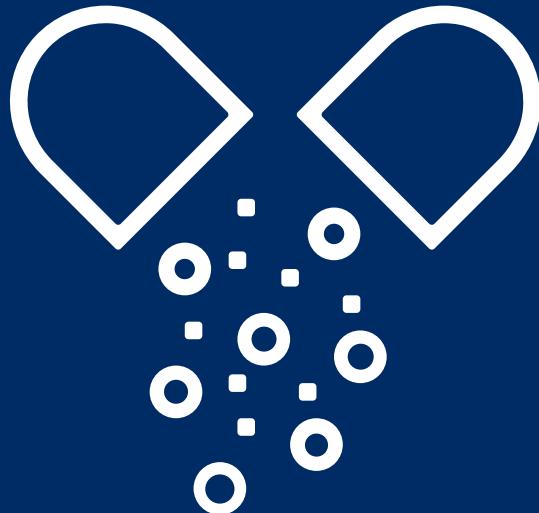


本处方药一览表更新于11/22/2022。如想了解更多最新信息或有其他疑问，请联系Essence Healthcare 客户服务部，电话：1-855-996-8422（听障人士可致电 711），上午 8 点至晚上 8 点。如果在节假日或 4 月 1 日至 9 月 30 日的周末期间致电，可转入留言服务。请留言，工作人员将在下一个工作日给您回电。



处方药一览表

MEDICARE ADVANTAGE | 2022

ESSENCE ADVANTAGE PLATINUM (HMO) • ESSENCE ADVANTAGE GOLD (HMO)



在加州的 Alameda、San Mateo 和 Santa Clara 县提供服务

Essence Advantage (HMO)

2022 年处方药一览表

(承保药物列表)

请阅读：本文件包含有关本计划承保药物的信息

现有会员请注意：本处方药一览表自去年已变更。请阅读本文件，确保本处方药一览表仍然包含您服用的药物。

本药物列表（处方药一览表）中，凡提述“我们”或“我们的”均指 Essence Advantage (HMO)。凡提述“计划”或“我们的计划”时，是指 Essence Advantage Platinum 或 Essence Advantage Gold。

本文件载有我们计划截至 2022 年 12 月 的药物列表（处方药一览表）。

如需最新处方药一览表，请联系我们。我们的联系信息连同最后更新处方药一览表的日期载于封面和封底。

一般而言，您必须使用网络内药房才能享用处方药福利。福利、处方药一览表、药房网络及/或共付额/共同保险额可能在 2022 年 1 月 1 日有所更改，且可能在此年度中不时更改。

HPMS 核准之處方藥一覽表檔案提交 ID 22306，版本編號 18

Y0027_22-219_C

什么是 Essence Advantage (HMO) 处方药一览表？

处方药一览表是我们计划通过咨询医疗提供者团队所选出的承保药物列表，代表着优质治疗计划中不可或缺的处方药疗法。只要具有医疗必需性且在网络内药房配药，并遵守其他计划规则，我们通常会承保列于处方药一览表中的药物。要了解有关如何按您的处方配药的更多信息，请查阅您的“承保范围说明书”。

处方药一览表（药物列表）是否会变更？

大多数药物的承保范围在 1 月 1 日进行变更，但是我们可能会在一年之中添加或删除药物列表上的药物、更改分摊费用等级或增设限制。进行变更时，我们必须遵守 Medicare 的规定。

今年可能会影响到您的变更：在下列情况中，您将受到当年承保范围更改的影响：

- **新的副厂药。**如果我们计划以新的副厂药取代某一原厂药，而且这种副厂药将出现在相同或更低的分摊费用等级上且具有相同或更少的限制，我们可能会立即将该原厂药从药物列表上删除。另外，在加入新副厂药时，我们可能会决定将该原厂药保留在药物列表上，但会立即将其移至其他分摊费用等级或增设限制。如果您正在使用该原厂药，在作出更改前我们可能不会提前告知您，但是之后我们会向您提供有关我们所作的具体更改的信息。
 - 如果我们作出更改，您或您的处方医生可以要求我们作出例外处理，并继续为您承保该原厂药。我们向您传送的通知将详细介绍如何申请例外处理，您也可以在后文的“如何申请 Essence Advantage (HMO) 的处方药一览表例外处理？”章节中查看更多信息。
- **药物退出市场。**若美国食品药品监督管理局认为我们处方药一览表上的某种药物不安全，或药物制造商从市场中撤除该药物，我们会立即从我们的处方药一览表上删除该药物，并向服用该药物的会员发出通知。
- **其他变化。**我们可能会作出其他影响目前正在服用药物的会员的更改。例如，我们可能会新增一种已上市一段时间的副厂药以取代处方药一览表上现有的原厂药，和/或对原厂药增设新的限制条件，或是将其移至其他费用分摊等级。或者我们可能会根据新的临床指南作出更改。如果我们需要从我们的处方药一览表移除药物，或为此添加事先授权、数量限制及/或阶段疗法限制，或将药物升到更高的分摊费用等级，我们必须在更改生效前至少 30 天将更改通知到将受此影响的会员，或当会员申请续配该等药物时予以通知，并向会员开具 30 天的供药量。
 - 如果我们作出其他更改，您或您的处方医生可以要求我们作出例外处理并继续为您承保该原厂药。我们向您传送的通知将详细介绍如何申请例外处理，您也可以在后文的“如何申请 Essence Advantage (HMO) 的处方药一览表例外处理？”章节中查看更多信息。

变更不会影响您当前正在使用的药物。一般而言，若您正在使用年初享受承保的 2022 年处方药一览表上的药物，我们不会在 2022 年承保年度中终止或减少此药物的承保，除非出现上文所述情况。换言之，在承保年度的剩余时间内，此药物将以相同的分摊费用向使用此药物的会员提供，且不设

新的限制。对于不会影响您的变更，今年内您不会收到有关直接通知。然而，自明年 1 月 1 日起，这些变更会影响到您，因此请务必检查新福利年度的药物列表，了解药物是否有任何变更。

随附的处方药一览表更新于 2022 年 12 月。如需有关我们的计划承保药物的更新信息，请联系我们。我们的联系信息载于封面和封底。如有除上方所列更改之外的其他非维护性更改，我们将邮寄处方药一览表的纸质版勘误表给受影响的会员。

如何使用处方药一览表？

有两种方法在处方药一览表中查找您所需的药物：

病症

处方药一览表从第 1 页开始。本处方药一览表中的药物按照所治疗的病症类型分类。例如：用来治疗心脏病的药物列在“心血管药物”类别。若您了解药物的用途，在从第 1 页开始的列表中查找类别名称。然后，在此类别名称下查找所需的药物。

按字母顺序排列的列表

如果您不确定要寻找什么类别，您可以利用自第 I-1 页开始的索引来寻找您的药物。该索引提供一份按字母顺序排列的列表，其中有本文件包含的所有药物。该索引中列有原厂药和副厂药。

请在该索引中查找所需的药物。药物旁边注有页码，您可以在该页查找承保范围信息。转到该索引中所列的页码，在列表的第一栏即可找到所需的药物名称。

什么是副厂药？

我们的计划同时承保原厂药和副厂药。副厂药是一种由 FDA 核准，具有与原厂药相同活性成分的药物。通常，副厂药的费用较原厂药低。

对于我享受的承保范围是否有任何限制？

某些承保药物可能有其他要求或承保范围限制。这些要求和限制可能包括：

- **事先授权：** 我们要求您或您的医生获得某些药物的事先授权。这表示您将需要在配药前取得我们的批准。若您未取得批准，我们可能不会承保该药物。
- **数量限制：** 对于某些药物的数量，我们会有承保限制。例如，我们为每份处方提供十八片 50 mg 规格的舒马曲坦药片。这可以另外附加在标准的一个月或三个月的药量上。
- **阶段疗法：** 某些情况下，我们会要求您先尝试使用特定药物治疗您的病症后，才会承保治疗该病症的另一种药物。例如，如果药物 A 和药物 B 都可用来治疗您的病症，如果您不首先尝试药物 A，我们可能不会为您承保药物 B。若药物 A 对您不起效，则我们将会承保药物 B。

您可以透过第 1 页开始的处方药一览表查询您的药物是否有额外的要求或限制。您也可以透过浏览我们的网站，取得更多关于特定承保药物适用的限制的信息。我们已在线上发布文件，解释我们事先授权和阶段疗法的限制。您也可以要求我们寄一份给您。我们的联系信息连同最后更新处方药一览表的日期载于封面和封底。

您可以向我们申请对这些限制进行例外处理，或向我们索取一份列有可治疗您的病症的其他类似药物的列表。请参阅第 iv 页的“如何申请 Essence Advantage 的处方药一览表例外处理？”部分，了解如何申请例外处理的信息。

若我的药物不在处方药一览表上，该怎么办？

若您的药物不在此处方药一览表（承保药物列表）上，那么您首先应该联系客户服务部，询问您的药物是否在承保范围内。

如果您得知计划不承保您的药物，您有两个选择：

- 您可以向客户服务部索取一份我们计划承保的类似药物列表。在收到列表后，向您的医生出示列表，请医生开具我们计划承保的类似药物。
- 您可以要求我们进行例外处理，承保您的药物。请查看以下关于如何申请例外处理的信息。

如何申请 Essence Advantage (HMO) 的处方药一览表例外处理？

您可以要求我们在承保规则以外进行例外处理。您可以向我们提出数种例外处理申请。

- 您可以要求我们承保一种药物，即使它不在我们的处方药一览表上。如获批准，此药物将按预定分摊费用等级获得承保，且您不得要求我们以更低的分摊费用等级提供此药物。
- 如果此藥品在處方藥一覽表上且不屬特殊藥品（第 5 級）或第 6 級，您可要求我們按更低的分攤費用等級給付此藥。如經批准，您為藥物支付的費用也會更低。
- 您可以要求我们撤销对您的药物的承保限制。例如：对于某些药物的数量，我们会有承保限制。若您的药物有数量限制，您可以要求我们撤销限制并承保更多数量。

通常情况下，我们仅在以下情况下批准您的例外处理申请：计划的处方药一览表中的替代药物、更低分摊费用水平药物或额外的使用限制无法像未承保药物一样有效治疗您的病症，和/或会给您带来不良医疗反应。

您应当与我们联系，要求我们做出针对处方药一览表、药物等级或使用限制例外处理的初始承保决定。在提出针对处方药一览表药物等级或使用限制例外处理申请时，您应提交一份处方医生或医生的声明以支持您的申请。通常，我们在收到处方医生的支持声明后，必须在 72 小时内做出决定。若您或您的医生认为等候 72 小时再做出决定会对您的健康造成严重伤害，您可以申请加急（快速）

例外处理。如果您的加急申请获得批准，我们在收到您的医生或其他处方医生的支持声明后，必须在 24 小时内为您做出决定。

在向医生提出变更药物请求或提交例外处理申请之前，我应该做什么？

无论是我们计划的新会员还是老会员，您可能正在使用我们处方药一览表上没有的药物。或者，您正在使用一种在我们处方药一览表上的药物，但您在获取该药物时受到限制。例如，您在配药前可能要获得我们的事先授权。您应当先和您的医生谈谈，以决定您是否应该换用我们承保的适当药物，或提出处方药一览表例外处理申请以使我们承保您使用的药物。在您与医生讨论以确定何种措施适合您时，我们会在您成为计划会员后的前 90 天内针对某些情况为您的药物提供承保。

对于您使用的不在处方药一览表上的每种药物，或因受限而难以足量获取的药物，我们将为您承保 30 天的药量。如果为您开具的处方上药物供应天数较少，我们将允许补充药物，以提供最多 30 天份的供药。在提供前 30 天药量之后，我们将不再为您支付这些药物的费用，即使您成为计划会员还不足 90 天。

如果您居住在长期护理机构且需要的药物不在处方药一览表上，或您获取药物时受到限制，但您成为我们计划的会员已超过 90 天，则在您寻求处方药一览表例外处理时，我们将会对该药物承保 31 天份量的紧急药量。

如果会员的护理等级（医疗环境）有变更，对于每种过渡期药物，将允许一次性为其提供 30 天的份量。例如，从长期护理机构或医院出院回家、或结束长期护理住院并返回社区的受益人。

了解更多信息

要了解关于 Essence Advantage 处方药承保范围的更多详细信息，请查看您的“承保范围说明书”或其他计划资料。

如果您对 Essence Advantage 有任何疑问，请联系我们。我们的联系信息连同最后更新处方药一览表的日期载于封面和封底。

若您对 Medicare 处方药承保范围有任何疑问，请致电 Medicare，电话：1-800-MEDICARE (1-800-633-4227)（全天候开通）。听障人士可致电 1-877-486-2048。或浏览 <http://www.medicare.gov>。

Essence Advantage 处方药一览表

以下处方药一览表提供 Essence Advantage 所承保药物的承保范围信息。若您在列表中寻找药物时遇到困难，请参阅第 I-1 页开始的索引。

表格的第一栏列出了药物名称。原厂药用大写字母表示（如 HUMIRA），副厂药则用小写斜体字母表示（如 *warfarin*）。

要求/限制栏中的信息表示 Essence Advantage 对于承保您的药物是否有任何特殊的要求。

縮略词列表

CB : 福利限制。對於 Medicare

處方藥計劃通常不承保的藥物，我們限制該計劃將承保的藥物數量。例如，我們為 *sildenafil* 每 30 天的供藥處方提供 6 片藥物。

EX : 本處方藥物通常不由 Medicare

處方藥計劃承保。您在配取此藥物時所支付的金額不計入您的藥物花費總額（這表示您所支付的金額無法幫您取得重大傷病承保資格）。此外，若您有接受額外補助以支付您的處方藥費用，您將無法為該藥物取得任何額外補助。

LA : 取藥限制。此處方藥可能只在某些藥房提供。如需詳細瞭解資訊，請查閱您的醫療服務提供者目錄或致電客戶服務部，電話：1-855-996-8422（聽障專線：711），上午 8 點至晚上 8 點，在節假日以及 4 月 1 日至 9 月 30

