2024

Drug Formulary

Formulario de Medicamentos

HMO – 1 Tier

Imperial Strong (HMO) 014

IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Strong (HMO)

2024 Formulary
(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File Submission ID 24455, Version Number 7.

This formulary was updated on 09/29/2023. This is not a complete list of drugs covered by our plan. For more recent information or other questions, please contact Member Service at 1-800-838-8271, or, for TTY users, 711, October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. and Saturday-Sunday from 10:00 a.m. – 2:00 p.m., or visit www.imperialhealthplan.com.

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Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means Imperial Health Plan of California, Inc. (HMO) (HMO SNP). When it refers to "plan" or "our plan," it means Imperial Strong (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 09/29/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Imperial Strong (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Imperial Strong (HMO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to Imperial Strong (HMO)’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to Imperial Strong (HMO)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/29/2023. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. In the event of

non-maintenance changes to the formulary throughout the plan year, we may make changes via errata sheets mailed to you. Additionally, you may visit our website for a link to the errata sheet.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 19. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR”. If you know what your drug is used for, look for the category name in the list that begins on 14. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 264. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Imperial Health Plan of California, Inc. (HMO) (HMO SNP) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Imperial Strong (HMO) before you fill your prescriptions. If you don’t get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, Imperial Strong (HMO) provides 30 per prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Imperial Strong (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 19. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Imperial Strong (HMO)’s formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Imperial Strong (HMO) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to Imperial Strong (HMO)'s Formulary?

You can ask Imperial Strong (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than *90* days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first *90* days of membership in our plan, we will cover a *31*-day emergency supply of that drug while you pursue a formulary exception.

Exceptions are available for beneficiaries who have experienced a change in the level of care they are receiving which requires them to transition from one facility or treatment center to another. Examples of situations in which beneficiaries would be eligible for the one-time temporary fill exception when they are outside of the three-month effective date into the Part D program are as follows:

1. Beneficiaries who are discharged from the hospital and are provided a discharge list of medications based upon the formulary of the hospital.

2. Beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert back to their Part D plan formulary.

3. Beneficiaries who give up Hospice Status to revert back to standard Medicare Part A and B benefits.

4. Beneficiaries who are discharged from Chronic Psychiatric Hospitals with medication regimens that are highly individualized.

For more information

For more detailed information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Imperial Strong (HMO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

Imperial Senior Value's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Imperial Strong (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 264.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., HUMIRA) and generic drugs are listed in lower-case italics (e.g., *celecoxib*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Imperial Strong (HMO)

Formulario para 2024
(Lista de medicamentos cubiertos)

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

HPMS Approved Formulary File Submission ID 24455, Version Number 7.

Este formulario se actualizó el 29/09/2023. Esta no es una lista completa de los medicamentos cubiertos por nuestro plan. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Departamento de Servicio al Cliente llamando al 1-800-838-8271, o para los usuarios de TTY al 711, del 1 de octubre al 31 de marzo: lunes a domingo, de 8:00 a.m. a 8:00 p.m. o del 1 de abril al 30 de septiembre: lunes a viernes, de 8:00 a.m. a 8:00 p.m. y sábado a domingo, de 10:00 a.m. a 2:00 p.m., o visite www.imperialhealthplan.com.

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Nota para los miembros actuales: este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a Imperial Health Plan of California, Inc. (HMO) (HMO SNP). Cuando dice “plan” o “nuestro plan”, hace referencia a Imperial Strong (HMO).

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 29/09/2023. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2024 y periódicamente durante el año.

¿Qué es el Formulario de Imperial Strong (HMO)?

Un Formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se considera que son parte necesaria de un programa de tratamiento de calidad. Normalmente, cubriremos los medicamentos incluidos en el formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de Imperial Strong (HMO) y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de los medicamentos ocurre el 1 de enero, pero nosotros podríamos agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios.

Cambios que pueden afectarlo este año: en los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

    - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Strong (HMO)?”

- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.

- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario, o agregar nuevas restricciones al medicamento de marca. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 30 días.

- Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada "¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Strong (HMO)?"

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2024 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto es vigente a partir del 29/09/2023. Para recibir información actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. En caso de cambios al formulario durante el año del plan que no sean relacionados al mantenimiento, podemos realizar cambios a través de las hojas de correcciones que le enviemos. Además, puede visitar nuestro sitio web para encontrar un enlace a la hoja de correcciones.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 19. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría "CARDIOVASCULAR". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 16. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 264. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Imperial Health Plan of California, Inc. (HMO) (HMO SNP) cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Normalmente, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Nuestro plan exige que usted o su médico obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de Imperial Strong (HMO) antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que no cubramos el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Por ejemplo, Imperial Strong (HMO) proporciona 30 por receta para atorvastatin. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, nuestro plan requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que Imperial Strong (HMO) no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces cubriremos el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 19. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio Web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Puede pedir que nuestra plan haga una excepción a estas restricciones o límites, o puede solicitarnos una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Strong (HMO)?” en la página 11 para obtener información acerca de cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con nuestro Departamento de Membresía y preguntar si su medicamento está cubierto.

Si resulta que Imperial Strong (HMO) no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a nuestro Departamento de Membresía una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede solicitar que nuestro plan haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Strong (HMO)?

Puede solicitar que Imperial Strong (HMO) haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.

- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, solo aprobaremos su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del plan o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario o a la restricción de uso. **Cuando solicita una excepción al Formulario o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el Formulario. También es posible que esté tomando un medicamento incluido en el Formulario, pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su medicamento con receta. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno apropiado que nosotros cubramos o solicitar una excepción al formulario para que le cubramos el medicamento que toma. Mientras evalúa con su médico el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros *90* días en que usted sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no está incluido en el Formulario o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de hasta 30 días del medicamento. Después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de *90* días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros *90* días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para *31* días mientras solicita la excepción al formulario.

Las excepciones se encuentran disponibles para aquellos beneficiarios que hayan sufrido un cambio de nivel en la atención que reciben, el cual exige que se muden de una instalación o centro de tratamiento a otro. Los siguientes son ejemplos de las situaciones en las que los beneficiarios serían elegibles para una excepción de una sola vez de un surtido temporal al encontrarse fuera del plazo de los tres meses posteriores a la fecha de vigencia del programa de la Parte D:

1. El beneficiario fue dado de alta del hospital y recibió una lista de medicamentos del alta según el formulario del hospital.

2. Los beneficiarios quienes terminan su estancia de Medicare Parte A en un centro de enfermería especializada (en la que los pagos incluyen todas las tarifas de farmacia) y quienes necesitan volver al formulario de su plan de la Parte D.

3. Los beneficiarios que pierden su estatus de hospicio para volver a los beneficios estándares de Medicare Parte A y B.

4. Los beneficiarios que son dados de alta de hospitales psiquiátricos crónicos con regímenes de medicamentos altamente individualizados.

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de su plan, consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre Imperial Strong (HMO), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Si tiene preguntas generales sobre su cobertura para medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048, o visite http://www.medicare.gov.

Formulario de Imperial Health Plan of California

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos cubiertos por Imperial Strong (HMO). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 264.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (por ejemplo, HUMIRA), y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, *celecoxib*).

La información incluida en la columna de Requisitos/límites indica si nuestro plan tiene algún requisito especial para la cobertura del medicamento.

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Legend

1: Covered Medications

BvD: Part B vs. Part D- This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

MO: Mail Order Eligible- This prescription may also be available via mail.

PA: Prior Authorization- You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: Quantity Limit- There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

La leyenda

1: Medicamentos cubiertos

BvD: Algunos medicamentos pueden tener cobertura de la Parte B o D de Medicare, segun las circunstancias.

MO: El pedido por correo es elegible.

PA: Autorización previa. Usted (o su médico) debe obtener una autorización previa antes de que llene su receta para este medicamento. Sin aprobación previa, es posible que no cubramos este medicamento.

QL: Limite de cantidad. Un limite de cantidad se ha implementado en el medicamento recetado.

ST: Terapia escalonada. Los requisitos de la terapia escalonada deben cumplirse antes de surtir el medicamento recetado.

Imperial MAPD 2024 1-Tier (List of Covered Drugs)

Drug Name		Requirements/Limits
ANALGESICS		
Analgesics		
butalbital-acetaminophen-caff oral tablet 50-325-40mg	*(Esgic)*	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40mg		QL (180 per 30 days)
codeine-butalbital-asa-caff oral capsule 30-50-325-40mg	*(Ascomp with Codeine)*	QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
celecoxib oral capsule 100mg, 200mg, 400mg, 50mg	*(Celebrex)*	
diclofenac potassium oral tablet 50mg		
diclofenac sodium oral tablet extended release 24-hr 100mg		
diclofenac sodium oral tablet, delayed release (dr/ec) 25mg, 50mg, 75mg		
diclofenac sodium topical gel 1%	*(Arthritis Pain (diclofenac))*	
diflunisal oral tablet 500mg		
ec-naproxen dr 500mg tablet	*(naproxen)*	
etodolac oral capsule 200mg, 300mg		
etodolac oral tablet 400mg	*(Lodine)*	
etodolac oral tablet 500mg		
flurbiprofen oral tablet 100mg		
ibu oral tablet 600mg, 800mg	*(ibuprofen)*	
ibuprofen oral suspension 100mg/5ml	*(Children's Advil)*	
ibuprofen oral tablet 400mg, 600mg, 800mg	*(IBU)*	
indomethacin oral capsule 25mg, 50mg		
indomethacin oral capsule, extended release 75mg		
ketorolac oral tablet 10mg		
meloxicam oral tablet 15mg, 7.5mg		
nabumetone oral tablet 500mg, 750mg		
naproxen oral suspension 125mg/5ml	*(Naprosyn)*	
naproxen oral tablet 250mg, 375mg		
naproxen oral tablet 500mg	*(Naprosyn)*	
naproxen oral tablet, delayed release (dr/ec) 375mg	*(EC-Naprosyn)*	
naproxen oral tablet, delayed release (dr/ec) 500mg	*(EC-Naproxen)*	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

naproxen sodium oral tablet 275mg		
naproxen sodium oral tablet 550mg	*(Anaprox DS)*	
oxaprozin oral tablet 600mg	*(Daypro)*	
piroxicam oral capsule 10mg, 20mg	*(Feldene)*	
sulindac oral tablet 150mg, 200mg		
Opioid Analgesics, Long-Acting		
fentanyl transdermal patch 72-hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hour, 50mcg/hr, 62.5mcg/hour, 75mcg/hr, 87.5mcg/hour		PA NSO; QL (10 per 30 days)
methadone oral tablet 10mg, 5mg		QL (240 per 30 days)
morphine oral tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg	*(MS Contin)*	QL (90 per 30 days)
oxycodone oral tablet, oral only, ext.rel.12-hr 10mg, 20mg	*(OxyContin)*	QL (60 per 30 days)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine 120-12mg/5ml cup outer 120mg-12mg /5ml (5ml)		QL (5000 per 30 days)
acetaminophen-codeine oral solution 120-12mg/5ml		QL (5000 per 30 days)
acetaminophen-codeine oral tablet 300-15mg, 300-30mg, 300-60mg		QL (360 per 30 days)
codeine sulfate oral tablet 15mg, 30mg, 60mg		QL (180 per 30 days)
fentanyl citrate buccal lozenge on a handle 1, 200mcg, 1, 600mcg, 600mcg, 800mcg		PA; NM; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200mcg, 400mcg		PA; QL (120 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325mg/15ml		QL (5500 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325mg, 5-325mg, 7.5-325mg		QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200mg, 5-200mg, 7.5-200mg		QL (150 per 30 days)
hydromorphone oral liquid 1mg/ml	*(Dilaudid)*	QL (1920 per 30 days)
hydromorphone oral tablet 2mg, 4mg	*(Dilaudid)*	QL (360 per 30 days)
hydromorphone oral tablet 8mg	*(Dilaudid)*	QL (240 per 30 days)
morphine concentrate oral solution 100mg/5ml (20mg/ml)		QL (600 per 30 days)
morphine oral solution 10mg/5ml		QL (1800 per 30 days)
morphine oral solution 20mg/5ml (4mg/ml)		QL (1500 per 30 days)
MORPHINE ORAL TABLET 15MG, 30MG		QL (180 per 30 days)
oxycodone oral concentrate 20mg/ml		QL (180 per 30 days)
oxycodone oral solution 5mg/5ml		QL (1080 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

oxycodone oral tablet 10mg, 20mg, 5mg		QL (180 per 30 days)
oxycodone oral tablet 15mg, 30mg	*(Roxicodone)*	QL (180 per 30 days)
oxycodone-acetaminophen oral solution 5-325mg/5ml		QL (1080 per 30 days)
oxycodone-acetaminophen oral tablet 10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg	*(Endocet)*	QL (360 per 30 days)
tramadol oral tablet 100mg		QL (120 per 30 days)
tramadol oral tablet 50mg		QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325mg		QL (240 per 30 days)
ANESTHETICS		
Local Anesthetics		
lidocaine hcl mucous membrane solution 4% (40mg/ml)		QL (50 per 30 days)
lidocaine topical adhesive patch, medicated 5%	*(DermacinRx Lidocan)*	PA; QL (90 per 30 days)
lidocaine viscous mucous membrane solution 2%	*(lidocaine hcl)*	
lidocaine-prilocaine topical cream 2.5-2.5%		QL (30 per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
acamprosate oral tablet, delayed release (dr/ec) 333mg		
disulfiram oral tablet 250mg		
naltrexone oral tablet 50mg		
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380MG		NM
Opioid Dependence		
buprenorphine hcl sublingual tablet 2mg, 8mg		
buprenorphine-naloxone sublingual film 12-3mg, 2-0.5mg, 4-1mg, 8-2mg	*(Suboxone)*	
buprenorphine-naloxone sublingual tablet 2-0.5mg, 8-2mg		
SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG	(buprenorphine-naloxone)	
Opioid Reversal Agents		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8MG/ACTUATION		

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

naloxone injection solution 0.4mg/ml		
naloxone injection syringe 0.4mg/ml, 1mg/ml		
naloxone nasal spray, non-aerosol 4mg/actuation	*(Narcan)*	
NARCAN NASAL SPRAY, NON-AEROSOL 4MG/ACTUATION	(naloxone)	
ZIMHI INJECTION SYRINGE 5MG/0.5ML		
Smoking Cessation Agents		
bupropion hcl (smoking deter) oral tablet extended release 12-hr 150mg		
NICOTROL INHALATION CARTRIDGE 10MG		
varenicline oral tablet 0.5mg		
varenicline oral tablet 1mg	*(Chantix)*	
varenicline oral tablets, dose pack 0.5mg (11)-1mg (42)	*(Chantix Starting Month Box)*	
ANTIBACTERIALS		
Aminoglycosides		
amikacin injection solution 500mg/2ml		PA BvD
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590MG/8.4ML		PA
gentamicin in nacl (iso-osm) intravenous piggyback 100mg/100ml, 60mg/50ml, 80mg/100ml, 80mg/50ml		
gentamicin injection solution 40mg/ml		
gentamicin topical cream 0.1%		
gentamicin topical ointment 0.1%		
neomycin oral tablet 500mg		
paromomycin oral capsule 250mg	*(Humatin)*	
tobramycin sulfate injection solution 10mg/ml, 40mg/ml		PA BvD
ZEMDRI INTRAVENOUS SOLUTION 50MG/ML		NM
Antibacterials, Other		
aztreonam injection recon soln 1gm, 2gm	*(Azactam)*	PA BvD
CLINDAMYCIN 600MG/50ML-NS OUTER, SINGLE-USE		
clindamycin hcl oral capsule 150mg, 300mg, 75mg	*(Cleocin HCl)*	
clindamycin in 5% dextrose intravenous piggyback 300mg/50ml, 900mg/50ml		

CLINDAMYCIN IN 5% DEXTROSE INTRAVENOUS PIGGYBACK 600MG/50ML		
clindamycin pediatric oral recon soln 75mg/5ml	*(clindamycin palmitate hcl)*	
clindamycin phosphate injection solution 150 (mg/ml) (6ml)		PA BvD
clindamycin phosphate injection solution 150mg/ml	*(Cleocin)*	PA BvD
clindamycin phosphate intravenous solution 600mg/4ml		PA BvD
clindamycin phosphate vaginal cream 2%	*(Cleocin)*	
colistin (colistimethate na) injection recon soln 150mg	*(Coly-Mycin M Parenteral)*	PA BvD
daptomycin intravenous recon soln 350mg		
daptomycin intravenous recon soln 500mg	*(Cubicin RF)*	NM
FIRVANQ ORAL RECON SOLN 25MG/ML, 50MG/ML	(vancomycin)	
linezolid in dextrose 5% intravenous piggyback 600mg/300ml	*(Zyvox)*	PA
linezolid oral tablet 600mg	*(Zyvox)*	PA
methenamine hippurate oral tablet 1gm	*(Hiprex)*	
metronidazole in nacl (iso-os) intravenous piggyback 500mg/100ml	*(Metro I.V.)*	PA BvD
metronidazole oral tablet 250mg, 500mg		
metronidazole topical cream 0.75%	*(MetroCream)*	
metronidazole topical gel 0.75%	*(Rosadan)*	
metronidazole topical gel 1%	*(Metrogel)*	
metronidazole topical lotion 0.75%	*(MetroLotion)*	
metronidazole vaginal gel 0.75% (37.5mg/5gm)	*(Vandazole)*	
nitrofurantoin macrocrystal oral capsule 100mg, 25mg, 50mg	*(Macrodantin)*	
nitrofurantoin monohyd/m-cryst oral capsule 100mg	*(Macrobid)*	
tigecycline intravenous recon soln 50mg	*(Tygacil)*	PA BvD; NM
tinidazole oral tablet 250mg, 500mg		
trimethoprim oral tablet 100mg		
vancomycin intravenous recon soln 1, 000mg, 10gm, 500mg, 750mg		
vancomycin oral capsule 125mg, 250mg	*(Vancocin)*	
vancomycin oral recon soln 25mg/ml, 50mg/ml	*(Firvanq)*	
XIFAXAN ORAL TABLET 200MG, 550MG		

Beta-Lactam, Cephalosporins		
cefaclor oral capsule 250mg, 500mg		
cefaclor oral suspension for reconstitution 125mg/5ml, 250mg/5ml, 375mg/5ml		
cefaclor oral tablet extended release 12-hr 500mg		
cefadroxil oral capsule 500mg		
cefadroxil oral suspension for reconstitution 250mg/5ml, 500mg/5ml		
cefadroxil oral tablet 1gm		
cefazolin injection recon soln 1gm, 10gm, 500mg		
cefdinir oral capsule 300mg		
cefdinir oral suspension for reconstitution 125mg/5ml, 250mg/5ml		
cefepime injection recon soln 1gm, 2gm		
cefixime oral capsule 400mg	*(Suprax)*	
cefixime oral suspension for reconstitution 100mg/5ml, 200mg/5ml	*(Suprax)*	
cefotetan injection recon soln 1gm, 2gm	*(Cefotan)*	PA BvD
cefoxitin intravenous recon soln 1gm, 10gm, 2gm		PA BvD
cefpodoxime oral suspension for reconstitution 100mg/5ml, 50mg/5ml		
cefpodoxime oral tablet 100mg, 200mg		
cefprozil oral suspension for reconstitution 125mg/5ml, 250mg/5ml		
cefprozil oral tablet 250mg, 500mg		
ceftazidime injection recon soln 1gm, 2gm, 6gm	*(Tazicef)*	
ceftriaxone injection recon soln 1gm, 10gm, 2gm, 250mg, 500mg		
cefuroxime axetil oral tablet 250mg, 500mg		
cefuroxime sodium injection recon soln 750mg		PA BvD
cefuroxime sodium intravenous recon soln 1.5gm		PA BvD
cephalexin oral capsule 250mg, 500mg		
cephalexin oral suspension for reconstitution 125mg/5ml, 250mg/5ml		
cephalexin oral tablet 250mg, 500mg		
TEFLARO INTRAVENOUS RECON SOLN 400MG, 600MG		PA BvD; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Beta-Lactam, Penicillins		
amoxicillin oral capsule 250mg, 500mg		
amoxicillin oral suspension for reconstitution 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml		
amoxicillin oral tablet 500mg, 875mg		
amoxicillin oral tablet, chewable 125mg, 250mg		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5mg/5ml, 400-57mg/5ml		
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5mg/5ml	*(Augmentin)*	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9mg/5ml	*(Augmentin ES-600)*	
amoxicillin-pot clavulanate oral tablet 250-125mg, 875-125mg		
amoxicillin-pot clavulanate oral tablet 500-125mg	*(Augmentin)*	
amoxicillin-pot clavulanate oral tablet extended release 12-hr 1, 000-62.5mg	*(Augmentin XR)*	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5mg, 400-57mg		
ampicillin oral capsule 500mg		
ampicillin sodium injection recon soln 1gm, 10gm, 125mg		PA BvD
ampicillin-sulbactam injection recon soln 1.5gm, 15gm, 3gm	*(Unasyn)*	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1, 200, 000UNIT/2ML, 2, 400, 000UNIT/4ML, 600, 000UNIT/ML		
dicloxacillin oral capsule 250mg, 500mg		
nafcillin 1gm/ 50ml inj 1gm/50ml		PA BvD
nafcillin injection recon soln 1gm		PA BvD
nafcillin injection recon soln 10gm, 2gm		PA BvD
oxacillin in dextrose (iso-osm) intravenous piggyback 1gm/50ml, 2gm/50ml		PA BvD
oxacillin injection recon soln 1gm, 10gm, 2gm		PA BvD
penicillin g pot in dextrose intravenous piggyback 2 millionunit/50ml, 3 millionunit/50ml		
penicillin g potassium injection recon soln 20 millionunit	*(Pfizerpen-G)*	PA BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

penicillin g procaine intramuscular syringe 1.2 millionunit/2ml		
penicillin g sodium injection recon soln 5 millionunit		PA BvD
penicillin v potassium oral recon soln 125mg/5ml, 250mg/5ml		
penicillin v potassium oral tablet 250mg, 500mg		
piperacillin-tazobactam intravenous recon soln 2.25gm, 3.375gm, 4.5gm		
Carbapenems		
ertapenem injection recon soln 1gm		
imipenem-cilastatin intravenous recon soln 250mg		
imipenem-cilastatin intravenous recon soln 500mg	*(Primaxin IV)*	
meropenem intravenous recon soln 1gm, 500mg		
Macrolides		
azithromycin intravenous recon soln 500mg	*(Zithromax)*	PA BvD
azithromycin oral packet 1gm	*(Zithromax)*	
azithromycin oral suspension for reconstitution 100mg/5ml, 200mg/5ml	*(Zithromax)*	
azithromycin oral tablet 250mg (6 pack), 500mg (3 pack), 600mg		
azithromycin oral tablet 250mg, 500mg	*(Zithromax)*	
clarithromycin oral suspension for reconstitution 125mg/5ml, 250mg/5ml		
clarithromycin oral tablet 250mg, 500mg		
clarithromycin oral tablet extended release 24-hr 500mg		
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40MG/ML		PA; NM; QL (136 per 10 days)
DIFICID ORAL TABLET 200MG		PA; NM; QL (20 per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500MG	(erythromycin lactobionate)	PA BvD
erythromycin ethylsuccinate oral suspension for reconstitution 200mg/5ml	*(E.E.S. Granules)*	
erythromycin ethylsuccinate oral suspension for reconstitution 400mg/5ml	*(EryPed 400)*	
erythromycin ethylsuccinate oral tablet 400mg	*(E.E.S. 400)*	
erythromycin oral capsule, delayed release (dr/ec) 250mg		

erythromycin oral tablet 250mg, 500mg		
erythromycin oral tablet, delayed release (dr/ec) 250mg, 333mg, 500mg	*(Ery-Tab)*	
Quinolones		
ciprofloxacin hcl ophthalmic (eye) drops 0.3%		
ciprofloxacin hcl oral tablet 100mg, 750mg		
ciprofloxacin hcl oral tablet 250mg, 500mg	*(Cipro)*	
ciprofloxacin in 5% dextrose intravenous piggyback 200mg/100ml		PA BvD
levofloxacin in d5w intravenous piggyback 500mg/100ml, 750mg/150ml		
levofloxacin oral solution 250mg/10ml		
levofloxacin oral tablet 250mg, 500mg, 750mg		
moxifloxacin 400mg/250ml bag		PA BvD
moxifloxacin oral tablet 400mg		
moxifloxacin-sod.chloride (iso) intravenous piggyback 400mg/250ml	*(Avelox in NaCl (iso-osmotic))*	PA BvD
ofloxacin oral tablet 300mg, 400mg		
Sulfonamides		
sulfacetamide sodium (acne) topical suspension 10%	*(Klaron)*	
sulfadiazine oral tablet 500mg		
sulfamethoxazole-trimethoprim oral suspension 200-40mg/5ml	*(Sulfatrim)*	
sulfamethoxazole-trimethoprim oral tablet 400-80mg	*(Bactrim)*	
sulfamethoxazole-trimethoprim oral tablet 800-160mg	*(Bactrim DS)*	
Tetracyclines		
doxy-100 intravenous recon soln 100mg	*(doxycycline hyclate)*	PA BvD
doxycycline hyclate oral capsule 100mg, 50mg	*(Morgidox)*	
doxycycline hyclate oral tablet 100mg	*(LymePak)*	
doxycycline hyclate oral tablet 20mg		
doxycycline monohydrate oral capsule 100mg	*(Mondoxyne NL)*	
doxycycline monohydrate oral capsule 50mg	*(Monodox)*	
doxycycline monohydrate oral tablet 100mg	*(Avidoxy)*	
doxycycline monohydrate oral tablet 50mg, 75mg		

minocycline oral capsule 100mg, 50mg, 75mg		
minocycline oral tablet 100mg, 50mg, 75mg		
tetracycline oral capsule 250mg, 500mg		
ANTICONVULSANTS		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10MG/ML		QL (600 per 30 days)
BRIVIACT ORAL TABLET 10MG, 100MG, 25MG, 50MG, 75MG		QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250MG, 500MG		PA NSO
DIACOMIT ORAL POWDER IN PACKET 250MG, 500MG		PA NSO
EPIDIOLEX ORAL SOLUTION 100MG/ML		PA NSO
felbamate oral suspension 600mg/5ml	*(Felbatol)*	NM
felbamate oral tablet 400mg, 600mg	*(Felbatol)*	
FINTEPLA ORAL SOLUTION 2.2MG/ML		PA NSO
FYCOMPA ORAL SUSPENSION 0.5MG/ML		ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG, 8MG		ST; NM; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2MG		ST; QL (30 per 30 days)
lamotrigine oral tablet 100mg, 150mg, 200mg, 25mg	*(Lamictal)*	
lamotrigine oral tablet disintegrating, dose pk 25mg (21) -50mg (7)	*(Lamictal ODT Starter (Blue))*	
lamotrigine oral tablet disintegrating, dose pk 25mg (14)-50mg (14)-100mg (7)	*(Lamictal ODT Starter (Orange))*	
lamotrigine oral tablet disintegrating, dose pk 50mg (42) -100mg (14)	*(Lamictal ODT Starter (Green))*	
lamotrigine oral tablet extended release 24hr 100mg, 200mg, 25mg, 250mg, 300mg, 50mg	*(Lamictal XR)*	
lamotrigine oral tablet, chewable dispersible 25mg, 5mg	*(Lamictal)*	
lamotrigine oral tablet, disintegrating 100mg, 200mg, 25mg, 50mg	*(Lamictal ODT)*	
lamotrigine oral tablets, dose pack 25mg (35)	*(Lamictal Starter (Blue) Kit)*	
lamotrigine oral tablets, dose pack 25mg (42) -100mg (7)	*(Lamictal Starter (Orange) Kit)*	
lamotrigine oral tablets, dose pack 25mg (84) -100mg (14)	*(Lamictal Starter (Green) Kit)*	

levetiracetam oral solution 100mg/ml	*(Keppra)*	
levetiracetam oral tablet 1, 000mg, 250mg, 500mg, 750mg	*(Keppra)*	
levetiracetam oral tablet extended release 24-hr 500mg, 750mg	*(Keppra XR)*	
phenobarbital oral elixir 20mg/5ml (4mg/ml)		QL (1500 per 30 days)
phenobarbital oral tablet 100mg, 16.2mg, 32.4mg, 64.8mg, 97.2mg		QL (90 per 30 days)
phenobarbital oral tablet 15mg, 60mg		QL (120 per 30 days)
phenobarbital oral tablet 30mg		QL (300 per 30 days)
primidone oral tablet 125mg		
primidone oral tablet 250mg, 50mg	*(Mysoline)*	
SPRITAM ORAL TABLET FOR SUSPENSION 1, 000MG		ST; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250MG, 500MG, 750MG		ST; QL (120 per 30 days)
valproic acid (as sodium salt) oral solution 250mg/5ml		
valproic acid oral capsule 250mg		
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150MG X1-100MG X1), 350MG/DAY (200MG X1-150MG X1)		QL (56 per 28 days)
XCOPRI ORAL TABLET 100MG, 150MG, 200MG, 50MG		QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5MG (14)-25MG (14), 150MG (14)-200MG (14), 50MG (14)-100MG (14)		QL (28 per 28 days)
ZTALMY ORAL SUSPENSION 50MG/ML		PA NSO; NM; QL (1100 per 30 days)
Calcium Channel Modifying Agents		
ethosuximide oral capsule 250mg	*(Zarontin)*	
ethosuximide oral solution 250mg/5ml	*(Zarontin)*	
methsuximide oral capsule 300mg	*(Celontin)*	
ZONISADE ORAL SUSPENSION 100MG/5ML		QL (900 per 30 days)
zonisamide oral capsule 100mg, 25mg	*(Zonegran)*	
zonisamide oral capsule 50mg		
Gamma-Aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension 2.5mg/ml	*(Onfi)*	QL (480 per 30 days)
clobazam oral tablet 10mg, 20mg	*(Onfi)*	QL (60 per 30 days)
diazepam rectal kit 12.5-15-17.5-20mg, 5-7.5-10mg	*(Diastat AcuDial)*	
diazepam rectal kit 2.5mg	*(Diastat)*	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

gabapentin oral capsule 100mg, 300mg, 400mg	*(Neurontin)*	QL (270 per 30 days)
gabapentin oral solution 250mg/5ml	*(Neurontin)*	
gabapentin oral tablet 600mg, 800mg	*(Neurontin)*	QL (180 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5MG/SPRAY (0.1ML)		
SYMPAZAN ORAL FILM 10MG, 20MG, 5MG		ST; NM; QL (60 per 30 days)
tiagabine oral tablet 12mg, 16mg, 2mg, 4mg		
VALTOCO NASAL SPRAY, NON-AEROSOL 10MG/SPRAY (0.1ML), 15MG/2 SPRAY (7.5/0.1ML X 2), 20MG/2 SPRAY (10MG/0.1ML X2), 5MG/SPRAY (0.1ML)		ST
vigabatrin oral powder in packet 500mg	*(Sabril)*	PA NSO; NM; QL (180 per 30 days)
vigabatrin oral tablet 500mg	*(Vigadrone)*	PA NSO; NM; QL (180 per 30 days)
vigadrone oral tablet 500mg	*(vigabatrin)*	PA NSO; NM; QL (180 per 30 days)
Sodium Channel Agents		
APTIOM ORAL TABLET 200MG, 400MG		ST; NM; QL (30 per 30 days)
APTIOM ORAL TABLET 600MG, 800MG		ST; NM; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12-hr 100mg, 200mg, 300mg	*(Carbatrol)*	
carbamazepine oral suspension 100mg/5ml	*(Tegretol)*	
carbamazepine oral tablet 200mg	*(Epitol)*	
carbamazepine oral tablet extended release 12-hr 100mg, 200mg, 400mg	*(Tegretol XR)*	
carbamazepine oral tablet, chewable 100mg		
DILANTIN ORAL CAPSULE 30MG		ST
epitol oral tablet 200mg	*(carbamazepine)*	
lacosamide oral solution 10mg/ml	*(Vimpat)*	QL (1395 per 30 days)
lacosamide oral tablet 100mg, 150mg, 200mg, 50mg	*(Vimpat)*	QL (60 per 30 days)
oxcarbazepine oral suspension 300mg/5ml (60mg/ml)	*(Trileptal)*	
oxcarbazepine oral tablet 150mg, 300mg, 600mg	*(Trileptal)*	
phenytoin oral suspension 125mg/5ml	*(Dilantin-125)*	
phenytoin oral tablet, chewable 50mg	*(Dilantin Infatabs)*	
phenytoin sodium extended oral capsule 100mg	*(Dilantin Extended)*	
phenytoin sodium extended oral capsule 200mg, 300mg	*(Phenytek)*	

rufinamide oral suspension 40mg/ml	*(Banzel)*	NM; QL (2760 per 30 days)
rufinamide oral tablet 200mg	*(Banzel)*	QL (480 per 30 days)
rufinamide oral tablet 400mg	*(Banzel)*	NM; QL (240 per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents, Other		
memantine oral capsule, sprinkle, er 24hr 14mg, 21mg, 28mg, 7mg	*(Namenda XR)*	QL (30 per 30 days)
memantine oral solution 2mg/ml		QL (360 per 30 days)
memantine oral tablet 10mg, 5mg	*(Namenda)*	QL (60 per 30 days)
memantine oral tablets, dose pack 5-10mg	*(Namenda Titration Pak)*	QL (49 per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28MG-10MG		PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10MG, 21-10MG, 28-10MG, 7-10MG		PA
Cholinesterase Inhibitors		
donepezil oral tablet 10mg	*(Aricept)*	QL (60 per 30 days)
donepezil oral tablet 23mg, 5mg	*(Aricept)*	QL (30 per 30 days)
donepezil oral tablet, disintegrating 10mg		QL (60 per 30 days)
donepezil oral tablet, disintegrating 5mg		QL (30 per 30 days)
galantamine oral capsule, ext rel. pellets 24-hr 16mg, 24mg, 8mg		QL (30 per 30 days)
galantamine oral solution 4mg/ml		QL (200 per 30 days)
galantamine oral tablet 12mg, 4mg, 8mg		QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5mg, 3mg, 4.5mg, 6mg		QL (60 per 30 days)
rivastigmine transdermal patch 24-hour 13.3mg/24-hour, 4.6mg/24-hour, 9.5mg/24-hour	*(Exelon Patch)*	QL (30 per 30 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105MG		ST; QL (60 per 30 days)
bupropion hcl oral tablet 100mg		QL (180 per 30 days)
bupropion hcl oral tablet 75mg		QL (120 per 30 days)
bupropion hcl oral tablet extended release 24-hr 150mg	*(Wellbutrin XL)*	QL (60 per 30 days)
bupropion hcl oral tablet extended release 24-hr 300mg	*(Wellbutrin XL)*	QL (90 per 30 days)
bupropion hcl oral tablet extended release 24-hr 450mg	*(Forfivo XL)*	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

bupropion hcl oral tablet sustained-release 12-hr 100mg	*(Wellbutrin SR)*	QL (120 per 30 days)
bupropion hcl oral tablet sustained-release 12-hr 150mg	*(Wellbutrin SR)*	QL (90 per 30 days)
bupropion hcl oral tablet sustained-release 12-hr 200mg	*(Wellbutrin SR)*	QL (60 per 30 days)
mirtazapine oral tablet 15mg, 30mg	*(Remeron)*	QL (30 per 30 days)
mirtazapine oral tablet 45mg		QL (30 per 30 days)
mirtazapine oral tablet 7.5mg		QL (45 per 30 days)
mirtazapine oral tablet, disintegrating 15mg, 30mg, 45mg	*(Remeron SolTab)*	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-25mg, 6-50mg		QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-50mg	*(Symbyax)*	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 3-25mg, 6-25mg	*(Symbyax)*	QL (90 per 30 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24 HR, 6MG/24 HR, 9MG/24 HR		ST; NM; QL (30 per 30 days)
MARPLAN ORAL TABLET 10MG		ST; QL (180 per 30 days)
phenelzine oral tablet 15mg	*(Nardil)*	
tranylcypromine oral tablet 10mg	*(Parnate)*	
SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
citalopram oral capsule 30mg		QL (30 per 30 days)
citalopram oral solution 10mg/5ml		QL (600 per 30 days)
citalopram oral tablet 10mg, 40mg	*(Celexa)*	QL (30 per 30 days)
citalopram oral tablet 20mg	*(Celexa)*	QL (60 per 30 days)
desvenlafaxine oral tablet extended release 24-hr 100mg, 50mg		QL (30 per 30 days)
desvenlafaxine succinate oral tablet extended release 24-hr 100mg, 25mg, 50mg	*(Pristiq)*	QL (30 per 30 days)
duloxetine oral capsule, delayed release (dr/ec) 20mg, 30mg, 60mg	*(Cymbalta)*	QL (60 per 30 days)
duloxetine oral capsule, delayed release (dr/ec) 40mg		QL (60 per 30 days)
escitalopram oxalate oral solution 5mg/5ml		QL (600 per 30 days)
escitalopram oxalate oral tablet 10mg	*(Lexapro)*	QL (45 per 30 days)
escitalopram oxalate oral tablet 20mg	*(Lexapro)*	QL (60 per 30 days)
escitalopram oxalate oral tablet 5mg	*(Lexapro)*	QL (30 per 30 days)

FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20MG (2)-40MG (26)		QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120MG, 20MG, 40MG, 80MG		QL (30 per 30 days)
fluoxetine oral capsule 10mg, 20mg, 40mg	*(Prozac)*	QL (60 per 30 days)
fluoxetine oral solution 20mg/5ml (4mg/ml)		QL (600 per 30 days)
fluoxetine oral tablet 10mg		QL (60 per 30 days)
fluoxetine oral tablet 20mg		QL (120 per 30 days)
fluvoxamine oral tablet 100mg, 25mg, 50mg		QL (90 per 30 days)
nefazodone oral tablet 100mg, 150mg, 200mg, 250mg, 50mg		
paroxetine hcl oral suspension 10mg/5ml	*(Paxil)*	QL (900 per 30 days)
paroxetine hcl oral tablet 10mg, 20mg	*(Paxil)*	QL (30 per 30 days)
paroxetine hcl oral tablet 30mg, 40mg	*(Paxil)*	QL (60 per 30 days)
sertraline oral capsule 150mg, 200mg		QL (30 per 30 days)
sertraline oral concentrate 20mg/ml	*(Zoloft)*	QL (300 per 30 days)
sertraline oral tablet 100mg	*(Zoloft)*	QL (60 per 30 days)
sertraline oral tablet 25mg, 50mg	*(Zoloft)*	QL (90 per 30 days)
trazodone oral tablet 100mg, 150mg, 300mg, 50mg		
TRINTELLIX ORAL TABLET 10MG, 20MG, 5MG		ST; QL (30 per 30 days)
venlafaxine besylate oral tablet extended release 24hr 112.5mg		QL (30 per 30 days)
venlafaxine oral capsule, extended release 24hr 150mg, 37.5mg, 75mg	*(Effexor XR)*	QL (60 per 30 days)
venlafaxine oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg		QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr 150mg, 225mg, 37.5mg, 75mg		QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10MG (7)-20MG (23)		QL (30 per 30 days)
vilazodone oral tablet 10mg, 20mg, 40mg	*(Viibryd)*	QL (30 per 30 days)
Tricyclics		
amitriptyline oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg		
amoxapine oral tablet 100mg, 150mg, 25mg, 50mg		
clomipramine oral capsule 25mg, 50mg, 75mg	*(Anafranil)*	
desipramine oral tablet 10mg, 25mg	*(Norpramin)*	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

desipramine oral tablet 100mg, 150mg, 50mg, 75mg		
doxepin oral capsule 10mg, 100mg, 150mg, 25mg, 50mg, 75mg		
doxepin oral concentrate 10mg/ml		
imipramine hcl oral tablet 10mg, 25mg, 50mg		
nortriptyline oral capsule 10mg, 25mg, 50mg, 75mg	*(Pamelor)*	
nortriptyline oral solution 10mg/5ml		
protriptyline oral tablet 10mg, 5mg		
trimipramine oral capsule 100mg, 25mg, 50mg		
ANTIEMETICS		
Antiemetics, Other		
meclizine oral tablet 12.5mg		
meclizine oral tablet 25mg	*(Dramamine (meclizine))*	
prochlorperazine maleate oral tablet 10mg, 5mg	*(Compazine)*	PA BvD
prochlorperazine rectal suppository 25mg	*(Compazine)*	
promethazine oral syrup 6.25mg/5ml		
promethazine oral tablet 12.5mg, 25mg, 50mg		
promethazine rectal suppository 12.5mg, 25mg	*(Promethegan)*	
scopolamine base transdermal patch 3 day 1mg over 3 days	*(Transderm-Scop)*	
Emetogenic Therapy Adjuncts		
aprepitant oral capsule 125mg, 40mg		PA BvD; QL (30 per 30 days)
aprepitant oral capsule 80mg	*(Emend)*	PA BvD; QL (30 per 30 days)
aprepitant oral capsule, dose pack 125mg (1)-80mg (2)	*(Emend)*	PA BvD; QL (12 per 30 days)
dronabinol oral capsule 10mg, 2.5mg, 5mg	*(Marinol)*	PA; QL (60 per 30 days)
granisetron hcl oral tablet 1mg		PA BvD; QL (60 per 30 days)
ondansetron hcl oral solution 4mg/5ml		PA BvD
ondansetron hcl oral tablet 4mg, 8mg		PA BvD
ondansetron oral tablet, disintegrating 4mg, 8mg		PA BvD
VARUBI ORAL TABLET 90MG		PA BvD

ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5MG/ML		PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50MG	(amphotericin b liposome)	PA BvD; NM
amphotericin b injection recon soln 50mg		PA BvD
caspofungin intravenous recon soln 50mg	*(Cancidas)*	NM
caspofungin intravenous recon soln 70mg	*(Cancidas)*	
ciclopirox topical cream 0.77%	*(Ciclodan)*	
ciclopirox topical suspension 0.77%	*(Loprox (as olamine))*	
clotrimazole mucous membrane troche 10mg		
clotrimazole topical cream 1%	*(Antifungal (clotrimazole))*	
clotrimazole topical solution 1%		
econazole topical cream 1%		
ERAXIS (WATER DILUENT) INTRAVENOUS RECON SOLN 100MG		PA BvD; NM
ERAXIS (WATER DILUENT) INTRAVENOUS RECON SOLN 50MG		PA BvD
fluconazole in nacl (iso-osm) intravenous piggyback 200mg/100ml, 400mg/200ml		PA BvD
fluconazole oral suspension for reconstitution 10mg/ml, 40mg/ml	*(Diflucan)*	
fluconazole oral tablet 100mg, 200mg	*(Diflucan)*	
fluconazole oral tablet 150mg, 50mg		
flucytosine oral capsule 250mg, 500mg	*(Ancobon)*	NM
griseofulvin microsize oral suspension 125mg/5ml		
griseofulvin microsize oral tablet 500mg		
griseofulvin ultramicrosize oral tablet 125mg, 250mg		
itraconazole oral capsule 100mg	*(Sporanox)*	PA
itraconazole oral solution 10mg/ml	*(Sporanox)*	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10%		
ketoconazole oral tablet 200mg		
ketoconazole topical cream 2%		
ketoconazole topical shampoo 2%		
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300MG		PA; NM
nyamyc topical powder 100, 000unit/gram	*(nystatin)*	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

nystatin oral suspension 100, 000unit/ml		
nystatin oral tablet 500, 000unit		
nystatin topical cream 100, 000unit/gram		
nystatin topical ointment 100, 000unit/gram		
nystatin topical powder 100, 000unit/gram	*(Nyamyc)*	
nystop topical powder 100, 000unit/gram	*(nystatin)*	
posaconazole oral suspension 200mg/5ml (40mg/ml)	*(Noxafil)*	PA; NM
posaconazole oral tablet, delayed release (dr/ec) 100mg	*(Noxafil)*	PA
terbinafine hcl oral tablet 250mg		
terconazole vaginal cream 0.4%, 0.8%		
terconazole vaginal suppository 80mg		
voriconazole intravenous recon soln 200mg	*(Vfend IV)*	PA; NM
voriconazole oral suspension for reconstitution 200mg/5ml (40mg/ml)	*(Vfend)*	PA; NM
voriconazole oral tablet 200mg, 50mg	*(Vfend)*	PA
ANTIGOUT AGENTS		
Antigout Agents		
allopurinol oral tablet 100mg	*(Zyloprim)*	
allopurinol oral tablet 300mg		
colchicine (gout) oral capsule 0.6mg	*(Mitigare)*	
colchicine (gout) oral tablet 0.6mg	*(Colcrys)*	
febuxostat oral tablet 40mg, 80mg	*(Uloric)*	PA
probenecid oral tablet 500mg		
probenecid-colchicine oral tablet 500-0.5mg		
ANTIMIGRAINE AGENTS		
Ergot Alkaloids		
dihydroergotamine nasal spray, non-aerosol 0.5mg/pump act. (4mg/ml)	*(Migranal)*	NM
ergotamine-caffeine oral tablet 1-100mg		QL (40 per 28 days)
Prophylactic		
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120MG/ML		PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120MG/ML		PA
EPRONTIA ORAL SOLUTION 25MG/ML		
propranolol oral capsule, extended release 24-hr 80mg	*(Inderal LA)*	

propranolol oral tablet 80mg		
topiramate oral capsule, sprinkle 15mg, 25mg	*(Topamax)*	
topiramate oral capsule, sprinkle, er 24hr 100mg, 150mg, 200mg, 25mg, 50mg	*(Qudexy XR)*	
topiramate oral tablet 100mg, 200mg, 25mg, 50mg	*(Topamax)*	
UBRELVY ORAL TABLET 100MG, 50MG		PA; QL (16 per 30 days)
Serotonin (5-Ht) Receptor Agonist		
naratriptan oral tablet 1mg, 2.5mg		QL (9 per 30 days)
rizatriptan oral tablet 10mg	*(Maxalt)*	QL (12 per 30 days)
rizatriptan oral tablet 5mg		QL (12 per 30 days)
rizatriptan oral tablet, disintegrating 10mg	*(Maxalt-MLT)*	QL (12 per 30 days)
rizatriptan oral tablet, disintegrating 5mg		QL (12 per 30 days)
sumatriptan nasal spray, non-aerosol 20mg/actuation	*(Imitrex)*	QL (12 per 30 days)
sumatriptan nasal spray, non-aerosol 5mg/actuation	*(Imitrex)*	QL (18 per 30 days)
sumatriptan succinate oral tablet 100mg, 25mg, 50mg	*(Imitrex)*	QL (9 per 30 days)
sumatriptan succinate subcutaneous cartridge 4mg/0.5ml, 6mg/0.5ml	*(Imitrex STATdose Refill)*	QL (4 per 30 days)
sumatriptan succinate subcutaneous pen injector 4mg/0.5ml, 6mg/0.5ml	*(Imitrex STATdose Pen)*	QL (4 per 30 days)
sumatriptan succinate subcutaneous solution 6mg/0.5ml	*(Imitrex)*	QL (4 per 30 days)
zolmitriptan oral tablet 2.5mg, 5mg	*(Zomig)*	QL (6 per 30 days)
zolmitriptan oral tablet, disintegrating 2.5mg, 5mg		QL (6 per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
pyridostigmine bromide oral syrup 60mg/5ml	*(Mestinon)*	
pyridostigmine bromide oral tablet 30mg		
pyridostigmine bromide oral tablet 60mg	*(Mestinon)*	
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
dapsone oral tablet 100mg, 25mg		
PRIFTIN ORAL TABLET 150MG		
rifabutin oral capsule 150mg	*(Mycobutin)*	
Antituberculars		
ethambutol oral tablet 100mg		

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

ethambutol oral tablet 400mg	*(Myambutol)*	
isoniazid oral solution 50mg/5ml		
isoniazid oral tablet 100mg, 300mg		
pyrazinamide oral tablet 500mg		
rifampin intravenous recon soln 600mg	*(Rifadin)*	
rifampin oral capsule 150mg, 300mg		
SIRTURO ORAL TABLET 100MG, 20MG		PA; NM
TRECATOR ORAL TABLET 250MG		
ANTINEOPLASTICS		
Alkylating Agents		
cyclophosphamide oral capsule 25mg, 50mg		PA BvD
cyclophosphamide oral tablet 25mg, 50mg		PA BvD
GLEOSTINE ORAL CAPSULE 10MG, 100MG, 40MG	(lomustine)	PA NSO
LEUKERAN ORAL TABLET 2MG		
MATULANE ORAL CAPSULE 50MG		PA NSO; NM
VALCHLOR TOPICAL GEL 0.016%		PA NSO; NM; QL (60 per 14 days)
Antiandrogens		
abiraterone oral tablet 250mg, 500mg	*(Zytiga)*	PA NSO; NM; QL (120 per 30 days)
bicalutamide oral tablet 50mg	*(Casodex)*	
ERLEADA ORAL TABLET 240MG		PA NSO; NM; QL (30 per 30 days)
ERLEADA ORAL TABLET 60MG		PA NSO; NM; QL (120 per 30 days)
LYSODREN ORAL TABLET 500MG		NM
nilutamide oral tablet 150mg	*(Nilandron)*	NM; QL (60 per 30 days)
NUBEQA ORAL TABLET 300MG		PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL CAPSULE 40MG		PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 40MG		PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 80MG		PA NSO; NM; QL (90 per 30 days)
YONSA ORAL TABLET 125MG		PA NSO; NM; QL (120 per 30 days)
Antiangiogenic Agents		
lenalidomide oral capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	*(Revlimid)*	PA NSO; NM; QL (28 per 28 days)
POMALYST ORAL CAPSULE 1MG, 2MG, 3MG, 4MG		PA NSO; NM; QL (21 per 28 days)
THALOMID ORAL CAPSULE 100MG, 200MG, 50MG		PA NSO; NM; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150MG		PA NSO; NM; QL (60 per 30 days)
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140MG		
ORSERDU ORAL TABLET 345MG		PA NSO; NM; QL (30 per 30 days)
ORSERDU ORAL TABLET 86MG		PA NSO; NM; QL (90 per 30 days)

SOLTAMOX ORAL SOLUTION 20MG/10ML		PA NSO
tamoxifen oral tablet 10mg, 20mg		
toremifene oral tablet 60mg	*(Fareston)*	PA NSO; NM
Antimetabolites		
DROXIA ORAL CAPSULE 200MG, 300MG, 400MG		
hydroxyurea oral capsule 500mg	*(Hydrea)*	
INQOVI ORAL TABLET 35-100MG		PA NSO; NM
mercaptopurine oral tablet 50mg		
ONUREG ORAL TABLET 200MG, 300MG		PA NSO; NM
PURIXAN ORAL SUSPENSION 20MG/ML		NM
TABLOID ORAL TABLET 40MG	(thioguanine)	PA NSO
Antineoplastics, Other		
IDHIFA ORAL TABLET 100MG		PA NSO; NM; QL (30 per 30 days)
IDHIFA ORAL TABLET 50MG		PA NSO; NM; QL (60 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200MG/DAY (200MG X 1)-2.5MG, 400MG/DAY (200MG X 2)-2.5MG, 600MG/DAY (200MG X 3)-2.5MG		PA NSO; NM
KRAZATI ORAL TABLET 200MG		PA NSO; NM; QL (180 per 30 days)
leucovorin calcium oral tablet 10mg, 15mg, 25mg, 5mg		
LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG		PA NSO; NM
LUMAKRAS ORAL TABLET 120MG		PA NSO; NM; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320MG		PA NSO; NM; QL (90 per 30 days)
LYNPARZA ORAL TABLET 100MG		PA NSO; NM; QL (180 per 30 days)
LYNPARZA ORAL TABLET 150MG		PA NSO; NM; QL (120 per 30 days)
MESNEX ORAL TABLET 400MG		NM
NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG		PA NSO; NM
ORGOVYX ORAL TABLET 120MG		PA NSO; NM; QL (60 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5MG		PA NSO; NM
WELIREG ORAL TABLET 40MG		PA NSO; NM; QL (90 per 30 days)
XATMEP ORAL SOLUTION 2.5MG/ML		PA BvD

XPOVIO ORAL TABLET 100MG/WEEK (50MG X 2), 40MG/WEEK (40MG X 1), 40MG TWICE WEEK (40MG X 2), 60MG/WEEK (60MG X 1), 60MG TWICE WEEK (120MG/WEEK), 80MG/WEEK (40MG X 2), 80MG TWICE WEEK (160MG/WEEK)		PA NSO; NM
ZOLINZA ORAL CAPSULE 100MG		PA NSO; NM; QL (120 per 30 days)
Aromatase Inhibitors, 3rd Generation		
anastrozole oral tablet 1mg	*(Arimidex)*	
exemestane oral tablet 25mg	*(Aromasin)*	
letrozole oral tablet 2.5mg	*(Femara)*	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150MG		PA NSO; NM
ALUNBRIG ORAL TABLET 180MG		PA NSO; NM; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30MG		PA NSO; NM; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90MG		PA NSO; NM; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90MG (7)-180MG (23)		PA NSO; NM; QL (30 per 30 days)
AYVAKIT ORAL TABLET 100MG, 200MG, 25MG, 300MG, 50MG		PA NSO; NM; QL (30 per 30 days)
BALVERSA ORAL TABLET 3MG		PA NSO; NM; QL (90 per 30 days)
BALVERSA ORAL TABLET 4MG		PA NSO; NM; QL (60 per 30 days)
BALVERSA ORAL TABLET 5MG		PA NSO; NM; QL (30 per 30 days)
BOSULIF ORAL TABLET 100MG		PA NSO; NM; QL (120 per 30 days)
BOSULIF ORAL TABLET 400MG, 500MG		PA NSO; NM; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75MG		PA NSO; NM; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80MG		PA NSO; NM; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20MG, 40MG, 60MG		PA NSO; NM
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100MG		PA NSO; NM; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100MG		PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100MG	(vandetanib)	PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300MG	(vandetanib)	PA NSO; NM; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100MG/DAY (80MG X1-20MG X1)		PA NSO; NM; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140MG/DAY (80MG X1-20MG X3)		PA NSO; NM; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60MG/DAY (20MG X 3/DAY)		PA NSO; NM; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15MG, 25MG		PA NSO; NM; QL (60 per 30 days)
COTELLIC ORAL TABLET 20MG		PA NSO; NM; QL (63 per 28 days)

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DAURISMO ORAL TABLET 100MG, 25MG		PA NSO; NM
ERIVEDGE ORAL CAPSULE 150MG		PA NSO; NM
erlotinib oral tablet 100mg, 150mg	*(Tarceva)*	PA NSO; NM; QL (30 per 30 days)
erlotinib oral tablet 25mg	*(Tarceva)*	PA NSO; NM; QL (90 per 30 days)
everolimus (antineoplastic) oral tablet 10mg, 2.5mg, 5mg, 7.5mg	*(Afinitor)*	PA NSO; NM; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2mg, 3mg	*(Afinitor Disperz)*	PA NSO; NM; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5mg	*(Afinitor Disperz)*	PA NSO; NM; QL (60 per 30 days)
EXKIVITY ORAL CAPSULE 40MG		PA NSO; NM
FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG		PA NSO; NM; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100MG		PA NSO; NM; QL (120 per 30 days)
gefitinib oral tablet 250mg	*(Iressa)*	PA NSO; NM
GILOTRIF ORAL TABLET 20MG, 30MG, 40MG		PA NSO; NM; QL (30 per 30 days)
IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG		PA NSO; NM
IBRANCE ORAL TABLET 100MG, 125MG, 75MG		PA NSO; NM
ICLUSIG ORAL TABLET 10MG, 30MG, 45MG		PA NSO; NM; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15MG		PA NSO; NM; QL (60 per 30 days)
imatinib oral tablet 100mg	*(Gleevec)*	PA NSO; NM; QL (90 per 30 days)
imatinib oral tablet 400mg	*(Gleevec)*	PA NSO; NM; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140MG		PA NSO; NM; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70MG		PA NSO; NM; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70MG/ML		PA NSO; NM; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG, 560MG		PA NSO; NM; QL (28 per 28 days)
INLYTA ORAL TABLET 1MG		PA NSO; NM; QL (180 per 30 days)
INLYTA ORAL TABLET 5MG		PA NSO; NM; QL (60 per 30 days)
INREBIC ORAL CAPSULE 100MG		PA NSO; NM; QL (120 per 30 days)
JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG		PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100MG		PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50MG		PA NSO; NM; QL (30 per 30 days)
KISQALI ORAL TABLET 200MG/DAY (200MG X 1), 400MG/DAY (200MG X 2), 600MG/DAY (200MG X 3)		PA NSO; NM
KOSELUGO ORAL CAPSULE 10MG		PA NSO; NM; QL (240 per 30 days)
KOSELUGO ORAL CAPSULE 25MG		PA NSO; NM; QL (120 per 30 days)

lapatinib oral tablet 250mg	*(Tykerb)*	PA NSO; NM; QL (180 per 30 days)
LENVIMA ORAL CAPSULE 10MG/DAY (10MG X 1), 12MG/DAY (4MG X 3), 14MG/DAY (10MG X 1-4MG X 1), 18MG/DAY (10MG X 1-4MG X2), 20MG/DAY (10MG X 2), 24MG/DAY (10MG X 2-4MG X 1), 4MG, 8MG/DAY (4MG X 2)		PA NSO; NM
LORBRENA ORAL TABLET 100MG		PA NSO; NM; QL (30 per 30 days)
LORBRENA ORAL TABLET 25MG		PA NSO; NM; QL (120 per 30 days)
LYTGOBI ORAL TABLET 4MG		PA NSO; NM; QL (84 per 28 days)
LYTGOBI ORAL TABLET 4MG (4X 4MG TB)		PA NSO; NM; QL (112 per 28 days)
LYTGOBI ORAL TABLET 4MG (5X 4MG TB)		PA NSO; NM; QL (140 per 28 days)
MEKINIST ORAL RECON SOLN 0.05MG/ML		PA NSO; NM; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5MG		PA NSO; NM; QL (120 per 30 days)
MEKINIST ORAL TABLET 2MG		PA NSO; NM; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15MG		PA NSO; NM; QL (180 per 30 days)
NERLYNX ORAL TABLET 40MG		PA NSO; NM; QL (180 per 30 days)
ODOMZO ORAL CAPSULE 200MG		PA NSO; NM
PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG		PA NSO; NM; QL (14 per 21 days)
PIQRAY ORAL TABLET 200MG/DAY (200MG X 1), 250MG/DAY (200MG X1-50MG X1), 300MG/DAY (150MG X 2)		PA NSO; NM
QINLOCK ORAL TABLET 50MG		PA NSO; NM; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40MG		PA NSO; NM; QL (120 per 30 days)
RETEVMO ORAL CAPSULE 80MG		PA NSO; NM; QL (180 per 30 days)
REZLIDHIA ORAL CAPSULE 150MG		PA NSO; NM; QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100MG		PA NSO; NM; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200MG		PA NSO; NM; QL (90 per 30 days)
RUBRACA ORAL TABLET 200MG, 250MG, 300MG		PA NSO; NM
RYDAPT ORAL CAPSULE 25MG		PA NSO; NM; QL (240 per 30 days)
SCEMBLIX ORAL TABLET 20MG, 40MG		PA NSO; NM
sorafenib oral tablet 200mg	*(Nexavar)*	PA NSO; NM; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG		PA NSO; NM; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140MG		PA NSO; NM; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20MG		PA NSO; NM; QL (90 per 30 days)
STIVARGA ORAL TABLET 40MG		PA NSO; NM; QL (84 per 28 days)
sunitinib malate oral capsule 12.5mg, 25mg, 37.5mg, 50mg	*(Sutent)*	PA NSO; NM; QL (28 per 28 days)

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TABRECTA ORAL TABLET 150MG, 200MG		PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50MG		PA NSO; NM; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75MG		PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10MG		PA NSO; NM; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40MG, 80MG		PA NSO; NM
TALZENNA ORAL CAPSULE 0.1MG, 0.35MG, 0.75MG, 1MG		PA NSO; NM; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25MG		PA NSO; NM; QL (120 per 30 days)
TALZENNA ORAL CAPSULE 0.5MG		PA NSO; NM; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG		PA NSO; NM; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200MG		PA NSO; NM; QL (240 per 30 days)
TEPMETKO ORAL TABLET 225MG		PA NSO; NM; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250MG		PA NSO; NM; QL (60 per 30 days)
TUKYSA ORAL TABLET 150MG, 50MG		PA NSO; NM; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125MG, 200MG		PA NSO; NM; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 10MG, 50MG		PA NSO
VENCLEXTA ORAL TABLET 100MG		PA NSO; NM
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10MG-50MG-100MG		PA NSO
VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG		PA NSO; NM
VITRAKVI ORAL CAPSULE 100MG		PA NSO; NM; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25MG		PA NSO; NM; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20MG/ML		PA NSO; NM; QL (310 per 30 days)
VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG		PA NSO; NM; QL (30 per 30 days)
VONJO ORAL CAPSULE 100MG		PA NSO; NM; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200MG		PA NSO; NM; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200MG, 250MG		PA NSO; NM; QL (120 per 30 days)
XOSPATA ORAL TABLET 40MG		PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL CAPSULE 100MG		PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL TABLET 100MG, 200MG, 300MG		PA NSO; NM; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240MG		PA NSO; NM; QL (240 per 30 days)
ZYDELIG ORAL TABLET 100MG, 150MG		PA NSO; NM; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150MG		PA NSO; NM; QL (150 per 30 days)
Retinoids		
bexarotene oral capsule 75mg	*(Targretin)*	PA NSO; NM; QL (300 per 30 days)

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bexarotene topical gel 1%	*(Targretin)*	PA NSO; NM
tretinoin (antineoplastic) oral capsule 10mg		NM
ANTIPARASITICS		
Anthelmintics		
albendazole oral tablet 200mg		
EMVERM ORAL TABLET, CHEWABLE 100MG	(mebendazole)	NM
ivermectin oral tablet 3mg	*(Stromectol)*	PA
Antiprotozoals		
atovaquone oral suspension 750mg/5ml	*(Mepron)*	NM
atovaquone-proguanil oral tablet 250-100mg	*(Malarone)*	
atovaquone-proguanil oral tablet 62.5-25mg	*(Malarone Pediatric)*	
benznidazole oral tablet 100mg, 12.5mg		
chloroquine phosphate oral tablet 250mg, 500mg		
COARTEM ORAL TABLET 20-120MG		
hydroxychloroquine oral tablet 100mg, 300mg, 400mg		
hydroxychloroquine oral tablet 200mg	*(Plaquenil)*	
LAMPIT ORAL TABLET 120MG, 30MG		
mefloquine oral tablet 250mg		
nitazoxanide oral tablet 500mg	*(Alinia)*	QL (40 per 30 days)
pentamidine inhalation recon soln 300mg	*(Nebupent)*	PA BvD
pentamidine injection recon soln 300mg	*(Pentam)*	PA BvD
PRIMAQUINE ORAL TABLET 26.3MG		
quinine sulfate oral capsule 324mg	*(Qualaquin)*	PA
ANTIPARKINSON AGENTS		
Anticholinergics		
benztropine oral tablet 0.5mg, 1mg, 2mg		
trihexyphenidyl oral elixir 0.4mg/ml		
trihexyphenidyl oral tablet 2mg, 5mg		
Antiparkinson Agents, Other		
amantadine hcl oral capsule 100mg		
amantadine hcl oral solution 50mg/5ml		
amantadine hcl oral tablet 100mg		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200mg	*(Stalevo 50)*	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200mg	*(Stalevo 75)*	

carbidopa-levodopa-entacapone oral tablet 25-100-200mg	*(Stalevo 100)*	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200mg	*(Stalevo 125)*	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200mg	*(Stalevo 150)*	
carbidopa-levodopa-entacapone oral tablet 50-200-200mg	*(Stalevo 200)*	
entacapone oral tablet 200mg	*(Comtan)*	
Dopamine Agonists		
bromocriptine oral capsule 5mg	*(Parlodel)*	
bromocriptine oral tablet 2.5mg	*(Parlodel)*	
NEUPRO TRANSDERMAL PATCH 24-HOUR 1MG/24-HOUR, 2MG/24-HOUR, 3MG/24-HOUR, 4MG/24-HOUR, 6MG/24-HOUR, 8MG/24-HOUR		
pramipexole oral tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg	*(Mirapex)*	
ropinirole oral tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg		
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet 25mg	*(Lodosyn)*	
carbidopa-levodopa oral tablet 10-100mg	*(Sinemet)*	
carbidopa-levodopa oral tablet 25-100mg	*(Dhivy)*	
carbidopa-levodopa oral tablet 25-250mg		
carbidopa-levodopa oral tablet extended release 25-100mg, 50-200mg		
carbidopa-levodopa oral tablet, disintegrating 10-100mg, 25-100mg, 25-250mg		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42MG		PA; NM
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95MG, 36.25-145MG, 48.75-195MG, 61.25-245MG		ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline oral tablet 0.5mg, 1mg	*(Azilect)*	
selegiline hcl oral capsule 5mg		
selegiline hcl oral tablet 5mg		

