	NT
senna-time s tablet 8.6-50 mg	$0 (1)	NT
senno oral tablet 8.6 mg	$0 (1)	NT
sennosides-docusate sodium tab 8.6-50 mg	$0 (1)	NT
silace 60 mg/15 ml syrup	$0 (1)	NT
silace oral liquid 50 mg/5 ml	$0 (1)	NT
siladryl 12.5 mg/5 ml liquid	$0 (1)	NT
silapap oral drops 80 mg/0.8 ml	$0 (1)	NT
silapap oral liquid 160 mg/5 ml	$0 (1)	NT
silphen cough oral syrup 12.5 mg/5 ml	$0 (1)	NT
simethicone 40 mg/0.6 ml drop	$0 (1)	NT

您可以參閱第 C 部分，找到本表格中符號與縮寫所代表的資訊。

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
simethicone 80 mg tab chew federal supply	$0 (1)	NT
simply sleep 25 mg caplet	$0 (1)	NT
sleep calm gummy 3-50-12.5 mg	$0 (1)	NT
sleep tabs 25 mg tablet	$0 (1)	NT
slow release iron tablet (rx) 160 mg (50 mg iron)	$0 (1)	NT
sm hydrocortisone plus 1% crm	$0 (1)	NT
sodium bicarb 325 mg tablet	$0 (1)	NT
sodium bicarb 650 mg tablet	$0 (1)	NT
sodium chloride 1 gm tablet (otc)	$0 (1)	NT
sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml	$0 (1)	NT
sof-lax oral capsule 100 mg	$0 (1)	NT
sominex 25 mg tablet	$0 (1)	NT
sorbitol 70% solution (otc)	$0 (1)	NT
stimulant laxative oral tablet 5 mg	$0 (1)	NT
stool softener 100 mg softgel	$0 (1)	NT
stool softener-laxative tablet plus laxative 8.6-50 mg	$0 (1)	NT
super nu-thera oral tablet	$0 (1)	NT
surfak 240 mg softgel softgel	$0 (1)	NT
sv vitamin d3 400 unit softgel softgel , p/f (rx) 10 mcg (400 unit)	$0 (1)	NT
systane complete pf 0.6% drop	$0 (1)	NT
tactinal 325 mg tablet	$0 (1)	NT
tactinal extra strength oral tablet 500 mg	$0 (1)	NT
tears again ophthalmic (eye) ointment 80-20 %	$0 (1)	NT
tera-gel tar shampoo topical shampoo 0.5 %	$0 (1)	NT
terbinafine 1% cream	$0 (1)	NT
thera tablet 400 mcg	$0 (1)	NT
thera vital m oral tablet	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
therabasic-m oral tablet	$0 (1)	NT
thera-m tablet w/beta carotene 9 mg iron-400 mcg	$0 (1)	NT
therapeutic oral tablet	$0 (1)	NT
therapeutic-m caplet 19 mg iron- 400 mcg	$0 (1)	NT
thera-tabs caplet	$0 (1)	NT
threshold imt trainer	$0 (1)	NT
threshold pep device	$0 (1)	NT
titralac oral tablet,chewable 168 mg calcium (420 mg)	$0 (1)	NT
total allergy 25 mg tablet	$0 (1)	NT
total allergy medicine oral liquid 12.5 mg/5 ml	$0 (1)	NT
total formula-3 without iron oral tablet	$0 (1)	NT
tri-buffered aspirin 325 mg tb coated tablet	$0 (1)	NT
triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram	$0 (1)	NT
triple antibiotic ointment pkt u-d,144x.94g foilpk (otc) 3.5-400-5,000 mg-unit-unit	$0 (1)	NT
triprolidine-pseudoephedrine oral tablet 2.5-60 mg	$0 (1)	NT
tri-vitamin oral drops 1,500-35-400 unit-mg-unit/ml	$0 (1)	NT
tussin pe oral liquid 5-100 mg/5 ml	$0 (1)	NT
ultra fresh pm ointment	$0 (1)	NT
urinary pain relief 97.5 mg tb maximum strength	$0 (1)	NT
vanacof liquid 1-30-12.5 mg/5 ml	$0 (1)	NT
vitafol-ob caplet 65-1 mg	$0 (1)	NT
vitamin a 10,000 units capsule soluble 3,000 mcg (10,000 unit)	$0 (1)	NT
vitamin a 8,000 units capsule 2,400 mcg	$0 (1)	NT
vitamin b complex-vit c tablet (otc)	$0 (1)	NT
vitamin b-1 100 mg tablet (rx)	$0 (1)	NT
vitamin b-1 100 mg tablet	$0 (1)	NT