日的週末期間，您可轉入留言服務。請留言，我們將在下一個工作日內回覆，或瀏覽 www.EverythingEssence.com。

NDS: 不延长天数的供药。这种药物只能供应一个月或更短时间的份量。您不能凭处方配取超过一个月份量的药物。

NM: 不可邮寄。该处方不能由计划网络内的邮购药房配药。

PA: 事先授权。我们要求您或您的医生获得某些药物的事先授权。这表示您需要在配药前取得 Essence Advantage 的核准。若您未取得批准，该计划可能不会承保该药物。

PA BvD: B 部分和 D 部分裁决的事先授权。本处方药设有 B 部分和 D 部分行政事先授权要求。您（或您的医生）必须获得我们的事先授权，以确定该药物受 Medicare D 部分承保，您才能按处方配取此药。若无事先授权，该计划可能不会承保此药。

PA NSO: 新会员或新用药者特有的事先授权。如果您是新会员，或者您以前没有使用过这种药物，则您或您的医生必须获得 Essence Advantage 的事先授权，您才能按处方配取此药。若无事先授权，该计划可能不会承保此药。

QL: 数量限制。对于某些药物的数量，该计划会有承保限制。例如，我们为每个处方提供十八片琥珀酸舒马曲坦片。这可以另外附加在标准的一个月或三个月的药量上。

SI : 特定的胰島素，這是 Insulin Savings Program

的一部分，因此在整個承保缺口階段，將產生低價穩定的共付額。有關特定的胰島素的更多資訊，包括完整的費用分攤資訊，請參閱承保範圍說明書。

ST : 阶段疗法。某些情况下，我们会要求您先尝试使用特定药物治疗您的病症后，才会承保治疗该病症的另一种药物。例如，如果药物 A 和药物 B 都可用来治疗您的病症，如果您不首先尝试药物 A，我们可能不会为您承保药物 B。如果药物 A 对您无效，该计划将会承保药物 B。

有关共付额和/或共同保险百分比的信息，请参阅您的承保范围说明书第 6 章中的第 5.2 节和第 5.4 节。

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药物名称	药物等级	要求/限制
止痛药		
止痛药 · 其他		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	GC; NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	NDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	NDS; QL (180 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	2	NDS; QL (180 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	NDS; QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	2	NDS; QL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	NDS; QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	2	NDS; QL (5 per 28 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	NDS; QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	NDS; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	NDS; QL (180 per 30 days)

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药物名称	药物等级	要求/限制
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	2	NDS; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	2	NDS; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	5	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i> (Actiq)	2	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	NDS; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	2	NDS; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	NDS; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	NDS; QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	NDS; QL (180 per 30 days)
<i>LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY</i>	5	PA; NM; NDS; QL (30 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	NDS; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	NDS; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	NDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	NDS; QL (180 per 30 days)

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

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药物名称	药物等级	要求/限制
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	(oxycodone) 3	NDS; QL (60 per 30 days)
oxymorphone oral tablet 10 mg	2	NDS; QL (120 per 30 days)
oxymorphone oral tablet 5 mg	2	NDS; QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	2	NDS; QL (60 per 30 days)
tencon oral tablet 50-325 mg	(butalbital-acetaminophen) 2	QL (180 per 30 days)
tramadol oral tablet 50 mg	1	GC; NDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet) 2	NDS; QL (300 per 30 days)
vicodin hp oral tablet 10-300 mg	(hydrocodone-acetaminophen) 2	NDS; QL (180 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	NDS; QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	NDS; QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	3	NDS; QL (240 per 30 days)
zebutal oral capsule 50-325-40 mg	(butalbital-acetaminophen-caff) 2	QL (180 per 30 days)
非类固醇消炎药		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex) 2	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector) 4	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	(Cataflam) 2	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		QL (60 per 30 days)

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药物名称	药物等级	要求/限制
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	2	QL (150 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg	2	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg	2	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %	2	QL (300 per 30 days)
diclofenac sodium topical gel 1 % (Arthritis Pain (diclofenac))	2	QL (1000 per 30 days)
diclofenac sodium topical gel 3 %	2	PA; QL (100 per 28 days)
diclofenac sodium topical solution in (Pennsaid) metered-dose pump 20 mg/gram /actuation(2 %)	5	PA; NM; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	2	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	2	
diflunisal oral tablet 500 mg	2	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg (Lodine)	2	
etodolac oral tablet 500 mg	2	
fenoprofen oral tablet 600 mg (Nalfon)	2	
flurbiprofen oral tablet 100 mg	2	
ibu oral tablet 400 mg, 600 mg, 800 mg (ibuprofen)	1	GC
ibuprofen oral suspension 100 mg/5 ml	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg (IBU)	1	GC
ibuprofen-famotidine oral tablet 800- 26.6 mg (Duexis)	2	PA; QL (90 per 30 days)
indomethacin oral capsule 25 mg	1	GC; QL (240 per 30 days)
indomethacin oral capsule 50 mg	1	GC; QL (120 per 30 days)

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药物名称	药物等级	要求/限制
<i>indomethacin oral capsule, extended release 75 mg</i>	2	QL (60 per 30 days)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	
<i>ketorolac injection cartridge 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection cartridge 30 mg/ml</i>	2	QL (20 per 30 days)
<i>ketorolac injection solution 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection solution 30 mg/ml (1 ml)</i>	2	QL (20 per 30 days)
<i>ketorolac injection syringe 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection syringe 30 mg/ml</i>	2	QL (20 per 30 days)
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	2	QL (20 per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	QL (20 per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	QL (20 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg (Relafen)</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	GC
<i>naproxen oral tablet 500 mg (Naprosyn)</i>	1	GC
<i>naproxen oral tablet, delayed release (EC-Naprosyn) (dr/ec) 375 mg, 500 mg</i>	2	
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg</i> (Vimovo)	5	PA; NM; NDS; QL (60 per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg (Feldene)</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	2	
麻醉药		

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药物名称	药物等级	要求/限制	
局部麻醉药			
<i>glydo mucous membrane jelly in applicator 2 %</i>	(lidocaine hcl)	2	QL (30 per 30 days)
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	(Xylocaine-MPF)	1	GC
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>		1	GC
<i>lidocaine hcl 1% 20 mg/2 ml vl sdv, p/f 10 mg/ml (1 %)</i>	(Xylocaine-MPF)	1	GC
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	(Xylocaine)	1	GC
<i>lidocaine hcl mucous membrane jelly 2 %</i>		2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>		2	PA
<i>lidocaine topical adhesive patch,medicated 5 %</i>	(Lidoderm)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>		2	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	(lidocaine hcl)	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>		2	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		3	PA; QL (90 per 30 days)
抗成瘾/药物滥用治疗用药			
抗成瘾/药物滥用治疗用药			
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>		2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>		2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	(Suboxone)	2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	(Suboxone)	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>		2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>		2	

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药物名称	药物等级	要求/限制
CHANTIX CONTINUING MONTH (varenicline) BOX ORAL TABLET 1 MG	3	QL (336 per 365 days)
disulfiram oral tablet 250 mg, 500 mg	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	5	NM; NDS; QL (228 per 14 days)
naloxone injection solution 0.4 mg/ml	1	GC
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	2	
naloxone nasal spray, non-aerosol 4 mg/actuation (Narcan)	2	QL (4 per 30 days)
naltrexone oral tablet 50 mg	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	3	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	NM; NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	NM; NDS; QL (1.5 per 30 days)
varenicline oral tablet 0.5 mg	2	QL (336 per 365 days)
varenicline oral tablet 1 mg (Chantix Continuing Month Box)	2	QL (336 per 365 days)
varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box)	2	
抗焦虑药		
苯二氮平类药物		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax)	1	GC; NDS; QL (120 per 30 days)
alprazolam oral tablet 2 mg (Xanax)	1	GC; NDS; QL (150 per 30 days)
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg (Xanax XR)	2	NDS; QL (120 per 30 days)

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药物名称	药物等级	要求/限制
alprazolam oral tablet extended release 24 hr 3 mg (Xanax XR)	2	NDS; QL (90 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	GC; NDS; QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg (Klonopin)	1	GC; QL (90 per 30 days)
clonazepam oral tablet 2 mg (Klonopin)	1	GC; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	2	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	2	QL (180 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg (Tranxene T-Tab)	2	QL (180 per 30 days)
diazepam 25 mg/5 ml oral conc 5 mg/ml (Diazepam Intensol)	2	QL (1200 per 30 days)
diazepam injection solution 5 mg/ml	2	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml	2	QL (10 per 28 days)
diazepam intensol oral concentrate 5 mg/ml (diazepam)	2	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)	1	GC; QL (120 per 30 days)
estazolam oral tablet 1 mg	2	NDS; QL (60 per 30 days)
estazolam oral tablet 2 mg	2	NDS; QL (30 per 30 days)
flurazepam oral capsule 15 mg	2	NDS; QL (60 per 30 days)
flurazepam oral capsule 30 mg	2	NDS; QL (30 per 30 days)
lorazepam 2 mg/ml oral concnet 2 mg/ml (Lorazepam Intensol)	2	NDS; QL (150 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml (Ativan)	1	GC; QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml, 4 mg/ml	1	GC; QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml (lorazepam)	2	NDS; QL (150 per 30 days)

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药物名称	药物等级	要求/限制
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	GC; NDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	GC; NDS; QL (150 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	2	NDS; QL (10 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	NDS; QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	GC; NDS; QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	NDS; QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	NDS; QL (60 per 30 days)

抗菌药

氨基糖苷		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NM; NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA BvD; NM; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	5	PA BvD; NM; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	2	
抗菌药 · 其他		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	2	

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药物名称	药物等级	要求/限制
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	
<i>clindamycin hcl oral capsule 150 mg, (Cleocin HCl) 300 mg, 75 mg</i>	1	GC
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	2	
<i>clindamycin pediatric oral recon soln (clindamycin palmitate 75 mg/5 ml hcl)</i>	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection (Cleocin) solution 150 mg/ml</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	
<i>colistin (colistimethate na) injection (Coly-Mycin M recon soln 150 mg Parenteral)</i>	5	NM; NDS
<i>daptomycin intravenous recon soln (Cubicin RF) 500 mg</i>	5	NM; NDS
<i>FIRVANQ ORAL RECON SOLN 25 MG/ML</i>	4	
<i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>	2	
<i>linezolid in dextrose 5% intravenous (Zyvox) piggyback 600 mg/300 ml</i>	2	
<i>linezolid oral suspension for (Zyvox) reconstitution 100 mg/5 ml</i>	5	NM; NDS
<i>linezolid oral tablet 600 mg (Zyvox)</i>	2	
<i>methenamine hippurate oral tablet I (Hiprex) gram</i>	2	
<i>metronidazole in nacl (iso-os) (Metro I.V.) intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
<i>SYNERCID INTRAVENOUS RECON SOLN 500 MG</i>	5	NM; NDS

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药物名称	药物等级	要求/限制
<i>trimethoprim oral tablet 100 mg</i>	1	GC
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg (Vancocin)</i>	2	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg (Vancocin)</i>	2	QL (112 per 14 days)
<i>XIFAXAN ORAL TABLET 200 MG</i>	5	PA; NM; NDS; QL (9 per 30 days)
<i>XIFAXAN ORAL TABLET 550 MG</i>	5	PA; NM; NDS; QL (90 per 30 days)
头孢菌素		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefixime oral capsule 400 mg (Suprax)</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>cefotaxime injection recon soln 1 gram</i>	2	

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药物名称	药物等级	要求/限制
<i>cefoxitin 1 gm piggyback bag 1 gram/50 ml</i>	2	
<i>cefoxitin intravenous recon soln 1 gram</i>	2	
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	GC
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
巨环内酯		
<i>azithromycin intravenous recon soln (Zithromax) 500 mg</i>	2	

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药物名称	药物等级	要求/限制
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	GC
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	GC
<i>azithromycin oral tablet 600 mg</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	NM; NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	5	NM; NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
其他 β-内酰胺类抗生素		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; LA; NDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
<i>meropenem intravenous recon soln 1 gram</i>	2	

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药物名称	药物等级	要求/限制
<i>meropenem intravenous recon soln 500 mg</i>	2	
<i>meropenem-0.9% nacl 500 mg/50 500 mg/50 ml</i>	2	
盘尼西林		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	(Augmentin) 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i>	(Augmentin ES-600) 2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i>	(Augmentin) 1	GC
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	(Augmentin XR) 2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	(Unasyn) 2	

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药物名称	药物等级	要求/限制
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin 1 gm/ 50 ml inj 1 gram/50 ml</i>	2	
<i>nafcillin 2 gm/ 100 ml inj 2 gram/100 ml</i>	2	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	NM; NDS
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>pfiizerpen-g injection recon soln 20 (penicillin g potassium) million unit</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
喹诺酮		
BAXDELA ORAL TABLET 450 MG	5	PA; NM; NDS; QL (28 per 14 days)
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	GC
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	2	

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药物名称	药物等级	要求/限制
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>moxifloxacin oral tablet 400 mg</i>	2	
磺酰胺		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	GC
四环素		
<i>demeclacycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg, 50 mg</i> (Doryx)	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	QL (60 per 30 days)

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药物名称	药物等级	要求/限制
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin (mono))	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral tablet 150 mg</i>	2	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	2	QL (60 per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>monodoxine nl oral capsule 100 mg, 75 mg</i> (doxycycline monohydrate)	2	QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NM; NDS
抗癌药		
抗癌药		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG</i> (paclitaxel protein-bound)	5	PA BvD; NM; NDS
<i>ADCETRIS INTRAVENOUS RECON SOLN 50 MG</i>	5	PA NSO; NM; NDS
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (doxorubicin)	2	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	2	PA BvD
<i>ALECensa ORAL CAPSULE 150 MG</i>	5	PA NSO; NM; NDS; QL (240 per 30 days)
<i>ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG</i> (pemetrexed disodium)	5	NM; NDS