ANTIPSYCHOTICS		
1st Generation/Typical		
chlorpromazine oral concentrate 100mg/ml, 30mg/ml		PA BvD
chlorpromazine oral tablet 10mg, 100mg, 200mg, 25mg, 50mg		PA BvD
fluphenazine decanoate injection solution 25mg/ml		
fluphenazine hcl injection solution 2.5mg/ml		
fluphenazine hcl oral concentrate 5mg/ml		
fluphenazine hcl oral elixir 2.5mg/5ml		
fluphenazine hcl oral tablet 1mg, 10mg, 2.5mg, 5mg		
haloperidol decanoate intramuscular solution 100mg/ml (1ml), 50mg/ml (1ml)		
haloperidol decanoate intramuscular solution 100mg/ml, 50mg/ml	*(Haldol Decanoate)*	
haloperidol lactate injection solution 5mg/ml		
haloperidol lactate oral concentrate 2mg/ml		
haloperidol oral tablet 0.5mg, 1mg, 10mg, 2mg, 20mg, 5mg		
loxapine succinate oral capsule 10mg, 25mg, 5mg, 50mg		
molindone oral tablet 10mg, 25mg, 5mg		
perphenazine oral tablet 16mg, 2mg		
perphenazine oral tablet 4mg, 8mg		PA BvD
pimozide oral tablet 1mg, 2mg		
thioridazine oral tablet 10mg, 100mg, 25mg, 50mg		
thiothixene oral capsule 1mg, 10mg, 2mg, 5mg		
trifluoperazine oral tablet 1mg, 10mg, 2mg, 5mg		
2nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720MG/2.4ML, 960MG/3.2ML		NM
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300MG, 400MG		NM

ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300MG, 400MG		NM
aripiprazole oral solution 1mg/ml		QL (750 per 30 days)
aripiprazole oral tablet 10mg, 15mg, 2mg, 20mg, 30mg, 5mg	*(Abilify)*	QL (30 per 30 days)
aripiprazole oral tablet, disintegrating 10mg		NM; QL (90 per 30 days)
aripiprazole oral tablet, disintegrating 15mg		NM; QL (60 per 30 days)
asenapine maleate sublingual tablet 10mg, 2.5mg, 5mg	*(Saphris)*	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5MG, 21MG, 42MG		NM
FANAPT ORAL TABLET 1MG, 10MG, 12MG, 2MG, 4MG, 6MG, 8MG		ST; NM; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG (2)-2MG (2)-4MG (2)-6MG (2)		ST; QL (60 per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1, 092MG/3.5ML, 1, 560MG/5ML		NM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML		NM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39MG/0.25ML		
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML		NM
lurasidone oral tablet 120mg, 20mg, 40mg, 60mg, 80mg	*(Latuda)*	NM
LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG		ST; NM; QL (30 per 30 days)
NUPLAZID ORAL CAPSULE 34MG		PA NSO; NM
NUPLAZID ORAL TABLET 10MG		PA NSO; NM
olanzapine intramuscular recon soln 10mg	*(Zyprexa)*	QL (60 per 30 days)
olanzapine oral tablet 10mg, 15mg, 2.5mg, 5mg, 7.5mg	*(Zyprexa)*	QL (30 per 30 days)
olanzapine oral tablet 20mg	*(Zyprexa)*	QL (60 per 30 days)
olanzapine oral tablet, disintegrating 10mg, 5mg	*(Zyprexa Zydis)*	QL (60 per 30 days)
olanzapine oral tablet, disintegrating 15mg, 20mg	*(Zyprexa Zydis)*	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5mg, 3mg, 9mg	*(Invega)*	QL (30 per 30 days)

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paliperidone oral tablet extended release 24hr 6mg	*(Invega)*	QL (60 per 30 days)
quetiapine oral tablet 100mg, 200mg, 25mg, 300mg, 400mg, 50mg	*(Seroquel)*	QL (60 per 30 days)
quetiapine oral tablet 150mg		QL (60 per 30 days)
quetiapine oral tablet extended release 24-hr 150mg	*(Seroquel XR)*	QL (90 per 30 days)
quetiapine oral tablet extended release 24-hr 200mg, 300mg, 400mg	*(Seroquel XR)*	QL (60 per 30 days)
quetiapine oral tablet extended release 24-hr 50mg	*(Seroquel XR)*	QL (120 per 30 days)
REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG		NM
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5MG/2ML		
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25MG/2ML, 37.5MG/2ML, 50MG/2ML		NM
risperidone oral solution 1mg/ml	*(Risperdal)*	QL (480 per 30 days)
risperidone oral tablet 0.25mg		QL (60 per 30 days)
risperidone oral tablet 0.5mg	*(Risperdal)*	QL (120 per 30 days)
risperidone oral tablet 1mg, 2mg, 3mg, 4mg	*(Risperdal)*	QL (60 per 30 days)
risperidone oral tablet, disintegrating 0.25mg, 1mg, 2mg, 3mg		QL (60 per 30 days)
risperidone oral tablet, disintegrating 0.5mg, 4mg		QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24-HOUR, 5.7MG/24-HOUR, 7.6MG/24-HOUR		ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5MG		ST; NM; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG		ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5MG (1)-3MG (6)		ST; QL (7 per 28 days)
ziprasidone hcl oral capsule 20mg, 40mg, 60mg, 80mg	*(Geodon)*	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20mg/ml (final conc.)	*(Geodon)*	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210MG		ST

Treatment-Resistant		
clozapine oral tablet 100mg, 200mg, 25mg, 50mg	*(Clozaril)*	QL (120 per 30 days)
clozapine oral tablet, disintegrating 100mg, 12.5mg, 150mg, 25mg		QL (120 per 30 days)
clozapine oral tablet, disintegrating 200mg		NM; QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50MG/ML		ST; NM; QL (540 per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
baclofen oral tablet 10mg, 20mg, 5mg		
tizanidine oral tablet 2mg		
tizanidine oral tablet 4mg	*(Zanaflex)*	
ANTIVIRALS		
Anti-Cytomegalovirus (CMV) Agents		
LIVTENCITY ORAL TABLET 200MG		PA; NM
PREVYMIS ORAL TABLET 240MG, 480MG		PA; NM; QL (28 per 28 days)
valganciclovir oral recon soln 50mg/ml	*(Valcyte)*	
valganciclovir oral tablet 450mg	*(Valcyte)*	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15%		
Anti-Hepatitis B (HBV) Agents		
adefovir oral tablet 10mg	*(Hepsera)*	QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05MG/ML		NM; QL (600 per 30 days)
entecavir oral tablet 0.5mg, 1mg	*(Baraclude)*	QL (30 per 30 days)
lamivudine oral tablet 100mg		QL (90 per 30 days)
VEMLIDY ORAL TABLET 25MG		NM; QL (30 per 30 days)
Anti-Hepatitis C (HCV) Agents		
MAVYRET ORAL PELLETS IN PACKET 50-20MG		PA; NM
MAVYRET ORAL TABLET 100-40MG		PA; NM
ribavirin oral capsule 200mg		
ribavirin oral tablet 200mg		
sofosbuvir-velpatasvir oral tablet 400-100mg	*(Epclusa)*	PA; NM
VOSEVI ORAL TABLET 400-100-100MG		PA; NM
Antiherpetic Agents		
acyclovir oral capsule 200mg		
acyclovir oral suspension 200mg/5ml	*(Zovirax)*	

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acyclovir oral tablet 400mg, 800mg		
acyclovir sodium intravenous solution 50mg/ml		PA BvD
famciclovir oral tablet 125mg, 250mg, 500mg		
trifluridine ophthalmic (eye) drops 1%		
valacyclovir oral tablet 1gm, 500mg	*(Valtrex)*	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY ORAL TABLET 30-120-15MG, 50-200-25MG		NM; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300MG		NM; QL (30 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10MG		NM; QL (30 per 30 days)
ISENTRESS HD ORAL TABLET 600MG		NM; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100MG		QL (60 per 30 days)
ISENTRESS ORAL TABLET 400MG		NM; QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100MG, 25MG		QL (180 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300MG		NM; QL (30 per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10MG		NM; QL (30 per 30 days)
TIVICAY ORAL TABLET 10MG		QL (60 per 30 days)
TIVICAY ORAL TABLET 25MG, 50MG		NM; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5MG		QL (360 per 30 days)
Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET 200-25-300MG		NM; QL (30 per 30 days)
EDURANT ORAL TABLET 25MG		NM; QL (30 per 30 days)
efavirenz oral capsule 200mg		QL (120 per 30 days)
efavirenz oral capsule 50mg		QL (360 per 30 days)
efavirenz oral tablet 600mg		QL (30 per 30 days)
etravirine oral tablet 100mg	*(Intelence)*	NM; QL (120 per 30 days)
etravirine oral tablet 200mg	*(Intelence)*	NM; QL (60 per 30 days)
INTELENCE ORAL TABLET 25MG		QL (120 per 30 days)
nevirapine oral suspension 50mg/5ml		QL (1200 per 30 days)
nevirapine oral tablet 200mg		QL (60 per 30 days)
nevirapine oral tablet extended release 24-hr 100mg		QL (120 per 30 days)
nevirapine oral tablet extended release 24-hr 400mg		QL (30 per 30 days)
PIFELTRO ORAL TABLET 100MG		NM; QL (30 per 30 days)

Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir oral solution 20mg/ml	*(Ziagen)*	QL (960 per 30 days)
abacavir oral tablet 300mg	*(Ziagen)*	QL (60 per 30 days)
abacavir-lamivudine oral tablet 600-300mg	*(Epzicom)*	QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300MG		NM; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300MG		NM; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15MG, 200-25MG		NM; QL (30 per 30 days)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300mg	*(Atripla)*	NM; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300mg	*(Symfi Lo)*	NM; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300mg	*(Symfi)*	NM; QL (30 per 30 days)
emtricitabine oral capsule 200mg	*(Emtriva)*	QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 100-150mg, 133-200mg, 167-250mg	*(Truvada)*	NM; QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 200-300mg	*(Truvada)*	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10MG/ML		QL (680 per 28 days)
JULUCA ORAL TABLET 50-25MG		NM; QL (30 per 30 days)
lamivudine oral solution 10mg/ml	*(Epivir)*	QL (900 per 30 days)
lamivudine oral tablet 150mg	*(Epivir)*	QL (60 per 30 days)
lamivudine oral tablet 300mg	*(Epivir)*	QL (30 per 30 days)
lamivudine-zidovudine oral tablet 150-300mg	*(Combivir)*	QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25MG		NM; QL (30 per 30 days)
tenofovir disoproxil fumarate oral tablet 300mg	*(Viread)*	QL (30 per 30 days)
TRIZIVIR ORAL TABLET 300-150-300MG	(abacavir-lamivudine-zidovudine)	NM; QL (60 per 30 days)
VIREAD ORAL POWDER 40MG/SCOOP (40MG/GRAM)		NM; QL (240 per 30 days)
VIREAD ORAL TABLET 150MG, 200MG, 250MG		NM; QL (30 per 30 days)
zidovudine oral capsule 100mg	*(Retrovir)*	QL (180 per 30 days)
zidovudine oral syrup 10mg/ml	*(Retrovir)*	QL (1680 per 28 days)
zidovudine oral tablet 300mg		QL (60 per 30 days)
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN 90MG		NM; QL (60 per 30 days)
maraviroc oral tablet 150mg, 300mg	*(Selzentry)*	NM; QL (120 per 30 days)

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RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600MG		NM; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20MG/ML		NM; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 25MG		QL (240 per 30 days)
SELZENTRY ORAL TABLET 75MG		NM; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300MG		NM; QL (5 per 180 days)
SUNLENCA ORAL TABLET 300MG (4-TABLET PACK)		NM; QL (4 per 180 days)
TRIUMEQ ORAL TABLET 600-50-300MG		NM; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30MG		NM; QL (180 per 30 days)
TYBOST ORAL TABLET 150MG		QL (30 per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250MG		NM; QL (120 per 30 days)
atazanavir oral capsule 150mg		QL (60 per 30 days)
atazanavir oral capsule 200mg	*(Reyataz)*	QL (60 per 30 days)
atazanavir oral capsule 300mg	*(Reyataz)*	QL (30 per 30 days)
darunavir ethanolate oral tablet 600mg	*(Prezista)*	NM; QL (60 per 30 days)
darunavir ethanolate oral tablet 800mg	*(Prezista)*	NM; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150MG		NM; QL (30 per 30 days)
fosamprenavir oral tablet 700mg	*(Lexiva)*	NM; QL (120 per 30 days)
LEXIVA ORAL SUSPENSION 50MG/ML		QL (1575 per 28 days)
lopinavir-ritonavir oral solution 400-100mg/5ml	*(Kaletra)*	QL (400 per 30 days)
lopinavir-ritonavir oral tablet 100-25mg	*(Kaletra)*	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50mg	*(Kaletra)*	QL (150 per 30 days)
NORVIR ORAL POWDER IN PACKET 100MG		QL (360 per 30 days)
PREZCOBIX ORAL TABLET 800-150MG-MG		NM; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100MG/ML		NM; QL (360 per 30 days)
PREZISTA ORAL TABLET 150MG		QL (240 per 30 days)
PREZISTA ORAL TABLET 75MG		QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50MG		QL (180 per 30 days)
ritonavir oral tablet 100mg	*(Norvir)*	QL (360 per 30 days)
VIRACEPT ORAL TABLET 250MG		NM; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625MG		NM; QL (120 per 30 days)
Anti-Influenza Agents		
oseltamivir oral capsule 30mg, 45mg, 75mg	*(Tamiflu)*	

oseltamivir oral suspension for reconstitution 6mg/ml	*(Tamiflu)*	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5MG/ACTUATION		
rimantadine oral tablet 100mg	*(Flumadine)*	
XOFLUZA ORAL TABLET 40MG, 80MG		
ANXIOLYTICS		
Anxiolytics, Other		
buspirone oral tablet 10mg, 15mg, 30mg, 5mg, 7.5mg		
hydroxyzine hcl oral solution 10mg/5ml		
hydroxyzine hcl oral tablet 10mg, 25mg, 50mg		
hydroxyzine pamoate oral capsule 100mg		
hydroxyzine pamoate oral capsule 25mg, 50mg	*(Vistaril)*	
oxazepam oral capsule 10mg, 15mg, 30mg		QL (120 per 30 days)
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML		QL (300 per 30 days)
alprazolam oral tablet 0.25mg, 0.5mg	*(Xanax)*	QL (120 per 30 days)
alprazolam oral tablet 1mg	*(Xanax)*	QL (240 per 30 days)
alprazolam oral tablet 2mg	*(Xanax)*	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10mg, 25mg, 5mg		QL (120 per 30 days)
clonazepam oral tablet 0.5mg, 1mg	*(Klonopin)*	QL (90 per 30 days)
clonazepam oral tablet 2mg	*(Klonopin)*	QL (300 per 30 days)
clonazepam oral tablet, disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg		QL (90 per 30 days)
clonazepam oral tablet, disintegrating 2mg		QL (300 per 30 days)
clorazepate dipotassium oral tablet 15mg, 3.75mg, 7.5mg		QL (180 per 30 days)
diazepam intensol oral concentrate 5mg/ml	*(diazepam)*	QL (240 per 30 days)
diazepam oral solution 5mg/5ml (1mg/ml)		QL (1200 per 30 days)
diazepam oral tablet 10mg, 2mg	*(Valium)*	QL (120 per 30 days)
diazepam oral tablet 5mg	*(Valium)*	QL (240 per 30 days)
lorazepam 2mg/ml oral concent	*(Lorazepam Intensol)*	QL (240 per 30 days)
lorazepam intensol oral concentrate 2mg/ml	*(lorazepam)*	QL (240 per 30 days)
lorazepam oral tablet 0.5mg, 1mg, 2mg	*(Ativan)*	QL (150 per 30 days)

BIPOLAR AGENTS	
Mood Stabilizers	
divalproex oral capsule, delayed rel sprinkle 125mg	*(Depakote Sprinkles)*
divalproex oral tablet extended release 24-hr 250mg, 500mg	*(Depakote ER)*
divalproex oral tablet, delayed release (dr/ec) 125mg, 250mg, 500mg	*(Depakote)*
lithium carbonate oral capsule 150mg, 300mg, 600mg	
lithium carbonate oral tablet 300mg	
lithium carbonate oral tablet extended release 300mg	*(Lithobid)*
lithium carbonate oral tablet extended release 450mg	
BLOOD GLUCOSE REGULATORS	
Antidiabetic Agents	
acarbose oral tablet 100mg, 25mg, 50mg	*(Precose)*
glimepiride oral tablet 1mg, 2mg, 4mg	
glipizide oral tablet 10mg, 5mg	
glipizide oral tablet extended release 24hr 10mg, 2.5mg, 5mg	*(Glucotrol XL)*
glipizide-metformin oral tablet 2.5-250mg, 2.5-500mg, 5-500mg	
glyburide micronized oral tablet 1.5mg, 3mg, 6mg	*(Glynase)*
glyburide oral tablet 1.25mg, 2.5mg, 5mg	
glyburide-metformin oral tablet 1.25-250mg, 2.5-500mg, 5-500mg	
INVOKAMET ORAL TABLET 150-1, 000MG, 150-500MG, 50-1, 000MG, 50-500MG	
INVOKAMET XR ORAL TABLET, IR -ER, BIPHASIC 24HR 150-1, 000MG, 150-500MG, 50-1, 000MG, 50-500MG	
INVOKANA ORAL TABLET 100MG, 300MG	
JANUMET ORAL TABLET 50-1, 000MG, 50-500MG	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1, 000MG, 50-1, 000MG, 50-500MG	
JANUVIA ORAL TABLET 100MG, 25MG, 50MG	

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JARDIANCE ORAL TABLET 10MG, 25MG		
metformin oral tablet 1, 000mg, 500mg, 850mg		
metformin oral tablet extended release 24-hr 500mg, 750mg		
miglitol oral tablet 100mg, 25mg, 50mg		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML		PA; QL (2 per 28 days)
nateglinide oral tablet 120mg, 60mg		
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25MG OR 0.5MG (2MG/3ML), 1MG/DOSE (4MG/3ML), 2MG/DOSE (8MG/3ML)		PA; QL (3 per 28 days)
pioglitazone oral tablet 15mg, 30mg, 45mg	*(Actos)*	
pioglitazone-metformin oral tablet 15-500mg		
pioglitazone-metformin oral tablet 15-850mg	*(Actoplus MET)*	
repaglinide oral tablet 0.5mg, 1mg, 2mg		
RYBELSUS ORAL TABLET 14MG, 3MG, 7MG		PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2, 700MCG/2.7ML		PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1, 500MCG/1.5ML		PA
SYNJARDY ORAL TABLET 12.5-1, 000MG, 12.5-500MG, 5-1, 000MG, 5-500MG		
SYNJARDY XR ORAL TABLET, IR -ER, BIPHASIC 24HR 10-1, 000MG, 12.5-1, 000MG, 25-1, 000MG, 5-1, 000MG		
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML		PA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6MG/0.1ML (18MG/3ML)		PA; QL (9 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100UNIT-3.6MG /ML (3ML)		
Glycemic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3MG/ACTUATION		
diazoxide oral suspension 50mg/ml	*(Proglycem)*	NM

GLUCAGEN HYPOKIT INJECTION RECON SOLN 1MG		
KORLYM ORAL TABLET 300MG		PA; NM
Insulins		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
ADVOCATE INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
ADVOCATE INS 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
ADVOCATE INS 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
ADVOCATE INS 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
ADVOCATE INS 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
ADVOCATE INS SYR 0.3ML 29GX1/2 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
ADVOCATE INS SYR 0.5ML 29GX1/2 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
ADVOCATE INS SYR 1ML 29GX1/2" 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
ADVOCATE INS SYR 1ML 30GX5/16 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	

ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	
ASSURE ID INSULIN SAFETY SYRINGE 1ML 29 GAUGE X 1/2"	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
ASSURE ID SYR 0.5ML 29GX1/2" (RX) 0.5ML 29 GAUGE X 1/2"	
ASSURE ID SYR 0.5ML 31GX15/64" 0.5ML 31 GAUGE X 15/64"	
ASSURE ID SYR 1ML 31GX15/64" 1ML 31 GAUGE X 15/64"	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	
BD ECLIPSE 30GX1/2" SYRINGE 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
BD INS SYR 0.3ML 8MMX31G (1/2) 0.3ML 31 GAUGE X 5/16"	
BD INS SYRINGE 1/2ML 6MMX31G (ONLY FOR 500UNIT/ML INSULIN) 1/2ML 31 GAUGE X 15/64"	
BD INS SYRN UF 1ML 12.7MMX30G NOT FOR RETAIL SALE 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
BD INSULIN SYR 1ML 25GX1" 1ML 25 X 1"	
BD INSULIN SYR 1ML 25GX5/8" 1ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)

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BD INSULIN SYR 1ML 26GX1/2" 1ML 26 X 1/2"	
BD INSULIN SYR 1ML 27GX5/8" MICRO-FINE 1ML 27 GAUGE X 5/8"	
BD INSULIN SYR 1ML 28GX1/2" (OTC) 1ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
BD INSULIN SYRINGE 1ML W/O NEEDLE	(insulin syringe needleless)
BD LUER-LOK SYRINGE 1ML	(Easy Touch Luer Lock Insulin)
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
BD SAFETGLD INS 0.3ML 29G 13MM 0.3ML 29 GAUGE X 1/2"	
BD SAFETGLD INS 0.5ML 13MMX29G 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
BD SAFETYGLD INS 0.3ML 31G 8MM 0.3ML 31 GAUGE X 5/16"	
BD SAFETYGLD INS 0.5ML 30G 8MM 0.5ML 30 GAUGE X 5/16"	
BD SAFETYGLD INS 1ML 29G 13MM 1ML 29 GAUGE X 1/2"	
BD SAFETYGLID INS 1ML 6MMX31G 1ML 31 GAUGE X 15/64"	
BD SAFETYGLIDE SYRINGE 27GX5/8 1ML 27 GAUGE X 5/8"	
BD SAFTYGLD INS 0.3ML 6MMX31G 0.3ML 31 GAUGE X 15/64"	
BD SAFTYGLD INS 0.5ML 29G 13MM 0.5ML 29 GAUGE X 1/2"	
BD SAFTYGLD INS 0.5ML 6MMX31G 0.5ML 31 GAUGE X 15/64"	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)
BD VEO INS 0.3ML 6MMX31G (1/2) 0.3ML 31 GAUGE X 15/64"	
BD VEO INS SYRING 1ML 6MMX31G 1ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)

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BD VEO INS SYRN 0.3ML 6MMX31G 0.3ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
BD VEO INS SYRN 0.5ML 6MMX31G 1/2ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)
CAREONE SYR 0.3ML 31GX5/16" SHORT, HRI 0.3ML 31 GAUGE X 5/16"	(Advocate Syringes)
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
CARETOUCH SYR 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
CARETOUCH SYR 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
CARETOUCH SYR 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
CARETOUCH SYR 1ML 28GX5/16" 1ML 28 X 5/16"	
CARETOUCH SYR 1ML 29GX5/16" 1ML 29 GAUGE X 5/16	
CARETOUCH SYR 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)

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CARETOUCH SYR 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT EZ INS 0.3ML 30GX1/2" 0.3ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
COMFORT EZ INS 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
COMFORT EZ INSULIN SYR 0.3ML 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
COMFORT EZ INSULIN SYR 0.5ML 0.5ML 30 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI, HRI 32 GAUGE X 3/16"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	

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COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
COMFORT EZ SYR 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 0.5ML 28GX1/2" 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 0.5ML 29GX1/2" 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 1ML 28GX1/2" 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 1ML 29GX1/2" 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 1ML 30GX1/2" 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)

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CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	
CURITY GUAZE PADS 1'S (12 PLY) 2 X 2 "	(gauze bandage)
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	
DROPLET 0.5ML 29GX12.5MM (1/2) 0.5ML 29 GAUGE X 1/2"	
DROPLET 0.5ML 30GX12.5MM (1/2) 0.5ML 30 GAUGE X 1/2"	
DROPLET INS 0.3ML 29GX12.5MM 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
DROPLET INS 0.3ML 30GX12.5MM 0.3ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
DROPLET INS 0.5ML 30GX6MM (1/2) 0.5ML 30 GAUGE X 15/64"	
DROPLET INS 0.5ML 30GX8MM (1/2) 0.5ML 30 GAUGE X 5/16"	
DROPLET INS 0.5ML 31GX6MM (1/2) 0.5ML 31 GAUGE X 15/64"	
DROPLET INS 0.5ML 31GX8MM (1/2) 0.5ML 31 GAUGE X 5/16"	
DROPLET INS SYR 0.3ML 30GX6MM 0.3ML 30 GAUGE X 15/64"	
DROPLET INS SYR 0.3ML 30GX8MM 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
DROPLET INS SYR 0.3ML 31GX6MM 0.3ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
DROPLET INS SYR 0.3ML 31GX8MM 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
DROPLET INS SYR 1ML 29GX12.5MM 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
DROPLET INS SYR 1ML 30GX12.5MM 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
DROPLET INS SYR 1ML 30GX6MM 1ML 30 GAUGE X 15/64"	
DROPLET INS SYR 1ML 30GX8MM 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
DROPLET INS SYR 1ML 31GX6MM 1ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)

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DROPLET INS SYR 1ML 31GX8MM 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
DROPSAFE INS SYR 0.3ML 31G 6MM 0.3ML 31 GAUGE X 15/64"	
DROPSAFE INS SYR 0.3ML 31G 8MM 0.3ML 31 GAUGE X 5/16"	
DROPSAFE INS SYR 0.5ML 31G 6MM 0.5ML 31 GAUGE X 15/64"	
DROPSAFE INS SYR 0.5ML 31G 8MM 0.5ML 31 GAUGE X 5/16"	
DROPSAFE INSUL SYR 1ML 31G 6MM 1ML 31 GAUGE X 15/64"	
DROPSAFE INSUL SYR 1ML 31G 8MM 1ML 31 GAUGE X 5/16"	
DROPSAFE INSULN 1ML 29G 12.5MM 1ML 29 GAUGE X 1/2"	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	

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DRUG MART ULTRA COMFORT SYR 0.3ML 29 GAUGE X 1/2", 0.3ML 31 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16", 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
EASY COMFORT 0.3ML SYRINGE 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
EASY COMFORT 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY COMFORT 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
EASY COMFORT 0.5ML 32GX5/16" 1/2ML 32 GAUGE X 5/16"	
EASY COMFORT 0.5ML SYRINGE 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
EASY COMFORT 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
EASY COMFORT 1ML 32GX5/16" 1ML 32 GAUGE X 5/16"	
EASY COMFORT INSULIN 1ML SYR 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)
EASY COMFORT SYR 1ML 30GX1/2" 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY GLIDE INS 0.3ML 31GX6MM 0.3ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
EASY GLIDE INS 0.5ML 31GX6MM 1/2ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
EASY GLIDE INS 1ML 31GX6MM 1ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)

EASY TOUCH 0.3ML SYR 30GX1/2" 0.3ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH 0.5ML SYR 27GX1/2" 1/2ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH 0.5ML SYR 29GX1/2" 0.5ML 29 GAUGE X 1/2"	
EASY TOUCH 0.5ML SYR 30GX1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH 0.5ML SYR 30GX5/16 0.5ML 30 GAUGE X 5/16"	
EASY TOUCH 1ML SYR 27GX1/2" 1ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH 1ML SYR 29GX1/2" 1ML 29 GAUGE X 1/2"	
EASY TOUCH 1ML SYR 30GX1/2" 1ML 30 GAUGE X 1/2"	
EASY TOUCH FLIPLOK 1ML 27GX0.5 1ML 27 GAUGE X 1/2"	
EASY TOUCH INSULIN 1ML 29GX1/2 1ML 29 GAUGE X 1/2"	
EASY TOUCH INSULIN 1ML 30GX1/2 1ML 30 GAUGE X 1/2"	
EASY TOUCH INSULIN SYR 0.3ML 0.3ML 30 GAUGE X 5/16", 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
EASY TOUCH INSULIN SYR 0.5ML 0.5ML 30 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
EASY TOUCH INSULIN SYR 1ML 1ML 30 GAUGE X 5/16, 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
EASY TOUCH INSULIN SYR 1ML RETRACTABLE 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH INSULN 1ML 29GX1/2" 1ML 29 GAUGE X 1/2"	
EASY TOUCH INSULN 1ML 30GX1/2" 1ML 30 GAUGE X 1/2"	
EASY TOUCH INSULN 1ML 30GX5/16 1ML 30 GAUGE X 5/16"	
EASY TOUCH INSULN 1ML 30GX5/16 1ML 30 GAUGE X 5/16"	
EASY TOUCH INSULN 1ML 31GX5/16 1ML 31 GAUGE X 5/16"	
EASY TOUCH INSULN 1ML 31GX5/16 1ML 31 GAUGE X 5/16"	

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EASY TOUCH LUER LOK INSUL 1ML	(insulin syringe needleless)
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	
EASY TOUCH SYR 0.5ML 28G 12.7MM 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH SYR 0.5ML 29G 12.7MM 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH SYR 1ML 27G 16MM 1ML 27 GAUGE X 5/8"	
EASY TOUCH SYR 1ML 28G 12.7MM 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH SYR 1ML 29G 12.7MM 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH UNI-SLIP SYR 1ML	(insulin syringe needleless)
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)

EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
EQL INSULIN 0.3ML SYRINGE SHORT NEEDLE 0.3ML 30	(Ultra Comfort Insulin Syringe)
EQL INSULIN 0.5ML SYRINGE SHORT NEEDLE 1/2ML 30 GAUGE	(Lite Touch Insulin Syringe)
EQL INSULIN 1ML SYRINGE SHORT NEEDLE 1ML 30 GAUGE X 7/16"	(Lite Touch Insulin Syringe)
EXEL INSULIN SYRINGE 27G-1ML 1ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100UNIT/ML (3ML)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100UNIT/ML	
FIFTY50 INS 0.5ML 31GX5/16" SHORT NEEDLE 0.5ML 31 GAUGE X 5/16"	(Advocate Syringes)
FIFTY50 INS SYR 1ML 31GX5/16" SHORT NEEDLE (OTC) 1ML 31 GAUGE X 5/16	(Advocate Syringes)
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)
FP INSULIN 1ML SYRINGE 1ML 28 GAUGE	(Lite Touch Insulin Syringe)
FREESTYLE PREC 0.5ML 30GX5/16 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
FREESTYLE PREC 0.5ML 31GX5/16 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
FREESTYLE PREC 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
FREESTYLE PREC 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)
GNP ULT C 0.3ML 29GX1/2" (1/2) 1/2UNIT 0.3ML 29 GAUGE X 1/2"	
GNP ULTRA COMFORT 0.5ML SYR 1/2ML 29 , 1/2ML 30 GAUGE	(insulin syringe-needle u-100)

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GNP ULTRA COMFORT 1ML SYRINGE 1ML 28 GAUGE, 1ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)
GNP ULTRA COMFORT 1ML SYRINGE 1ML 29 GAUGE	
GNP ULTRA COMFORT 3/10ML SYR 0.3ML 30	(insulin syringe-needle u-100)
HEALTHWISE INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
HEALTHWISE INS 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
HEALTHWISE INS 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
HEALTHWISE INS 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
HEALTHWISE INS 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
HEALTHWISE INS 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)
insulin glargine subcutaneous insulin pen 100unit/ml (3ml)	*(Lantus Solostar U-100 Insulin)*

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

insulin glargine subcutaneous solution 100unit/ml	*(Lantus U-100 Insulin)*
INSULIN SYR 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(Advocate Syringes)
INSULIN SYR 0.3ML 31GX1/4 (1/2) 0.3ML 31 GAUGE X 1/4"	(UltiCare Insuln Syr (halfunit))
INSULIN SYRIN 0.3ML 30GX1/2" SHORT NEEDLE 0.3ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
INSULIN SYRIN 0.5ML 28GX1/2" 1/2ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
INSULIN SYRIN 0.5ML 29GX1/2" (OTC) 0.5ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
INSULIN SYRIN 0.5ML 30GX1/2" SHORT NEEDLE (OTC) 0.5ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
INSULIN SYRIN 0.5ML 30GX5/16" SHORT NEEDLE (OTC) 0.5ML 30 GAUGE X 5/16"	(Advocate Syringes)
INSULIN SYRING 0.5ML 27G 1/2" INNER 1/2ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)
INSULIN SYRINGE 0.3ML 0.3ML 29 GAUGE	(insulin syringe-needle u-100)
INSULIN SYRINGE 0.3ML 31GX1/4 0.3ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)
INSULIN SYRINGE 0.5ML 1/2ML 29	(insulin syringe-needle u-100)
INSULIN SYRINGE 0.5ML 31GX1/4 1/2ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)
INSULIN SYRINGE 1ML 1ML 29 GAUGE	
INSULIN SYRINGE 1ML 30GX1/2" (RX) 1ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)
INSULIN SYRINGE 1ML 30GX5/16" SHORT NEEDLE (OTC) 1ML 30 GAUGE X 5/16	(Advocate Syringes)
INSULIN SYRINGE 1ML 31GX1/4" 1ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3ML 29 GAUGE	(Ultilet Insulin Syringe)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2ML 28 GAUGE	(Lite Touch Insulin Syringe)
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)

INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	(insulin glargine)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100UNIT/ML	(insulin glargine)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100UNIT/ML	
LISCO SPONGES 100/BAG 2 X 2 "	
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)
LITE TOUCH INSULIN 0.5ML SYR 1/2ML 28 GAUGE, 1/2ML 29 , 1/2ML 30 GAUGE	(insulin syringe-needle u-100)
LITE TOUCH INSULIN 1ML SYR 1ML 28 GAUGE, 1ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)
LITE TOUCH INSULIN 1ML SYR 1ML 29 GAUGE	
LITE TOUCH INSULIN SYR 1ML 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)
LITETOUCH INS 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
LITETOUCH INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
LITETOUCH INS 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
LITETOUCH INS 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)

LITETOUCH SYR 0.5ML 28GX1/2" 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
LITETOUCH SYR 0.5ML 29GX1/2" 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
LITETOUCH SYR 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
LITETOUCH SYRIN 1ML 28GX1/2" 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
LITETOUCH SYRIN 1ML 29GX1/2" 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
LITETOUCH SYRIN 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
MAGELLAN INSUL SYRINGE 0.3ML 0.3ML 30 X 5/16"	
MAGELLAN INSUL SYRINGE 0.5ML 0.5ML 30 GAUGE X 5/16"	
MAGELLAN INSULIN SYR 0.3ML 0.3ML 29 GAUGE X 1/2"	
MAGELLAN INSULIN SYR 0.5ML 0.5ML 29 GAUGE X 1/2"	
MAGELLAN INSULIN SYRINGE 1ML 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16"	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
MAXICOMFORT INS 0.5ML 27GX1/2" 1/2ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
MAXI-COMFORT INS 0.5ML 28G 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
MAXICOMFORT INS 1ML 27GX1/2" 1ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
MAXI-COMFORT INS 1ML 28GX1/2" 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)

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MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)
MONOJECT 0.5ML SYRN 28GX1/2" 1/2ML 28 GAUGE	(insulin syringe-needle u-100)
MONOJECT 1ML SYRN 27X1/2" 1ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT 1ML SYRN 28GX1/2" (OTC) 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 (OTC) 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 .5ML, 29GX1/2" (OTC) 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 0.5ML CONVERTS TO 29G (OTC) 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 1ML 1ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 1ML 3'S, 29GX1/2" (OTC) 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 1ML W/O NEEDLE (OTC)	(insulin syringes (disposable))
MONOJECT INSULIN SYR 0.3ML (OTC) 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR 0.3ML 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR 0.5ML (OTC) 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR 0.5ML 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR 1ML 3'S (OTC) 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR U-100 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)

MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"	
MONOJECT SYRINGE 0.3ML 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT SYRINGE 0.5ML 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT SYRINGE 1ML 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
NOVOFINE 30 NEEDLE	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100UNIT/ML (70-30)	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100UNIT/ML (70-30)	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100UNIT/ML	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100UNIT/ML	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	(insulin aspart u-100)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100UNIT/ML (70-30)	(insulin asp prt-insulin aspart)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100UNIT/ML (70-30)	(insulin asp prt-insulin aspart)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100UNIT/ML	(insulin aspart u-100)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100UNIT/ML	(insulin aspart u-100)
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	

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PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	
PRO COMFORT 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
PRO COMFORT 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
PRO COMFORT 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
PRO COMFORT 1ML 30GX1/2" 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)

PRO COMFORT 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
PRO COMFORT 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)
PRODIGY INS SYR 1ML 28GX1/2" 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
PRODIGY SYRNG 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
PRODIGY SYRNGE 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4"	(pen needle, diabetic)
RELION INS SYR 0.3ML 31GX6MM 0.3ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)
RELION INS SYR 0.5ML 31GX6MM 1/2ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)

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RELION INS SYR 1ML 31GX15/64" 1ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)
RELI-ON INSULIN 0.5ML SYR 1/2ML 29	(Lite Touch Insulin Syringe)
RELI-ON INSULIN 1ML SYR 1ML 29 GAUGE X 7/16"	
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
SAFESNAP INS SYRUNITS-100 0.3ML 30GX5/16", 10X10 0.3ML 30 GAUGE X 5/16"	
SAFESNAP INS SYRUNITS-100 0.5ML 29GX1/2", 10X10 0.5ML 29 GAUGE X 1/2"	
SAFESNAP INS SYRUNITS-100 0.5ML 30GX5/16", 10X10 0.5ML 30 GAUGE X 5/16"	
SAFESNAP INS SYRUNITS-100 1ML 28GX1/2", 10X10 1ML 28 GAUGE X 1/2"	
SAFESNAP INS SYRUNITS-100 1ML 29GX1/2", 10X10 1ML 29 GAUGE X 1/2"	
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort EZ PRO Safety Pen Ndl)
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
SAFETY SYRINGE 0.5ML 30G 1/2" 0.5ML 30 GAUGE X 1/2"	
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	
SECURESAFE SYR 0.5ML 29G 1/2" OUTER 0.5ML 29 GAUGE X 1/2"	
SECURESAFE SYRNG 1ML 29G 1/2" OUTER 1ML 29 GAUGE X 1/2"	
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	(gauze bandage)
SM ULT CFT 0.3ML 31GX5/16 (1/2) 0.3ML 31 GAUGE X 5/16"	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100UNIT-33MCG/ML	

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SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)
SURE COMFORT 0.5ML SYRINGE 0.5ML 30 GAUGE X 1/2", 0.5ML 30 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16", 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
SURE COMFORT 1ML SYRINGE 1ML 28 GAUGE X 1/2", 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 1/2", 1ML 30 GAUGE X 5/16, 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
SURE COMFORT 3/10ML SYRINGE 0.3ML 29 GAUGE X 1/2", 0.3ML 30 GAUGE X 1/2", 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
SURE COMFORT 3/10ML SYRINGE INSULIN SYRINGE 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)
SURE COMFORT INS 0.3ML 31GX1/4 0.3ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
SURE COMFORT INS 0.5ML 31GX1/4 1/2ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
SURE COMFORT INS 1ML 31GX1/4" 1ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
SURE-JECT INSU SYR U100 0.3ML 0.3ML 29 GAUGE X 1/2", 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)

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SURE-JECT INSU SYR U100 0.5ML 0.5ML 29 GAUGE X 1/2", 0.5ML 30 GAUGE X 5/16", 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
SURE-JECT INSU SYR U100 1ML 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
SURE-JECT INSUL SYR U100 1ML 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
SURE-JECT INSULIN SYRINGE 1ML 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
TECHLITE 0.3ML 29GX12MM (1/2) 0.3ML 29 GAUGE X 1/2"	
TECHLITE 0.3ML 30GX12MM (1/2) 0.3ML 30 GAUGE X 1/2"	
TECHLITE 0.3ML 30GX8MM (1/2) 0.3ML 30 GAUGE X 5/16"	
TECHLITE 0.3ML 31GX6MM (1/2) 0.3ML 31 GAUGE X 15/64"	
TECHLITE 0.3ML 31GX8MM (1/2) 0.3ML 31 GAUGE X 5/16"	
TECHLITE 0.5ML 29GX12MM (1/2) 0.5ML 29 GAUGE X 1/2"	
TECHLITE 0.5ML 30GX12MM (1/2) 0.5ML 30 GAUGE X 1/2"	
TECHLITE 0.5ML 30GX8MM (1/2) 0.5ML 30 GAUGE X 5/16"	
TECHLITE 0.5ML 31GX6MM (1/2) 0.5ML 31 GAUGE X 15/64"	
TECHLITE 0.5ML 31GX8MM (1/2) 0.5ML 31 GAUGE X 5/16"	
TECHLITE INS SYR 1ML 29GX12MM 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TECHLITE INS SYR 1ML 30GX12MM 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
TECHLITE INS SYR 1ML 30GX8MM 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
TECHLITE INS SYR 1ML 31GX6MM 1ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
TECHLITE INS SYR 1ML 31GX8MM 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)

TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
TERUMO INS SYR 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
TERUMO INS SYRINGE U100-1ML 1ML 27 GAUGE X 1/2", 1ML 28 GAUGE X 1/2", 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TERUMO INS SYRINGE U100-1ML 1ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)
TERUMO INS SYRINGE U100-1/2ML 1/2ML 30 X 3/8"	(insulin syringe-needle u-100)
TERUMO INS SYRINGE U100-1/3ML 0.3ML 30 X 3/8"	(insulin syringe-needle u-100)
TERUMO INS SYRNG U100-1/2ML 0.5ML 29 GAUGE X 1/2", 1/2ML 27 GAUGE X 1/2", 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
THINPRO INS SYRIN U100-0.3ML 0.3ML 29 GAUGE X 1/2", 0.3ML 30 X 3/8"	(insulin syringe-needle u-100)
THINPRO INS SYRIN U100-0.3ML 0.3ML 31 X 3/8"	
THINPRO INS SYRIN U100-0.5ML 0.5ML 29 GAUGE X 1/2", 1/2ML 28 GAUGE X 1/2", 1/2ML 30 X 3/8"	(insulin syringe-needle u-100)
THINPRO INS SYRIN U100-0.5ML 0.5ML 31 X 3/8"	
THINPRO INS SYRIN U100-1ML 1ML 28 GAUGE X 1/2", 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)
THINPRO INS SYRIN U100-1ML 1ML 31 X 3/8"	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)

TOPCARE ULTRA COMFORT SYRINGE 0.3ML 29 GAUGE X 1/2", 0.3ML 30 GAUGE X 5/16", 0.3ML 31 GAUGE X 5/16", 0.5ML 29 GAUGE X 1/2", 0.5ML 30 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16", 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16, 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300UNIT/ML (3ML)	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300UNIT/ML (1.5ML)	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	(insulin degludec)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200UNIT/ML (3ML)	(insulin degludec)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100UNIT/ML	(insulin degludec)
TRUE CMFRT PRO 0.5ML 30G 5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUE CMFRT PRO 0.5ML 31G 5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUE CMFRT PRO 0.5ML 32G 5/16" 1/2ML 32 GAUGE X 5/16"	
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	
TRUE COMFORT 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUE COMFORT 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)

TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)
TRUE COMFORT PRO 1ML 30G 1/2" 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUE COMFORT PRO 1ML 30G 5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
TRUE COMFORT PRO 1ML 31G 5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
TRUE COMFORT PRO 1ML 32G 5/16" 1ML 32 GAUGE X 5/16"	
TRUE COMFRT PRO 0.5ML 30G 1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
TRUEPLUS SYR 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.5ML 28GX1/2" 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.5ML 29GX1/2" 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 1ML 28GX1/2" 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)

TRUEPLUS SYR 1ML 29GX1/2" 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
TRUEPLUS SYR 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTICAR INS 0.3ML 31GX1/4 (1/2) 0.3ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)
ULTICARE INS 0.3ML 31GX1/4" 0.3ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
ULTICARE INS 0.5ML 31GX1/4" 1/2ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
ULTICARE INS 1ML 31GX1/4" 1ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
ULTICARE INS SYR 1ML 30GX1/2" 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	
ULTICARE SYR 0.3ML 30GX1/2" 0.3ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTICARE SYR 0.3ML 31GX5/16" SHORT NDL 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTICARE SYR 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTICARE SYR 0.5ML 31GX5/16" SHORT NDL 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTICARE SYR 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTIGUARD SAFE 1ML 30G 12.7MM 1ML 30 X 1/2"	
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	
ULTIGUARD SAFE0.3ML 30G 12.7MM 0.3ML 30 X 1/2"	
ULTIGUARD SAFE0.5ML 30G 12.7MM 1/2ML 30 X 1/2"	
ULTIGUARD SAFEPACK 1ML 31G 8MM 1ML 31 X 5/16"	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	
ULTIGUARD SAFEPK 0.3ML 31G 8MM 0.3ML 31 X 5/16"	
ULTIGUARD SAFEPK 0.5ML 31G 8MM 1/2ML 31 X 5/16"	
ULTILET INSULIN SYRINGE 0.3ML 0.3ML 29 GAUGE X 1/2", 0.3ML 30 GAUGE X 5/16", 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTILET INSULIN SYRINGE 0.5ML 0.5ML 29 GAUGE X 1/2", 0.5ML 30 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTILET INSULIN SYRINGE 1ML 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16, 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTILET PEN NEEDLE 29 GAUGE	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
ULTRA COMFORT 0.3ML SYRINGE 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA COMFORT 0.5ML 28GX1/2" CONVERTS TO 29G 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRA COMFORT 0.5ML 29GX1/2" 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRA COMFORT 0.5ML SYRINGE 1/2ML 28 GAUGE	(insulin syringe-needle u-100)
ULTRA COMFORT 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTRA COMFORT 1ML SYRINGE 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)

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ULTRA FLO 0.3ML 30G 1/2" (1/2) 0.3ML 30 GAUGE X 1/2"	
ULTRA FLO 0.3ML 30G 5/16" (1/2) 0.3ML 30 GAUGE X 5/16"	
ULTRA FLO 0.3ML 31G 5/16" (1/2) 0.3ML 31 GAUGE X 5/16"	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
ULTRA FLO SYR 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRA FLO SYR 0.3ML 30G 5/16" 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA FLO SYR 0.3ML 31G 5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA FLO SYR 0.5ML 29G 1/2" 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
ULTRACARE INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRACARE INS 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRACARE INS 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRACARE INS 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRACARE INS 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRACARE INS 1ML 30G X 5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTRACARE INS 1ML 30GX1/2" 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRACARE INS 1ML 31G X 5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)

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ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)
ULTRA-THIN II 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTRA-THIN II INS 0.3ML 30G 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA-THIN II INS 0.3ML 31G 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA-THIN II INS 0.5ML 29G 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRA-THIN II INS 0.5ML 30G 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA-THIN II INS 0.5ML 31G 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA-THIN II INS SYR 1ML 29G 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRA-THIN II INS SYR 1ML 30G 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)
UNIFINE PENTIPS 31GX3/16" 31GX5MM, STRL, MINI 31 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)

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UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
VANISHPOINT 0.5ML 30GX1/2" SY OUTER 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
VANISHPOINT INS 1ML 30GX3/16" 1ML 30 GAUGE X 3/16"	
VANISHPOINT U-100 29X1/2 SYR 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
VERIFINE INS SYR 1ML 29G 1/2" 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)

VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
VERIFINE SYRING 0.5ML 29G 1/2" 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
VERIFINE SYRING 1ML 31G 5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
VERIFINE SYRNG 0.3ML 31G 5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
VERIFINE SYRNG 0.5ML 31G 5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE, 3PLY 2 X 2 "		
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5MG (74 TABS)		
ELIQUIS ORAL TABLET 2.5MG, 5MG		
enoxaparin subcutaneous syringe 100mg/ml, 150mg/ml	*(Lovenox)*	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120mg/0.8ml, 80mg/0.8ml	*(Lovenox)*	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30mg/0.3ml	*(Lovenox)*	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40mg/0.4ml	*(Lovenox)*	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60mg/0.6ml	*(Lovenox)*	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10mg/0.8ml	*(Arixtra)*	NM; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5mg/0.5ml	*(Arixtra)*	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5mg/0.4ml	*(Arixtra)*	NM; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5mg/0.6ml	*(Arixtra)*	NM; QL (18 per 30 days)

heparin (porcine) injection solution 1, 000unit/ml, 10, 000unit/ml, 20, 000unit/ml, 5, 000unit/ml		PA BvD
jantoven oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	*(warfarin)*	
warfarin oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	*(Jantoven)*	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15MG (42)-20MG (9)		
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1MG/ML		
XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG		
Blood Products And Modifiers, Other		
anagrelide oral capsule 0.5mg	*(Agrylin)*	
anagrelide oral capsule 1mg		
LEUKINE INJECTION RECON SOLN 250MCG		PA; NM
PROMACTA ORAL POWDER IN PACKET 12.5MG		PA; NM; QL (360 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25MG		PA; NM; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG		PA; NM; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10, 000UNIT/ML, 20, 000UNIT/2ML, 20, 000UNIT/ML, 4, 000UNIT/ML, 40, 000UNIT/ML		PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 2, 000UNIT/ML		PA; QL (23 per 30 days)
RETACRIT INJECTION SOLUTION 3, 000UNIT/ML		PA; QL (16 per 30 days)
tranexamic acid oral tablet 650mg		
ZARXIO INJECTION SYRINGE 300MCG/0.5ML, 480MCG/0.8ML		PA; NM
ZIEXTENZO SUBCUTANEOUS SYRINGE 6MG/0.6ML		PA; NM
Platelet Modifying Agents		
aspirin-dipyridamole oral capsule, er multiphase 12-hr 25-200mg		
BRILINTA ORAL TABLET 60MG, 90MG		
CABLIVI INJECTION KIT 11MG		PA; NM
cilostazol oral tablet 100mg, 50mg		
clopidogrel oral tablet 75mg	*(Plavix)*	

prasugrel oral tablet 10mg, 5mg	*(Effient)*	
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1mg, 0.2mg, 0.3mg		
clonidine transdermal patch weekly 0.1mg/24-hr	*(Catapres-TTS-1)*	QL (4 per 28 days)
clonidine transdermal patch weekly 0.2mg/24-hr	*(Catapres-TTS-2)*	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3mg/24-hr	*(Catapres-TTS-3)*	QL (4 per 28 days)
droxidopa oral capsule 100mg, 200mg, 300mg	*(Northera)*	PA; NM; QL (180 per 30 days)
guanfacine oral tablet 1mg, 2mg		
midodrine oral tablet 10mg, 2.5mg, 5mg		
Alpha-Adrenergic Blocking Agents		
doxazosin oral tablet 1mg, 2mg, 4mg, 8mg	*(Cardura)*	
prazosin oral capsule 1mg, 2mg, 5mg	*(Minipress)*	
terazosin oral capsule 1mg, 10mg, 2mg, 5mg		
Angiotensin II Receptor Antagonists		
candesartan oral tablet 16mg, 32mg, 4mg, 8mg	*(Atacand)*	
irbesartan oral tablet 150mg, 300mg, 75mg	*(Avapro)*	
losartan oral tablet 100mg, 25mg, 50mg	*(Cozaar)*	
olmesartan oral tablet 20mg, 40mg, 5mg	*(Benicar)*	
telmisartan oral tablet 20mg, 40mg, 80mg	*(Micardis)*	
valsartan oral tablet 160mg, 320mg, 40mg, 80mg	*(Diovan)*	
Angiotensin-Converting Enzyme (ACE) Inhibitors		
benazepril oral tablet 10mg, 20mg, 40mg	*(Lotensin)*	
benazepril oral tablet 5mg		
captopril oral tablet 100mg, 12.5mg, 25mg, 50mg		
enalapril maleate oral tablet 10mg, 2.5mg, 20mg, 5mg	*(Vasotec)*	
fosinopril oral tablet 10mg, 20mg, 40mg		
lisinopril oral tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	*(Zestril)*	
moexipril oral tablet 15mg, 7.5mg		

perindopril erbumine oral tablet 2mg, 4mg, 8mg	
quinapril oral tablet 10mg, 20mg, 40mg, 5mg	*(Accupril)*
ramipril oral capsule 1.25mg, 10mg, 2.5mg, 5mg	*(Altace)*
trandolapril oral tablet 1mg, 2mg, 4mg	
Antiarrhythmics	
amiodarone oral tablet 100mg, 200mg, 400mg	*(Pacerone)*
disopyramide phosphate oral capsule 100mg, 150mg	*(Norpace)*
dofetilide oral capsule 125mcg, 250mcg, 500mcg	*(Tikosyn)*
flecainide oral tablet 100mg, 150mg, 50mg	
mexiletine oral capsule 150mg, 200mg, 250mg	
MULTAQ ORAL TABLET 400MG	
propafenone oral tablet 150mg, 225mg, 300mg	
quinidine sulfate oral tablet 200mg, 300mg	
sotalol af oral tablet 120mg, 160mg, 80mg	*(sotalol)*
sotalol oral tablet 120mg, 160mg, 80mg	*(Sotalol AF)*
sotalol oral tablet 240mg	*(Betapace)*
Beta-Adrenergic Blocking Agents	
acebutolol oral capsule 200mg, 400mg	
atenolol oral tablet 100mg, 25mg, 50mg	*(Tenormin)*
betaxolol oral tablet 10mg, 20mg	
bisoprolol fumarate oral tablet 10mg, 5mg	
carvedilol oral tablet 12.5mg, 25mg, 3.125mg, 6.25mg	*(Coreg)*
carvedilol phosphate oral capsule, er multiphase 24-hr 10mg, 20mg, 40mg, 80mg	*(Coreg CR)*
labetalol oral tablet 100mg, 200mg, 300mg	
metoprolol succinate oral tablet extended release 24-hr 100mg, 200mg, 25mg, 50mg	*(Toprol XL)*
metoprolol tartrate oral tablet 100mg, 50mg	*(Lopressor)*
metoprolol tartrate oral tablet 25mg, 37.5mg, 75mg	

nadolol oral tablet 20mg, 40mg, 80mg	*(Corgard)*	
nebivolol oral tablet 10mg, 2.5mg, 20mg, 5mg	*(Bystolic)*	
pindolol oral tablet 10mg, 5mg		
propranolol oral capsule, extended release 24-hr 120mg, 160mg, 60mg	*(Inderal LA)*	
propranolol oral solution 20mg/5ml (4mg/ml), 40mg/5ml (8mg/ml)		
propranolol oral tablet 10mg, 20mg, 40mg, 60mg		
timolol maleate oral tablet 10mg, 20mg, 5mg		
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine oral tablet 10mg, 2.5mg, 5mg	*(Norvasc)*	
felodipine oral tablet extended release 24-hr 10mg, 2.5mg, 5mg		QL (30 per 30 days)
isradipine oral capsule 2.5mg, 5mg		
KATERZIA ORAL SUSPENSION 1MG/ML		
nicardipine oral capsule 20mg, 30mg		
nifedipine oral capsule 10mg, 20mg		
nifedipine oral tablet extended release 24hr 30mg, 60mg	*(Procardia XL)*	QL (60 per 30 days)
nifedipine oral tablet extended release 24hr 90mg	*(Procardia XL)*	QL (30 per 30 days)
nifedipine oral tablet extended release 30mg, 60mg		QL (60 per 30 days)
nifedipine oral tablet extended release 90mg		QL (30 per 30 days)
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt oral capsule, extended release 24hr 120mg, 180mg, 240mg	*(diltiazem hcl)*	QL (60 per 30 days)
cartia xt oral capsule, extended release 24hr 300mg	*(diltiazem hcl)*	QL (30 per 30 days)
diltiazem hcl oral capsule, extended release 12-hr 120mg, 60mg, 90mg		
diltiazem hcl oral capsule, extended release 24-hr 360mg	*(Taztia XT)*	QL (30 per 30 days)
diltiazem hcl oral capsule, extended release 24-hr 420mg	*(Tiadylt ER)*	QL (30 per 30 days)
diltiazem hcl oral capsule, extended release 24hr 120mg, 180mg, 240mg	*(Cartia XT)*	QL (60 per 30 days)
diltiazem hcl oral capsule, extended release 24hr 300mg	*(Cartia XT)*	QL (30 per 30 days)

diltiazem hcl oral tablet 120mg, 30mg, 60mg	*(Cardizem)*	
diltiazem hcl oral tablet 90mg		
diltiazem hcl oral tablet extended release 24-hr 180mg, 240mg, 300mg, 360mg	*(Matzim LA)*	
dilt-xr oral capsule, ext.rel 24h degradable 120mg, 180mg, 240mg	*(diltiazem hcl)*	QL (60 per 30 days)
matzim la oral tablet extended release 24-hr 180mg, 240mg, 300mg, 360mg, 420mg	*(diltiazem hcl)*	
taztia xt oral capsule, extended release 24-hr 120mg, 180mg, 240mg	*(diltiazem hcl)*	QL (60 per 30 days)
taztia xt oral capsule, extended release 24-hr 300mg, 360mg	*(diltiazem hcl)*	QL (30 per 30 days)
tiadylt er oral capsule, extended release 24-hr 120mg, 180mg, 240mg	*(diltiazem hcl)*	QL (60 per 30 days)
tiadylt er oral capsule, extended release 24-hr 300mg, 360mg, 420mg	*(diltiazem hcl)*	QL (30 per 30 days)
verapamil oral capsule, 24-hr er pellet ct 100mg, 200mg, 300mg	*(Verelan PM)*	
verapamil oral capsule, ext rel. pellets 24-hr 120mg, 180mg, 240mg, 360mg		
verapamil oral tablet 120mg, 40mg, 80mg		
verapamil oral tablet extended release 120mg	*(Calan SR)*	
verapamil oral tablet extended release 180mg, 240mg		
Cardiovascular Agents, Other		
aliskiren oral tablet 150mg, 300mg	*(Tekturna)*	QL (30 per 30 days)
amiloride-hydrochlorothiazide oral tablet 5-50mg		
amlodipine-atorvastatin oral tablet 10-10mg, 10-20mg, 10-40mg, 10-80mg, 5-10mg, 5-20mg, 5-40mg, 5-80mg	*(Caduet)*	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10mg, 2.5-20mg, 2.5-40mg		QL (30 per 30 days)
amlodipine-benazepril oral capsule 10-20mg, 10-40mg, 5-10mg, 5-20mg	*(Lotrel)*	
amlodipine-benazepril oral capsule 2.5-10mg, 5-40mg		
amlodipine-olmesartan oral tablet 10-20mg, 10-40mg, 5-20mg, 5-40mg	*(Azor)*	
amlodipine-valsartan oral tablet 10-160mg, 10-320mg, 5-160mg, 5-320mg	*(Exforge)*	
atenolol-chlorthalidone oral tablet 100-25mg	*(Tenoretic 100)*	

atenolol-chlorthalidone oral tablet 50-25mg	*(Tenoretic 50)*	
benazepril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg	*(Lotensin HCT)*	
benazepril-hydrochlorothiazide oral tablet 5-6.25mg		
bisoprolol-hydrochlorothiazide oral tablet 10-6.25mg, 2.5-6.25mg, 5-6.25mg		
CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG		PA; NM; QL (30 per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5mg, 32-12.5mg, 32-25mg	*(Atacand HCT)*	
CORLANOR ORAL TABLET 5MG, 7.5MG		PA
DIGOXIN ORAL SOLUTION 50MCG/ML (0.05MG/ML)		QL (255 per 30 days)
digoxin oral tablet 125mcg (0.125mg), 250mcg (0.25mg)	*(Lanoxin)*	QL (30 per 30 days)
digoxin oral tablet 62.5mcg (0.0625mg)	*(Lanoxin)*	QL (60 per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25mg	*(Vaseretic)*	
enalapril-hydrochlorothiazide oral tablet 5-12.5mg		
ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG		
FILSPARI ORAL TABLET 200MG, 400MG		PA; NM; QL (30 per 30 days)
fosinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg		
irbesartan-hydrochlorothiazide oral tablet 150-12.5mg, 300-12.5mg	*(Avalide)*	
isosorbide-hydralazine oral tablet 20-37.5mg	*(BiDil)*	
LANOXIN ORAL TABLET 125MCG (0.125MG), 250MCG (0.25MG), 62.5MCG (0.0625MG)	(digoxin)	QL (30 per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg	*(Zestoretic)*	
losartan-hydrochlorothiazide oral tablet 100-12.5mg, 100-25mg, 50-12.5mg	*(Hyzaar)*	
metoprolol ta-hydrochlorothiaz oral tablet 100-25mg, 100-50mg, 50-25mg		
metyrosine oral capsule 250mg	*(Demser)*	NM
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5mg, 40-10-12.5mg, 40-10-25mg, 40-5-12.5mg, 40-5-25mg	*(Tribenzor)*	

olmesartan-hydrochlorothiazide oral tablet 20-12.5mg, 40-12.5mg, 40-25mg	*(Benicar HCT)*	
pentoxifylline oral tablet extended release 400mg		
quinapril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg	*(Accuretic)*	
ranolazine oral tablet extended release 12-hr 1, 000mg, 500mg		
spironolacton-hydrochlorothiaz oral tablet 25-25mg		
telmisartan-amlodipine oral tablet 40-10mg, 40-5mg, 80-10mg, 80-5mg	*(Twynsta)*	
telmisartan-hydrochlorothiazid oral tablet 40-12.5mg, 80-12.5mg, 80-25mg	*(Micardis HCT)*	
trandolapril-verapamil oral tablet, ir -er, biphasic 24hr 1-240mg, 2-180mg, 2-240mg, 4-240mg		
triamterene-hydrochlorothiazid oral capsule 37.5-25mg		
triamterene-hydrochlorothiazid oral tablet 37.5-25mg	*(Maxzide-25mg)*	
triamterene-hydrochlorothiazid oral tablet 75-50mg	*(Maxzide)*	
valsartan-hydrochlorothiazide oral tablet 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg, 80-12.5mg	*(Diovan HCT)*	
VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG		PA
Diuretics, Loop		
bumetanide injection solution 0.25mg/ml		
bumetanide oral tablet 0.5mg, 1mg, 2mg		
furosemide injection solution 10mg/ml		PA BvD
furosemide oral solution 10mg/ml, 40mg/5ml (8mg/ml)		
furosemide oral tablet 20mg, 40mg, 80mg	*(Lasix)*	
torsemide oral tablet 10mg, 100mg, 5mg		
torsemide oral tablet 20mg	*(Soaanz)*	
Diuretics, Potassium-Sparing		
amiloride oral tablet 5mg		
eplerenone oral tablet 25mg, 50mg	*(Inspra)*	
KERENDIA ORAL TABLET 10MG, 20MG		QL (30 per 30 days)
spironolactone oral tablet 100mg, 25mg, 50mg	*(Aldactone)*	