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
vitamin b-1 250 mg tablet	$0 (1)	NT
vitamin b-1 50 mg tablet gluten free (rx)	$0 (1)	NT
vitamin b-12 1,000 mcg tab sl n, p/f	$0 (1)	NT
vitamin b-12 1,000 mcg tablet (rx)	$0 (1)	NT
vitamin b-12 500 mcg tablet	$0 (1)	NT
vitamin b-12 oral tablet 250 mcg	$0 (1)	NT
vitamin b-12 tr 1,000 mcg tab gluten-free, f/c (rx)	$0 (1)	NT
vitamin b-2 100 mg tablet p/f, lactose-f (rx)	$0 (1)	NT
vitamin b-6 100 mg tablet	$0 (1)	NT
vitamin b-6 25 mg tablet (rx)	$0 (1)	NT
vitamin b-6 50 mg tablet (rx)	$0 (1)	NT
vitamin b-6 oral tablet 250 mg	$0 (1)	NT
vitamin b-6 oral tablet extended release 200 mg	$0 (1)	NT
vitamin c 1,000 mg tablet (rx)	$0 (1)	NT
vitamin c 100 mg tablet (rx)	$0 (1)	NT
vitamin c 100 mg tablet chew tangerine	$0 (1)	NT
vitamin c 250 mg tablet	$0 (1)	NT
vitamin c 250 mg tablet chew p/f (rx)	$0 (1)	NT
vitamin c oral syrup 500 mg/5 ml	$0 (1)	NT
vitamin c oral tablet 500 mg	$0 (1)	NT
vitamin c oral tablet,chewable 500 mg	$0 (1)	NT
vitamin d2 1.25 mg(50,000 unit)	$0 (1)	NT
vitamin d3 1,000 unit softgel softgel (rx) 25 mcg (1,000 unit)	$0 (1)	NT
vitamin d3 2,000 unit softgel p/f, color-free (rx) 50 mcg (2,000 unit)	$0 (1)	NT
vitamin d3 400 unit tab chew p/f,orange, chewable 10 mcg (400 unit)	$0 (1)	NT
vitamin d3 400 unit tablet n,p/f,d/f (rx) 10 mcg (400 unit)	$0 (1)	NT

您可以參閱第 C 部分，找到本表格中符號與縮寫所代表的資訊。

12/01/2025

藥物名稱	藥物費用 (層級)	必要的動作、約束或使用限制
vitamin d3 400 unit/ml liquid (rx) 10 mcg/ml (400 unit/ml)	$0 (1)	NT
vitamin d3 62.5 mcg gummy 62.5 mcg (2,500 unit)	$0 (1)	NT
vitamin d3 oral tablet 25 mcg (1,000 unit)	$0 (1)	NT
vitamin e 180 mg softgel (rx) 180 mg (400 unit)	$0 (1)	NT
vitamin e oral capsule 268 mg (400 unit)	$0 (1)	NT
vitamin e oral tablet,chewable 400 unit	$0 (1)	NT
vitamin k 100 mcg tablet p/f, gluten-free	$0 (1)	NT
vitamins a-d-e tablet 10,000-400 unit-unit	$0 (1)	NT
vitamins for hair oral tablet	$0 (1)	NT
wal-profen 200 mg tablet f/c	$0 (1)	NT
watchhaler spacer	$0 (1)	NT
windmill trainer for mini wright pfm	$0 (1)	NT
women's laxative tablet 5 mg	$0 (1)	NT
xymodine 12,500 mcg capsule 7,500-5,000 mcg	$0 (1)	NT
yl vitamin c 500 mg tablet s/f,p/f,na/f	$0 (1)	NT
zinc gluconate 50 mg tablet (rx)	$0 (1)	NT
zinc oral tablet 50 mg	$0 (1)	NT
zinc sulfate 220 mg (50 mg) cap (rx) 50 mg zinc (220 mg)	$0 (1)	NT
zinc sulfate 50 mg (220 mg) tb (rx) 50 mg zinc (220 mg)	$0 (1)	NT
zinc-220 capsule 50 mg zinc (220 mg)	$0 (1)	NT

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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。

本處方集更新日期爲 12/01/2025。

如需更多最新資訊，或有其他疑問，請聯絡我們，電話：**1-888-846-4262**，若爲 TTY 使用者則請撥打 **711**，在 10 月 1 日至 3 月 31 日期間的代表服務時間爲週一至週日上午 7:45 至晚上 8:00，在 4 月 1 日至 9 月 30 日期間的代表服務時間爲週一至週五上午 7:45 至晚上 8:00，或造訪 **wellcare.com/ohana**。