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药物名称	药物等级	要求/限制
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	5	PA NSO; NM; NDS
<i>alymsys intravenous solution 25 mg/ml</i>	5	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg (Arimidex)</i>	1	GC
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	NM; NDS
<i>arsenic trioxide intravenous solution (Trisenox) 2 mg/ml</i>	5	NM; NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	5	PA NSO; NM; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg (Vidaza)</i>	5	NM; NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg (Targretin)</i>	5	PA NSO; NM; NDS
<i>bexarotene topical gel 1 % (Targretin)</i>	5	PA NSO; NM; NDS

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药物名称	药物等级	要求/限制
bicalutamide oral tablet 50 mg (Casodex)	2	
BLENREP INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
bleomycin injection recon soln 15 unit, 30 unit	2	
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NM; NDS
bortezomib injection recon soln 1 mg	4	PA NSO
bortezomib injection recon soln 2.5 mg	5	PA NSO; NM; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
carboplatin intravenous solution 10 mg/ml (Paraplatin)	2	
cladribine intravenous solution 10 mg/10 ml	2	PA BvD
clofarabine intravenous solution 1 mg/ml (Clolar)	5	NM; NDS

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药物名称	药物等级	要求/限制
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	5	PA BvD; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	4	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; LA; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg (Dacogen)</i>	5	NM; NDS
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)</i>	5	NM; NDS
<i>docetaxel intravenous solution 80 mg/8 ml (10 mg/ml)</i>	2	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD

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<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	(Doxil)	5 PA BvD; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NM; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	(Tarceva)	5 PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	(Tarceva)	5 PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	(Toposar)	2
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	(Afinitor)	5 PA NSO; NM; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	(Afinitor)	5 PA NSO; NM; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	(Afinitor Disperz)	5 PA NSO; NM; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i>	(Aromasin)	2

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药物名称	药物等级	要求/限制
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NM; NDS
<i>flouxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
<i>flutamide oral capsule 125 mg (Eulexin)</i>	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 (Faslodex) mg/5 ml</i>	5	NM; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NM; NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	PA BvD
<i>gemcitabine intravenous recon soln 2 gram</i>	5	PA BvD; NM; NDS
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	PA BvD; NM; NDS
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NM; NDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA NSO; NM; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
<i>hydroxyurea oral capsule 500 mg (Hydrea)</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)

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ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i>	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; NDS; QL (240 per 30 days)
IMBRUICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NM; NDS; QL (8 per 28 days)
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	5	PA BvD; NM; NDS
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)

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药物名称	药物等级	要求/限制
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	2	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)

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药物名称	药物等级	要求/限制
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NM; NDS
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NM; NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NM; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	GC
LEUKERAN ORAL TABLET 2 MG	5	NM; NDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	NM; NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS

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LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln (Alkeran (as HCl)) 50 mg</i>	5	NM; NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA NSO; NM; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)

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<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NM; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	NM; NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NM; NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	2	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	2	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	PA BvD
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	5	PA BvD; NM; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA NSO; NM; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	NM; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NM; NDS

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pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg	5	NM; NDS
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	5	PA NSO; NM; NDS; QL (2 per 28 days)
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA NSO; NM; NDS
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML	5	PA NSO; NM; NDS; QL (15 per 21 days)
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML	5	PA NSO; NM; NDS; QL (10 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	PA NSO; NM; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NM; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG (lenalidomide)	5	PA NSO; NM; LA; NDS; QL (28 per 28 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS

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RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NM; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA NSO; NM; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NM; NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NM; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NM; NDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	

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药物名称	药物等级	要求/限制
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NM; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
<i>temsirolimus intravenous recon soln (Torisel) 30 mg/3 ml (10 mg/ml) (first)</i>	5	PA BvD; NM; NDS; QL (4 per 28 days)
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>thiotepa injection recon soln 100 mg, (Tepadina) 15 mg</i>	5	NM; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NM; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml (etoposide)</i>	2	
<i>topotecan intravenous recon soln 4 mg (Hycamtin)</i>	5	NM; NDS

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<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	NM; NDS
<i>toremifene oral tablet 60 mg (Fareston)</i>	5	NM; NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	NM; NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NM; NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	QL (1 per 28 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NM; NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA NSO; NM; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NM; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NM; NDS
<i>valrubicin intravesical solution 40 mg/ml (Valstar)</i>	5	NM; NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA NSO; NM; NDS

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VELCADE INJECTION RECON SOLN 3.5 MG (bortezomib)	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	2	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NM; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST

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XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PA NSO; NM; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	5	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PA NSO; NM; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	5	PA NSO; NM; NDS
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)

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ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NM; NDS

抗惊厥药

抗惊厥药		
APTIOM ORAL TABLET 200 MG, 400 MG	5	NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	NM; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	(Carbatrol)	2
<i>carbamazepine oral suspension 100 mg/5 ml</i>	(Tegretol)	2
<i>carbamazepine oral tablet 200 mg</i>	(Epitol)	2
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	(Tegretol XR)	2

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药物名称	药物等级	要求/限制
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml (Onfi)</i>	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg (Onfi)</i>	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg (Diastat AcuDial)</i>	4	
<i>diazepam rectal kit 2.5 mg (Diastat)</i>	4	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex oral capsule, delayed release 125 mg (Depakote Sprinkles)</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg (Depakote ER)</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg (Depakote)</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg (carbamazepine)</i>	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	QL (480 per 30 days)
<i>ethosuximide oral capsule 250 mg (Zarontin)</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml (Zarontin)</i>	2	
<i>felbamate oral suspension 600 mg/5 ml (Felbatol)</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg (Felbatol)</i>	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NM; NDS

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<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	NM; NDS; QL (60 per 30 days)
<i> gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	GC; QL (360 per 30 days)
<i> gabapentin oral capsule 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)
<i> gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i> gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i> gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i> lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	2	QL (200 per 5 days)
<i> lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	QL (1200 per 30 days)
<i> lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	QL (60 per 30 days)
<i> lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	GC
<i> lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter)	2	
<i> lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter)	2	
<i> lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> (Lamictal ODT Starter)	2	
<i> lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	2	
<i> lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i> lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	2	
<i> levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	

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<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	5	NM; NDS
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	NM; NDS

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rufinamide oral tablet 200 mg, 400 mg (Banzel)	5	NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg (lamotrigine)	1	GC
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg (Gabitril)	2	
topiramate oral capsule, sprinkle 15 mg, 25 mg (Topamax)	2	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Topamax)	1	GC
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	
valproic acid oral capsule 250 mg	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	
vigabatrin oral powder in packet 500 mg (Vigadron)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg (Sabril)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadron oral powder in packet 500 mg (vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML (lacosamide)	3	QL (200 per 5 days)

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药物名称	药物等级	要求/限制
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1- 150MG X1)	4	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NM; NDS; QL (1080 per 30 days)
抗痴呆药		
抗痴呆药		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	GC; QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	2	QL (60 per 30 days)

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NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7- 10 MG	3	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	2	QL (30 per 30 days)
抗抑郁药		
抗抑郁药		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NM; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet sustained- release 12 hr 100 mg, 150 mg, 200 mg</i>	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	GC; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	GC; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	QL (30 per 30 days)

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<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	1	GC
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)</i>	2	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)</i>	1	GC
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, (Prozac) 40 mg</i>	1	GC
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg (Remeron)</i>	2	

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药物名称	药物等级	要求/限制
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet,disintegrating (Remeron SolTab) 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)</i>	1	GC
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral suspension 10 mg/5 ml (Paxil)</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)</i>	1	GC
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)</i>	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg (Nardil)</i>	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml (Zoloft)</i>	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)</i>	1	GC
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	4	PA NSO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NM; NDS
<i>tranylcypromine oral tablet 10 mg (Parnate)</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>trazodone oral tablet 300 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	4	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg (Effexor XR)</i>	2	QL (30 per 30 days)

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药物名称	药物等级	要求/限制
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i>	2	QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	2	QL (90 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 per 30 days)
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	5	NM; NDS
抗糖尿病药		
抗糖尿病药 · 其他		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	2	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	GC; QL (150 per 30 days)

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metformin oral tablet 850 mg	6	GC; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	6	GC; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	6	GC; QL (60 per 30 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg	2	QL (90 per 30 days)
nateglinide oral tablet 120 mg, 60 mg	2	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	6	GC; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	6	GC; QL (120 per 30 days)
repaglinide oral tablet 2 mg	6	GC; QL (240 per 30 days)
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	2	QL (150 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)

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药物名称	药物等级	要求/限制
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
胰岛素		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	SI; QL (24 per 28 days)
LANTUS SOLOSTAR U-100 (insulin glargine) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)

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药物名称	药物等级	要求/限制
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	3	SI; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	SI; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	SI; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	SI; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart u-100)	2	SI; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	2	SI; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	2	SI; QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin aspart u-100)	2	SI; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart u-100)	2	SI; QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	SI; QL (18 per 28 days)

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药物名称	药物等级	要求/限制
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	SI; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 28 days)
磺酰脲类药物		
glimepiride oral tablet 1 mg, 2 mg (Amaryl)	6	GC; QL (30 per 30 days)
glimepiride oral tablet 4 mg (Amaryl)	6	GC; QL (60 per 30 days)
glipizide oral tablet 10 mg	6	GC; QL (120 per 30 days)
glipizide oral tablet 5 mg	6	GC; QL (60 per 30 days)
glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg	6	GC; QL (60 per 30 days)
glipizide oral tablet extended release (Glucotrol XL) 24hr 2.5 mg, 5 mg	6	GC; QL (30 per 30 days)
glipizide-metformin oral tablet 2.5- 250 mg	6	GC; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5- 500 mg, 5-500 mg	6	GC; QL (120 per 30 days)
glyburide micronized oral tablet 1.5 (Glynase) mg, 3 mg, 6 mg	6	GC
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	6	GC
glyburide-metformin oral tablet 1.25- 250 mg, 2.5-500 mg, 5-500 mg	6	GC
抗真菌药		
抗真菌药		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	PA BvD; NM; NDS
amphotericin b injection recon soln 50 mg	2	PA BvD
amphotericin b liposome intravenous (AmBisome) suspension for reconstitution 50 mg	5	PA BvD; NM; NDS

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<i>caspofungin intravenous recon soln 50 mg</i> (Cancidas)	5	NM; NDS
<i>caspofungin intravenous recon soln 70 mg</i> (Cancidas)	2	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	QL (180 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	2	QL (300 per 30 days)
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	2	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (90 per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	2	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	2	PA
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)

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药物名称	药物等级	要求/限制
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	5	NM; NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	PA; NM; NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram (Nyamyc)</i>	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	5	PA; NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	GC
<i>voriconazole intravenous recon soln 200 mg</i>	5	PA BvD; NM; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	PA; NM; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	
抗痛风剂		
抗痛风药 · 其他		
<i>allopurinol oral tablet 100 mg (Zyloprim)</i>	1	GC
<i>allopurinol oral tablet 300 mg</i>	1	GC
<i>colchicine oral tablet 0.6 mg (Colcrys)</i>	4	PA; QL (120 per 30 days)

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药物名称	药物等级	要求/限制
<i>febuxostat oral tablet 40 mg, 80 mg (Uloric)</i>	2	ST; QL (30 per 30 days)
<i>MITIGARE ORAL CAPSULE 0.6 MG (colchicine)</i>	2	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
抗组织胺		
抗组织胺		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml (Diphen)</i>	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
<i>levocetirizine oral solution 2.5 mg/5 ml (Xyzal)</i>	2	
<i>levocetirizine oral tablet 5 mg (24HR Allergy Relief)</i>	1	GC
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
抗感染药 (皮肤及黏膜)		
抗感染药 (皮肤及黏膜)		
<i>clindamycin phosphate vaginal cream 2 % (Cleocin)</i>	2	
<i>metronidazole vaginal gel 0.75 % (Vandazole) (37.5mg/5 gram)</i>	2	

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药物名称	药物等级	要求/限制
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
抗偏头痛药		
抗偏头痛药		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	2	QL (24 per 28 days)
<i>dihydroergotamine nasal spray,non- aerosol 0.5 mg/pump act. (4 mg/ml)</i>	5	NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (12 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	2	QL (12 per 30 days)

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<i>rizatriptan oral tablet,disintegrating 5 mg</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol (Imitrex) 20 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol (Imitrex) 5 mg/actuation</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg (Imitrex)</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg (Imitrex)</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml (Imitrex STATdose Refill)</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml (Imitrex STATdose Refill)</i>	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)</i>	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml (Imitrex)</i>	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml (Imitrex)</i>	2	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)</i>	2	QL (6 per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg (Zomig)</i>	2	QL (6 per 30 days)
抗分枝杆菌药		
抗分枝杆菌药		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg (Myambutol)</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg (Mycobutin)</i>	2	
<i>rifampin intravenous recon soln 600 mg (Rifadin)</i>	2	

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rifampin oral capsule 150 mg, 300 mg	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG	4	
抗恶心药		
抗恶心药		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD
aprepitant oral capsule 125 mg	2	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg	2	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg (Emend)	2	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2) (Emend)	2	PA BvD; QL (6 per 28 days)
compro rectal suppository 25 mg (prochlorperazine)	2	
dimenhydrinate injection solution 50 mg/ml	2	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)	2	PA; QL (60 per 30 days)
droperidol injection solution 2.5 mg/ml	2	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA BvD; QL (6 per 28 days)
fosaprepitant intravenous recon soln 150 mg (Emend (fosaprepitant))	2	QL (2 per 28 days)
gransetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml	2	
gransetron hcl intravenous solution 1 mg/ml	2	