Diuretics, Thiazide		
chlorthalidone oral tablet 25mg, 50mg		
hydrochlorothiazide oral capsule 12.5mg		
hydrochlorothiazide oral tablet 12.5mg, 25mg, 50mg		
indapamide oral tablet 1.25mg, 2.5mg		
metolazone oral tablet 10mg, 2.5mg, 5mg		
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130mg, 134mg, 200mg, 67mg		QL (30 per 30 days)
fenofibrate micronized oral capsule 43mg		QL (60 per 30 days)
fenofibrate nanocrystallized oral tablet 145mg	*(Tricor)*	QL (30 per 30 days)
fenofibrate nanocrystallized oral tablet 48mg	*(Tricor)*	QL (60 per 30 days)
fenofibrate oral capsule 150mg	*(Lipofen)*	QL (30 per 30 days)
fenofibrate oral capsule 50mg	*(Lipofen)*	QL (60 per 30 days)
fenofibrate oral tablet 160mg		QL (30 per 30 days)
fenofibrate oral tablet 54mg		QL (60 per 30 days)
fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135mg, 45mg	*(Trilipix)*	QL (30 per 30 days)
gemfibrozil oral tablet 600mg	*(Lopid)*	QL (60 per 30 days)
Dyslipidemics, HMG COA Reductase Inhibitors		
atorvastatin oral tablet 10mg, 20mg, 40mg, 80mg	*(Lipitor)*	QL (30 per 30 days)
fluvastatin oral capsule 20mg, 40mg		
fluvastatin oral tablet extended release 24-hr 80mg	*(Lescol XL)*	
LIVALO ORAL TABLET 1MG, 2MG, 4MG		QL (30 per 30 days)
lovastatin oral tablet 10mg		QL (45 per 30 days)
lovastatin oral tablet 20mg		QL (30 per 30 days)
lovastatin oral tablet 40mg		QL (60 per 30 days)
pravastatin oral tablet 10mg, 20mg, 40mg, 80mg		QL (30 per 30 days)
rosuvastatin oral tablet 10mg, 20mg, 40mg, 5mg	*(Crestor)*	QL (30 per 30 days)
simvastatin oral tablet 10mg, 20mg, 40mg	*(Zocor)*	QL (30 per 30 days)
simvastatin oral tablet 5mg, 80mg		QL (30 per 30 days)
Dyslipidemics, Other		
cholestyramine (with sugar) oral powder in packet 4gm	*(Questran)*	

cholestyramine light oral powder in packet 4gm	*(cholestyramine-asparta me)*	
colestipol oral packet 5gm	*(Colestid)*	
colestipol oral tablet 1gm	*(Colestid)*	
ezetimibe oral tablet 10mg	*(Zetia)*	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10mg	*(Vytorin 10-10)*	
ezetimibe-simvastatin oral tablet 10-20mg	*(Vytorin 10-20)*	
ezetimibe-simvastatin oral tablet 10-40mg	*(Vytorin 10-40)*	
ezetimibe-simvastatin oral tablet 10-80mg	*(Vytorin 10-80)*	
icosapent ethyl oral capsule 0.5gm, 1gm	*(Vascepa)*	
JUXTAPID ORAL CAPSULE 10MG, 20MG, 30MG, 5MG		PA; NM
niacin oral tablet extended release 24-hr 1, 000mg, 500mg, 750mg		
omega-3 acid ethyl esters oral capsule 1gm	*(Lovaza)*	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420MG/3.5ML		PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140MG/ML		PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140MG/ML		PA
VASCEPA ORAL CAPSULE 0.5GM, 1GM	(icosapent ethyl)	
Vasodilators, Direct-Acting Arterial/ Venous		
hydralazine oral tablet 10mg, 100mg, 25mg, 50mg		
isosorbide dinitrate oral tablet 10mg, 20mg, 30mg		
isosorbide dinitrate oral tablet 5mg	*(Isordil Titradose)*	
isosorbide mononitrate oral tablet 10mg, 20mg		
isosorbide mononitrate oral tablet extended release 24-hr 120mg, 30mg, 60mg		
minoxidil oral tablet 10mg, 2.5mg		
NITRO-BID TRANSDERMAL OINTMENT 2%	(nitroglycerin)	
nitroglycerin sublingual tablet 0.3mg, 0.4mg, 0.6mg	*(Nitrostat)*	
nitroglycerin transdermal patch 24-hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	*(Nitro-Dur)*	

nitroglycerin translingual spray, non-aerosol 400mcg/spray	*(Nitrolingual)*	
RECTIV RECTAL OINTMENT 0.4% (W/W)		
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
dextroamphetamine sulfate oral capsule, extended release 10mg	*(Dexedrine Spansule)*	QL (180 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15mg		QL (120 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5mg		QL (360 per 30 days)
dextroamphetamine sulfate oral solution 5mg/5ml	*(ProCentra)*	QL (1800 per 30 days)
dextroamphetamine sulfate oral tablet 10mg	*(Zenzedi)*	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 15mg	*(Zenzedi)*	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 20mg	*(Zenzedi)*	QL (90 per 30 days)
dextroamphetamine sulfate oral tablet 30mg	*(Zenzedi)*	QL (60 per 30 days)
dextroamphetamine sulfate oral tablet 5mg	*(Zenzedi)*	QL (150 per 30 days)
dextroamphetamine-amphetamine oral tablet 10mg, 12.5mg, 15mg, 20mg, 5mg, 7.5mg	*(Adderall)*	QL (90 per 30 days)
dextroamphetamine-amphetamine oral tablet 30mg	*(Adderall)*	QL (60 per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine oral capsule 10mg, 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	*(Strattera)*	QL (30 per 30 days)
dexmethylphenidate oral tablet 10mg	*(Focalin)*	QL (60 per 30 days)
dexmethylphenidate oral tablet 2.5mg	*(Focalin)*	QL (240 per 30 days)
dexmethylphenidate oral tablet 5mg	*(Focalin)*	QL (120 per 30 days)
guanfacine oral tablet extended release 24-hr 1mg, 2mg, 3mg, 4mg	*(Intuniv ER)*	QL (30 per 30 days)
methylphenidate hcl oral tablet 10mg, 20mg, 5mg	*(Ritalin)*	QL (90 per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12MG, 6MG, 9MG		PA; NM; QL (120 per 30 days)

AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12MG, 6MG		PA; NM; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24MG		PA; NM; QL (60 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75MG/ML		PA; NM
NUEDEXTA ORAL CAPSULE 20-10MG		PA
riluzole oral tablet 50mg	*(Rilutek)*	PA
tetrabenazine oral tablet 12.5mg	*(Xenazine)*	PA; NM; QL (240 per 30 days)
tetrabenazine oral tablet 25mg	*(Xenazine)*	PA; NM; QL (120 per 30 days)
Fibromyalgia Agents		
pregabalin oral capsule 100mg, 150mg, 200mg, 25mg, 50mg	*(Lyrica)*	QL (90 per 30 days)
pregabalin oral capsule 225mg, 300mg	*(Lyrica)*	QL (60 per 30 days)
pregabalin oral capsule 75mg	*(Lyrica)*	QL (120 per 30 days)
pregabalin oral solution 20mg/ml	*(Lyrica)*	QL (900 per 30 days)
SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG		QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5MG (5)-25MG (8)-50MG (42)		QL (55 per 28 days)
Multiple Sclerosis Agents		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30MCG/0.5ML		PA; NM
AVONEX INTRAMUSCULAR SYRINGE KIT 30MCG/0.5ML		PA; NM
BETASERON SUBCUTANEOUS KIT 0.3MG		PA; NM
COPAXONE SUBCUTANEOUS SYRINGE 20MG/ML, 40MG/ML	(glatiramer)	PA; NM
dalfampridine oral tablet extended release 12-hr 10mg	*(Ampyra)*	PA; QL (60 per 30 days)
dimethyl fumarate oral capsule, delayed release (dr/ec) 120mg, 120mg (14)-240mg (46), 240mg	*(Tecfidera)*	PA; NM
fingolimod oral capsule 0.5mg	*(Gilenya)*	PA; NM
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20MG/0.4ML		PA; NM
MAYZENT ORAL TABLET 0.25MG, 1MG, 2MG		PA; NM
MAYZENT STARTER (FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25MG (7 TABS)		PA

MAYZENT STARTER (FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25MG (12 TABS)		PA; NM
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
chlorhexidine gluconate mucous membrane mouthwash 0.12%	*(Periogard)*	
periogard mucous membrane mouthwash 0.12%	*(chlorhexidine gluconate)*	
pilocarpine hcl oral tablet 5mg, 7.5mg	*(Salagen (pilocarpine))*	
triamcinolone acetonide dental paste 0.1%	*(Kourzeq)*	
DERMATOLOGICAL AGENTS		
Acne And Rosacea Agents		
accutane oral capsule 10mg, 20mg, 30mg, 40mg	*(isotretinoin)*	
acitretin oral capsule 10mg, 17.5mg, 25mg		PA
amnesteem oral capsule 10mg, 20mg, 40mg	*(isotretinoin)*	
claravis oral capsule 10mg, 20mg, 30mg, 40mg	*(isotretinoin)*	
clindamycin-benzoyl peroxide topical gel 1.2% (1% base) -5%	*(Neuac)*	
erythromycin-benzoyl peroxide topical gel 3-5%	*(Benzamycin)*	
isotretinoin oral capsule 10mg, 20mg, 30mg, 40mg	*(Accutane)*	
tazarotene topical cream 0.1%	*(Tazorac)*	PA
tazarotene topical gel 0.05%, 0.1%	*(Tazorac)*	PA
TAZORAC TOPICAL CREAM 0.05%		PA
tretinoin topical cream 0.025%	*(Avita)*	PA
tretinoin topical cream 0.05%, 0.1%	*(Retin-A)*	PA
tretinoin topical gel 0.01%	*(Retin-A)*	PA
tretinoin topical gel 0.025%	*(Avita)*	PA
tretinoin topical gel 0.05%	*(Atralin)*	PA
Dermatitis And Pruitus Agents		
alclometasone topical cream 0.05%		
alclometasone topical ointment 0.05%		
ammonium lactate topical cream 12%		
ammonium lactate topical lotion 12%	*(Skin Treatment)*	
betamethasone dipropionate topical cream 0.05%		

betamethasone dipropionate topical lotion 0.05%	
betamethasone dipropionate topical ointment 0.05%	
betamethasone valerate topical cream 0.1%	
betamethasone valerate topical lotion 0.1%	
betamethasone valerate topical ointment 0.1%	
betamethasone, augmented topical cream 0.05%	
betamethasone, augmented topical lotion 0.05%	
betamethasone, augmented topical ointment 0.05%	*(Diprolene (augmented))*
clobetasol scalp solution 0.05%	
clobetasol topical cream 0.05%	
clobetasol topical gel 0.05%	
clobetasol topical ointment 0.05%	*(Temovate)*
clobetasol-emollient topical cream 0.05%	
desonide topical cream 0.05%	*(DesOwen)*
desonide topical lotion 0.05%	
desonide topical ointment 0.05%	
desoximetasone topical cream 0.05%, 0.25%	*(Topicort)*
desoximetasone topical gel 0.05%	*(Topicort)*
desoximetasone topical ointment 0.05%, 0.25%	*(Topicort)*
EUCRISA TOPICAL OINTMENT 2%	
fluocinolone topical cream 0.01%	
fluocinolone topical cream 0.025%	*(Synalar)*
fluocinolone topical ointment 0.025%	*(Synalar)*
fluocinolone topical solution 0.01%	*(Synalar)*
fluocinonide topical gel 0.05%	
fluocinonide topical ointment 0.05%	
fluocinonide topical solution 0.05%	
fluocinonide-emollient topical cream 0.05%	*(Fluocinonide-E)*
fluticasone propionate topical cream 0.05%	
fluticasone propionate topical ointment 0.005%	
halobetasol propionate topical cream 0.05%	

halobetasol propionate topical ointment 0.05%		
hydrocortisone 2.5% cream		
hydrocortisone topical cream 1%	*(Ala-Cort)*	
hydrocortisone topical cream with perineal applicator 2.5%	*(Procto-Med HC)*	
hydrocortisone topical lotion 2.5%		
hydrocortisone topical ointment 1%	*(Anti-Itch (HC))*	
hydrocortisone topical ointment 2.5%		
hydrocortisone valerate topical cream 0.2%		
hydrocortisone valerate topical ointment 0.2%		
HYFTOR TOPICAL GEL 0.2%		PA; NM
mometasone topical cream 0.1%		
mometasone topical ointment 0.1%		
mometasone topical solution 0.1%		
pimecrolimus topical cream 1%	*(Elidel)*	
procto-med hc topical cream with perineal applicator 2.5%	*(hydrocortisone)*	
proctosol hc topical cream with perineal applicator 2.5%	*(hydrocortisone)*	
proctozone-hc topical cream with perineal applicator 2.5%	*(hydrocortisone)*	
selenium sulfide topical lotion 2.5%		
tacrolimus topical ointment 0.03%, 0.1%		
triamcinolone acetonide topical cream 0.025%		
triamcinolone acetonide topical cream 0.1%, 0.5%	*(Triderm)*	
triamcinolone acetonide topical lotion 0.025%, 0.1%		
triamcinolone acetonide topical ointment 0.025%, 0.1%, 0.5%		
Dermatological Agents, Other		
ALCOHOL 70% SWABS	(Alcohol Pads)	
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	
BD SINGLE USE SWAB	(alcohol swabs)	
calcipotriene scalp solution 0.005%		
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

clotrimazole-betamethasone topical cream 1-0.05%		
clotrimazole-betamethasone topical lotion 1-0.05%		
CURITY ALCOHOL PREPS 2 PLY, MEDIUM	(alcohol swabs)	
diclofenac sodium topical gel 3%		PA
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	
fluorouracil topical cream 5%	*(Efudex)*	
fluorouracil topical solution 2%, 5%		
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	
hydrocortisone-pramoxine rectal cream 1-1%	*(Analpram-HC)*	
imiquimod topical cream in packet 5%		
IV ANTISEPTIC WIPES	(alcohol swabs)	
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	
nystatin-triamcinolone topical cream 100, 000-0.1unit/g-%		
nystatin-triamcinolone topical ointment 100, 000-0.1unit/gram-%		
PANRETIN TOPICAL GEL 0.1%		PA NSO; NM
podofilox topical solution 0.5%		
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	
RA ISOPROPYL ALCOHOL 70% WIPES	(alcohol swabs)	
REGRANEX TOPICAL GEL 0.01%		PA; NM
SANTYL TOPICAL OINTMENT 250UNIT/GRAM		
silver sulfadiazine topical cream 1%	*(SSD)*	
ssd topical cream 1%	*(silver sulfadiazine)*	
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	
WEBCOL ALCOHOL PREPS 20'S, LARGE	(alcohol swabs)	
Pediculicides/Scabicides		
malathion topical lotion 0.5%	*(Ovide)*	
permethrin topical cream 5%	*(Elimite)*	

Topical Anti-Infectives		
ciclopirox topical gel 0.77%		
ciclopirox topical shampoo 1%		
ciclopirox topical solution 8%	*(Ciclodan)*	
clindamycin phosphate topical gel 1%		
clindamycin phosphate topical lotion 1%	*(Cleocin T)*	
clindamycin phosphate topical solution 1%	*(Cleocin T)*	
ery pads topical swab 2%	*(erythromycin with ethanol)*	
erythromycin with ethanol topical gel 2%	*(Erygel)*	
erythromycin with ethanol topical solution 2%		
mupirocin calcium topical cream 2%		
mupirocin topical ointment 2%	*(Centany)*	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/ Mineral Replacement		
carglumic acid oral tablet, dispersible 200mg	*(Carbaglu)*	PA; NM
fluoride (sodium) oral tablet 1mg (2.2mg sod. fluoride)		
fluoride 0.25mg tablet chew cherry flavor (rx) 0.25mg (0.55mg sod. fluoride)	*(Ludent Fluoride)*	
fluoride 0.5mg tablet chew grape flavor (rx) 0.5mg (1.1mg sodium fluorid)	*(Ludent Fluoride)*	
fluoride 1mg tablet chewable (rx) 1mg (2.2mg sod. fluoride)	*(Ludent Fluoride)*	
fluoritab 0.5mg tablet chew (rx) 0.5mg (1.1mg sodium fluorid)	*(fluoride (sodium))*	
fluoritab 1mg tablet chew (rx) 1mg (2.2mg sod. fluoride)	*(fluoride (sodium))*	
flura-drops oral drops 0.25mg (0.55mg sod.fluor)/drop		
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE		PA BvD
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		PA BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	(potassium chloride)	
klor-con m10 oral tablet, er particles/crystals 10 meq	*(potassium chloride)*	
klor-con m15 oral tablet, er particles/crystals 15 meq	*(potassium chloride)*	

klor-con m20 oral tablet, er particles/crystals 20 meq	*(potassium chloride)*	
KLOR-CON ORAL PACKET 20 MEQ	(potassium chloride)	
ludent fluoride 0.25mg tb chw d/f, chewable (rx) 0.25mg (0.55mg sod. fluoride)	*(fluoride (sodium))*	
ludent fluoride 0.5mg tb chew d/f, chewable (rx) 0.5mg (1.1mg sodium fluorid)	*(fluoride (sodium))*	
ludent fluoride 1mg tab chew d/f, chewable (rx) 1mg (2.2mg sod. fluoride)	*(fluoride (sodium))*	
magnesium sulfate injection solution 4 meq/ml (50%)		
magnesium sulfate injection syringe 4 meq/ml		
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-148)	PA BvD
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-a)	PA BvD
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l		PA BvD
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		PA BvD
potassium chloride in 5% dex intravenous parenteral solution 20 meq/l		PA BvD
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l		PA BvD
potassium chloride in water intravenous piggyback 10 meq/100ml, 20 meq/100ml, 40 meq/100ml		PA BvD
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20ml)		PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		
potassium chloride oral liquid 20 meq/15ml, 40 meq/15ml		
potassium chloride oral packet 20 meq	*(Klor-Con)*	
potassium chloride oral tablet extended release 10 meq	*(Klor-Con 10)*	
potassium chloride oral tablet extended release 20 meq	*(K-Tab)*	
potassium chloride oral tablet extended release 8 meq	*(Klor-Con 8)*	

potassium chloride oral tablet, er particles/crystals 10 meq	*(Klor-Con M10)*	
potassium chloride oral tablet, er particles/crystals 15 meq	*(Klor-Con M15)*	
potassium chloride oral tablet, er particles/crystals 20 meq	*(Klor-Con M20)*	
potassium chloride-0.45% nacl intravenous parenteral solution 20 meq/l		PA BvD
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l		PA BvD
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		PA BvD
potassium citrate oral tablet extended release 10 meq (1, 080mg)	*(Urocit-K 10)*	
potassium citrate oral tablet extended release 15 meq	*(Urocit-K 15)*	
potassium citrate oral tablet extended release 5 meq (540mg)	*(Urocit-K 5)*	
sodium chloride 0.45% intravenous parenteral solution 0.45%		
sodium chloride 0.9% intravenous piggyback		
sodium chloride 3% hypertonic intravenous parenteral solution 3%		
sodium chloride 5% hypertonic intravenous parenteral solution 5%		
sodium chloride irrigation solution 0.9%	*(Sterile Saline)*	
sodium fluoride 0.5mg/ml drop (rx) 0.5mg (1.1mg sod.fluorid)/ml		
Electrolyte/Mineral/Metal Modifiers		
deferasirox oral granules in packet 180mg, 360mg, 90mg	*(Jadenu Sprinkle)*	PA; NM
deferasirox oral tablet 180mg, 360mg	*(Jadenu)*	PA; NM
deferasirox oral tablet 90mg	*(Jadenu)*	PA
deferasirox oral tablet, dispersible 125mg	*(Exjade)*	PA
deferasirox oral tablet, dispersible 250mg, 500mg	*(Exjade)*	PA; NM
deferiprone oral tablet 1, 000mg, 500mg	*(Ferriprox)*	PA; NM
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1, 000MG		PA; NM
FERRIPROX ORAL SOLUTION 100MG/ML		PA; NM
LOKELMA ORAL POWDER IN PACKET 10GM, 5GM		

sodium polystyrene sulfonate oral powder		
sps (with sorbitol) oral suspension 15-20gm/60ml		
tolvaptan oral tablet 15mg	*(Samsca)*	PA; NM; QL (120 per 30 days)
tolvaptan oral tablet 30mg	*(Samsca)*	PA; NM; QL (60 per 30 days)
trientine oral capsule 250mg	*(Syprine)*	PA; NM
Electrolytes/Minerals/Metals/Vitamins		
bal-care dha combo pack 27-1-430mg		
bal-care dha essential pack 27mg iron-1mg -374mg		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5%		PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25%		PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25%		PA BvD
CLINIMIX 5%-D20W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5%		PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75%		PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25%		PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25%		PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5%		PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5%		PA BvD
c-nate dha softgel 28mg iron-1mg -200mg		
completenate tablet chew 29mg iron-1mg		
d10%-0.45% sodium chloride intravenous parenteral solution		PA BvD
d2.5%-0.45% sodium chloride intravenous parenteral solution		PA BvD
d5% and 0.9% sodium chloride intravenous parenteral solution		PA BvD

d5%-0.45% sodium chloride intravenous parenteral solution		PA BvD
dextrose 10% and 0.2% nacl intravenous parenteral solution		PA BvD
dextrose 10% in water (d10w) intravenous parenteral solution 10%		PA BvD
dextrose 5% in water (d5w) intravenous piggyback 5%		PA BvD
dextrose 5%-0.2% sod chloride intravenous parenteral solution		PA BvD
dextrose 5%-water iv soln single use		PA BvD
DOJOLVI ORAL LIQUID 8.3 KCAL/ML		PA; NM
folivane-ob capsule 85-1mg		
INTRALIPID INTRAVENOUS EMULSION 20%, 30%		PA BvD
ISOLYTE-P IN 5% DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5%		PA BvD
kosher prenatal plus iron tab 30mg iron-1mg		
levocarnitine (with sugar) oral solution 100mg/ml	*(Carnitor)*	
levocarnitine oral tablet 330mg	*(Carnitor)*	
marnatal-f capsule 60mg iron-1mg		
m-natal plus tablet 27mg iron-1mg	*(pnv, calcium 72-iron-folic acid)*	
mynatal advance oral tablet 90-1-50mg		
mynatal capsule 65mg iron-1mg		
mynatal oral tablet 90-1-50mg		
mynatal plus captab 65mg iron-1mg		
mynatal-z captab 65mg iron-1mg		
mynate 90 plus oral tablet extended release 90mg iron-1mg		
newgen tablet 32-1, 000mg-mcg		
niva-plus tablet 27mg iron-1mg		
NUTRILIPID INTRAVENOUS EMULSION 20%		PA BvD
obstetrix dha combo pack 29mg iron-1, 700mcg dfe		
obstetrix dha oral combo pack, tablet and cap, dr 29mg iron-1mg -50mg		
o-cal prenatal tablet 15mg iron-1, 000mcg		
pnv 29-1 tablet (rx) 29mg iron-1mg		
pnv prenatal plus multivit tab gluten-free (rx) 27mg iron-1mg	*(pnv, calcium 72-iron-folic acid)*	

pnv-dha + docusate oral capsule 27-1.25-55-300mg		
pnv-omega softgel 28-1-300mg		
pnv-vp-u oral capsule 106.5-1mg		
pr natal 400 combo pack 29-1-400mg		
pr natal 400 ec combo pack 29-1-400mg		
pr natal 430 combo pack 29mg iron-1mg -430mg		
pr natal 430 ec combo pack 29-1-430mg		
PREMASOL 10% INTRAVENOUS PARENTERAL SOLUTION 10%		PA BvD
prena1 true combo pack 30mg iron-1.4mg-300mg		
prenaissance oral capsule 29-1.25-55-325mg		
prenaissance plus oral capsule 28-1-50-250mg		
prenatabs fa tablet 29-1mg		
prenatal 19 (with docusate) oral tablet 29mg iron-1mg-25mg		
prenatal 19 chewable tablet 29mg iron-1mg		
prenatal low iron tablet (rx) 27mg iron-1mg		
prenatal plus iron tablet (rx) 29mg iron-1mg	*(pnv, calcium 72-iron, carb-folic)*	
prenatal vitamin plus low iron oral tablet 27mg iron-1mg	*(pnv, calcium 72-iron-folic acid)*	
prenatal-u capsule 106.5-1mg		
preplus ca-fe 27mg-fa 1mg tb (rx) 27mg iron-1mg	*(pnv, calcium 72-iron-folic acid)*	
pretab 29mg-1mg tablet (rx) 29-1mg		
PROSOL 20% INTRAVENOUS PARENTERAL SOLUTION		PA BvD
r-natal ob softgel 20mg iron-1mg-320mg		
select-ob chewable caplet 29mg iron-1mg		
select-ob chewable caplet 29mg iron-1mg		
se-natal 19 chewable tablet 29mg iron-1mg		
taron-c dha capsule 35-1-200mg		
taron-prex prenatal-dha oral capsule 30mg iron-1.2mg-55mg-265mg		
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20ML		PA BvD
TRAVASOL 10% INTRAVENOUS PARENTERAL SOLUTION 10%		PA BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

triveen-duo dha combo pack 29-1-400mg		
TROPHAMINE 10% INTRAVENOUS PARENTERAL SOLUTION 10%		PA BvD
vinate care chewable tablet 40mg iron-1mg		
virt-c dha softgel (rx) 35-1-200mg		
virt-nate dha softgel 28mg iron-1mg -200mg		
virt-pn dha softgel (rx) 27mg iron-1mg -300mg		
virt-pn plus softgel (rx) 28-1-300mg		
vitafol gummies 3.33mg iron-0.33mg		
vitafol nano tablet 18mg iron-1mg		
vitafol-ob+dha combo pack 65-1-250mg		
vp-ch-pnv oral capsule 30mg iron-1mg -50mg-260mg		
vp-pnv-dha softgel (rx) 28mg iron-1mg-200mg		
zatean-pn dha capsule 27mg iron-1mg -300mg		
zatean-pn plus softgel 28-1-300mg		
zingiber tablet 1.2mg-40mg-124.1mg-100mg		
Phosphate Binders		
AURYXIA ORAL TABLET 210MG IRON		PA
calcium acetate (phosphat bind) oral capsule 667mg		
calcium acetate (phosphat bind) oral tablet 667mg		
sevelamer carbonate oral powder in packet 0.8gm	*(Renvela)*	QL (540 per 30 days)
sevelamer carbonate oral powder in packet 2.4gm	*(Renvela)*	QL (180 per 30 days)
sevelamer carbonate oral tablet 800mg	*(Renvela)*	QL (540 per 30 days)
VELPHORO ORAL TABLET, CHEWABLE 500MG		
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
constulose oral solution 10gm/15ml	*(lactulose)*	
enulose oral solution 10gm/15ml	*(lactulose)*	
generlac oral solution 10gm/15ml	*(lactulose)*	
lactulose oral solution 10gm/15ml	*(Constulose)*	
LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG		QL (30 per 30 days)

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lubiprostone oral capsule 24mcg, 8mcg	*(Amitiza)*	QL (60 per 30 days)
MOVANTIK ORAL TABLET 12.5MG, 25MG		QL (30 per 30 days)
Anti-Diarrheal Agents		
alosetron oral tablet 0.5mg, 1mg	*(Lotronex)*	NM; QL (60 per 30 days)
diphenoxylate-atropine oral liquid 2.5-0.025mg/5ml		
diphenoxylate-atropine oral tablet 2.5-0.025mg	*(Lomotil)*	
loperamide oral capsule 2mg	*(Anti-Diarrheal (loperamide))*	
XERMELO ORAL TABLET 250MG		NM; QL (90 per 30 days)
Antispasmodics, Gastrointestinal		
dicyclomine oral capsule 10mg		
dicyclomine oral solution 10mg/5ml		
dicyclomine oral tablet 20mg		
glycopyrrolate oral tablet 1mg	*(Robinul)*	
glycopyrrolate oral tablet 2mg	*(Robinul Forte)*	
Gastrointestinal Agents, Other		
BYLVAY ORAL CAPSULE 1, 200MCG, 400MCG		PA; NM
BYLVAY ORAL PELLET 200MCG, 600MCG		PA; NM
CLENPIQ ORAL SOLUTION 10MG-3.5GM-12GM/160ML, 10MG-3.5GM-12GM/175ML		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5MG		PA; NM
gavilyte-c oral recon soln 240-22.72-6.72 -5.84gm	*(peg 3350-electrolytes)*	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86gm	*(peg 3350-electrolytes)*	
LIVMARLI ORAL SOLUTION 9.5MG/ML		PA; NM
metoclopramide hcl oral solution 5mg/5ml		
metoclopramide hcl oral tablet 10mg, 5mg	*(Reglan)*	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86gm	*(GaviLyte-G)*	
peg-electrolyte soln oral recon soln 420gm		
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6gm	*(Suprep Bowel Prep Kit)*	
SUTAB ORAL TABLET 1.479-0.188-0.225GM		
ursodiol oral capsule 300mg		

ursodiol oral tablet 250mg	*(URSO 250)*	
ursodiol oral tablet 500mg	*(URSO Forte)*	
Histamine2 (H2) Receptor Antagonists		
famotidine oral suspension 40mg/5ml (8mg/ml)		
famotidine oral tablet 20mg	*(Acid Controller)*	
famotidine oral tablet 40mg	*(Pepcid)*	
nizatidine oral capsule 150mg, 300mg		
Protectants		
misoprostol oral tablet 100mcg, 200mcg	*(Cytotec)*	
sucralfate oral suspension 100mg/ml	*(Carafate)*	
sucralfate oral tablet 1gm	*(Carafate)*	
Proton Pump Inhibitors		
dexlansoprazole oral capsule, biphase delayed releas 30mg, 60mg	*(Dexilant)*	
esomeprazole magnesium oral capsule, delayed release (dr/ec) 20mg, 40mg	*(Nexium)*	
lansoprazole oral capsule, delayed release (dr/ec) 15mg	*(Prevacid 24Hr)*	
lansoprazole oral capsule, delayed release (dr/ec) 30mg	*(Prevacid)*	
omeprazole oral capsule, delayed release (dr/ec) 10mg, 20mg, 40mg		
pantoprazole oral tablet, delayed release (dr/ec) 20mg, 40mg	*(Protonix)*	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
betaine oral powder 1gm/scoop	*(Cystadane)*	NM
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12, 000-38, 000 -60, 000UNIT, 24, 000-76, 000 -120, 000UNIT, 3, 000-9, 500-15, 000UNIT, 36, 000-114, 000-180, 000UNIT, 6, 000-19, 000 -30, 000UNIT		
cromolyn oral concentrate 100mg/5ml	*(Gastrocrom)*	
CYSTAGON ORAL CAPSULE 150MG, 50MG		PA
ENDARI ORAL POWDER IN PACKET 5GM		PA
GALAFOLD ORAL CAPSULE 123MG		PA; NM
miglustat oral capsule 100mg	*(Zavesca)*	PA; NM
nitisinone oral capsule 10mg, 2mg, 20mg, 5mg	*(Orfadin)*	PA; NM

PROLASTIN C 1, 000MG/20ML VL PRICE/ONEMG, SUV		PA; NM
PROLASTIN-C INTRAVENOUS RECON SOLN 1, 000MG		PA; NM
RAVICTI ORAL LIQUID 1.1GM/ML		PA; NM
sapropterin oral powder in packet 100mg, 500mg	*(Javygtor)*	PA; NM
sapropterin oral tablet, soluble 100mg	*(Javygtor)*	PA; NM
TEGSEDI SUBCUTANEOUS SYRINGE 284MG/1.5ML		PA; NM
VIJOICE ORAL TABLET 125MG, 250MG/DAY (200MG X1-50MG X1), 50MG		PA; NM
VYNDAMAX ORAL CAPSULE 61MG		PA; NM; QL (30 per 30 days)
XURIDEN ORAL GRANULES IN PACKET 2GM		PA; NM
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10, 000-32, 000 -42, 000UNIT, 15, 000-47, 000 -63, 000UNIT, 20, 000-63, 000-84, 000UNIT, 25, 000-79, 000-105, 000UNIT, 3, 000-10, 000 -14, 000-UNIT, 40, 000-126, 000-168, 000UNIT, 5, 000-17, 000-24, 000UNIT		
ZOKINVY ORAL CAPSULE 50MG, 75MG		PA; NM
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
darifenacin oral tablet extended release 24-hr 15mg, 7.5mg		
fesoterodine oral tablet extended release 24-hr 4mg, 8mg	*(Toviaz)*	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8MG/ML		QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25MG, 50MG		QL (30 per 30 days)
oxybutynin chloride oral syrup 5mg/5ml		QL (600 per 30 days)
oxybutynin chloride oral tablet 5mg		QL (120 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10mg, 15mg, 5mg		QL (60 per 30 days)
solifenacin oral tablet 10mg, 5mg	*(Vesicare)*	QL (30 per 30 days)
tolterodine oral capsule, extended release 24hr 2mg, 4mg	*(Detrol LA)*	QL (30 per 30 days)
tolterodine oral tablet 1mg, 2mg	*(Detrol)*	QL (60 per 30 days)
trospium oral capsule, extended release 24hr 60mg		QL (30 per 30 days)
trospium oral tablet 20mg		QL (60 per 30 days)

Benign Prostatic Hypertrophy Agents		
alfuzosin oral tablet extended release 24-hr 10mg	*(Uroxatral)*	QL (30 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4MG, 8MG		
dutasteride oral capsule 0.5mg	*(Avodart)*	QL (30 per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24-hr 0.5-0.4mg	*(Jalyn)*	QL (30 per 30 days)
finasteride oral tablet 5mg	*(Proscar)*	QL (30 per 30 days)
silodosin oral capsule 4mg, 8mg	*(Rapaflo)*	QL (30 per 30 days)
tamsulosin oral capsule 0.4mg	*(Flomax)*	QL (60 per 30 days)
Genitourinary Agents, Other		
bethanechol chloride oral tablet 10mg, 25mg, 5mg, 50mg		
ELMIRON ORAL CAPSULE 100MG		
penicillamine oral tablet 250mg	*(Depen Titratabs)*	NM
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
dexamethasone oral solution 0.5mg/5ml		
dexamethasone oral tablet 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg		
fludrocortisone oral tablet 0.1mg		
hydrocortisone oral tablet 10mg, 20mg, 5mg	*(Cortef)*	
ISTURISA ORAL TABLET 1MG		PA; NM; QL (240 per 30 days)
ISTURISA ORAL TABLET 10MG		PA; NM; QL (180 per 30 days)
ISTURISA ORAL TABLET 5MG		PA; NM; QL (120 per 30 days)
methylprednisolone oral tablet 16mg, 4mg, 8mg	*(Medrol)*	PA BvD
methylprednisolone oral tablet 32mg		PA BvD
methylprednisolone oral tablets, dose pack 4mg	*(Medrol (Pak))*	
prednisolone 15mg/5ml soln d/f 15mg/5ml (3mg/ml)		PA BvD
prednisolone oral solution 15mg/5ml		PA BvD
prednisolone sodium phosphate oral solution 10mg/5ml, 25mg/5ml (5mg/ml)		PA BvD
prednisolone sodium phosphate oral solution 20mg/5ml (4mg/ml)	*(Veripred 20)*	PA BvD
prednisolone sodium phosphate oral solution 5mg base/5ml (6.7mg/5ml)	*(Pediapred)*	PA BvD
prednisolone sodium phosphate oral tablet, disintegrating 10mg, 15mg, 30mg	*(Orapred ODT)*	PA BvD

PREDNISONE INTENSOL ORAL CONCENTRATE 5MG/ML		PA BvD
prednisone oral solution 5mg/5ml		PA BvD
prednisone oral tablet 1mg, 10mg, 2.5mg, 20mg, 5mg, 50mg		PA BvD
prednisone oral tablets, dose pack 10mg, 10mg (48 pack), 5mg, 5mg (48 pack)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin 10mcg/0.1ml spr 10mcg/spray (0.1ml)		
desmopressin nasal spray, non-aerosol 10mcg/spray (0.1ml)		
desmopressin oral tablet 0.1mg, 0.2mg	*(DDAVP)*	
INCRELEX SUBCUTANEOUS SOLUTION 10MG/ML		PA; NM
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3MCG		
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7MCG		
OMNITROPE SUBCUTANEOUS CARTRIDGE 10MG/1.5ML (6.7MG/ML), 5MG/1.5ML (3.3MG/ML)		PA; NM
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8MG		PA; NM
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
Androgens		
danazol oral capsule 100mg, 200mg, 50mg		
testosterone cypionate intramuscular oil 100mg/ml, 200mg/ml	*(Depo-Testosterone)*	
testosterone cypionate intramuscular oil 200mg/ml (1ml)		
testosterone enanthate intramuscular oil 200mg/ml		
testosterone transdermal gel in metered-dose pump 10mg/0.5gm /actuation	*(Fortesta)*	
testosterone transdermal gel in metered-dose pump 12.5mg/ 1.25gm (1%)	*(Vogelxo)*	

testosterone transdermal gel in metered-dose pump 20.25mg/1.25gm (1.62%)	*(AndroGel)*
testosterone transdermal gel in packet 1% (25mg/2.5gram), 1% (50mg/5gm), 1.62% (20.25mg/1.25gm), 1.62% (40.5mg/2.5gm)	*(AndroGel)*
testosterone transdermal solution in metered pump w/app 30mg/actuation (1.5ml)	
Estrogens	
DUAVEE ORAL TABLET 0.45-20MG	
estradiol oral tablet 0.5mg, 1mg, 2mg	*(Estrace)*
estradiol transdermal patch semiweekly 0.025mg/24-hr, 0.0375mg/24-hr, 0.05mg/24-hr, 0.075mg/24-hr, 0.1mg/24-hr	*(Dotti)*
estradiol transdermal patch weekly 0.025mg/24-hr, 0.0375mg/24-hr, 0.05mg/24-hr, 0.06mg/24-hr, 0.075mg/24-hr, 0.1mg/24-hr	*(Climara)*
estradiol vaginal cream 0.01% (0.1mg/gram)	*(Estrace)*
estradiol vaginal tablet 10mcg	*(Vagifem)*
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10MCG, 4MCG	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10MCG, 4MCG	
MENEST ORAL TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG	
PREMARIN ORAL TABLET 0.3MG, 0.45MG, 0.9MG	
PREMARIN ORAL TABLET 0.625MG, 1.25MG	(conjugated estrogens)
PREMARIN VAGINAL CREAM 0.625MG/GRAM	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	
altavera (28) oral tablet 0.15-0.03mg	*(levonorgestrel-ethinyl estrad)*
alyacen 1/35 (28) oral tablet 1-35mg-mcg	*(norethindrone-ethin estradiol)*
apri oral tablet 0.15-0.03mg	*(desogestrel-ethinyl estradiol)*
aranelle (28) oral tablet 0.5/1/0.5-35mg-mcg	

aubra eq oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*	
aviane oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*	
balziva (28) oral tablet 0.4-35mg-mcg		
blisovi fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*	
briellyn oral tablet 0.4-35mg-mcg		
cryselle (28) oral tablet 0.3-30mg-mcg	*(norgestrel-ethinyl estradiol)*	
cyred eq oral tablet 0.15-0.03mg	*(desogestrel-ethinyl estradiol)*	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02mgx21 /0.01mg x 5	*(Kariva (28))*	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03mg	*(Apri)*	
drospirenone-ethinyl estradiol oral tablet 3-0.02mg	*(Jasmiel (28))*	
drospirenone-ethinyl estradiol oral tablet 3-0.03mg	*(Ocella)*	
eluryng vaginal ring 0.12-0.015mg/24-hr	*(etonogestrel-ethinyl estradiol)*	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30 (10)	*(levonorg-eth estrad triphasic)*	
enskyce oral tablet 0.15-0.03mg	*(desogestrel-ethinyl estradiol)*	
estarylla oral tablet 0.25-35mg-mcg	*(norgestimate-ethinyl estradiol)*	
ethynodiol diac-eth estradiol oral tablet 1-35mg-mcg	*(Kelnor 1/35 (28))*	
ethynodiol diac-eth estradiol oral tablet 1-50mg-mcg	*(Kelnor 1-50 (28))*	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015mg/24-hr	*(EluRyng)*	
falmina (28) oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*	
iclevia oral tablets, dose pack, 3 month 0.15mg-30mcg (91)	*(levonorgestrel-ethinyl estrad)*	
INTRAROSA VAGINAL INSERT 6.5MG		PA
introvale oral tablets, dose pack, 3 month 0.15mg-30mcg (91)	*(levonorgestrel-ethinyl estrad)*	
isibloom oral tablet 0.15-0.03mg	*(desogestrel-ethinyl estradiol)*	
jasmiel (28) oral tablet 3-0.02mg	*(drospirenone-ethinyl estradiol)*	

juleber oral tablet 0.15-0.03mg	*(desogestrel-ethinyl estradiol)*
junel 1.5/30 (21) oral tablet 1.5-30mg-mcg	*(norethindrone ac-eth estradiol)*
junel 1/20 (21) oral tablet 1-20mg-mcg	*(norethindrone ac-eth estradiol)*
junel fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*
junel fe 1/20 (28) oral tablet 1mg-20mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*
kariva (28) oral tablet 0.15-0.02mgx21 /0.01mg x 5	*(desog-e.estradiol/e.estradiol)*
kelnor 1/35 (28) oral tablet 1-35mg-mcg	*(ethynodiol diac-eth estradiol)*
kelnor 1-50 (28) oral tablet 1-50mg-mcg	*(ethynodiol diac-eth estradiol)*
kurvelo (28) oral tablet 0.15-0.03mg	*(levonorgestrel-ethinyl estrad)*
larin 1.5/30 (21) oral tablet 1.5-30mg-mcg	*(norethindrone ac-eth estradiol)*
larin 1/20 (21) oral tablet 1-20mg-mcg	*(norethindrone ac-eth estradiol)*
larin fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*
larin fe 1/20 (28) oral tablet 1mg-20mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*
leena 28 oral tablet 0.5/1/0.5-35mg-mcg	
lessina oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30 (10)	*(levonorg-eth estrad triphasic)*
levonorgestrel-ethinyl estrad oral tablet 0.1-20mg-mcg	*(Aubra EQ)*
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03mg	*(Altavera (28))*
levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15mg-30mcg (91)	*(Iclevia)*
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)	*(Enpresse)*
levora-28 oral tablet 0.15-0.03mg	*(levonorgestrel-ethinyl estrad)*

loryna (28) oral tablet 3-0.02mg	*(drospirenone-ethinyl estradiol)*
low-ogestrel (28) oral tablet 0.3-30mg-mcg	*(norgestrel-ethinyl estradiol)*
lutera (28) oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*
marlissa (28) oral tablet 0.15-0.03mg	*(levonorgestrel-ethinyl estrad)*
microgestin 1.5/30 (21) oral tablet 1.5-30mg-mcg	*(norethindrone ac-eth estradiol)*
microgestin 1/20 (21) oral tablet 1-20mg-mcg	*(norethindrone ac-eth estradiol)*
microgestin fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*
microgestin fe 1/20 (28) oral tablet 1mg-20mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*
mili oral tablet 0.25-35mg-mcg	*(norgestimate-ethinyl estradiol)*
necon 0.5/35 (28) oral tablet 0.5-35mg-mcg	
nikki (28) oral tablet 3-0.02mg	*(drospirenone-ethinyl estradiol)*
norethindrone ac-eth estradiol oral tablet 1-20mg-mcg	*(Junel 1/20 (21))*
norethindrone ac-eth estradiol oral tablet 1-5mg-mcg	*(Fyavolv)*
norethindrone-e.estradiol-iron oral tablet 1mg-20mcg (21)/75mg (7)	*(Junel FE 1/20 (28))*
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25mg-35mcg (28)	*(Tri-Estarylla)*
norgestimate-ethinyl estradiol oral tablet 0.25-35mg-mcg	*(Estarylla)*
nortrel 0.5/35 (28) oral tablet 0.5-35mg-mcg	
nortrel 1/35 (21) oral tablet 1-35mg-mcg (21)	
nortrel 1/35 (28) oral tablet 1-35mg-mcg	*(norethindrone-ethin estradiol)*
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1mg-35mcg	
nylia 1/35 (28) oral tablet 1-35mg-mcg	*(norethindrone-ethin estradiol)*
nylia 7/7/7 (28) oral tablet 0.5/0.75/1mg-35mcg	

nymyo oral tablet 0.25-35mg-mcg	*(norgestimate-ethinyl estradiol)*	
ocella oral tablet 3-0.03mg	*(drospirenone-ethinyl estradiol)*	
OSPHENA ORAL TABLET 60MG		PA
pimtrea (28) oral tablet 0.15-0.02mgx21 /0.01mg x 5	*(desog-e.estradiol/e.estradiol)*	
portia 28 oral tablet 0.15-0.03mg	*(levonorgestrel-ethinyl estrad)*	
PREMPHASE ORAL TABLET 0.625MG (14)/ 0.625MG-5MG (14)		
PREMPRO ORAL TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5MG, 0.625-5MG		
reclipsen (28) oral tablet 0.15-0.03mg	*(desogestrel-ethinyl estradiol)*	
setlakin oral tablets, dose pack, 3 month 0.15mg-30mcg (91)	*(levonorgestrel-ethinyl estrad)*	
sprintec (28) oral tablet 0.25-35mg-mcg	*(norgestimate-ethinyl estradiol)*	
sronyx oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*	
syeda oral tablet 3-0.03mg	*(drospirenone-ethinyl estradiol)*	
tarina fe 1-20 eq (28) oral tablet 1mg-20mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*	
tri-estarylla oral tablet 0.18/0.215/0.25mg-35mcg (28)	*(norgestimate-ethinyl estradiol)*	
tri-mili oral tablet 0.18/0.215/0.25mg-35mcg (28)	*(norgestimate-ethinyl estradiol)*	
tri-nymyo oral tablet 0.18/0.215/0.25mg-35mcg (28)	*(norgestimate-ethinyl estradiol)*	
tri-sprintec (28) oral tablet 0.18/0.215/0.25mg-35mcg (28)	*(norgestimate-ethinyl estradiol)*	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30 (10)	*(levonorg-eth estrad triphasic)*	
tri-vylibra oral tablet 0.18/0.215/0.25mg-35mcg (28)	*(norgestimate-ethinyl estradiol)*	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25mg-mcg		
vestura (28) oral tablet 3-0.02mg	*(drospirenone-ethinyl estradiol)*	
vienva oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*	
vyfemla (28) oral tablet 0.4-35mg-mcg		

vylibra oral tablet 0.25-35mg-mcg	*(norgestimate-ethinyl estradiol)*
zovia 1-35 (28) oral tablet 1-35mg-mcg	*(ethynodiol diac-eth estradiol)*
Progestins	
camila oral tablet 0.35mg	*(norethindrone (contraceptive))*
deblitane oral tablet 0.35mg	*(norethindrone (contraceptive))*
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104MG/0.65ML	
errin oral tablet 0.35mg	*(norethindrone (contraceptive))*
incassia oral tablet 0.35mg	*(norethindrone (contraceptive))*
lyleq oral tablet 0.35mg	*(norethindrone (contraceptive))*
lyza oral tablet 0.35mg	*(norethindrone (contraceptive))*
medroxyprogesterone intramuscular suspension 150mg/ml	*(Depo-Provera)*
medroxyprogesterone intramuscular syringe 150mg/ml	*(Depo-Provera)*
medroxyprogesterone oral tablet 10mg, 2.5mg, 5mg	*(Provera)*
megestrol oral suspension 400mg/10ml (40mg/ml), 625mg/5ml (125mg/ml)	
megestrol oral tablet 20mg, 40mg	
nora-be oral tablet 0.35mg	*(norethindrone (contraceptive))*
norethindrone (contraceptive) oral tablet 0.35mg	*(Camila)*
norethindrone acetate oral tablet 5mg	
progesterone micronized oral capsule 100mg, 200mg	*(Prometrium)*
sharobel oral tablet 0.35mg	*(norethindrone (contraceptive))*
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	
euthyrox oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	*(levothyroxine)*

LEVO-T ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	(levothyroxine)
levothyroxine oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	*(Euthyrox)*
levothyroxine oral tablet 300mcg	*(Levo-T)*
LEVOXYL ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	(levothyroxine)
liothyronine oral tablet 25mcg, 5mcg, 50mcg	*(Cytomel)*
SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	(levothyroxine)
UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	(levothyroxine)
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	
Hormonal Agents, Suppressant (Pituitary)	
cabergoline oral tablet 0.5mg	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5MG	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30MG	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45MG	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5MG (1 MONTH)	PA NSO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120MG	PA NSO; NM
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80MG	PA NSO
leuprolide (3 month) intramuscular suspension for reconstitution 22.5mg	PA NSO
leuprolide subcutaneous kit 1mg/0.2ml	PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25MG, 22.5MG	PA NSO; NM
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30MG	PA NSO; NM

LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45MG		PA NSO; NM
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75MG, 7.5MG		PA NSO; NM
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25MG		PA NSO; NM
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5MG (PED)		PA NSO; NM
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45MG		PA NSO; NM
octreotide acetate injection solution 1, 000mcg/ml		PA; NM
octreotide acetate injection solution 100mcg/ml, 50mcg/ml	*(Sandostatin)*	PA
octreotide acetate injection solution 200mcg/ml		PA
octreotide acetate injection solution 500mcg/ml	*(Sandostatin)*	PA; NM
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML (1ML), 0.6MG/ML (1ML), 0.9MG/ML (1ML)		PA; NM; QL (60 per 30 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10MG, 15MG, 20MG, 25MG, 30MG		PA; NM; QL (60 per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2MG/ML		PA; NM
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25MG, 22.5MG, 3.75MG		PA NSO
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
Antithyroid Agents		
methimazole oral tablet 10mg, 5mg		
propylthiouracil oral tablet 50mg		
IMMUNOLOGICAL AGENTS		
Angioedema Agents		
icatibant subcutaneous syringe 30mg/3ml	*(Firazyr)*	PA; NM
TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML (150MG/ML)		PA; NM
TAKHZYRO SUBCUTANEOUS SYRINGE 150MG/ML, 300MG/2ML (150MG/ML)		PA; NM

Immunoglobulins	
PANZYGA INTRAVENOUS SOLUTION 10%, 10% (100ML), 10% (200ML), 10% (25ML), 10% (300ML), 10% (50ML)	PA BvD; NM
PRIVIGEN INTRAVENOUS SOLUTION 10%	PA BvD; NM
Immunological Agents, Other	
ARCALYST SUBCUTANEOUS RECON SOLN 220MG	PA; NM
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150MG/ML	PA; NM
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150MG/ML	PA; NM
COSENTYX SUBCUTANEOUS SYRINGE 75MG/0.5ML	PA; NM
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200MG/1.14ML, 300MG/2ML	PA; NM
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	PA; NM
leflunomide oral tablet 10mg, 20mg (Arava)	
OTEZLA ORAL TABLET 30MG	PA; NM
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10MG (4)-20MG (4)-30MG (47)	PA; NM
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15MG, 30MG, 45MG	PA; NM
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS SYRINGE 150MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180MG/1.2ML (150MG/ML), 360MG/2.4ML (150MG/ML)	PA; NM
STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML	PA; NM
STELARA SUBCUTANEOUS SYRINGE 45MG/0.5ML, 90MG/ML	PA; NM
TAVNEOS ORAL CAPSULE 10MG	PA; NM
XOLAIR SUBCUTANEOUS RECON SOLN 150MG	PA; NM
XOLAIR SUBCUTANEOUS SYRINGE 150MG/ML, 75MG/0.5ML	PA; NM

Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100MCG/0.5ML		PA NSO; NM
BESREMI SUBCUTANEOUS SYRINGE 500MCG/ML		PA NSO; NM
PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML		PA; NM
PEGASYS SUBCUTANEOUS SYRINGE 180MCG/0.5ML		PA; NM
Immunosuppressants		
azathioprine oral tablet 100mg, 75mg	*(Azasan)*	PA BvD
azathioprine oral tablet 50mg	*(Imuran)*	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200MG/ML		PA; NM
BENLYSTA SUBCUTANEOUS SYRINGE 200MG/ML		PA; NM
cyclosporine modified oral capsule 100mg, 25mg	*(Gengraf)*	PA BvD
cyclosporine modified oral capsule 50mg		PA BvD
cyclosporine modified oral solution 100mg/ml	*(Gengraf)*	PA BvD
cyclosporine oral capsule 100mg, 25mg	*(Sandimmune)*	PA BvD
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50MG/ML (1ML)		PA; NM
ENBREL SUBCUTANEOUS SOLUTION 25MG/0.5ML		PA; NM
ENBREL SUBCUTANEOUS SYRINGE 25MG/0.5ML (0.5), 50MG/ML (1ML)		PA; NM
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50MG/ML (1ML)		PA; NM
ENSPRYNG SUBCUTANEOUS SYRINGE 120MG/ML		PA NSO; NM
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75MG, 1MG, 4MG		PA BvD
everolimus (immunosuppressive) oral tablet 0.25mg, 0.75mg, 1mg	*(Zortress)*	PA BvD; NM; QL (60 per 30 days)
everolimus (immunosuppressive) oral tablet 0.5mg	*(Zortress)*	PA BvD; NM; QL (120 per 30 days)
gengraf oral capsule 100mg, 25mg	*(cyclosporine modified)*	PA BvD
gengraf oral solution 100mg/ml	*(cyclosporine modified)*	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.8ML		PA; NM

HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.8ML		PA; NM
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.8ML		PA; NM
HUMIRA SUBCUTANEOUS SYRINGE KIT 40MG/0.8ML		PA; NM
HUMIRA (CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80MG/0.8ML, 80MG/0.8ML-40MG/0.4ML		PA; NM
HUMIRA (CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80MG/0.8ML		PA; NM
HUMIRA (CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80MG/0.8ML		PA; NM
HUMIRA (CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80MG/0.8ML-40MG/0.4ML		PA; NM
HUMIRA (CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.4ML, 80MG/0.8ML		PA; NM
HUMIRA (CF) SUBCUTANEOUS SYRINGE KIT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML		PA; NM
KINERET SUBCUTANEOUS SYRINGE 100MG/0.67ML		PA; NM
LUPKYNIS ORAL CAPSULE 7.9MG		PA; NM; QL (180 per 30 days)
methotrexate sodium (pf) injection solution 25mg/ml		PA BvD
methotrexate sodium injection solution 25mg/ml		PA BvD
methotrexate sodium oral tablet 2.5mg		PA BvD
mycophenolate mofetil oral capsule 250mg	*(CellCept)*	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200mg/ml	*(CellCept)*	PA BvD; NM
mycophenolate mofetil oral tablet 500mg	*(CellCept)*	PA BvD
mycophenolate sodium oral tablet, delayed release (dr/ec) 180mg, 360mg	*(Myfortic)*	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2MG, 1MG		PA BvD
REZUROCK ORAL TABLET 200MG		PA; NM
sirolimus oral solution 1mg/ml	*(Rapamune)*	PA BvD; NM
sirolimus oral tablet 0.5mg, 1mg, 2mg	*(Rapamune)*	PA BvD
tacrolimus oral capsule 0.5mg, 1mg, 5mg	*(Prograf)*	PA BvD

TREXALL ORAL TABLET 10MG, 15MG, 5MG, 7.5MG	PA BvD
Vaccines	
ABRYSVO INTRAMUSCULAR RECON SOLN 120MCG/0.5ML	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10MCG/0.5ML	
ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5MCG)-5LF/0.5ML	
ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5MCG)-5LF/0.5ML	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120MCG/0.5ML	
AREXVY ANTIGEN COMPONENT 120MCG	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50MG	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25MCG/0.5ML	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20MCG/ML	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20MCG/ML	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10MCG/0.5ML	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5ML	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5ML	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISAUNIT/ML, 720 ELISAUNIT/0.5ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20MCG/0.5ML	PA BvD

HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10MCG/0.5ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5UNIT	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOL INJECTION SUSPENSION 40-8-32UNIT/0.5ML	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6MCG/0.5ML	
JYNNEOS (PF) (STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8UNIT/0.5	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58MCG-10 LF/0.5ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4MCG/0.5ML	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10MCG/0.5ML	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5MCG/0.5ML	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1, 000-12, 500 TCID50/0.5ML	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10MCG-25LF-25MCG-10LF/0.5ML	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5MCG/0.5ML	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10MCG/0.5ML	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10MCG/ML	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48MCG-5 LFUNIT/0.5ML, 15 LF-48MCG-5 LFUNIT/0.5ML (58 UNT/ML)	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48MCG-5 LFUNIT/0.5ML	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5UNIT		PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML		PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10MCG/ML, 5MCG/0.5ML		PA BvD
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5ML		
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML		
ROTATEQ VACCINE ORAL SOLUTION 2ML		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50MCG/0.5ML		
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LFUNIT/0.5ML	(tetanus-diphtheria toxoids-td)	PA BvD
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LFUNIT-2 LFUNIT/0.5ML		PA BvD
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LFUNIT/0.5ML		PA BvD
TETANUS, DIPHTHERIA TOX PED (PF) INTRAMUSCULAR SUSPENSION 5-25 LFUNIT/0.5ML		PA BvD
TICOVAC INTRAMUSCULAR SYRINGE 1.2MCG/0.25ML, 2.4MCG/0.5ML		
TRUMENBA INTRAMUSCULAR SYRINGE 120MCG/0.5ML		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISAUNIT-20MCG/ML		
TYPHIM VI INTRAMUSCULAR SOLUTION 25MCG/0.5ML		
TYPHIM VI INTRAMUSCULAR SYRINGE 25MCG/0.5ML	(typhoid vi polysacch vaccine)	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25UNIT/0.5ML, 50UNIT/ML		
VAQTA (PF) INTRAMUSCULAR SYRINGE 25UNIT/0.5ML, 50UNIT/ML		
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1, 350UNIT/0.5ML		

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YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74UNIT/0.5ML, 10 EXP4.74UNIT/0.5ML (2.5ML IN 1 VIAL)		
INFLAMMATORY BOWEL DISEASE AGENTS		
Aminosalicylates		
balsalazide oral capsule 750mg	*(Colazal)*	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2GM	(mesalamine)	
mesalamine oral capsule (with del rel tablets) 400mg	*(Delzicol)*	
mesalamine oral capsule, extended release 24hr 0.375gm	*(Apriso)*	
mesalamine oral tablet, delayed release (dr/ec) 800mg		
mesalamine rectal enema 4gm/60ml	*(Rowasa)*	
sulfasalazine oral tablet 500mg	*(Azulfidine)*	
sulfasalazine oral tablet, delayed release (dr/ec) 500mg	*(Azulfidine EN-tabs)*	
Glucocorticoids		
budesonide oral capsule, delayed, extend.release 3mg		
budesonide oral tablet, delayed and ext.release 9mg	*(Uceris)*	NM
hydrocortisone rectal enema 100mg/60ml	*(Cortenema)*	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
alendronate oral tablet 10mg		QL (30 per 30 days)
alendronate oral tablet 35mg		QL (4 per 28 days)
alendronate oral tablet 70mg	*(Fosamax)*	QL (4 per 28 days)
calcitonin (salmon) nasal spray, non-aerosol 200unit/actuation		PA BvD; QL (4 per 28 days)
calcitriol oral capsule 0.25mcg, 0.5mcg	*(Rocaltrol)*	PA BvD
calcitriol oral solution 1mcg/ml	*(Rocaltrol)*	PA BvD
cinacalcet oral tablet 30mg, 60mg	*(Sensipar)*	PA BvD; QL (60 per 30 days)
cinacalcet oral tablet 90mg	*(Sensipar)*	PA BvD; NM; QL (120 per 30 days)
ibandronate oral tablet 150mg		QL (1 per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100MCG/DOSE, 25MCG/DOSE, 50MCG/DOSE, 75MCG/DOSE		PA; NM
paricalcitol oral capsule 1mcg, 2mcg	*(Zemplar)*	PA BvD
paricalcitol oral capsule 4mcg		PA BvD

PROLIA SUBCUTANEOUS SYRINGE 60MG/ML		QL (1 per 180 days)
raloxifene oral tablet 60mg	*(Evista)*	
risedronate oral tablet 150mg	*(Actonel)*	QL (1 per 28 days)
risedronate oral tablet 30mg, 5mg		QL (30 per 30 days)
risedronate oral tablet 35mg	*(Actonel)*	QL (4 per 28 days)
risedronate oral tablet 35mg (12 pack), 35mg (4 pack)		QL (4 per 28 days)
risedronate oral tablet, delayed release (dr/ec) 35mg	*(Atelvia)*	QL (4 per 28 days)
teriparatide subcutaneous pen injector 20mcg/dose (620mcg/2.48ml)		PA; NM; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80MCG (3, 120MCG/1.56ML)		PA; NM; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML (70MG/ML)		PA; NM; QL (2 per 28 days)
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		
atropine ophthalmic (eye) drops 1%	*(Isopto Atropine)*	
cyclosporine ophthalmic (eye) dropperette 0.05%	*(Restasis)*	QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37%		PA; NM
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44%		PA; NM
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10, 000mg-unit/g-1%	*(Neo-Polycin HC)*	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10, 000unit/ml-0.1%	*(Maxitrol)*	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5mg/g-10, 000unit/g-0.1%	*(Maxitrol)*	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75mg-10, 000unit-0.025mg/ml		
neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10, 000-10mg-unit-mg/ml		
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10, 000unit-1mg/ml	*(Polytrim)*	
sulfacetamide-prednisolone ophthalmic (eye) drops 10%-0.23% (0.25%)		

tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1%	
Ophthalmic Anti-Allergy Agents	
azelastine ophthalmic (eye) drops 0.05%	
cromolyn ophthalmic (eye) drops 4%	
olopatadine ophthalmic (eye) drops 0.1%	*(Eye Allergy Itch-Redness Rlf)*
Ophthalmic Anti-Infectives	
AZASITE OPHTHALMIC (EYE) DROPS 1%	
bacitracin ophthalmic (eye) ointment 500unit/gram	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10, 000unit/gram	*(Polycin)*
erythromycin ophthalmic (eye) ointment 5mg/gram (0.5%)	
gatifloxacin ophthalmic (eye) drops 0.5%	*(Zymaxid)*
gentamicin ophthalmic (eye) drops 0.3%	
moxifloxacin ophthalmic (eye) drops 0.5%	*(Vigamox)*
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5%	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10, 000mg-unit-unit/g	*(Neo-Polycin)*
ofloxacin ophthalmic (eye) drops 0.3%	*(Ocuflox)*
sulfacetamide sodium ophthalmic (eye) drops 10%	
tobramycin ophthalmic (eye) drops 0.3%	
Ophthalmic Anti-Inflammatories	
bromfenac ophthalmic (eye) drops 0.09%	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075%	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1%	
diclofenac sodium ophthalmic (eye) drops 0.1%	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05%	(difluprednate)
fluorometholone ophthalmic (eye) drops, suspension 0.1%	*(FML Liquifilm)*
flurbiprofen sodium ophthalmic (eye) drops 0.03%	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3%	

ketorolac ophthalmic (eye) drops 0.4%	*(Acular LS)*
ketorolac ophthalmic (eye) drops 0.5%	*(Acular)*
loteprednol etabonate ophthalmic (eye) drops, suspension 0.5%	*(Lotemax)*
prednisolone acetate ophthalmic (eye) drops, suspension 1%	*(Pred Forte)*
prednisolone sodium phosphate ophthalmic (eye) drops 1%	
Ophthalmic Beta-Adrenergic Blocking Agents	
betaxolol ophthalmic (eye) drops 0.5%	
carteolol ophthalmic (eye) drops 1%	
levobunolol ophthalmic (eye) drops 0.5%	
timolol maleate ophthalmic (eye) drops 0.25%, 0.5%	
timolol maleate ophthalmic (eye) drops, once daily 0.5%	*(Istalol)*
timolol maleate ophthalmic (eye) gel forming solution 0.25%, 0.5%	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
acetazolamide oral capsule, extended release 500mg	
acetazolamide oral tablet 125mg, 250mg	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	(brimonidine)
apraclonidine ophthalmic (eye) drops 0.5%	
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1%	(brinzolamide)
brimonidine ophthalmic (eye) drops 0.15%	*(Alphagan P)*
brimonidine ophthalmic (eye) drops 0.2%	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5%	*(Combigan)*
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5%	(brimonidine-timolol)
dorzolamide ophthalmic (eye) drops 2%	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5%	*(Cosopt (PF))*
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8mg/ml	*(Cosopt)*
methazolamide oral tablet 25mg, 50mg	
pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02%	

ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005%		
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2%		
Ophthalmic Prostaglandin And Prostamide Analogs		
latanoprost ophthalmic (eye) drops 0.005%	*(Xalatan)*	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%		
travoprost ophthalmic (eye) drops 0.004%	*(Travatan Z)*	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024%		
OTIC AGENTS		
Otic Agents		
acetic acid otic (ear) solution 2%		
ciprofloxacin hcl otic (ear) dropperette 0.2%	*(Cetraxal)*	
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1%		
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025% (0.25ml)	*(Otovel)*	
fluocinolone acetonide oil otic (ear) drops 0.01%	*(DermOtic Oil)*	
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10, 000-1mg/ml-unit/ml-%		
neomycin-polymyxin-hc otic (ear) solution 3.5-10, 000-1mg/ml-unit/ml-%		
ofloxacin otic (ear) drops 0.3%		
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
azelastine nasal aerosol, spray 137mcg (0.1%)		QL (30 per 25 days)
cetirizine oral solution 1mg/ml	*(All Day Allergy (cetirizine))*	
cyproheptadine oral syrup 2mg/5ml		
cyproheptadine oral tablet 4mg		
levocetirizine oral solution 2.5mg/5ml	*(Xyzal)*	
levocetirizine oral tablet 5mg	*(24HR Allergy Relief)*	

Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100MCG/ACTUATION, 200MCG/ACTUATION, 50MCG/ACTUATION		QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100MCG/ACTUATION, 200MCG/ACTUATION, 50MCG/ACTUATION		QL (26 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110MCG/ ACTUATION (30), 220MCG/ ACTUATION (120), 220MCG/ ACTUATION (30), 220MCG/ ACTUATION (60)		QL (2 per 30 days)
budesonide inhalation suspension for nebulization 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	*(Pulmicort)*	PA BvD
flunisolide nasal spray, non-aerosol 25mcg (0.025%)		QL (50 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110mcg/actuation, 220mcg/actuation	*(Flovent HFA)*	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44mcg/actuation	*(Flovent HFA)*	QL (10.6 per 30 days)
fluticasone propionate nasal spray, suspension 50mcg/actuation	*(24 Hour Allergy Relief)*	QL (16 per 30 days)
mometasone nasal spray, non-aerosol 50mcg/actuation	*(Nasonex 24hr Allergy)*	QL (34 per 30 days)
Antileukotrienes		
montelukast oral granules in packet 4mg	*(Singulair)*	QL (30 per 30 days)
montelukast oral tablet 10mg	*(Singulair)*	QL (30 per 30 days)
montelukast oral tablet, chewable 4mg, 5mg	*(Singulair)*	QL (30 per 30 days)
zafirlukast oral tablet 10mg, 20mg	*(Accolate)*	QL (60 per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17MCG/ACTUATION		QL (26 per 30 days)
ipratropium bromide inhalation solution 0.02%		PA BvD
ipratropium bromide nasal spray, non-aerosol 21mcg (0.03%)		QL (60 per 30 days)

ipratropium bromide nasal spray, non-aerosol 42mcg (0.06%)		QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25MCG/ACTUATION, 2.5MCG/ACTUATION		QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18MCG	(tiotropium bromide)	QL (30 per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation	*(Ventolin HFA)*	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation (nda020503)		QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation (nda020983)		QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63mg/3ml, 1.25mg/3ml, 2.5mg /3ml (0.083%), 2.5mg/0.5ml		PA BvD
albuterol sulfate oral syrup 2mg/5ml		
albuterol sulfate oral tablet 2mg, 4mg		
epinephrine injection auto-injector 0.15mg/0.15ml, 0.3mg/0.3ml	*(Auvi-Q)*	
epinephrine injection auto-injector 0.15mg/0.3ml	*(EpiPen Jr)*	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50MCG/DOSE		QL (60 per 30 days)
terbutaline oral tablet 2.5mg, 5mg		
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90MCG/ACTUATION	(albuterol sulfate)	QL (36 per 30 days)
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40MG		PA; NM
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75MG/ML		PA; NM
KALYDECO ORAL GRANULES IN PACKET 13.4MG, 25MG, 50MG, 75MG		PA; NM
KALYDECO ORAL TABLET 150MG		PA; NM
ORKAMBI ORAL GRANULES IN PACKET 100-125MG, 150-188MG, 75-94MG		PA; NM
ORKAMBI ORAL TABLET 100-125MG, 200-125MG		PA; NM
PULMOZYME INHALATION SOLUTION 1MG/ML		PA BvD; NM

SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150MG (D)/ 150MG (N), 50-75MG (D)/ 75MG (N)		PA; NM
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28MG		PA; NM
tobramycin in 0.225% nacl inhalation solution for nebulization 300mg/5ml	*(Tobi)*	PA BvD; NM
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75MG (N), 80-40-60MG (D) /59.5MG (N)		PA; NM
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75MG (D) /150MG (N), 50-25-37.5MG (D)/75MG (N)		PA; NM
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast oral tablet 250mcg, 500mcg	*(Daliresp)*	QL (30 per 30 days)
theophylline er 300mg tab		
theophylline er 450mg tab		
theophylline oral tablet extended release 12-hr 300mg, 450mg		
theophylline oral tablet extended release 24-hr 400mg, 600mg		
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG		PA; NM; QL (90 per 30 days)
ambrisentan oral tablet 10mg, 5mg	*(Letairis)*	PA; NM; QL (30 per 30 days)
bosentan oral tablet 125mg, 62.5mg	*(Tracleer)*	PA; NM; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10MG		PA; NM; QL (90 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20mg	*(Revatio)*	PA; QL (90 per 30 days)
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100MG, 150MG		PA; NM
pirfenidone oral capsule 267mg	*(Esbriet)*	PA; NM
pirfenidone oral tablet 267mg, 801mg	*(Esbriet)*	PA; NM
pirfenidone oral tablet 534mg		PA; NM
Respiratory Tract Agents, Other		
acetylcysteine solution 100mg/ml (10%), 200mg/ml (20%)		PA BvD
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21MCG/ACTUATION, 230-21MCG/ACTUATION, 45-21MCG/ACTUATION	(fluticasone propion-salmeterol)	QL (12 per 30 days)

ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25MCG/ACTUATION		QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25MCG/DOSE, 200-25MCG/DOSE	(fluticasone furoate-vilanterol)	QL (60 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8MCG/ACTUATION		QL (10.7 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5mcg/actuation, 80-4.5mcg/actuation	*(Breyna)*	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100MCG/ACTUATION		QL (4 per 20 days)
cromolyn inhalation solution for nebulization 20mg/2ml		PA BvD
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14mcg/actuation, 232-14mcg/actuation, 55-14mcg/actuation	*(AirDuo RespiClick)*	QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50mcg/dose, 250-50mcg/dose, 500-50mcg/dose	*(Advair Diskus)*	QL (60 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5mg-3mg (2.5mg base)/3ml		PA BvD
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100MG/ML		PA; NM
NUCALA SUBCUTANEOUS RECON SOLN 100MG		PA; NM
NUCALA SUBCUTANEOUS SYRINGE 100MG/ML, 40MG/0.4ML		PA; NM
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25MCG, 200-62.5-25MCG		QL (60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
chlorzoxazone oral tablet 250mg, 500mg		
chlorzoxazone oral tablet 375mg, 750mg	*(Lorzone)*	
cyclobenzaprine oral tablet 10mg, 5mg		
cyclobenzaprine oral tablet 7.5mg	*(Fexmid)*	
methocarbamol oral tablet 500mg, 750mg		
orphenadrine citrate oral tablet extended release 100mg		

SLEEP DISORDER AGENTS		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET 10MG, 15MG, 20MG, 5MG		QL (30 per 30 days)
temazepam oral capsule 15mg, 22.5mg, 30mg	*(Restoril)*	QL (30 per 30 days)
temazepam oral capsule 7.5mg	*(Restoril)*	QL (120 per 30 days)
zaleplon oral capsule 10mg, 5mg		QL (30 per 30 days)
zolpidem oral tablet 10mg, 5mg	*(Ambien)*	QL (30 per 30 days)
Wakefulness Promoting Agents		
armodafinil oral tablet 150mg, 200mg, 250mg, 50mg	*(Nuvigil)*	PA; QL (30 per 30 days)
modafinil oral tablet 100mg, 200mg	*(Provigil)*	PA; QL (60 per 30 days)
sodium oxybate oral solution 500mg/ml	*(Xyrem)*	PA; NM; QL (540 per 30 days)

Imperial MAPD 2024 1-Tier (Lista de medicamentos cubiertos)

Nombre del Medicamento		Requerimientos/ Límites
anagrelide oral capsule 0.5mg	*(Agrylin)*	
anagrelide oral capsule 1mg		
betaine oral powder 1gm/scoop	*(Cystadane)*	NM
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12, 000-38, 000 -60, 000UNIT, 24, 000-76, 000 -120, 000UNIT, 3, 000-9, 500-15, 000UNIT, 36, 000-114, 000-180, 000UNIT, 6, 000-19, 000 -30, 000UNIT		
cromolyn oral concentrate 100mg/5ml	*(Gastrocrom)*	
CYSTAGON ORAL CAPSULE 150MG, 50MG		PA
ENDARI ORAL POWDER IN PACKET 5GM		PA
GALAFOLD ORAL CAPSULE 123MG		PA; NM
LEUKINE INJECTION RECON SOLN 250MCG		PA; NM
miglustat oral capsule 100mg	*(Zavesca)*	PA; NM
nitisinone oral capsule 10mg, 2mg, 20mg, 5mg	*(Orfadin)*	PA; NM
PROLASTIN-C INTRAVENOUS RECON SOLN 1, 000MG		PA; NM
PROMACTA ORAL POWDER IN PACKET 12.5MG		PA; NM; QL (360 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25MG		PA; NM; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG		PA; NM; QL (60 per 30 days)
RAVICTI ORAL LIQUID 1.1GM/ML		PA; NM
RETACRIT INJECTION SOLUTION 10, 000UNIT/ML, 20, 000UNIT/2ML, 20, 000UNIT/ML, 4, 000UNIT/ML, 40, 000UNIT/ML		PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 2, 000UNIT/ML		PA; QL (23 per 30 days)
RETACRIT INJECTION SOLUTION 3, 000UNIT/ML		PA; QL (16 per 30 days)
sapropterin oral powder in packet 100mg, 500mg	*(Javygtor)*	PA; NM
sapropterin oral tablet, soluble 100mg	*(Javygtor)*	PA; NM
TEGSEDI SUBCUTANEOUS SYRINGE 284MG/1.5ML		PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Nombre del Medicamento		Requerimientos/ Límites
tranexamic acid oral tablet 650mg		
VIJOICE ORAL TABLET 125MG, 250MG/DAY (200MG X1-50MG X1), 50MG		PA; NM
VYNDAMAX ORAL CAPSULE 61MG		PA; NM; QL (30 per 30 days)
XURIDEN ORAL GRANULES IN PACKET 2GM		PA; NM
ZARXIO INJECTION SYRINGE 300MCG/0.5ML, 480MCG/0.8ML		PA; NM
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10, 000-32, 000 -42, 000UNIT, 15, 000-47, 000 -63, 000UNIT, 20, 000-63, 000-84, 000UNIT, 25, 000-79, 000-105, 000UNIT, 3, 000-10, 000 -14, 000-UNIT, 40, 000-126, 000-168, 000UNIT, 5, 000-17, 000-24, 000UNIT		
ZIEXTENZO SUBCUTANEOUS SYRINGE 6MG/0.6ML		PA; NM
ZOKINVY ORAL CAPSULE 50MG, 75MG		PA; NM
Agentes Modificadores De Plaquetas		
aspirin-dipyridamole oral capsule, er multiphase 12-hr 25-200mg		
BRILINTA ORAL TABLET 60MG, 90MG		
CABLIVI INJECTION KIT 11MG		PA; NM
cilostazol oral tablet 100mg, 50mg		
clopidogrel oral tablet 75mg	*(Plavix)*	
prasugrel oral tablet 10mg, 5mg	*(Effient)*	
Anticoagulantes		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5MG (74 TABS)		
ELIQUIS ORAL TABLET 2.5MG, 5MG		
enoxaparin subcutaneous syringe 100mg/ml, 150mg/ml	*(Lovenox)*	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120mg/0.8ml, 80mg/0.8ml	*(Lovenox)*	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30mg/0.3ml	*(Lovenox)*	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40mg/0.4ml	*(Lovenox)*	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60mg/0.6ml	*(Lovenox)*	QL (36 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
fondaparinux subcutaneous syringe 10mg/0.8ml	*(Arixtra)*	NM; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5mg/0.5ml	*(Arixtra)*	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5mg/0.4ml	*(Arixtra)*	NM; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5mg/0.6ml	*(Arixtra)*	NM; QL (18 per 30 days)
heparin (porcine) injection solution 1, 000unit/ml, 10, 000unit/ml, 20, 000unit/ml, 5, 000unit/ml		PA BvD
jantoven oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	*(warfarin)*	
warfarin oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	*(Jantoven)*	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15MG (42)-20MG (9)		
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1MG/ML		
XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG		
AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS		
buprenorphine hcl sublingual tablet 2mg, 8mg		
buprenorphine-naloxone sublingual film 12-3mg, 2-0.5mg, 4-1mg, 8-2mg	*(Suboxone)*	
buprenorphine-naloxone sublingual tablet 2-0.5mg, 8-2mg		
SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG	(buprenorphine-naloxone)	
Agentes De Abandono Del Tabaquismo		
bupropion hcl (smoking deter) oral tablet extended release 12-hr 150mg		
NICOTROL INHALATION CARTRIDGE 10MG		
varenicline oral tablet 0.5mg		
varenicline oral tablet 1mg	*(Chantix)*	
varenicline oral tablets, dose pack 0.5mg (11)-1mg (42)	*(Chantix Starting Month Box)*	

Nombre del Medicamento		Requerimientos/ Límites
Agentes De Reversión De Opioides		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8MG/ACTUATION		
naloxone injection solution 0.4mg/ml		
naloxone injection syringe 0.4mg/ml, 1mg/ml		
naloxone nasal spray, non-aerosol 4mg/actuation	*(Narcan)*	
NARCAN NASAL SPRAY, NON-AEROSOL 4MG/ACTUATION	(naloxone)	
ZIMHI INJECTION SYRINGE 5MG/0.5ML		
Disuasorios De Alcohol/Anti-Ansiedad		
acamprosate oral tablet, delayed release (dr/ec) 333mg		
disulfiram oral tablet 250mg		
naltrexone oral tablet 50mg		
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380MG		NM
AGENTES ANTIDEMENCIA		
Agentes Antidemencia, Otros		
memantine oral capsule, sprinkle, er 24hr 14mg, 21mg, 28mg, 7mg	*(Namenda XR)*	QL (30 per 30 days)
memantine oral solution 2mg/ml		QL (360 per 30 days)
memantine oral tablet 10mg, 5mg	*(Namenda)*	QL (60 per 30 days)
memantine oral tablets, dose pack 5-10mg	*(Namenda Titration Pak)*	QL (49 per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28MG-10MG		PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10MG, 21-10MG, 28-10MG, 7-10MG		PA
Inhibidores De Colinesterasa		
donepezil oral tablet 10mg	*(Aricept)*	QL (60 per 30 days)
donepezil oral tablet 23mg, 5mg	*(Aricept)*	QL (30 per 30 days)
donepezil oral tablet, disintegrating 10mg		QL (60 per 30 days)
donepezil oral tablet, disintegrating 5mg		QL (30 per 30 days)
galantamine oral capsule, ext rel. pellets 24-hr 16mg, 24mg, 8mg		QL (30 per 30 days)
galantamine oral solution 4mg/ml		QL (200 per 30 days)
galantamine oral tablet 12mg, 4mg, 8mg		QL (60 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
rivastigmine tartrate oral capsule 1.5mg, 3mg, 4.5mg, 6mg		QL (60 per 30 days)
rivastigmine transdermal patch 24-hour 13.3mg/24-hour, 4.6mg/24-hour, 9.5mg/24-hour	*(Exelon Patch)*	QL (30 per 30 days)
AGENTES ANTIESPÁSTICOS		
Agentes Antiespásticos		
baclofen oral tablet 10mg, 20mg, 5mg		
tizanidine oral tablet 2mg		
tizanidine oral tablet 4mg	*(Zanaflex)*	
AGENTES ANTIGOTA		
Agentes Antigota		
allopurinol oral tablet 100mg	*(Zyloprim)*	
allopurinol oral tablet 300mg		
colchicine (gout) oral capsule 0.6mg	*(Mitigare)*	
colchicine (gout) oral tablet 0.6mg	*(Colcrys)*	
febuxostat oral tablet 40mg, 80mg	*(Uloric)*	PA
probenecid oral tablet 500mg		
probenecid-colchicine oral tablet 500-0.5mg		
AGENTES ANTIMIASTÉNICOS		
Parasimpaticomiméticos		
pyridostigmine bromide oral syrup 60mg/5ml	*(Mestinon)*	
pyridostigmine bromide oral tablet 30mg		
pyridostigmine bromide oral tablet 60mg	*(Mestinon)*	
AGENTES ANTIMIGRAÑA		
naratriptan oral tablet 1mg, 2.5mg		QL (9 per 30 days)
rizatriptan oral tablet 10mg	*(Maxalt)*	QL (12 per 30 days)
rizatriptan oral tablet 5mg		QL (12 per 30 days)
rizatriptan oral tablet, disintegrating 10mg	*(Maxalt-MLT)*	QL (12 per 30 days)
rizatriptan oral tablet, disintegrating 5mg		QL (12 per 30 days)
sumatriptan nasal spray, non-aerosol 20mg/actuation	*(Imitrex)*	QL (12 per 30 days)
sumatriptan nasal spray, non-aerosol 5mg/actuation	*(Imitrex)*	QL (18 per 30 days)
sumatriptan succinate oral tablet 100mg, 25mg, 50mg	*(Imitrex)*	QL (9 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
sumatriptan succinate subcutaneous cartridge 4mg/0.5ml, 6mg/0.5ml	*(Imitrex STATdose Refill)*	QL (4 per 30 days)
sumatriptan succinate subcutaneous pen injector 4mg/0.5ml, 6mg/0.5ml	*(Imitrex STATdose Pen)*	QL (4 per 30 days)
sumatriptan succinate subcutaneous solution 6mg/0.5ml	*(Imitrex)*	QL (4 per 30 days)
zolmitriptan oral tablet 2.5mg, 5mg	*(Zomig)*	QL (6 per 30 days)
zolmitriptan oral tablet, disintegrating 2.5mg, 5mg		QL (6 per 30 days)
Alcaloides De Cornezuelo		
dihydroergotamine nasal spray, non-aerosol 0.5mg/pump act. (4mg/ml)	*(Migranal)*	NM
ergotamine-caffeine oral tablet 1-100mg		QL (40 per 28 days)
Profiláctico		
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120MG/ML		PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120MG/ML		PA
EPRONTIA ORAL SOLUTION 25MG/ML		
propranolol oral capsule, extended release 24-hr 80mg	*(Inderal LA)*	
propranolol oral tablet 80mg		
topiramate oral capsule, sprinkle 15mg, 25mg	*(Topamax)*	
topiramate oral capsule, sprinkle, er 24hr 100mg, 150mg, 200mg, 25mg, 50mg	*(Qudexy XR)*	
topiramate oral tablet 100mg, 200mg, 25mg, 50mg	*(Topamax)*	
UBRELVY ORAL TABLET 100MG, 50MG		PA; QL (16 per 30 days)
AGENTES ANTIPARKINSON		
carbidopa oral tablet 25mg	*(Lodosyn)*	
carbidopa-levodopa oral tablet 10-100mg	*(Sinemet)*	
carbidopa-levodopa oral tablet 25-100mg	*(Dhivy)*	
carbidopa-levodopa oral tablet 25-250mg		
carbidopa-levodopa oral tablet extended release 25-100mg, 50-200mg		
carbidopa-levodopa oral tablet, disintegrating 10-100mg, 25-100mg, 25-250mg		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42MG		PA; NM

Nombre del Medicamento		Requerimientos/ Límites
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95MG, 36.25-145MG, 48.75-195MG, 61.25-245MG		ST
Agentes Antiparkinson, Otros		
amantadine hcl oral capsule 100mg		
amantadine hcl oral solution 50mg/5ml		
amantadine hcl oral tablet 100mg		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200mg	*(Stalevo 50)*	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200mg	*(Stalevo 75)*	
carbidopa-levodopa-entacapone oral tablet 25-100-200mg	*(Stalevo 100)*	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200mg	*(Stalevo 125)*	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200mg	*(Stalevo 150)*	
carbidopa-levodopa-entacapone oral tablet 50-200-200mg	*(Stalevo 200)*	
entacapone oral tablet 200mg	*(Comtan)*	
Agonistas De Dopamina		
bromocriptine oral capsule 5mg	*(Parlodel)*	
bromocriptine oral tablet 2.5mg	*(Parlodel)*	
NEUPRO TRANSDERMAL PATCH 24-HOUR 1MG/24-HOUR, 2MG/24-HOUR, 3MG/24-HOUR, 4MG/24-HOUR, 6MG/24-HOUR, 8MG/24-HOUR		
pramipexole oral tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg	*(Mirapex)*	
ropinirole oral tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg		
Anticolinérgicos		
benztropine oral tablet 0.5mg, 1mg, 2mg		
trihexyphenidyl oral elixir 0.4mg/ml		
trihexyphenidyl oral tablet 2mg, 5mg		
Inhibidores De Monoamino Oxidasa B (MAO-B)		
rasagiline oral tablet 0.5mg, 1mg	*(Azilect)*	
selegiline hcl oral capsule 5mg		
selegiline hcl oral tablet 5mg		

Nombre del Medicamento		Requerimientos/ Límites
AGENTES BIPOLARES		
Estabilizadores De Ánimo		
divalproex oral capsule, delayed rel sprinkle 125mg	*(Depakote Sprinkles)*	
divalproex oral tablet extended release 24-hr 250mg, 500mg	*(Depakote ER)*	
divalproex oral tablet, delayed release (dr/ec) 125mg, 250mg, 500mg	*(Depakote)*	
lithium carbonate oral capsule 150mg, 300mg, 600mg		
lithium carbonate oral tablet 300mg		
lithium carbonate oral tablet extended release 300mg	*(Lithobid)*	
lithium carbonate oral tablet extended release 450mg		
AGENTES CARDIOVASCULARES		
amlodipine oral tablet 10mg, 2.5mg, 5mg	*(Norvasc)*	
cartia xt oral capsule, extended release 24hr 120mg, 180mg, 240mg	*(diltiazem hcl)*	QL (60 per 30 days)
cartia xt oral capsule, extended release 24hr 300mg	*(diltiazem hcl)*	QL (30 per 30 days)
diltiazem hcl oral capsule, extended release 12-hr 120mg, 60mg, 90mg		
diltiazem hcl oral capsule, extended release 24-hr 360mg	*(Taztia XT)*	QL (30 per 30 days)
diltiazem hcl oral capsule, extended release 24-hr 420mg	*(Tiadylt ER)*	QL (30 per 30 days)
diltiazem hcl oral capsule, extended release 24hr 120mg, 180mg, 240mg	*(Cartia XT)*	QL (60 per 30 days)
diltiazem hcl oral capsule, extended release 24hr 300mg	*(Cartia XT)*	QL (30 per 30 days)
diltiazem hcl oral tablet 120mg, 30mg, 60mg	*(Cardizem)*	
diltiazem hcl oral tablet 90mg		
diltiazem hcl oral tablet extended release 24-hr 180mg, 240mg, 300mg, 360mg	*(Matzim LA)*	
dilt-xr oral capsule, ext.rel 24h degradable 120mg, 180mg, 240mg	*(diltiazem hcl)*	QL (60 per 30 days)
felodipine oral tablet extended release 24-hr 10mg, 2.5mg, 5mg		QL (30 per 30 days)
isradipine oral capsule 2.5mg, 5mg		

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Nombre del Medicamento		Requerimientos/ Límites
KATERZIA ORAL SUSPENSION 1MG/ML		
matzim la oral tablet extended release 24-hr 180mg, 240mg, 300mg, 360mg, 420mg	*(diltiazem hcl)*	
nicardipine oral capsule 20mg, 30mg		
nifedipine oral capsule 10mg, 20mg		
nifedipine oral tablet extended release 24hr 30mg, 60mg	*(Procardia XL)*	QL (60 per 30 days)
nifedipine oral tablet extended release 24hr 90mg	*(Procardia XL)*	QL (30 per 30 days)
nifedipine oral tablet extended release 30mg, 60mg		QL (60 per 30 days)
nifedipine oral tablet extended release 90mg		QL (30 per 30 days)
taztia xt oral capsule, extended release 24-hr 120mg, 180mg, 240mg	*(diltiazem hcl)*	QL (60 per 30 days)
taztia xt oral capsule, extended release 24-hr 300mg, 360mg	*(diltiazem hcl)*	QL (30 per 30 days)
tiadylt er oral capsule, extended release 24-hr 120mg, 180mg, 240mg	*(diltiazem hcl)*	QL (60 per 30 days)
tiadylt er oral capsule, extended release 24-hr 300mg, 360mg, 420mg	*(diltiazem hcl)*	QL (30 per 30 days)
verapamil oral capsule, 24-hr er pellet ct 100mg, 200mg, 300mg	*(Verelan PM)*	
verapamil oral capsule, ext rel. pellets 24-hr 120mg, 180mg, 240mg, 360mg		
verapamil oral tablet 120mg, 40mg, 80mg		
verapamil oral tablet extended release 120mg	*(Calan SR)*	
verapamil oral tablet extended release 180mg, 240mg		
Agentes Bloqueadores Alfa-Adrenérgicos		
doxazosin oral tablet 1mg, 2mg, 4mg, 8mg	*(Cardura)*	
prazosin oral capsule 1mg, 2mg, 5mg	*(Minipress)*	
terazosin oral capsule 1mg, 10mg, 2mg, 5mg		
Agentes Bloqueadores Beta-Adrenérgicos		
acebutolol oral capsule 200mg, 400mg		
atenolol oral tablet 100mg, 25mg, 50mg	*(Tenormin)*	
betaxolol oral tablet 10mg, 20mg		
bisoprolol fumarate oral tablet 10mg, 5mg		

Nombre del Medicamento		Requerimientos/ Límites
carvedilol oral tablet 12.5mg, 25mg, 3.125mg, 6.25mg	*(Coreg)*	
carvedilol phosphate oral capsule, er multiphase 24-hr 10mg, 20mg, 40mg, 80mg	*(Coreg CR)*	
labetalol oral tablet 100mg, 200mg, 300mg		
metoprolol succinate oral tablet extended release 24-hr 100mg, 200mg, 25mg, 50mg	*(Toprol XL)*	
metoprolol tartrate oral tablet 100mg, 50mg	*(Lopressor)*	
metoprolol tartrate oral tablet 25mg, 37.5mg, 75mg		
nadolol oral tablet 20mg, 40mg, 80mg	*(Corgard)*	
nebivolol oral tablet 10mg, 2.5mg, 20mg, 5mg	*(Bystolic)*	
pindolol oral tablet 10mg, 5mg		
propranolol oral capsule, extended release 24-hr 120mg, 160mg, 60mg	*(Inderal LA)*	
propranolol oral solution 20mg/5ml (4mg/ml), 40mg/5ml (8mg/ml)		
propranolol oral tablet 10mg, 20mg, 40mg, 60mg		
timolol maleate oral tablet 10mg, 20mg, 5mg		
Agentes Cardiovasculares, Otros		
aliskiren oral tablet 150mg, 300mg	*(Tekturna)*	QL (30 per 30 days)
amiloride-hydrochlorothiazide oral tablet 5-50mg		
amlodipine-atorvastatin oral tablet 10-10mg, 10-20mg, 10-40mg, 10-80mg, 5-10mg, 5-20mg, 5-40mg, 5-80mg	*(Caduet)*	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10mg, 2.5-20mg, 2.5-40mg		QL (30 per 30 days)
amlodipine-benazepril oral capsule 10-20mg, 10-40mg, 5-10mg, 5-20mg	*(Lotrel)*	
amlodipine-benazepril oral capsule 2.5-10mg, 5-40mg		
amlodipine-olmesartan oral tablet 10-20mg, 10-40mg, 5-20mg, 5-40mg	*(Azor)*	
amlodipine-valsartan oral tablet 10-160mg, 10-320mg, 5-160mg, 5-320mg	*(Exforge)*	

Nombre del Medicamento		Requerimientos/ Límites
atenolol-chlorthalidone oral tablet 100-25mg	*(Tenoretic 100)*	
atenolol-chlorthalidone oral tablet 50-25mg	*(Tenoretic 50)*	
benazepril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg	*(Lotensin HCT)*	
benazepril-hydrochlorothiazide oral tablet 5-6.25mg		
bisoprolol-hydrochlorothiazide oral tablet 10-6.25mg, 2.5-6.25mg, 5-6.25mg		
CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG		PA; NM; QL (30 per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5mg, 32-12.5mg, 32-25mg	*(Atacand HCT)*	
CORLANOR ORAL TABLET 5MG, 7.5MG		PA
DIGOXIN ORAL SOLUTION 50MCG/ML (0.05MG/ML)		QL (255 per 30 days)
digoxin oral tablet 125mcg (0.125mg), 250mcg (0.25mg)	*(Lanoxin)*	QL (30 per 30 days)
digoxin oral tablet 62.5mcg (0.0625mg)	*(Lanoxin)*	QL (60 per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25mg	*(Vaseretic)*	
enalapril-hydrochlorothiazide oral tablet 5-12.5mg		
ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG		
FILSPARI ORAL TABLET 200MG, 400MG		PA; NM; QL (30 per 30 days)
fosinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg		
irbesartan-hydrochlorothiazide oral tablet 150-12.5mg, 300-12.5mg	*(Avalide)*	
isosorbide-hydralazine oral tablet 20-37.5mg	*(BiDil)*	
LANOXIN ORAL TABLET 125MCG (0.125MG), 250MCG (0.25MG), 62.5MCG (0.0625MG)	(digoxin)	QL (30 per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg	*(Zestoretic)*	
losartan-hydrochlorothiazide oral tablet 100-12.5mg, 100-25mg, 50-12.5mg	*(Hyzaar)*	
metoprolol ta-hydrochlorothiaz oral tablet 100-25mg, 100-50mg, 50-25mg		
metyrosine oral capsule 250mg	*(Demser)*	NM

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Nombre del Medicamento		Requerimientos/ Límites
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5mg, 40-10-12.5mg, 40-10-25mg, 40-5-12.5mg, 40-5-25mg	*(Tribenzor)*	
olmesartan-hydrochlorothiazide oral tablet 20-12.5mg, 40-12.5mg, 40-25mg	*(Benicar HCT)*	
pentoxifylline oral tablet extended release 400mg		
quinapril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg	*(Accuretic)*	
ranolazine oral tablet extended release 12-hr 1, 000mg, 500mg		
spironolacton-hydrochlorothiaz oral tablet 25-25mg		
telmisartan-amlodipine oral tablet 40-10mg, 40-5mg, 80-10mg, 80-5mg	*(Twynsta)*	
telmisartan-hydrochlorothiazid oral tablet 40-12.5mg, 80-12.5mg, 80-25mg	*(Micardis HCT)*	
trandolapril-verapamil oral tablet, ir -er, biphasic 24hr 1-240mg, 2-180mg, 2-240mg, 4-240mg		
triamterene-hydrochlorothiazid oral capsule 37.5-25mg		
triamterene-hydrochlorothiazid oral tablet 37.5-25mg	*(Maxzide-25mg)*	
triamterene-hydrochlorothiazid oral tablet 75-50mg	*(Maxzide)*	
valsartan-hydrochlorothiazide oral tablet 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg, 80-12.5mg	*(Diovan HCT)*	
VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG		PA
Agonistas Alfa-Adrenérgicos		
clonidine hcl oral tablet 0.1mg, 0.2mg, 0.3mg		
clonidine transdermal patch weekly 0.1mg/24-hr	*(Catapres-TTS-1)*	QL (4 per 28 days)
clonidine transdermal patch weekly 0.2mg/24-hr	*(Catapres-TTS-2)*	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3mg/24-hr	*(Catapres-TTS-3)*	QL (4 per 28 days)
droxidopa oral capsule 100mg, 200mg, 300mg	*(Northera)*	PA; NM; QL (180 per 30 days)
guanfacine oral tablet 1mg, 2mg		
midodrine oral tablet 10mg, 2.5mg, 5mg		

Nombre del Medicamento		Requerimientos/ Límites
Antagonistas De Receptores De Angiotensina II		
candesartan oral tablet 16mg, 32mg, 4mg, 8mg	*(Atacand)*	
irbesartan oral tablet 150mg, 300mg, 75mg	*(Avapro)*	
losartan oral tablet 100mg, 25mg, 50mg	*(Cozaar)*	
olmesartan oral tablet 20mg, 40mg, 5mg	*(Benicar)*	
telmisartan oral tablet 20mg, 40mg, 80mg	*(Micardis)*	
valsartan oral tablet 160mg, 320mg, 40mg, 80mg	*(Diovan)*	
Antiarrítmicos		
amiodarone oral tablet 100mg, 200mg, 400mg	*(Pacerone)*	
disopyramide phosphate oral capsule 100mg, 150mg	*(Norpace)*	
dofetilide oral capsule 125mcg, 250mcg, 500mcg	*(Tikosyn)*	
flecainide oral tablet 100mg, 150mg, 50mg		
mexiletine oral capsule 150mg, 200mg, 250mg		
MULTAQ ORAL TABLET 400MG		
propafenone oral tablet 150mg, 225mg, 300mg		
quinidine sulfate oral tablet 200mg, 300mg		
sotalol af oral tablet 120mg, 160mg, 80mg	*(sotalol)*	
sotalol oral tablet 120mg, 160mg, 80mg	*(Sotalol AF)*	
sotalol oral tablet 240mg	*(Betapace)*	
Dislipidémicos, Derivados De Ácido Fíbrico		
fenofibrate micronized oral capsule 130mg, 134mg, 200mg, 67mg		QL (30 per 30 days)
fenofibrate micronized oral capsule 43mg		QL (60 per 30 days)
fenofibrate nanocrystallized oral tablet 145mg	*(Tricor)*	QL (30 per 30 days)
fenofibrate nanocrystallized oral tablet 48mg	*(Tricor)*	QL (60 per 30 days)
fenofibrate oral capsule 150mg	*(Lipofen)*	QL (30 per 30 days)
fenofibrate oral capsule 50mg	*(Lipofen)*	QL (60 per 30 days)
fenofibrate oral tablet 160mg		QL (30 per 30 days)
fenofibrate oral tablet 54mg		QL (60 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135mg, 45mg	*(Trilipix)*	QL (30 per 30 days)
gemfibrozil oral tablet 600mg	*(Lopid)*	QL (60 per 30 days)
Dislipidémicos, Inhibidores De Reductasa HMG COA		
atorvastatin oral tablet 10mg, 20mg, 40mg, 80mg	*(Lipitor)*	QL (30 per 30 days)
fluvastatin oral capsule 20mg, 40mg		
fluvastatin oral tablet extended release 24-hr 80mg	*(Lescol XL)*	
LIVALO ORAL TABLET 1MG, 2MG, 4MG		QL (30 per 30 days)
lovastatin oral tablet 10mg		QL (45 per 30 days)
lovastatin oral tablet 20mg		QL (30 per 30 days)
lovastatin oral tablet 40mg		QL (60 per 30 days)
pravastatin oral tablet 10mg, 20mg, 40mg, 80mg		QL (30 per 30 days)
rosuvastatin oral tablet 10mg, 20mg, 40mg, 5mg	*(Crestor)*	QL (30 per 30 days)
simvastatin oral tablet 10mg, 20mg, 40mg	*(Zocor)*	QL (30 per 30 days)
simvastatin oral tablet 5mg, 80mg		QL (30 per 30 days)
Dislipidémicos, Otros		
cholestyramine (with sugar) oral powder in packet 4gm	*(Questran)*	
cholestyramine light oral powder in packet 4gm	*(cholestyramine-aspartame)*	
colestipol oral packet 5gm	*(Colestid)*	
colestipol oral tablet 1gm	*(Colestid)*	
ezetimibe oral tablet 10mg	*(Zetia)*	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10mg	*(Vytorin 10-10)*	
ezetimibe-simvastatin oral tablet 10-20mg	*(Vytorin 10-20)*	
ezetimibe-simvastatin oral tablet 10-40mg	*(Vytorin 10-40)*	
ezetimibe-simvastatin oral tablet 10-80mg	*(Vytorin 10-80)*	
icosapent ethyl oral capsule 0.5gm, 1gm	*(Vascepa)*	
JUXTAPID ORAL CAPSULE 10MG, 20MG, 30MG, 5MG		PA; NM
niacin oral tablet extended release 24-hr 1, 000mg, 500mg, 750mg		
omega-3 acid ethyl esters oral capsule 1gm	*(Lovaza)*	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420MG/3.5ML		PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Nombre del Medicamento		Requerimientos/ Límites
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140MG/ML		PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140MG/ML		PA
VASCEPA ORAL CAPSULE 0.5GM, 1GM	(icosapent ethyl)	
Diuréticos, Ahorradores De Potasio		
amiloride oral tablet 5mg		
eplerenone oral tablet 25mg, 50mg	*(Inspra)*	
KERENDIA ORAL TABLET 10MG, 20MG		QL (30 per 30 days)
spironolactone oral tablet 100mg, 25mg, 50mg	*(Aldactone)*	
Diuréticos, Ciclo		
bumetanide injection solution 0.25mg/ml		
bumetanide oral tablet 0.5mg, 1mg, 2mg		
furosemide injection solution 10mg/ml		PA BvD
furosemide oral solution 10mg/ml, 40mg/5ml (8mg/ml)		
furosemide oral tablet 20mg, 40mg, 80mg	*(Lasix)*	
torsemide oral tablet 10mg, 100mg, 5mg		
torsemide oral tablet 20mg	*(Soaanz)*	
Diuréticos, Tiazidas		
chlorthalidone oral tablet 25mg, 50mg		
hydrochlorothiazide oral capsule 12.5mg		
hydrochlorothiazide oral tablet 12.5mg, 25mg, 50mg		
indapamide oral tablet 1.25mg, 2.5mg		
metolazone oral tablet 10mg, 2.5mg, 5mg		
Inhibidores De Enzima Convertidora De Angiotensina (ECA)		
benazepril oral tablet 10mg, 20mg, 40mg	*(Lotensin)*	
benazepril oral tablet 5mg		
captopril oral tablet 100mg, 12.5mg, 25mg, 50mg		
enalapril maleate oral tablet 10mg, 2.5mg, 20mg, 5mg	*(Vasotec)*	
fosinopril oral tablet 10mg, 20mg, 40mg		
lisinopril oral tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	*(Zestril)*	
moexipril oral tablet 15mg, 7.5mg		
perindopril erbumine oral tablet 2mg, 4mg, 8mg		