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<i>granisetron hcl oral tablet 1 mg</i>	2	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	2	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	2	
<i>prochlorperazine maleate oral tablet</i> (Compazine) <i>10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository</i> (Compro) <i>25 mg</i>	2	
<i>promethazine injection solution 25</i> (Phenergan) <i>mg/ml, 50 mg/ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25</i> <i>mg, 50 mg</i>	1	GC
<i>promethazine rectal suppository 12.5</i> (Promethegan) <i>mg, 25 mg, 50 mg</i>	2	
<i>promethegan rectal suppository 12.5</i> (promethazine) <i>mg, 25 mg, 50 mg</i>	2	
<i>scopolamine base transdermal patch</i> (Transderm-Scop) <i>3 day 1 mg over 3 days</i>	2	QL (10 per 30 days)
SYNDROS ORAL SOLUTION 5 MG/ML	5	PA; NM; NDS; QL (120 per 30 days)
抗寄生虫药		
抗寄生虫药		
<i>albendazole oral tablet 200 mg</i>	5	NM; NDS
<i>atovaquone oral suspension 750</i> (Mepron) <i>mg/5 ml</i>	2	

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atovaquone-proguanil oral tablet 250-100 mg (Malarone)	2	
atovaquone-proguanil oral tablet 62.5-25 mg (Malarone Pediatric)	2	
chloroquine phosphate oral tablet 250 mg	2	QL (50 per 30 days)
chloroquine phosphate oral tablet 500 mg	2	QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	
hydroxychloroquine oral tablet 200 mg (Plaquenil)	2	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NM; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg (Stromectol)	2	
KRINTAFEL ORAL TABLET 150 MG	4	
mefloquine oral tablet 250 mg	2	
nitazoxanide oral tablet 500 mg (Alinia)	5	NM; NDS
paromomycin oral capsule 250 mg (Humatin)	2	
pentamidine inhalation recon soln 300 mg (Nebupent)	2	PA BvD
pentamidine injection recon soln 300 mg (Pentam)	2	
PRIMAQUINE ORAL TABLET 26.3 MG	4	
pyrimethamine oral tablet 25 mg (Daraprim)	5	PA; NM; NDS
quinine sulfate oral capsule 324 mg (Qualaquin)	2	PA; QL (42 per 7 days)
tinidazole oral tablet 250 mg, 500 mg	2	
抗帕金森病药		
抗帕金森病药		
amantadine hcl oral capsule 100 mg	2	
amantadine hcl oral solution 50 mg/5 ml	1	GC
amantadine hcl oral tablet 100 mg	2	
apomorphine subcutaneous cartridge 10 mg/ml (APOKYN)	5	PA; NM; NDS; QL (60 per 30 days)

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药物名称	药物等级	要求/限制
<i>benztropine injection solution 1 mg/ml</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg (Parlodel)</i>	2	
<i>bromocriptine oral tablet 2.5 mg (Parlodel)</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg (Lodosyn)</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg (Sinemet)</i>	2	
<i>carbidopa-levodopa oral tablet 25-100 mg (Dhivy)</i>	2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg (Stalevo 50)</i>	4	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg (Stalevo 75)</i>	4	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg (Stalevo 100)</i>	4	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg (Stalevo 125)</i>	4	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg (Stalevo 150)</i>	4	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg (Stalevo 200)</i>	4	
<i>entacapone oral tablet 200 mg (Comtan)</i>	2	
<i>INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG</i>	5	PA; NM; NDS; QL (300 per 30 days)
<i>KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	5	PA; NM; NDS; QL (150 per 30 days)
<i>KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG</i>	5	PA; NM; NDS

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药物名称	药物等级	要求/限制
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIOPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIOPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	GC
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	GC
XADAGO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days)
XADAGO ORAL TABLET 50 MG	5	PA; NM; NDS; QL (30 per 30 days)
抗精神病药		
抗精神病药		
<i>ariPIPRAZOLE oral solution 1 mg/ml</i>	2	QL (900 per 30 days)
<i>ariPIPRAZOLE oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	QL (30 per 30 days)
<i>ariPIPRAZOLE oral tablet 2 mg</i> (Abilify)	2	QL (60 per 30 days)
<i>ariPIPRAZOLE oral tablet,disintegrating 10 mg</i>	2	ST; QL (90 per 30 days)

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药物名称	药物等级	要求/限制
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	5	ST; NM; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 28 days)
<i>asenapine maleate sublingual tablet (Saphris) 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg (Clozaril)</i>	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg (Clozaril)</i>	2	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg (Clozaril)</i>	2	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	5	ST; NM; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)

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药物名称	药物等级	要求/限制
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular (Haldol Decanoate) solution 100 mg/ml</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	2	
<i>haloperidol decanoate intramuscular (Haldol Decanoate) solution 50 mg/ml</i>	2	
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NM; NDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NM; NDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 28 days)

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药物名称	药物等级	要求/限制
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NM; NDS; QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NM; NDS; QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NM; NDS; QL (2.63 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 per 30 days)
<i>loxpipine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln (Zyprexa) 10 mg</i>	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating (Zyprexa Zydis) 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (30 per 30 days)

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药物名称	药物等级	要求/限制
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg (Invega)	2	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg (Invega)	2	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	5	NM; NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg	2	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Seroquel)	2	QL (90 per 30 days)
quetiapine oral tablet 150 mg	2	QL (30 per 30 days)
quetiapine oral tablet 300 mg, 400 mg (Seroquel)	2	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg (Seroquel XR)	2	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg (Seroquel XR)	2	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NM; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NM; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NM; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	NM; NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml (Risperdal)	2	QL (480 per 30 days)
risperidone oral tablet 0.25 mg	2	QL (60 per 30 days)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	2	QL (60 per 30 days)
risperidone oral tablet 4 mg (Risperdal)	2	QL (120 per 30 days)

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药物名称	药物等级	要求/限制
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg, 4 mg</i>	2	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NM; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, (Geodon) 40 mg, 60 mg, 80 mg</i>	2	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NM; NDS; QL (1 per 28 days)
抗病毒药 (全身性)		
抗逆转录病毒药物		
<i>abacavir oral solution 20 mg/ml (Ziagen)</i>	2	
<i>abacavir oral tablet 300 mg (Ziagen)</i>	2	
<i>abacavir-lamivudine oral tablet 600- 300 mg (Epzicom)</i>	2	

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药物名称	药物等级	要求/限制
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	NM; NDS
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	5	NM; NDS; QL (24 per 365 days)
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	NM; NDS
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
<i>atazanavir oral capsule 150 mg</i>	2	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; NDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML (cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml))	5	NM; NDS
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	5	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS
CRIXIVAN ORAL CAPSULE 200 MG	4	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NM; NDS
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS
EDURANT ORAL TABLET 25 MG	5	NM; NDS

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药物名称	药物等级	要求/限制
<i>efavirenz oral capsule 200 mg, 50 mg (Sustiva)</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg (Atripla)</i>	5	NM; NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg (Symfi Lo)</i>	5	NM; NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg (Symfi)</i>	5	NM; NDS
<i>emtricitabine oral capsule 200 mg (Emtriva)</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)</i>	5	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg (Intelence)</i>	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS
<i>fosamprenavir oral tablet 700 mg (Lexiva)</i>	2	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS
<i>lamivudine oral solution 10 mg/ml (Epivir)</i>	2	
<i>lamivudine oral tablet 100 mg (Epivir HBV)</i>	2	

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药物名称	药物等级	要求/限制
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	5	NM; NDS; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	2	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NM; NDS
PREZISTA ORAL TABLET 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS

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药物名称	药物等级	要求/限制
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NM; NDS
<i>ritonavir oral tablet 100 mg (Norvir)</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NM; NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg (Viread)</i>	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NM; NDS
TRIZIVIR ORAL TABLET 300-150-300 MG (abacavir-lamivudine-zidovudine)	5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NM; NDS
VEMLIDY ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS

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药物名称	药物等级	要求/限制
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
抗病毒药 · 其他		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID (EUA) ORAL TABLETS, DOSE PACK 150-100 MG	4	QL (20 per 5 days)
PAXLOVID (EUA) ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	4	QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NM; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NM; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)

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药物名称	药物等级	要求/限制
丙肝抗病毒药		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	5	PA; NM; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
干扰素		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NM; NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NM; NDS
核苷和核苷酸		
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	2	
acyclovir oral tablet 400 mg, 800 mg	2	

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药物名称	药物等级	要求/限制
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	2	PA BvD
acyclovir sodium intravenous solution 50 mg/ml	2	PA BvD
adefovir oral tablet 10 mg (Hepsera)	2	
cidofovir intravenous solution 75 mg/ml	5	NM; NDS
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	2	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
ganciclovir sodium intravenous recon soln 500 mg	5	PA BvD; NM; NDS
ganciclovir sodium intravenous solution 50 mg/ml	5	PA BvD; NM; NDS
lagevrio (eua) oral capsule 200 mg	4	QL (40 per 5 days)
ribavirin inhalation recon soln 6 gram (Virazole)	5	PA BvD; NM; NDS
ribavirin oral capsule 200 mg	2	
ribavirin oral tablet 200 mg	2	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	2	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	5	NM; NDS
valganciclovir oral tablet 450 mg (Valcyte)	2	
VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)	5	PA BvD; NM; NDS

血液制品/调节剂/代用血浆

抗凝血剂		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml (Lovenox)	2	QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml (Lovenox)	2	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml (Lovenox)	2	QL (48 per 30 days)

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药物名称	药物等级	要求/限制
<i>enoxaparin subcutaneous syringe 30 (Lovenox) mg/0.3 ml</i>	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 (Lovenox) mg/0.4 ml</i>	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 (Lovenox) mg/0.6 ml</i>	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe (Arixtra) 10 mg/0.8 ml</i>	5	NM; NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe (Arixtra) 2.5 mg/0.5 ml</i>	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 (Arixtra) mg/0.4 ml</i>	5	NM; NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe (Arixtra) 7.5 mg/0.6 ml</i>	5	NM; NDS; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)</i>	1	GC
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)</i>	1	GC
<i>XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)</i>	3	
<i>XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML</i>	3	QL (600 per 30 days)
<i>XARELTO ORAL TABLET 10 MG, 20 MG</i>	3	QL (30 per 30 days)
<i>XARELTO ORAL TABLET 15 MG, 2.5 MG</i>	3	QL (60 per 30 days)
造血功能调节剂		

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药物名称	药物等级	要求/限制
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; NDS; QL (20 per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
FYLNTRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NM; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NM; NDS
MULPLETA ORAL TABLET 3 MG	5	PA; NM; NDS; QL (7 per 7 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS

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药物名称	药物等级	要求/限制
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	5	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
血液制剂 · 其他		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	

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药物名称	药物等级	要求/限制
CABLIVI INJECTION KIT 11 MG	5	PA; NM; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NM; NDS
<i>protamine intravenous solution 10 mg/ml</i>	2	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	4	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution (Cyklokapron) 1,000 mg/10 ml (100 mg/ml)</i>	2	
<i>tranexamic acid oral tablet 650 mg (Lysteda)</i>	2	
血小板凝集抑制剂		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg (Plavix)</i>	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg (Effient)</i>	2	QL (30 per 30 days)
能量剂		
能量剂		
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD

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药物名称	药物等级	要求/限制
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	

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药物名称	药物等级	要求/限制
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
心血管药物		
α-肾上腺素能药物		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	GC
clonidine transdermal patch weekly (Catapres-TTS-1) 0.1 mg/24 hr	2	QL (4 per 28 days)
clonidine transdermal patch weekly (Catapres-TTS-2) 0.2 mg/24 hr	2	QL (4 per 28 days)
clonidine transdermal patch weekly (Catapres-TTS-3) 0.3 mg/24 hr	2	QL (8 per 28 days)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	2	
droxidopa oral capsule 100 mg, 200 mg, 300 mg (Northera)	5	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg	2	
methyldopa oral tablet 250 mg, 500 mg	2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	2	

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药物名称	药物等级	要求/限制
phenylephrine hcl injection solution 10 mg/ml	2	
prazosin oral capsule 1 mg, 2 mg, 5 mg	2	
血管紧张素II受体拮抗剂		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	2	
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOL ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
eprosartan oral tablet 600 mg	2	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	6	GC
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	6	GC
losartan oral tablet 100 mg, 25 mg, 50 mg	6	GC
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50- 12.5 mg	6	GC
olmesartan oral tablet 20 mg, 40 mg, 5 mg	6	GC
olmesartanamlodipine-hctiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	2	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	6	GC
telmisartan oral tablet 20 mg, 40 mg, 80 mg	6	GC
telmisartanamlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	2	

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药物名称	药物等级	要求/限制
<i>telmisartan-hydrochlorothiazid oral</i> (Micardis HCT) <i>tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>valsartan oral tablet 160 mg, 320 mg,</i> (Diovan) <i>40 mg, 80 mg</i>	6	GC
<i>valsartan-hydrochlorothiazide oral</i> (Diovan HCT) <i>tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	GC
血管紧张素转换酶抑制剂		
<i>benazepril oral tablet 10 mg, 20 mg,</i> (Lotensin) <i>40 mg</i>	6	GC
<i>benazepril oral tablet 5 mg</i>	6	GC
<i>benazepril-hydrochlorothiazide oral</i> (Lotensin HCT) <i>tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	GC
<i>benazepril-hydrochlorothiazide oral</i> <i>tablet 5-6.25 mg</i>	6	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral</i> <i>tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	2	ST; QL (1200 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	GC
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	
<i>enalapril-hydrochlorothiazide oral</i> (Vaseretic) <i>tablet 10-25 mg</i>	6	GC
<i>enalapril-hydrochlorothiazide oral</i> <i>tablet 5-12.5 mg</i>	6	GC
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>fosinopril-hydrochlorothiazide oral</i> <i>tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	GC
<i>lisinopril-hydrochlorothiazide oral</i> (Zestoretic) <i>tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	GC

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药物名称	药物等级	要求/限制
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	GC
<i>QBRELIS ORAL SOLUTION 1 MG/ML</i>	5	ST; NM; NDS; QL (1200 per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)</i>	6	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)</i>	6	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	GC
抗心律失常药		
<i>amiodarone oral tablet 100 mg, 400 mg (Pacerone)</i>	2	
<i>amiodarone oral tablet 200 mg (Pacerone)</i>	1	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %) (Xylocaine-MPF)</i>	1	GC
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	GC
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
<i>MULTAQ ORAL TABLET 400 MG</i>	3	
<i>pacerone oral tablet 100 mg, 400 mg (amiodarone)</i>	2	
<i>pacerone oral tablet 200 mg (amiodarone)</i>	1	GC
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	
<i>procainamide intravenous syringe 100 mg/ml</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg (Rythmol SR)</i>	2	

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药物名称	药物等级	要求/限制
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg</i>	1	GC
<i>quinidine sulfate oral tablet 300 mg</i>	2	
β-肾上腺素能阻滞剂		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)</i>	1	GC
<i>atenolol-chlorthalidone oral tablet (Tenoretic 100) 100-25 mg</i>	2	
<i>atenolol-chlorthalidone oral tablet (Tenoretic 50) 50-25 mg</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg (Ziac)</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)</i>	1	GC
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet (Toprol XL) extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)</i>	1	GC
<i>metoprolol tartrate oral tablet 25 mg</i>	1	GC

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药物名称	药物等级	要求/限制
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg (Corgard)</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazide oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg (sotalol)</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg (sotalol)</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg (Sorine)</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
钙离子通道阻滞剂		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (diltiazem hcl)</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg (Taztia XT)</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg (Tiadylt ER)</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT)</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)</i>	2	

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药物名称	药物等级	要求/限制
diltiazem hcl oral tablet 90 mg	2	
dilt-xr oral capsule,ext.rel 24h (diltiazem hcl) degradable 120 mg, 180 mg, 240 mg	2	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (diltiazem hcl)	2	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (diltiazem hcl)	2	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (diltiazem hcl)	2	
verapamil intravenous syringe 2.5 mg/ml	2	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg (Verelan PM)	2	
verapamil oral capsule,ext rel. pellets (Verelan) 24 hr 120 mg, 180 mg, 240 mg	2	
verapamil oral capsule,ext rel. pellets (Verelan) 24 hr 360 mg	4	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	GC
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg (Calan SR)	2	
心血管药物 · 其他		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL (60 per 30 days)
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (digoxin)	2	
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (digoxin)	2	
digoxin 250 mcg tablet 250 mcg (0.25 mg) (Digitek)	2	
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)	2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Digitek)	2	

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epinephrine injection auto-injector 0.15 mg/0.3 ml	2	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	2	QL (4 per 30 days)
epinephrine injection solution 1 mg/ml	1	GC
hydralazine injection solution 20 mg/ml	2	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
icatibant subcutaneous syringe 30 mg/3 ml	5	PA; NM; NDS; QL (18 per 30 days)
metyrosine oral capsule 250 mg	5	NM; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg	2	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	2	QL (120 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml (icatibant)	5	PA; NM; NDS; QL (18 per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	4	QL (4 per 30 days)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML	4	QL (4 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NM; NDS; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; NM; NDS; QL (120 per 30 days)
二氢吡啶		
amlodipine oral tablet 10 mg, 2.5 mg, (Norvasc) 5 mg	1	GC
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	6	GC
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg	6	GC
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	
amlodipine-valsartan oral tablet 10- 160 mg, 10-320 mg, 5-160 mg, 5-320 mg	6	GC

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药物名称	药物等级	要求/限制
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>KATERZIA ORAL SUSPENSION 1 MG/ML</i>	4	ST; QL (300 per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
利尿剂		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	1	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC

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药物名称	药物等级	要求/限制
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NM; NDS; QL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; NM; NDS; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>torsemide oral tablet 10 mg, 100 mg, 5 mg</i>	2	
<i>torsemide oral tablet 20 mg (Soaanz)</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	1	GC
血脂异常药		
<i>amlodipine-atorvastatin oral tablet (Caduet) 10-10 mg, 5-10 mg</i>	2	
<i>amlodipine-atorvastatin oral tablet (Caduet) 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	GC; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i>	2	

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药物名称	药物等级	要求/限制
colesevelam oral tablet 625 mg (WelChol)	2	
colestipol oral packet 5 gram (Colestid)	2	
colestipol oral tablet 1 gram (Colestid)	2	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 per 30 days)
ezetimibe oral tablet 10 mg (Zetia)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg (Vytorin 10-10)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg (Vytorin 10-20)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg (Vytorin 10-40)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg (Vytorin 10-80)	2	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg (Tricor)	2	
fenofibrate nanocrystallized oral tablet 160 mg (Tricor)	2	
fenofibrate oral tablet 160 mg, 54 mg	2	
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg (Trilipix)	2	
fluvastatin oral capsule 20 mg, 40 mg	2	QL (60 per 30 days)
gemfibrozil oral tablet 600 mg (Lopid)	1	GC
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; NM; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NM; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NM; NDS; QL (45 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	6	GC
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)

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药物名称	药物等级	要求/限制
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
niacin oral tablet 500 mg (Niacor)	2	
niacin oral tablet extended release 24 hr 1,000 mg (Niaspan Extended-Release)	2	
niacin oral tablet extended release 24 hr 500 mg, 750 mg	2	
niacor oral tablet 500 mg (niacin)	2	
omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)	2	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	QL (2 per 28 days)
pravastatin oral tablet 10 mg, 80 mg	6	GC
pravastatin oral tablet 20 mg, 40 mg	6	GC; QL (30 per 30 days)
prevalite oral powder in packet 4 gram (cholestyramine-aspartame)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Crestor)	6	GC; QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Zocor)	6	GC; QL (30 per 30 days)
simvastatin oral tablet 5 mg	6	GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	2	QL (120 per 30 days)
肾素-血管紧张素-醛固酮系统抑制剂		
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	2	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	4	ST; QL (600 per 30 days)

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药物名称	药物等级	要求/限制
<i>eplerenone oral tablet 25 mg, 50 mg (Inspra)</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
血管舒张剂		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg (Isordil Titradosis)</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
<i>isosorbide-hydralazine oral tablet (BiDil) 20-37.5 mg</i>	2	
<i>minitran transdermal patch 24 hour (nitroglycerin) 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour (Nitro-Dur) 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
中枢神经系统药物		
中枢神经系统药物		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg (Strattera)</i>	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg (Strattera)</i>	2	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; NDS; QL (60 per 30 days)

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药物名称	药物等级	要求/限制
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	PA BvD
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	2	QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	5	PA; NM; NDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i> (Dexedrine Spansule)	2	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	2	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i> (Zenzedi)	2	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenzedi)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)

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药物名称	药物等级	要求/限制
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	5	PA; NM; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	5	PA; NM; NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	5	PA; NM; NDS; QL (60 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; NM; NDS
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	
GILENYA ORAL CAPSULE 0.25 MG	5	PA; NM; NDS; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG (fingolimod)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	5	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NM; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NM; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS

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药物名称	药物等级	要求/限制
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NM; NDS
<i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	QL (90 per 30 days)

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药物名称	药物等级	要求/限制
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet (Concerta) extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet (Concerta) extended release 24hr 36 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	2	QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NM; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	5	PA; NM; NDS; QL (2800 per 28 days)
<i>riluzole oral tablet 50 mg (Rilutek)</i>	2	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
TASCENO ODT ORAL TABLET,DISINTEGRATING 0.25 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 (Xenazine) mg</i>	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NM; NDS; QL (120 per 30 days)

避孕用品

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药物名称	药物等级	要求/限制
避孕用品		
<i>afirmelle oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)</i>	2	
<i>altavera (28) oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)</i>	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)</i>	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) (l norgest/e.estradiol-e.estrad)</i>	2	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg (desogestrel-ethinyl estradiol)</i>	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) (l norgest/e.estradiol-e.estrad)</i>	2	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)</i>	2	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg (norethindrone ac-eth estradiol)</i>	2	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg (norethindrone ac-eth estradiol)</i>	2	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) (norethindrone-e.estradiol-iron)</i>	2	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (norethindrone-e.estradiol-iron)</i>	2	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (norethindrone-e.estradiol-iron)</i>	1	GC
<i>aviane oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)</i>	2	
<i>ayuna oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)</i>	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradiol/e.estradiol)</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradiol/e.estradiol)</i>	2	

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药物名称	药物等级	要求/限制
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) (norethindrone-e.estradiol-iron)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (norethindrone-e.estradiol-iron)	2	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (norethindrone-e.estradiol-iron)	1	GC
briellyn oral tablet 0.4-35 mg-mcg	2	
camila oral tablet 0.35 mg (norethindrone (contraceptive))	1	GC
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	2	
chateal eq (28) oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)	2	
cryselle (28) oral tablet 0.3-30 mg-mcg (norgestrel-ethinyl estradiol)	2	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)	2	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	
cyred eq oral tablet 0.15-0.03 mg (desogestrel-ethinyl estradiol)	2	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)	2	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) (1 norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
deblitane oral tablet 0.35 mg (norethindrone (contraceptive))	1	GC
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Azurette (28))	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)	2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg (Jasmiel (28))	2	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg (Syeda)	2	
elonest oral tablet 0.3-30 mg-mcg (norgestrel-ethinyl estradiol)	2	
ELLA ORAL TABLET 30 MG	4	QL (6 per 365 days)

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药物名称	药物等级	要求/限制
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)	2	
<i>enskyce oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	
<i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>estarrylla oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50 (28))	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	4	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	GC
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	2	
<i>hailey oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	2	
<i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	

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药物名称	药物等级	要求/限制	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(1 norgest/e.estriadiol-e.estrad)	2	QL (91 per 84 days)
jasmiel (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estriadiol-iron)	2	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estriadiol-iron)	1	GC
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estriadiol-iron)	2	
kalliga oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estriadiol/e.estriadiol)	2	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
kelnor 1-50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	2	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
l norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(LoJaimiess)	2	QL (91 per 84 days)
l norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	2	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estriadiol-iron)	2	

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药物名称	药物等级	要求/限制	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
larissa oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	2	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	2	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	2	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
lojaimies oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
loryna (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
lyeq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	

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药物名称	药物等级	要求/限制
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (norethindrone-e.estradiol-iron)	1	GC
mini oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)	1	GC
mono-linyah oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)	2	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	
nikki (28) oral tablet 3-0.02 mg (drospirenone-ethinyl estradiol)	2	
norethindrone (contraceptive) oral tablet 0.35 mg (Camila)	1	GC
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg (Aurovela 1.5/30 (21))	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg (Aurovela 1/20 (21))	2	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4) (Merzee)	2	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7) (Aurovela Fe 1-20 (28))	1	GC
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (28) (Aurovela Fe 1.5/30 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9) (Tri-Legest Fe)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarrylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Tri-Estarrylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg (Femynor)	2	
norlyda oral tablet 0.35 mg (norethindrone (contraceptive))	1	GC
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)	2	

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药物名称	药物等级	要求/限制
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nylia 1/35 (28) oral tablet 1-35 mg- mcg</i> (norethindrone-ethin estradiol)	2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estradiol)	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog- e.estradol/e.estradol)	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estradiol)	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	GC
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estradiol)	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog- e.estradol/e.estradol)	2	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradol- e.estrad)	2	QL (91 per 84 days)
SLYND ORAL TABLET 4 MG (28)	4	
<i>sprintec (28) oral tablet 0.25-35 mg- mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estradiol)	2	
<i>syeda oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone- e.estradol-iron)	2	

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药物名称	药物等级	要求/限制
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	GC
<i>tri-femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-estarrylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	1	GC
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (norethindrone-e.estradiol-iron)	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-lo-estarrylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	1	GC
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	1	GC
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>tulana oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>tyblume oral tablet,chewable 0.1 mg-20 mcg</i>	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>vestura (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	2	

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vienna oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)	2	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradiol/e.estradiol)	2	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradiol/e.estradiol)	2	
vyfemla (28) oral tablet 0.4-35 mg-mcg	2	
vylibra oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)	2	
wera (28) oral tablet 0.5-35 mg-mcg	2	
xulane transdermal patch weekly 150-35 mcg/24 hr	2	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	2	QL (3 per 28 days)
zarah oral tablet 3-0.03 mg (drospirenone-ethinyl estradiol)	2	
zovia 1-35 (28) oral tablet 1-35 mg-mcg (ethynodiol diac-eth estradiol)	2	
zumandimine (28) oral tablet 3-0.03 mg (drospirenone-ethinyl estradiol)	2	

牙科与口腔药物

牙科与口腔药物			
cevimeline oral capsule 30 mg (Evoxac)	2		
chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Paroex Oral Rinse)	1	GC	
denta 5000 plus dental cream 1.1 % (fluoride (sodium))	1	GC	
dentagel dental gel 1.1 % (fluoride (sodium))	1	GC	
fluoride (sodium) dental solution 0.2 % (PreviDent)	1	GC	
oralone dental paste 0.1 % (triamcinolone acetonide)	2		
paroex oral rinse mucous membrane mouthwash 0.12 % (chlorhexidine gluconate)	1	GC	
periogard mucous membrane mouthwash 0.12 % (chlorhexidine gluconate)	1	GC	
pilocarpine hcl oral tablet 5 mg, 7.5 mg (Salagen (pilocarpine))	2		
sf 5000 plus dental cream 1.1 % (fluoride (sodium))	1	GC	

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药物名称	药物等级	要求/限制
sodium fluoride-pot nitrate dental paste 1.1-5 % (Fluoridex Sensitivity Relief)	1	GC
triamcinolone acetonide dental paste 0.1 % (Oralone)	2	
皮肤科用药		
皮肤病药 · 其他		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)	2	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	2	
acyclovir topical cream 5 % (Zovirax)	2	QL (5 per 4 days)
acyclovir topical ointment 5 % (Zovirax)	2	QL (30 per 30 days)
ALCOHOL 70% SWABS (Alcohol Pads)	1	GC
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	1	GC
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	1	GC
ammonium lactate topical cream 12 %	2	
ammonium lactate topical lotion 12 % (Skin Treatment)	2	
BD SINGLE USE SWAB (alcohol swabs)	1	GC
calcipotriene scalp solution 0.005 %	2	QL (120 per 30 days)
calcipotriene topical cream 0.005 % (Dovonex)	2	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	2	QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD (alcohol swabs)	1	GC
CURITY ALCOHOL PREPS 2 PLY, MEDIUM (alcohol swabs)	1	GC
DENAVIR TOPICAL CREAM 1 %	5	NM; NDS
DROPSAFE ALCOHOL 70% PREP PADS (alcohol swabs)	1	GC
EASY COMFORT ALCOHOL 70% PAD (alcohol swabs)	1	GC
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs)	1	GC
fluorouracil topical cream 0.5 % (Carac)	5	NM; NDS

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药物名称	药物等级	要求/限制
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
HEB INCONTROL ALCOHOL 70% (alcohol swabs) PADS	1	GC
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 per 30 days)
IV ANTISEPTIC WIPES (alcohol swabs)	1	GC
KENDALL ALCOHOL 70% PREP (alcohol swabs) PAD	1	GC
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %	5	NM; NDS; QL (180 per 30 days)
<i>podofilox topical solution 0.5 %</i>	2	
PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	GC
PURE COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	GC
RA ISOPROPYL ALCOHOL 70% (alcohol swabs) WIPES	1	GC
REGRANEX TOPICAL GEL 0.01 %	5	PA; NM; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	1	GC
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	1	GC
TRUE COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	GC
TRUE COMFORT PRO ALCOHOL (alcohol swabs) PADS	1	GC
ULTILET ALCOHOL STERL SWAB (alcohol swabs)	1	GC
VALCHLOR TOPICAL GEL 0.016 %	5	NM; NDS
VEREGEN TOPICAL OINTMENT 15 %	5	NM; NDS

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药物名称	药物等级	要求/限制	
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	GC
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	
皮肤抗菌药			
clindamycin phosphate topical foam 1 %	(Evoclin)	2	QL (100 per 30 days)
clindamycin phosphate topical solution 1 %	(Cleocin T)	2	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	2	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	2	
clindamycin-benzoyl peroxide topical gel 1-5 %		2	
ery pads topical swab 2 %	(erythromycin with ethanol)	2	
erythromycin with ethanol topical gel 2 %	(Erygel)	2	QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %		2	QL (180 per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	2	
gentamicin topical cream 0.1 %		2	QL (120 per 30 days)
gentamicin topical ointment 0.1 %		2	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	2	
metronidazole topical gel 0.75 %	(Rosadan)	2	
metronidazole topical gel 1 %	(Metrogel)	2	
metronidazole topical lotion 0.75 %	(MetroLotion)	2	
mupirocin topical ointment 2 %	(Centany)	1	GC; QL (220 per 30 days)
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		2	
rosadan topical cream 0.75 %	(metronidazole)	2	
selenium sulfide topical lotion 2.5 %		2	
silver sulfadiazine topical cream 1 %	(SSD)	2	
ssd topical cream 1 %	(silver sulfadiazine)	4	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	2	

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药物名称	药物等级	要求/限制
皮肤抗炎药		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	1	GC
<i>ala-scalp topical lotion 2 %</i>	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam (Luxiq) 0.12 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 % (Diprolene (augmented))</i>	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical foam 0.05 % (Olux)</i>	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 % (Clobex)</i>	2	
<i>clobetasol topical ointment 0.05 % (Temovate)</i>	2	
<i>clobetasol topical shampoo 0.05 % (Clobex)</i>	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 % (Olux-E)</i>	2	
<i>desonide topical cream 0.05 % (DesOwen)</i>	2	

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药物名称	药物等级	要求/限制
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	2	QL (120 per 30 days)
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	2	QL (120 per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	2	QL (180 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i> (fluocinonide-emollient)	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream 2.5 %</i>	1	GC
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	2	QL (236 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	GC
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	1	GC

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药物名称	药物等级	要求/限制
hydrocortisone topical lotion 2.5 %	2	
hydrocortisone topical ointment 1 % (Anti-Itch (HC))	1	GC
hydrocortisone topical ointment 2.5 %	1	GC
hydrocortisone valerate topical cream 0.2 %	2	
hydrocortisone valerate topical ointment 0.2 %	2	
mometasone topical cream 0.1 %	2	
mometasone topical ointment 0.1 %	2	
mometasone topical solution 0.1 %	2	
pimecrolimus topical cream 1 % (Elidel)	2	QL (100 per 30 days)
prednicarbate topical ointment 0.1 %	2	
procto-med hc topical cream with perineal applicator 2.5 %	2	
procto-pak topical cream with perineal applicator 1 %	2	
proctosol hc topical cream with perineal applicator 2.5 %	2	
protozone-hc topical cream with perineal applicator 2.5 %	2	
tacrolimus topical ointment 0.03 %, 0.1 % (Protopic)	2	QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %	1	GC
triamcinolone acetonide topical cream 0.1 %, 0.5 % (Triderm)	1	GC
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	2	
triamcinolone acetonide topical ointment 0.025 %	1	GC
triamcinolone acetonide topical ointment 0.05 % (Trianex)	2	
triamcinolone acetonide topical ointment 0.1 %, 0.5 %	2	
治疗皮肤病的维甲酸		
adapalene topical cream 0.1 % (Differin)	2	
adapalene topical gel 0.1 % (Differin)	2	
ALTRENO TOPICAL LOTION 0.05 %	4	PA

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药物名称	药物等级	要求/限制
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA
杀疥螨药和灭虱药		
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	
<i>permethrin topical cream 5 %</i> (Elimite)	2	
设备		
设备		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	2	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	2	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	2	
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	2	
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	2	
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	2	
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	2	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	2	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	2	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	2	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	2	

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药物名称	药物等级	要求/限制
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	2	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	2	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	2	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2

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药物名称	药物等级	要求/限制
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	2	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	2	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	
BD ECLIPSE 30GX1/2" SYRINGE (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	2	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	2	
BD INS SYRN UF 1 ML (insulin syringe-needle 12.7MMX30G NOT FOR RETAIL u-100) SALE 1 ML 30 GAUGE X 1/2"	2	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	2	
BD INSULIN SYR 1 ML 25GX5/8" (insulin syringe-needle 1 ML 25 GAUGE X 5/8" u-100)	2	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	2	
BD INSULIN SYR 1 ML 28GX1/2" (Comfort EZ Insulin (OTC) 1 ML 28 GAUGE X 1/2" Syringe)	2	
BD INSULIN SYRINGE 1 ML W/O (insulin syringe NEEDLE 1 ML needleless)	2	
BD LUER-LOK SYRINGE 1 ML 1 (BD Insulin Syringe Slip ML Tip)	2	
BD NANO 2 GEN PEN NDL (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	2	
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	

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药物名称	药物等级	要求/限制
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	2	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "	2	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	2	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	2	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	2	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2

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药物名称	药物等级	要求/限制
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	2
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2

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药物名称	药物等级	要求/限制
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		2
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		2
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	2
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	2
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	2
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	2
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2

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药物名称	药物等级	要求/限制
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	2
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	2
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	2
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)	2
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		2
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2

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药物名称	药物等级	要求/限制
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	2	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	2	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	2	
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	2	
CURAD GAUZE PADS 2" X 2" 2 X (gauze bandage) 2 "	1	GC
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	GC
CURITY GUAZE PADS 1'S(12 (gauze bandage) PLY) 2 X 2 "	1	GC
DERMACEA 2"X2" GAUZE 12 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	1	GC
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	GC
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	GC
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	2	

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药物名称	药物等级	要求/限制
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	2	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"		2
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		2
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		2
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		2
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		2
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		2

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药物名称	药物等级	要求/限制
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		2
DROPLET PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"		2
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	2
DROPLET PEN NEEDLE 31GX1/4" (pen needle, diabetic) 31 GAUGE X 1/4"		2
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2
DROPLET PEN NEEDLE 32GX1/4" (pen needle, diabetic) 32 GAUGE X 1/4"		2
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	2
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		2
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2

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药物名称	药物等级	要求/限制
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		2
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		2
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2

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药物名称	药物等级	要求/限制
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		2
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		2
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		2
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		2
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		2
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		2
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		2
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2

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药物名称	药物等级	要求/限制
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	
EASY TOUCH LUER LOK INSUL 1 ML 1 ML	(insulin syringe needleless)	2
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	2
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	2
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	2	
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	2	

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药物名称	药物等级	要求/限制
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	2	
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
EASY TOUCH UNI-SLIP SYR 1 ML 1 ML (insulin syringe needleless)	2	
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	2	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30 (Ultra Comfort Insulin Syringe)	2	
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE (Lite Touch Insulin Syringe)	2	
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16" (Lite Touch Insulin Syringe)	2	
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16" (Advocate Syringes)	2	
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE 1 ML 31 GAUGE X 5/16" (Advocate Syringes)	2	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16" (pen needle, diabetic)	2	
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE (Lite Touch Insulin Syringe)	2	
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	

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药物名称	药物等级	要求/限制
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		2
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		2
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	2
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2

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药物名称	药物等级	要求/限制
HEALTHWISE PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 4MM 32G 32 GAUGE X 5/32"	2	
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 5MM 31G 31 GAUGE X 3/16"	2	
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 6MM 31G 31 GAUGE X 1/4"	2	
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 8MM 31G 31 GAUGE X 5/16"	2	
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"	2	
INCONTROL PEN NEEDLE 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	2	
INCONTROL PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	
INCONTROL PEN NEEDLE 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	2	
INCONTROL PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	2	
INCONTROL PEN NEEDLE 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	2	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INSULIN SYR 0.3 ML 30GX5/16" (Advocate Syringes) 0.3 ML 30 GAUGE X 5/16"	2	
INSULIN SYR 0.3 ML (UltiCare Insulin Syr(half 31GX1/4(1/2) 0.3 ML 31 GAUGE X unit)) 1/4"	2	
INSULIN SYRIN 0.3 ML 30GX1/2" (Comfort EZ Insulin SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML 28GX1/2" (Comfort EZ Insulin 1/2 ML 28 GAUGE X 1/2" Syringe)	2	
INSULIN SYRIN 0.5 ML 29GX1/2" (Advocate Syringes) (OTC) 0.5 ML 29 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML 30GX1/2" (Comfort EZ Insulin SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2" Syringe)	2	

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药物名称	药物等级	要求/限制
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2
INSULIN SYRING 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	2
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	2
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	2
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		2
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	2
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	2
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	2
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Advocate Syringes)	2
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe)	2
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	2
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	2
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	2
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	2

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药物名称	药物等级	要求/限制
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2
LISCO SPONGES 100/BAG 2 X 2 "		1 GC
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	2
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		2
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	2
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2

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药物名称	药物等级	要求/限制
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		2
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		2
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 X 1/2"		2
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		2
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		2
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		2
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		2
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2

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MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 2	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic) 2	
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips) 2	
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle) 2	
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle) 2	
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles) 2	
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle) 2	
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles) 2	
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles) 2	
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic) 2	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100) 2	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100) 2	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) 1 ML	(insulin syringes (disposable)) 2	

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药物名称	药物等级	要求/限制
MONOJECT INSULIN SYR 0.3 ML (insulin syringe-needle (OTC) 0.3 ML 30 GAUGE X 5/16" u-100)	2	
MONOJECT INSULIN SYR 0.3 ML (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	2	
MONOJECT INSULIN SYR 0.5 ML (insulin syringe-needle (OTC) 0.5 ML 30 GAUGE X 5/16" u-100)	2	
MONOJECT INSULIN SYR 0.5 ML (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	2	
MONOJECT INSULIN SYR 1 ML (insulin syringe-needle 3'S (OTC) 1 ML 30 GAUGE X 5/16 u-100)	2	
MONOJECT INSULIN SYR U-100 (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	2	
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"	2	
MONOJECT SYRINGE 0.3 ML 0.3 (insulin syringe-needle ML 31 GAUGE X 5/16" u-100)	2	
MONOJECT SYRINGE 0.5 ML 0.5 (insulin syringe-needle ML 31 GAUGE X 5/16" u-100)	2	
MONOJECT SYRINGE 1 ML 1 ML (insulin syringe-needle 31 GAUGE X 5/16 u-100)	2	
NOVOFINE 30 NEEDLE	2	
NOVOFINE 32G NEEDLES 32 (pen needle, diabetic) GAUGE X 1/4"	2	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	2	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)

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药物名称	药物等级	要求/限制
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	2
PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(AboutTime Pen Needle)	2
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	2
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	2
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	2
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	2
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		2

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药物名称	药物等级	要求/限制
PRO COMFORT 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	2	
PRO COMFORT 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	2	
PRO COMFORT 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	2	
PRO COMFORT 1 ML 30GX1/2" 1 (insulin syringe-needle ML 30 GAUGE X 1/2" u-100)	2	
PRO COMFORT 1 ML 30GX5/16" 1 (insulin syringe-needle ML 30 GAUGE X 5/16 u-100)	2	
PRO COMFORT 1 ML 31GX5/16" 1 (insulin syringe-needle ML 31 GAUGE X 5/16 u-100)	2	
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	2	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	2	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic)	2	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	2	
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4" (pen needle, diabetic)	2	
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	2	

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药物名称	药物等级	要求/限制
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	2
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	2
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Lite Touch Insulin Syringe)	2
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		2
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)	2
RELION PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		2
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		2
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		2
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		2
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"		2
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"		2
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"		2
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		2
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"		2
SM STERILE PADS 2" X 2" 2"X2", (gauze bandage) STERILE 2 X 2 "	1	GC

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药物名称	药物等级	要求/限制
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)	2	
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	2	
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	2	
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	2	
SURE COMFORT 31G PEN NEEDLE 31 GAUGE X 5/16"	2	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" u-100)	2	
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" u-100)	2	
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" u-100)	2	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	2	
SURE COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	2	

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药物名称	药物等级	要求/限制
SURE COMFORT PEN NDL 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2
SURE COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		2
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"		2
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		2
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		2
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		2
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"		2
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		2
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		2
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		2

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药物名称	药物等级	要求/限制	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	2		
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(Advocate Syringes)	2	
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	

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药物名称	药物等级	要求/限制
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	2
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	2
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	2
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	2
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		2
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	2
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		2
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	2
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		2
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2

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药物名称	药物等级	要求/限制
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		2
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		2
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2

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药物名称	药物等级	要求/限制
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
ULT CFT 0.3 ML 30GX5/16" (1/2) 1/2 UNIT 0.3 ML 30 GAUGE X 5/16"		2
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	2
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2

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药物名称	药物等级	要求/限制
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	2	
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	2	
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	2	
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	2	
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" (pen needle, diabetic)	2	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	2	
ULTICARE SAFE PEN NDL 8MM 30G 30 GAUGE X 5/16"	2	
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	2	
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"	2	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	2	
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	2	

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药物名称	药物等级	要求/限制
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	2	
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	2	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	2	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	2	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	2	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	2	
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	2	
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	2	
ULTILET INSULIN SYRINGE 0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	
ULTILET INSULIN SYRINGE 0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 0.5 u-100) ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	2	
ULTILET INSULIN SYRINGE 1 (insulin syringe-needle ML 1 ML 29 GAUGE X 1/2", 1 ML u-100) 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
ULTILET PEN NEEDLE 29 GAUGE	2	
ULTILET PEN NEEDLE 4MM 32G (pen needle, diabetic) 32 GAUGE X 5/32"	2	
ULTRA COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16"	2	
ULTRA COMFORT 0.5 ML (insulin syringe-needle 28GX1/2" CONVERTS TO 29G 1/2 u-100) ML 28 GAUGE X 1/2"	2	
ULTRA COMFORT 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	2	

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药物名称	药物等级	要求/限制
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	2	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	2	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	2	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	2	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	2	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	

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药物名称	药物等级	要求/限制
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2

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

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药物名称	药物等级	要求/限制
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"		2
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"		2
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		2
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		2
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		1
V-GO 20 DEVICE		3
V-GO 30 DEVICE		3

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药物名称	药物等级	要求/限制
V-GO 40 DEVICE	3	
酶补充剂/调节剂		
酶补充剂/调节剂		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NM; NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NM; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NM; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NM; NDS; QL (14 per 28 days)
<i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)	5	NM; NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NM; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; NM; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA; NM; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NM; NDS

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药物名称	药物等级	要求/限制
ORFADIN ORAL CAPSULE 20 MG	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NM; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	5	NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NM; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000- 126,000- 168,000 UNIT, 5,000- 17,000- 24,000 UNIT	3	
眼部、耳部、鼻部、咽喉药		
眼部、耳部、鼻部、咽喉药·其他		
alcaine ophthalmic (eye) drops 0.5 % (proparacaine)	2	
apraclonidine ophthalmic (eye) drops 0.5 %	2	
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	4	
azelastine nasal aerosol,spray 137 mcg (0.1 %)	2	QL (30 per 25 days)

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药物名称	药物等级	要求/限制
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %) (Astepro Allergy)	2	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	2	
bepotastine besilate ophthalmic (eye) (Bepreve) drops 1.5 %	2	ST
cromolyn ophthalmic (eye) drops 4 %	2	
cyclopentolate ophthalmic (eye) (Cyclogyl) drops 0.5 %, 1 %, 2 %	2	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	5	PA; NM; NDS; QL (20 per 28 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NM; NDS; QL (60 per 28 days)
epinastine ophthalmic (eye) drops 0.05 %	2	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	2	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	2	QL (15 per 10 days)
levofloxacin ophthalmic (eye) drops 1.5 %	2	
olopatadine nasal spray,non-aerosol 0.6 % (Patanase)	2	QL (30.5 per 30 days)
olopatadine ophthalmic (eye) drops 0.1 % (Eye Allergy Itch-Redness Rlf)	2	
olopatadine ophthalmic (eye) drops 0.2 % (Clear Eyes Once Daily Allergy)	2	
proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)	2	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA; NM; NDS
眼部、耳部、鼻部、咽喉抗感染药		
acetic acid otic (ear) solution 2 %	2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	2	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (Polycin)	2	
bleph-10 ophthalmic (eye) drops 10 % (sulfacetamide sodium)	2	

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ciprofloxacin hcl ophthalmic (eye) drops 0.3 % (Ciloxan)	2	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 % (Ciprodex)	2	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	2	QL (3.5 per 4 days)
gatifloxacin ophthalmic (eye) drops 0.5 % (Zymaxid)	2	
gentak ophthalmic (eye) ointment 0.3 % (gentamicin) (3 mg/gram)	2	
gentamicin ophthalmic (eye) drops 0.3 %	1	GC
hydrocortisone-acetic acid otic (ear) drops 1-2 %	2	
levofloxacin ophthalmic (eye) drops 0.5 %	2	
moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (Neo-Polycin HC)	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g (Neo-Polycin)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)	2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	2	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	2	

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<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2		
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(neomycin-bacitracin-poly-hc)	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	(neomycin-bacitracin-polymyxin)	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	(Ocuflax)	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>		2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	(bacitracin-polymyxin b)	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	(Polytrim)	1	GC
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>		2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>		2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>		2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	(Tobrex)	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	(TobraDex)	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>		2	
<i>ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %</i>		4	
<i>ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %</i>		3	
眼部、耳部、鼻部、咽喉消炎药			
<i>ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %</i>		3	ST
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>		2	

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BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
cyclosporine ophthalmic (eye) (Restasis) dropperette 0.05 %	2	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	2	
diclofenac sodium ophthalmic (eye) drops 0.1 %	2	
difluprednate ophthalmic (eye) drops (Durezol) 0.05 %	2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	2	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) (DermOtic Oil) drops 0.01 %	2	
fluorometholone ophthalmic (eye) (FML Liquifilm) drops,suspension 0.1 %	4	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	2	
fluticasone propionate nasal (24 Hour Allergy Relief) spray,suspension 50 mcg/actuation	1	GC; QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
ketorolac ophthalmic (eye) drops 0.5 (Acular) %	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
loteprednol etabonate ophthalmic (Lotemax) (eye) drops,gel 0.5 %	2	
loteprednol etabonate ophthalmic (Lotemax) (eye) drops,suspension 0.5 %	2	
mometasone nasal spray,non-aerosol 50 mcg/actuation	2	QL (34 per 30 days)
prednisolone acetate ophthalmic (Pred Forte) (eye) drops,suspension 1 %	4	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	2	

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PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (60 per 30 days)
RESTASIS OPHTHALMIC (EYE) (cyclosporine) DROPPERETTE 0.05 %	2	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
IIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
消化系统药物		
抗溃疡药和酸抑制剂		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	2	
cimetidine hcl oral solution 300 mg/5 ml	2	
cimetidine oral tablet 200 mg (Acid Reducer (cimetidine))	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	2	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	2	QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	2	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	2	ST; QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 20 mg	2	
esomeprazole sodium intravenous recon soln 40 mg	2	
famotidine (pf) intravenous solution 20 mg/2 ml	1	GC
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	2	

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famotidine intravenous solution 10 mg/ml	2	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	2	
famotidine oral tablet 20 mg (Acid Controller)	1	GC
famotidine oral tablet 40 mg (Pepcid)	1	GC
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	2	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	2	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)	2	
nizatidine oral capsule 150 mg, 300 mg	2	
nizatidine oral solution 150 mg/10 ml	2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	GC
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram (Zegerid)	2	ST; QL (30 per 30 days)
pantoprazole intravenous recon soln 40 mg (Protonix)	2	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg (Protonix)	1	GC; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg (Protonix)	1	GC; QL (60 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg (AcipHex)	2	QL (30 per 30 days)
sucralfate oral tablet 1 gram (Carafate)	2	
消化系统药物 · 其他		
carglumic acid oral tablet, dispersible 200 mg (Carbaglu)	5	NM; NDS
constulose oral solution 10 gram/15 ml (lactulose)	2	
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	2	
dicyclomine oral capsule 10 mg	2	
dicyclomine oral solution 10 mg/5 ml	2	
dicyclomine oral tablet 20 mg	2	

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药物名称	药物等级	要求/限制
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	2	
diphenoxylate-atropine oral tablet (Lomotil) 2.5-0.025 mg	2	
enulose oral solution 10 gram/15 ml (lactulose)	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM; NDS
generlac oral solution 10 gram/15 ml (lactulose)	2	
glycopyrrolate oral tablet 1 mg (Robinul)	2	
glycopyrrolate oral tablet 2 mg (Robinul Forte)	2	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml	2	
lactulose oral solution 10 gram/15 ml (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (30 per 30 days)
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	2	
lubiprostone oral capsule 24 mcg, 8 mcg (Amitiza)	3	QL (60 per 30 days)
methscopolamine oral tablet 2.5 mg, 5 mg	2	
metoclopramide hcl injection solution 5 mg/ml	2	
metoclopramide hcl injection syringe 5 mg/ml	2	
metoclopramide hcl oral solution 5 mg/5 ml	2	
metoclopramide hcl oral tablet 10 (Reglan) mg, 5 mg	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)
propantheline oral tablet 15 mg	2	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; NDS

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药物名称	药物等级	要求/限制
RELISTOR ORAL TABLET 150 MG	5	PA; NM; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; NM; NDS; QL (11.2 per 28 days)
sodium phenylbutyrate oral tablet (Buphenyl) 500 mg	5	NM; NDS
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml	2	
sodium polystyrene sulfonate oral powder	2	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	2	
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet 250 mg (URSO 250)	2	
ursodiol oral tablet 500 mg (URSO Forte)	2	
XERMELO ORAL TABLET 250 MG	5	PA; NM; NDS; QL (90 per 30 days)
泻药		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	3	
gavilyte-c oral recon soln 240-22.72- (peg 3350-electrolytes) 6.72 -5.84 gram	2	
gavilyte-g oral recon soln 236-22.74- (peg 3350-electrolytes) 6.74 -5.86 gram	2	
gavilyte-n oral recon soln 420 gram (peg-electrolyte soln)	2	
peg 3350-electrolytes oral recon soln (GaviLyte-G) 236-22.74-6.74 -5.86 gram	2	
peg-electrolyte soln oral recon soln 420 gram	2	
sodium,potassium,mag sulfates oral (Suprep Bowel Prep Kit) recon soln 17.5-3.13-1.6 gram	3	
SUPREP BOWEL PREP KIT ORAL (sodium,potassium,mag sulfates) RECON SOLN 17.5-3.13-1.6 GRAM	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	

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药物名称	药物等级	要求/限制
trilyte with flavor packets oral recon soln 420 gram (peg-electrolyte soln)	2	
磷酸盐结合剂		
calcium acetate(phosphat bind) oral capsule 667 mg	2	
calcium acetate(phosphat bind) oral tablet 667 mg	2	
lanthanum oral tablet,chewable (Fosrenol) 1,000 mg, 500 mg, 750 mg	5	NM; NDS
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
sevelamer carbonate oral powder in (Renvela) packet 0.8 gram, 2.4 gram	5	NM; NDS
sevelamer carbonate oral tablet 800 (Renvela) mg	2	
sevelamer hcl oral tablet 400 mg	2	
sevelamer hcl oral tablet 800 mg (Renagel)	2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
泌尿生殖系统用药		
镇痉剂 · 泌尿系统		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg (Toviaz)	2	
flavoxate oral tablet 100 mg	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
oxybutynin chloride oral syrup 5 mg/5 ml	2	
oxybutynin chloride oral tablet 5 mg	2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg (Ditropan XL)	2	
oxybutynin chloride oral tablet extended release 24hr 15 mg	2	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg (Detrol LA)	2	

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药物名称	药物等级	要求/限制
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	2	
<i>trospium oral tablet 20 mg</i>	2	
泌尿生殖系统用药 · 其他		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	GC; QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	
ENTADFI ORAL CAPSULE 5-5 MG	4	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	GC
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	GC
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	5	PA; NM; NDS
<i>tiopronin oral tablet 100 mg</i> (Thiola)	5	NM; NDS
重金属拮抗剂		
重金属拮抗剂		
<i>clovique oral capsule 250 mg</i> (trientine)	5	PA; NM; NDS; QL (240 per 30 days)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NM; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu)	5	PA; NM; NDS
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	2	PA
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	2	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	5	PA; NM; NDS
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	5	PA; NM; NDS
<i>deferoxamine injection recon soln 2 gram</i>	2	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	2	PA

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药物名称	药物等级	要求/限制
FERRIPROX 1,000 MG TAB(2X/DAY) 1,000 MG (deferiprone)	5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NM; NDS
FERRIPROX ORAL TABLET 1,000 MG (deferiprone)	5	PA; NM; NDS
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	5	PA; NM; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NM; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NM; NDS; QL (240 per 30 days)
荷尔蒙制剂，兴奋剂/补充剂/调节剂		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	5	PA; NM; NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)

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药物名称	药物等级	要求/限制
雌激素和抗雌激素		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	2	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	
<i>jintel i oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	QL (8 per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	2	
PREMARIN INJECTION RECON SOLN 25 MG	3	

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药物名称	药物等级	要求/限制
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	
PREMARIN ORAL TABLET 0.625 (conjugated estrogens) MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	2	QL (18 per 28 days)
糖皮质激素/矿物皮质激素		
<i>a-hydrocort injection recon soln 100 mg</i>	2	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	
<i>dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	GC
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NM; NDS; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NM; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	2	

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药物名称	药物等级	要求/限制
HEMADY ORAL TABLET 20 MG	4	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	2	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	2	
methylprednisolone oral tablet 32 mg	2	
methylprednisolone oral tablets,dose pack 4 mg	2	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	2	
methylprednisolone sodium succ intravenous recon soln 1,000 mg	2	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	2	PA BvD
prednisolone oral solution 15 mg/5 ml	2	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	2	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	2	PA BvD
prednisone oral solution 5 mg/5 ml	2	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	PA BvD; GC
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
triamcinolone acetonide injection suspension 40 mg/ml	2	
脑垂体		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	5	NM; NDS

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药物名称	药物等级	要求/限制
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NM; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NM; NDS
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	5	PA; NM; NDS; QL (120 per 30 days)
NORDITROPIN FLEXPRESS SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	2	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	

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药物名称	药物等级	要求/限制
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NM; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NM; NDS; QL (1 per 360 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	NM; NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NM; NDS; QL (1 per 168 days)
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NM; NDS
黄体酮		
hydroxyprogesterone cap(ppres) (Makena) intramuscular oil 250 mg/ml	5	NM; NDS
medroxyprogesterone intramuscular suspension 150 mg/ml (Depo-Provera)	2	QL (1 per 84 days)

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药物名称	药物等级	要求/限制
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	GC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
甲状腺和抗甲状腺药		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	GC
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	GC
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	2	
免疫制剂		
免疫制剂		
<i>ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML</i>	5	PA; NM; NDS
<i>ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)</i>	5	PA; NM; NDS
<i>ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML</i>	5	PA; NM; NDS
<i>ARCALYST SUBCUTANEOUS RECON SOLN 220 MG</i>	5	NM; NDS
<i>AVSOLA INTRAVENOUS RECON SOLN 100 MG</i>	5	PA; NM; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD

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药物名称	药物等级	要求/限制
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS

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药物名称	药物等级	要求/限制
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.25 mg</i>	2	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NM; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NM; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NM; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml (cyclosporine modified)</i>	2	PA BvD

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药物名称	药物等级	要求/限制
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NM; NDS
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NM; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NM; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS

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药物名称	药物等级	要求/限制
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	5	PA; NM; NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47), 10 MG (4)- 20 MG (4)-30 MG(19)	5	PA; NM; NDS

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药物名称	药物等级	要求/限制
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REMICADE INTRAVENOUS (infliximab) RECON SOLN 100 MG	5	PA; NM; NDS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NM; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	2	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NM; NDS
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS

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药物名称	药物等级	要求/限制
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	2	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NM; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NM; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS
疫苗		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP) ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP) ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	

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药物名称	药物等级	要求/限制
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	3	

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药物名称	药物等级	要求/限制
IPOP INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF- 48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRI (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	

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药物名称	药物等级	要求/限制
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTAQUE VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	

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药物名称	药物等级	要求/限制
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	QL (0.75 per 365 days)
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine) 3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	
发炎性肠道疾病用药		
发炎性肠道疾病用药		
alosetron oral tablet 0.5 mg (Lotronex)	2	
alosetron oral tablet 1 mg (Lotronex)	5	NM; NDS
balsalazide oral capsule 750 mg (Colazal)	2	
budesonide oral capsule,delayed,extend.release 3 mg	2	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NM; NDS
hydrocortisone rectal enema 100 mg/60 ml (Cortenema)	4	

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药物名称	药物等级	要求/限制
mesalamine oral capsule (with del rel tablets) 400 mg	2	
mesalamine oral capsule,extended release 24hr 0.375 gram	2	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	2	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	2	
mesalamine rectal suppository 1,000 mg	2	
sulfasalazine oral tablet 500 mg	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	4	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
代谢性骨骼疾病用药		
代谢性骨骼疾病用药		
alendronate oral solution 70 mg/75 ml	2	QL (300 per 28 days)
alendronate oral tablet 10 mg, 5 mg	1	GC; QL (30 per 30 days)
alendronate oral tablet 35 mg	1	GC; QL (4 per 28 days)
alendronate oral tablet 70 mg (Fosamax)	1	GC; QL (4 per 28 days)
calcitonin (salmon) injection solution 200 unit/ml	5	NM; NDS
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	2	QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml	2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	
calcitriol oral solution 1 mcg/ml (Rocaltrol)	2	
cinacalcet oral tablet 30 mg (Sensipar)	2	QL (60 per 30 days)
cinacalcet oral tablet 60 mg (Sensipar)	5	NM; NDS; QL (60 per 30 days)
cinacalcet oral tablet 90 mg (Sensipar)	5	NM; NDS; QL (120 per 30 days)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	2	

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EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	5	PA; NM; NDS; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	3	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg (Boniva)</i>	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM; NDS; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	2	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)</i>	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg (Actonel)</i>	2	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg (Actonel)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	2	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1.56 per 30 days)

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XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NM; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	
<i>zoledronic acid-mannitol-water (Reclast) intravenous piggyback 5 mg/100 ml</i>	2	QL (100 per 300 days)
其他治疗药剂		
其他治疗药剂		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NM; NDS
<i>betaine oral powder 1 gram/scoop (Cystadane)</i>	5	NM; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	5	NM; NDS
<i>diazoxide oral suspension 50 mg/ml (Proglycem)</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NM; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NM; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NM; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NM; NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	

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药物名称	药物等级	要求/限制
<i>hydroxyzine pamoate oral capsule 25 (Vistaril) mg, 50 mg</i>	1	GC
KEVEYIS ORAL TABLET 50 MG	5	PA; NM; NDS; QL (120 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	2	
<i>leucovorin calcium injection solution 10 mg/ml</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	4	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	5	NM; NDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	2	
MESNEX ORAL TABLET 400 MG	5	NM; NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NM; NDS
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS

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药物名称	药物等级	要求/限制
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NM; NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NM; NDS; QL (120 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
眼科药物		
抗青光眼药		
acetazolamide oral capsule, extended release 500 mg	2	
acetazolamide oral tablet 125 mg, 250 mg	2	
acetazolamide sodium injection recon soln 500 mg	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS,SUSPENSION 1 %	2	
betaxolol ophthalmic (eye) drops 0.5 %	2	
bimatoprost ophthalmic (eye) drops 0.03 %	2	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops (Alphagan P) 0.15 %	4	
brimonidine ophthalmic (eye) drops 0.2 %	1	GC
brimonidine-timolol ophthalmic (eye) (Combigan) drops 0.2-0.5 %	3	
carteolol ophthalmic (eye) drops 1 %	2	
COMBIGAN OPHTHALMIC (EYE) (brimonidine-timolol) DROPS 0.2-0.5 %	3	
dorzolamide ophthalmic (eye) drops (Trusopt) 2 %	2	
dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml	2	

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<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	1	GC; QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	1	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet</i> 25 mg, 50 mg	2	
<i>metipranolol ophthalmic (eye) drops</i> 0.3 %	2	
<i>pilocarpine hcl ophthalmic (eye)</i> <i>drops 1 %, 4 %</i>	2	
<i>pilocarpine hcl ophthalmic (eye)</i> (Isopto Carpine) <i>drops 2 %</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye)</i> (Timoptic) <i>drops 0.25 %, 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) gel</i> (Timoptic-XE) <i>forming solution 0.25 %, 0.5 %</i>	4	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	2	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	4	ST; QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	4	QL (30 per 30 days)
补充溶液		
补充溶液		
<i>calcium chloride intravenous syringe</i> 100 mg/ml (10 %)	2	
<i>d5 % and 0.9 % sodium chloride</i> <i>intravenous parenteral solution</i>	4	

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

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药物名称	药物等级	要求/限制	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2		
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2		
<i>potassium chloride oral tablet extended release 10 meq, 20 meq</i>	2		
<i>potassium chloride oral tablet extended release 8 meq</i>	2		
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2		
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	2		
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	2		
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2		
<i>potassium citrate oral tablet extended (Urocit-K 10) release 10 meq (1,080 mg)</i>	2		
<i>potassium citrate oral tablet extended (Urocit-K 15) release 15 meq</i>	2		
<i>potassium citrate oral tablet extended (Urocit-K 5) release 5 meq (540 mg)</i>	2		
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2		
<i>sodium chloride 0.9 % injection solution</i>	2		
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2		
<i>sodium chloride 0.9% solution mini- bag, single use</i>	2		
呼吸道药物			
消炎药 · 吸入型糖皮质激素			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion- salmeterol)	2	QL (60 per 30 days)

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药物名称	药物等级	要求/限制
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	PA BvD; QL (120 per 30 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION <i>(fluticasone propionate)</i>	3	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION <i>(fluticasone propionate)</i>	3	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION <i>(fluticasone propionate)</i>	3	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION <i>(budesonide-formoterol)</i>	3	QL (30.6 per 30 days)
抗白三烯药物		

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药物名称	药物等级	要求/限制
montelukast oral tablet 10 mg (Singulair)	1	GC
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	1	GC
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	2	
支气管舒张剂		
albuterol 5 mg/ml solution 5 mg/ml	2	PA BvD; QL (120 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (Proventil HFA)	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	2	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	2	PA BvD; QL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	2	PA BvD; QL (120 per 30 days)
albuterol sulfate oral syrup 2 mg/5 ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	2	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
elixophyllin oral elixir 80 mg/15 ml (theophylline)	2	

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药物名称	药物等级	要求/限制
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	GC
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NM; NDS
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
呼吸道药物 · 其他		

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药物名称	药物等级	要求/限制
acetylcysteine intravenous solution (Acetadote) 200 mg/ml (20 %)	2	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	2	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	2	PA BvD
DALIRESP ORAL TABLET 250 MCG (roflumilast)	3	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG (roflumilast)	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NM; NDS; QL (270 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NM; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (120 per 30 days)

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药物名称	药物等级	要求/限制
pirfenidone oral tablet 267 mg (Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg	5	PA; NM; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg (Esbriet)	5	PA; NM; NDS; QL (90 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV 1,000 MG (+/-)/20 ML	5	PA BvD; NM; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NM; NDS
roflumilast oral tablet 500 mcg (Daliresp)	2	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NM; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NM; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NM; NDS

骨骼肌松弛剂

骨骼肌松弛剂		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
chlorzoxazone oral tablet 250 mg	5	NM; NDS; QL (120 per 30 days)
chlorzoxazone oral tablet 500 mg	2	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	GC
dantrolene oral capsule 100 mg, 50 mg	2	
dantrolene oral capsule 25 mg (Dantrium)	2	
methocarbamol oral tablet 500 mg, 750 mg	2	
revonto intravenous recon soln 20 mg (dantrolene)	2	

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药物名称	药物等级	要求/限制
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
睡眠障碍用药		
睡眠障碍用药		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
<i>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</i>	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
<i>HETLIOZ LQ ORAL SUSPENSION 4 MG/ML</i>	5	PA; NM; NDS; QL (150 per 30 days)
<i>HETLIOZ ORAL CAPSULE 20 MG</i>	5	PA; NM; NDS; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
<i>SUNOSI ORAL TABLET 150 MG, 75 MG</i>	4	PA; QL (30 per 30 days)
<i>XYREM ORAL SOLUTION 500 MG/ML</i>	5	PA; NM; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	GC; QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	QL (30 per 30 days)
血管扩张剂		
血管扩张剂		
<i>ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG</i>	5	PA; NM; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	5	PA; NM; NDS
<i>OPSUMIT ORAL TABLET 10 MG</i>	5	PA; NM; NDS; QL (30 per 30 days)

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

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completenate tablet chew 29 mg iron-1 mg	2	
dothelle dha oral capsule 35-1-200 mg	2	
extra-virt plus dha oral capsule 29 mg iron-1.25 mg-55 mg	2	
folivane-ob capsule 85-1 mg	2	
hemenatal ob + dha oral combo pack 28 mg iron-6 mg iron-1 mg	2	
kosher prenatal plus iron tab 30 mg iron- 1 mg	2	
marnatal-f capsule 60 mg iron-1 mg	2	
m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	2	
mynatal advance oral tablet 90-1-50 mg	2	
mynatal capsule 65 mg iron- 1 mg	2	
mynatal oral tablet 90-1-50 mg	2	
mynatal plus captab 65 mg iron- 1 mg	2	
mynatal-z captab 65 mg iron- 1 mg	2	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	2	
newgen tablet 32-1,000 mg-mcg	2	
niva-plus tablet 27 mg iron- 1 mg	2	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	2	
o-cal prenatal tablet 15 mg iron-1,000 mcg	2	
pnv 29-1 tablet (rx) 29 mg iron- 1 mg	2	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	2	
pnv-ferrous fumarate-docu-fa oral tablet 29 mg iron- 1 mg-25 mg	2	
pnv-omega softgel 28-1-300 mg	2	
pnv-vp-u oral capsule 106.5-1 mg	2	
pr natal 400 combo pack 29-1-400 mg	2	
pr natal 400 ec combo pack 29-1-400 mg	2	

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药物名称	药物等级	要求/限制
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	
<i>prena1 true combo pack 30 mg iron-1.4 mg-300 mg</i>	2	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	2	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	2	
<i>prenatabs fa tablet 29-1 mg</i>	2	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	2	
<i>prenatal plus tablet (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	
<i>prenatal-u capsule 106.5-1 mg</i>	2	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	
<i>purefe ob plus capsule 106 mg iron- 1 mg</i>	2	
<i>purefe plus capsule 106 mg iron- 1 mg</i>	2	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>taron-c dha capsule 35-1-200 mg</i>	2	

您可以前往本文件的简介页，找到本表中的符号和缩写词所代表含义的相关信息

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taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	2	
triveen-duo dha combo pack 29-1- 400 mg	2	
triveen-prx rnf oral capsule 26-1.2- 55-300 mg	2	
vena-bal dha oral combo pack,tablet and cap,dr 27-1-430 mg	2	
vinate care chewable tablet 40 mg iron- 1 mg	2	
vinate gt oral tablet 90-1-50 mg	2	
vinate ii oral tablet 29 mg iron- 1 mg	2	
vinate ultra oral tablet 90-1-50 mg	2	
virt-c dha softgel (rx) 35-1-200 mg	2	
virt-nate dha softgel 28 mg iron-1 mg -200 mg	2	
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg	2	
virt-pn oral tablet 27-1 mg	2	
virt-pn plus softgel (rx) 28-1-300 mg	2	
vitafol gummies 3.33 mg iron- 0.33 mg	2	
vitafol nano tablet 18 mg iron- 1 mg	2	
vitafol-ob+dha combo pack 65-1-250 mg	2	
viva dha oral capsule 28 mg iron-1 mg -200 mg	2	
vol-nate oral tablet 28 mg iron- 1 mg	2	
vp-ch plus oral capsule 29 mg iron-1 mg -50 mg-265 mg	2	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	2	
vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg	2	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	2	
zatean-pn plus softgel 28-1-300 mg	2	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	2	

您可以前往本文件的简介页，找到本表中的符号和缩写词所代表含义的相关信息

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