Nombre del Medicamento	Requerimientos/ Límites
quinapril oral tablet 10mg, 20mg, 40mg, 5mg	*(Accupril)*
ramipril oral capsule 1.25mg, 10mg, 2.5mg, 5mg	*(Altace)*
trandolapril oral tablet 1mg, 2mg, 4mg	
Vasodilatadores, De Acción Directa/Venosa	
hydralazine oral tablet 10mg, 100mg, 25mg, 50mg	
isosorbide dinitrate oral tablet 10mg, 20mg, 30mg	
isosorbide dinitrate oral tablet 5mg	*(Isordil Titradose)*
isosorbide mononitrate oral tablet 10mg, 20mg	
isosorbide mononitrate oral tablet extended release 24-hr 120mg, 30mg, 60mg	
minoxidil oral tablet 10mg, 2.5mg	
NITRO-BID TRANSDERMAL OINTMENT 2%	(nitroglycerin)
nitroglycerin sublingual tablet 0.3mg, 0.4mg, 0.6mg	*(Nitrostat)*
nitroglycerin transdermal patch 24-hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	*(Nitro-Dur)*
nitroglycerin translingual spray, non-aerosol 400mcg/spray	*(Nitrolingual)*
RECTIV RECTAL OINTMENT 0.4% (W/W)	
AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA	
Aminosalicilatos	
balsalazide oral capsule 750mg	*(Colazal)*
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2GM	(mesalamine)
mesalamine oral capsule (with del rel tablets) 400mg	*(Delzicol)*
mesalamine oral capsule, extended release 24hr 0.375gm	*(Apriso)*
mesalamine oral tablet, delayed release (dr/ec) 800mg	
mesalamine rectal enema 4gm/60ml	*(Rowasa)*
sulfasalazine oral tablet 500mg	*(Azulfidine)*
sulfasalazine oral tablet, delayed release (dr/ec) 500mg	*(Azulfidine EN-tabs)*

Nombre del Medicamento		Requerimientos/ Límites
Glucocorticoides		
budesonide oral capsule, delayed, extend.release 3mg		
budesonide oral tablet, delayed and ext.release 9mg	*(Uceris)*	NM
hydrocortisone rectal enema 100mg/60ml	*(Cortenema)*	
AGENTES DE ENFERMEDAD ÓSEA METABÓLICA		
Agentes De Enfermedad Ósea Metabólica		
alendronate oral tablet 10mg		QL (30 per 30 days)
alendronate oral tablet 35mg		QL (4 per 28 days)
alendronate oral tablet 70mg	*(Fosamax)*	QL (4 per 28 days)
calcitonin (salmon) nasal spray, non-aerosol 200unit/actuation		PA BvD; QL (4 per 28 days)
calcitriol oral capsule 0.25mcg, 0.5mcg	*(Rocaltrol)*	PA BvD
calcitriol oral solution 1mcg/ml	*(Rocaltrol)*	PA BvD
cinacalcet oral tablet 30mg, 60mg	*(Sensipar)*	PA BvD; QL (60 per 30 days)
cinacalcet oral tablet 90mg	*(Sensipar)*	PA BvD; NM; QL (120 per 30 days)
ibandronate oral tablet 150mg		QL (1 per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100MCG/DOSE, 25MCG/DOSE, 50MCG/DOSE, 75MCG/DOSE		PA; NM
paricalcitol oral capsule 1mcg, 2mcg	*(Zemplar)*	PA BvD
paricalcitol oral capsule 4mcg		PA BvD
PROLIA SUBCUTANEOUS SYRINGE 60MG/ML		QL (1 per 180 days)
raloxifene oral tablet 60mg	*(Evista)*	
risedronate oral tablet 150mg	*(Actonel)*	QL (1 per 28 days)
risedronate oral tablet 30mg, 5mg		QL (30 per 30 days)
risedronate oral tablet 35mg	*(Actonel)*	QL (4 per 28 days)
risedronate oral tablet 35mg (12 pack), 35mg (4 pack)		QL (4 per 28 days)
risedronate oral tablet, delayed release (dr/ec) 35mg	*(Atelvia)*	QL (4 per 28 days)
teriparatide subcutaneous pen injector 20mcg/dose (620mcg/2.48ml)		PA; NM; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80MCG (3, 120MCG/1.56ML)		PA; NM; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML (70MG/ML)		PA; NM; QL (2 per 28 days)

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Nombre del Medicamento		Requerimientos/ Límites
AGENTES DE TRASTORNO DE SUEÑO		
armodafinil oral tablet 150mg, 200mg, 250mg, 50mg	*(Nuvigil)*	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10MG, 15MG, 20MG, 5MG		QL (30 per 30 days)
modafinil oral tablet 100mg, 200mg	*(Provigil)*	PA; QL (60 per 30 days)
sodium oxybate oral solution 500mg/ml	*(Xyrem)*	PA; NM; QL (540 per 30 days)
temazepam oral capsule 15mg, 22.5mg, 30mg	*(Restoril)*	QL (30 per 30 days)
temazepam oral capsule 7.5mg	*(Restoril)*	QL (120 per 30 days)
zaleplon oral capsule 10mg, 5mg		QL (30 per 30 days)
zolpidem oral tablet 10mg, 5mg	*(Ambien)*	QL (30 per 30 days)
AGENTES DEL SISTEMA NERVIOSO CENTRAL		
Agentes De Esclerosis Múltiple		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30MCG/0.5ML		PA; NM
AVONEX INTRAMUSCULAR SYRINGE KIT 30MCG/0.5ML		PA; NM
BETASERON SUBCUTANEOUS KIT 0.3MG		PA; NM
COPAXONE SUBCUTANEOUS SYRINGE 20MG/ML, 40MG/ML	(glatiramer)	PA; NM
dalfampridine oral tablet extended release 12-hr 10mg	*(Ampyra)*	PA; QL (60 per 30 days)
dimethyl fumarate oral capsule, delayed release (dr/ec) 120mg, 120mg (14)-240mg (46), 240mg	*(Tecfidera)*	PA; NM
fingolimod oral capsule 0.5mg	*(Gilenya)*	PA; NM
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20MG/0.4ML		PA; NM
MAYZENT ORAL TABLET 0.25MG, 1MG, 2MG		PA; NM
MAYZENT STARTER (FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25MG (7 TABS)		PA
MAYZENT STARTER (FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25MG (12 TABS)		PA; NM
Agentes De Fibromialgia		
pregabalin oral capsule 100mg, 150mg, 200mg, 25mg, 50mg	*(Lyrica)*	QL (90 per 30 days)
pregabalin oral capsule 225mg, 300mg	*(Lyrica)*	QL (60 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
pregabalin oral capsule 75mg	*(Lyrica)*	QL (120 per 30 days)
pregabalin oral solution 20mg/ml	*(Lyrica)*	QL (900 per 30 days)
SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG		QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5MG (5)-25MG (8)-50MG (42)		QL (55 per 28 days)
Agentes De Trastorno Por Déficit De Atención Con Hiperactividad, Anfetaminas		
dextroamphetamine sulfate oral capsule, extended release 10mg	*(Dexedrine Spansule)*	QL (180 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15mg		QL (120 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5mg		QL (360 per 30 days)
dextroamphetamine sulfate oral solution 5mg/5ml	*(ProCentra)*	QL (1800 per 30 days)
dextroamphetamine sulfate oral tablet 10mg	*(Zenzedi)*	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 15mg	*(Zenzedi)*	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 20mg	*(Zenzedi)*	QL (90 per 30 days)
dextroamphetamine sulfate oral tablet 30mg	*(Zenzedi)*	QL (60 per 30 days)
dextroamphetamine sulfate oral tablet 5mg	*(Zenzedi)*	QL (150 per 30 days)
dextroamphetamine-amphetamine oral tablet 10mg, 12.5mg, 15mg, 20mg, 5mg, 7.5mg	*(Adderall)*	QL (90 per 30 days)
dextroamphetamine-amphetamine oral tablet 30mg	*(Adderall)*	QL (60 per 30 days)
Agentes De Trastorno Por Déficit De Atención Con Hiperactividad, No-Anfetaminas		
atomoxetine oral capsule 10mg, 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	*(Strattera)*	QL (30 per 30 days)
dexmethylphenidate oral tablet 10mg	*(Focalin)*	QL (60 per 30 days)
dexmethylphenidate oral tablet 2.5mg	*(Focalin)*	QL (240 per 30 days)
dexmethylphenidate oral tablet 5mg	*(Focalin)*	QL (120 per 30 days)
guanfacine oral tablet extended release 24-hr 1mg, 2mg, 3mg, 4mg	*(Intuniv ER)*	QL (30 per 30 days)
methylphenidate hcl oral tablet 10mg, 20mg, 5mg	*(Ritalin)*	QL (90 per 30 days)
Sistema Nervioso Central, Otros		
AUSTEDO ORAL TABLET 12MG, 6MG, 9MG		PA; NM; QL (120 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12MG, 6MG		PA; NM; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24MG		PA; NM; QL (60 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75MG/ML		PA; NM
NUEDEXTA ORAL CAPSULE 20-10MG		PA
riluzole oral tablet 50mg	*(Rilutek)*	PA
tetrabenazine oral tablet 12.5mg	*(Xenazine)*	PA; NM; QL (240 per 30 days)
tetrabenazine oral tablet 25mg	*(Xenazine)*	PA; NM; QL (120 per 30 days)
AGENTES DENTALES Y ORALES		
Agentes Dentales Y Orales		
chlorhexidine gluconate mucous membrane mouthwash 0.12%	*(Periogard)*	
periogard mucous membrane mouthwash 0.12%	*(chlorhexidine gluconate)*	
pilocarpine hcl oral tablet 5mg, 7.5mg	*(Salagen (pilocarpine))*	
triamcinolone acetonide dental paste 0.1%	*(Kourzeq)*	
AGENTES DERMATOLÓGICOS		
accutane oral capsule 10mg, 20mg, 30mg, 40mg	*(isotretinoin)*	
acitretin oral capsule 10mg, 17.5mg, 25mg		PA
alclometasone topical cream 0.05%		
alclometasone topical ointment 0.05%		
ammonium lactate topical cream 12%		
ammonium lactate topical lotion 12%	*(Skin Treatment)*	
amnesteem oral capsule 10mg, 20mg, 40mg	*(isotretinoin)*	
betamethasone dipropionate topical cream 0.05%		
betamethasone dipropionate topical lotion 0.05%		
betamethasone dipropionate topical ointment 0.05%		
betamethasone valerate topical cream 0.1%		
betamethasone valerate topical lotion 0.1%		

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Nombre del Medicamento	Requerimientos/ Límites
betamethasone valerate topical ointment 0.1%	
betamethasone, augmented topical cream 0.05%	
betamethasone, augmented topical lotion 0.05%	
betamethasone, augmented topical ointment 0.05%	*(Diprolene (augmented))*
ciclopirox topical gel 0.77%	
ciclopirox topical shampoo 1%	
ciclopirox topical solution 8%	*(Ciclodan)*
claravis oral capsule 10mg, 20mg, 30mg, 40mg	*(isotretinoin)*
clindamycin phosphate topical gel 1%	
clindamycin phosphate topical lotion 1%	*(Cleocin T)*
clindamycin phosphate topical solution 1%	*(Cleocin T)*
clindamycin-benzoyl peroxide topical gel 1.2% (1% base) -5%	*(Neuac)*
clobetasol scalp solution 0.05%	
clobetasol topical cream 0.05%	
clobetasol topical gel 0.05%	
clobetasol topical ointment 0.05%	*(Temovate)*
clobetasol-emollient topical cream 0.05%	
desonide topical cream 0.05%	*(DesOwen)*
desonide topical lotion 0.05%	
desonide topical ointment 0.05%	
desoximetasone topical cream 0.05%, 0.25%	*(Topicort)*
desoximetasone topical gel 0.05%	*(Topicort)*
desoximetasone topical ointment 0.05%, 0.25%	*(Topicort)*
ery pads topical swab 2%	*(erythromycin with ethanol)*
erythromycin with ethanol topical gel 2%	*(Erygel)*
erythromycin with ethanol topical solution 2%	
erythromycin-benzoyl peroxide topical gel 3-5%	*(Benzamycin)*
EUCRISA TOPICAL OINTMENT 2%	
fluocinolone topical cream 0.01%	
fluocinolone topical cream 0.025%	*(Synalar)*
fluocinolone topical ointment 0.025%	*(Synalar)*
fluocinolone topical solution 0.01%	*(Synalar)*

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Nombre del Medicamento		Requerimientos/ Límites
fluocinonide topical gel 0.05%		
fluocinonide topical ointment 0.05%		
fluocinonide topical solution 0.05%		
fluocinonide-emollient topical cream 0.05%	*(Fluocinonide-E)*	
fluticasone propionate topical cream 0.05%		
fluticasone propionate topical ointment 0.005%		
halobetasol propionate topical cream 0.05%		
halobetasol propionate topical ointment 0.05%		
hydrocortisone topical cream 1%	*(Ala-Cort)*	
hydrocortisone topical cream with perineal applicator 2.5%	*(Procto-Med HC)*	
hydrocortisone topical lotion 2.5%		
hydrocortisone topical ointment 1%	*(Anti-Itch (HC))*	
hydrocortisone topical ointment 2.5%		
hydrocortisone valerate topical cream 0.2%		
hydrocortisone valerate topical ointment 0.2%		
HYFTOR TOPICAL GEL 0.2%		PA; NM
isotretinoin oral capsule 10mg, 20mg, 30mg, 40mg	*(Accutane)*	
mometasone topical cream 0.1%		
mometasone topical ointment 0.1%		
mometasone topical solution 0.1%		
mupirocin calcium topical cream 2%		
mupirocin topical ointment 2%	*(Centany)*	
pimecrolimus topical cream 1%	*(Elidel)*	
procto-med hc topical cream with perineal applicator 2.5%	*(hydrocortisone)*	
proctosol hc topical cream with perineal applicator 2.5%	*(hydrocortisone)*	
proctozone-hc topical cream with perineal applicator 2.5%	*(hydrocortisone)*	
selenium sulfide topical lotion 2.5%		
tacrolimus topical ointment 0.03%, 0.1%		
tazarotene topical cream 0.1%	*(Tazorac)*	PA
tazarotene topical gel 0.05%, 0.1%	*(Tazorac)*	PA
TAZORAC TOPICAL CREAM 0.05%		PA

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Nombre del Medicamento		Requerimientos/ Límites
tretinoin topical cream 0.025%	*(Avita)*	PA
tretinoin topical cream 0.05%, 0.1%	*(Retin-A)*	PA
tretinoin topical gel 0.01%	*(Retin-A)*	PA
tretinoin topical gel 0.025%	*(Avita)*	PA
tretinoin topical gel 0.05%	*(Atralin)*	PA
triamcinolone acetonide topical cream 0.025%		
triamcinolone acetonide topical cream 0.1%, 0.5%	*(Triderm)*	
triamcinolone acetonide topical lotion 0.025%, 0.1%		
triamcinolone acetonide topical ointment 0.025%, 0.1%, 0.5%		
Agentes Dermatológicos, Otros		
ALCOHOL 70% SWABS	(Alcohol Pads)	
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	
BD SINGLE USE SWAB	(alcohol swabs)	
calcipotriene scalp solution 0.005%		
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	
clotrimazole-betamethasone topical cream 1-0.05%		
clotrimazole-betamethasone topical lotion 1-0.05%		
CURITY ALCOHOL PREPS 2 PLY, MEDIUM	(alcohol swabs)	
diclofenac sodium topical gel 3%		PA
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	
fluorouracil topical cream 5%	*(Efudex)*	
fluorouracil topical solution 2%, 5%		
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	
hydrocortisone-pramoxine rectal cream 1-1%	*(Analpram-HC)*	
imiquimod topical cream in packet 5%		
IV ANTISEPTIC WIPES	(alcohol swabs)	
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	

Nombre del Medicamento		Requerimientos/ Límites
nystatin-triamcinolone topical cream 100, 000-0.1unit/g-%		
nystatin-triamcinolone topical ointment 100, 000-0.1unit/gram-%		
PANRETIN TOPICAL GEL 0.1%		PA NSO; NM
podofilox topical solution 0.5%		
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	
RA ISOPROPYL ALCOHOL 70% WIPES	(alcohol swabs)	
REGRANEX TOPICAL GEL 0.01%		PA; NM
SANTYL TOPICAL OINTMENT 250UNIT/GRAM		
silver sulfadiazine topical cream 1%	*(SSD)*	
ssd topical cream 1%	*(silver sulfadiazine)*	
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	
WEBCOL ALCOHOL PREPS 20'S, LARGE	(alcohol swabs)	
Non-FRF		
hydrocortisone 2.5% cream		
Pediculicidas/Escabicidas		
malathion topical lotion 0.5%	*(Ovide)*	
permethrin topical cream 5%	*(Elimite)*	
AGENTES GASTROINTESTINALES		
alosetron oral tablet 0.5mg, 1mg	*(Lotronex)*	NM; QL (60 per 30 days)
constulose oral solution 10gm/15ml	*(lactulose)*	
diphenoxylate-atropine oral liquid 2.5-0.025mg/5ml		
diphenoxylate-atropine oral tablet 2.5-0.025mg	*(Lomotil)*	
enulose oral solution 10gm/15ml	*(lactulose)*	
generlac oral solution 10gm/15ml	*(lactulose)*	
lactulose oral solution 10gm/15ml	*(Constulose)*	
LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG		QL (30 per 30 days)
loperamide oral capsule 2mg	*(Anti-Diarrheal (loperamide))*	

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Nombre del Medicamento		Requerimientos/ Límites
lubiprostone oral capsule 24mcg, 8mcg	*(Amitiza)*	QL (60 per 30 days)
MOVANTIK ORAL TABLET 12.5MG, 25MG		QL (30 per 30 days)
XERMELO ORAL TABLET 250MG		NM; QL (90 per 30 days)
Agentes Gastrointestinales, Otros		
BYLVAY ORAL CAPSULE 1, 200MCG, 400MCG		PA; NM
BYLVAY ORAL PELLET 200MCG, 600MCG		PA; NM
CLENPIQ ORAL SOLUTION 10MG-3.5GM-12GM/160ML, 10MG-3.5GM-12GM/175ML		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5MG		PA; NM
gavilyte-c oral recon soln 240-22.72-6.72 -5.84gm	*(peg 3350-electrolytes)*	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86gm	*(peg 3350-electrolytes)*	
LIVMARLI ORAL SOLUTION 9.5MG/ML		PA; NM
metoclopramide hcl oral solution 5mg/5ml		
metoclopramide hcl oral tablet 10mg, 5mg	*(Reglan)*	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86gm	*(GaviLyte-G)*	
peg-electrolyte soln oral recon soln 420gm		
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6gm	*(Suprep Bowel Prep Kit)*	
SUTAB ORAL TABLET 1.479-0.188-0.225GM		
ursodiol oral capsule 300mg		
ursodiol oral tablet 250mg	*(URSO 250)*	
ursodiol oral tablet 500mg	*(URSO Forte)*	
Antagonistas De Receptores De Histamina2 (H2)		
famotidine oral suspension 40mg/5ml (8mg/ml)		
famotidine oral tablet 20mg	*(Acid Controller)*	
famotidine oral tablet 40mg	*(Pepcid)*	
nizatidine oral capsule 150mg, 300mg		
Antiespasmódicos, Gastrointestinales		
dicyclomine oral capsule 10mg		
dicyclomine oral solution 10mg/5ml		
dicyclomine oral tablet 20mg		

Nombre del Medicamento		Requerimientos/ Límites
glycopyrrolate oral tablet 1mg	*(Robinul)*	
glycopyrrolate oral tablet 2mg	*(Robinul Forte)*	
Inhibidores De Bomba De Protones		
dexlansoprazole oral capsule, biphase delayed releas 30mg, 60mg	*(Dexilant)*	
esomeprazole magnesium oral capsule, delayed release (dr/ec) 20mg, 40mg	*(Nexium)*	
lansoprazole oral capsule, delayed release (dr/ec) 15mg	*(Prevacid 24Hr)*	
lansoprazole oral capsule, delayed release (dr/ec) 30mg	*(Prevacid)*	
omeprazole oral capsule, delayed release (dr/ec) 10mg, 20mg, 40mg		
pantoprazole oral tablet, delayed release (dr/ec) 20mg, 40mg	*(Protonix)*	
Protectores		
misoprostol oral tablet 100mcg, 200mcg	*(Cytotec)*	
sucralfate oral suspension 100mg/ml	*(Carafate)*	
sucralfate oral tablet 1gm	*(Carafate)*	
AGENTES GENITOURINARIOS		
Agentes De Hipertrofia Prostática Benigna		
alfuzosin oral tablet extended release 24-hr 10mg	*(Uroxatral)*	QL (30 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4MG, 8MG		
dutasteride oral capsule 0.5mg	*(Avodart)*	QL (30 per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24-hr 0.5-0.4mg	*(Jalyn)*	QL (30 per 30 days)
finasteride oral tablet 5mg	*(Proscar)*	QL (30 per 30 days)
silodosin oral capsule 4mg, 8mg	*(Rapaflo)*	QL (30 per 30 days)
tamsulosin oral capsule 0.4mg	*(Flomax)*	QL (60 per 30 days)
Agentes Genitourinarios, Otros		
bethanechol chloride oral tablet 10mg, 25mg, 5mg, 50mg		
ELMIRON ORAL CAPSULE 100MG		
penicillamine oral tablet 250mg	*(Depen Titratabs)*	NM
Antiespasmódicos, Urinario		
darifenacin oral tablet extended release 24-hr 15mg, 7.5mg		

Nombre del Medicamento		Requerimientos/ Límites
fesoterodine oral tablet extended release 24-hr 4mg, 8mg	*(Toviaz)*	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8MG/ML		QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25MG, 50MG		QL (30 per 30 days)
oxybutynin chloride oral syrup 5mg/5ml		QL (600 per 30 days)
oxybutynin chloride oral tablet 5mg		QL (120 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10mg, 15mg, 5mg		QL (60 per 30 days)
solifenacin oral tablet 10mg, 5mg	*(Vesicare)*	QL (30 per 30 days)
tolterodine oral capsule, extended release 24hr 2mg, 4mg	*(Detrol LA)*	QL (30 per 30 days)
tolterodine oral tablet 1mg, 2mg	*(Detrol)*	QL (60 per 30 days)
trospium oral capsule, extended release 24hr 60mg		QL (30 per 30 days)
trospium oral tablet 20mg		QL (60 per 30 days)
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICACOR (TIROIDES)		
Agentes Hormonales, Estimulante/Reemplazo/Modificacor (Tiroides)		
euthyrox oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	*(levothyroxine)*	
LEVO-T ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	(levothyroxine)	
levothyroxine oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	*(Euthyrox)*	
levothyroxine oral tablet 300mcg	*(Levo-T)*	
LEVOXYL ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	(levothyroxine)	
liothyronine oral tablet 25mcg, 5mcg, 50mcg	*(Cytomel)*	
SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	(levothyroxine)	

Nombre del Medicamento	Requerimientos/ Límites
UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	(levothyroxine)
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES)	
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Hormonas Sexuales/Modificadores)	
altavera (28) oral tablet 0.15-0.03mg	*(levonorgestrel-ethinyl estrad)*
alyacen 1/35 (28) oral tablet 1-35mg-mcg	*(norethindrone-ethin estradiol)*
apri oral tablet 0.15-0.03mg	*(desogestrel-ethinyl estradiol)*
aranelle (28) oral tablet 0.5/1/0.5-35mg-mcg	
aubra eq oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*
aviane oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*
balziva (28) oral tablet 0.4-35mg-mcg	
blisovi fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*
briellyn oral tablet 0.4-35mg-mcg	
cryselle (28) oral tablet 0.3-30mg-mcg	*(norgestrel-ethinyl estradiol)*
cyred eq oral tablet 0.15-0.03mg	*(desogestrel-ethinyl estradiol)*
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02mgx21 /0.01mg x 5	*(Kariva (28))*
desogestrel-ethinyl estradiol oral tablet 0.15-0.03mg	*(Apri)*
drospirenone-ethinyl estradiol oral tablet 3-0.02mg	*(Jasmiel (28))*
drospirenone-ethinyl estradiol oral tablet 3-0.03mg	*(Ocella)*
eluryng vaginal ring 0.12-0.015mg/24-hr	*(etonogestrel-ethinyl estradiol)*
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30 (10)	*(levonorg-eth estrad triphasic)*
enskyce oral tablet 0.15-0.03mg	*(desogestrel-ethinyl estradiol)*

Nombre del Medicamento		Requerimientos/ Límites
estarylla oral tablet 0.25-35mg-mcg	*(norgestimate-ethinyl estradiol)*	
ethynodiol diac-eth estradiol oral tablet 1-35mg-mcg	*(Kelnor 1/35 (28))*	
ethynodiol diac-eth estradiol oral tablet 1-50mg-mcg	*(Kelnor 1-50 (28))*	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015mg/24-hr	*(EluRyng)*	
falmina (28) oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*	
iclevia oral tablets, dose pack, 3 month 0.15mg-30mcg (91)	*(levonorgestrel-ethinyl estrad)*	
INTRAROSA VAGINAL INSERT 6.5MG		PA
introvale oral tablets, dose pack, 3 month 0.15mg-30mcg (91)	*(levonorgestrel-ethinyl estrad)*	
isibloom oral tablet 0.15-0.03mg	*(desogestrel-ethinyl estradiol)*	
jasmiel (28) oral tablet 3-0.02mg	*(drospirenone-ethinyl estradiol)*	
juleber oral tablet 0.15-0.03mg	*(desogestrel-ethinyl estradiol)*	
junel 1.5/30 (21) oral tablet 1.5-30mg-mcg	*(norethindrone ac-eth estradiol)*	
junel 1/20 (21) oral tablet 1-20mg-mcg	*(norethindrone ac-eth estradiol)*	
junel fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*	
junel fe 1/20 (28) oral tablet 1mg-20mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*	
kariva (28) oral tablet 0.15-0.02mgx21 /0.01mg x 5	*(desog-e.estradiol/e.estradiol)*	
kelnor 1/35 (28) oral tablet 1-35mg-mcg	*(ethynodiol diac-eth estradiol)*	
kelnor 1-50 (28) oral tablet 1-50mg-mcg	*(ethynodiol diac-eth estradiol)*	
kurvelo (28) oral tablet 0.15-0.03mg	*(levonorgestrel-ethinyl estrad)*	
larin 1.5/30 (21) oral tablet 1.5-30mg-mcg	*(norethindrone ac-eth estradiol)*	
larin 1/20 (21) oral tablet 1-20mg-mcg	*(norethindrone ac-eth estradiol)*	

Nombre del Medicamento	Requerimientos/ Límites
larin fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*
larin fe 1/20 (28) oral tablet 1mg-20mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*
leena 28 oral tablet 0.5/1/0.5-35mg-mcg	
lessina oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30 (10)	*(levonorg-eth estrad triphasic)*
levonorgestrel-ethinyl estrad oral tablet 0.1-20mg-mcg	*(Aubra EQ)*
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03mg	*(Altavera (28))*
levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15mg-30mcg (91)	*(Iclevia)*
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)	*(Enpresse)*
levora-28 oral tablet 0.15-0.03mg	*(levonorgestrel-ethinyl estrad)*
loryna (28) oral tablet 3-0.02mg	*(drospirenone-ethinyl estradiol)*
low-ogestrel (28) oral tablet 0.3-30mg-mcg	*(norgestrel-ethinyl estradiol)*
lutera (28) oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*
marlissa (28) oral tablet 0.15-0.03mg	*(levonorgestrel-ethinyl estrad)*
microgestin 1.5/30 (21) oral tablet 1.5-30mg-mcg	*(norethindrone ac-eth estradiol)*
microgestin 1/20 (21) oral tablet 1-20mg-mcg	*(norethindrone ac-eth estradiol)*
microgestin fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*
microgestin fe 1/20 (28) oral tablet 1mg-20mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*
mili oral tablet 0.25-35mg-mcg	*(norgestimate-ethinyl estradiol)*
necon 0.5/35 (28) oral tablet 0.5-35mg-mcg	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Nombre del Medicamento		Requerimientos/ Límites
nikki (28) oral tablet 3-0.02mg	*(drospirenone-ethinyl estradiol)*	
norethindrone ac-eth estradiol oral tablet 1-20mg-mcg	*(Junel 1/20 (21))*	
norethindrone ac-eth estradiol oral tablet 1-5mg-mcg	*(Fyavolv)*	
norethindrone-e.estradiol-iron oral tablet 1mg-20mcg (21)/75mg (7)	*(Junel FE 1/20 (28))*	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25mg-35mcg (28)	*(Tri-Estarylla)*	
norgestimate-ethinyl estradiol oral tablet 0.25-35mg-mcg	*(Estarylla)*	
nortrel 0.5/35 (28) oral tablet 0.5-35mg-mcg		
nortrel 1/35 (21) oral tablet 1-35mg-mcg (21)		
nortrel 1/35 (28) oral tablet 1-35mg-mcg	*(norethindrone-ethin estradiol)*	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1mg-35mcg		
nylia 1/35 (28) oral tablet 1-35mg-mcg	*(norethindrone-ethin estradiol)*	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1mg-35mcg		
nymyo oral tablet 0.25-35mg-mcg	*(norgestimate-ethinyl estradiol)*	
ocella oral tablet 3-0.03mg	*(drospirenone-ethinyl estradiol)*	
OSPHENA ORAL TABLET 60MG		PA
pimtrea (28) oral tablet 0.15-0.02mgx21 /0.01mg x 5	*(desog-e.estradiol/e.estradiol)*	
portia 28 oral tablet 0.15-0.03mg	*(levonorgestrel-ethinyl estrad)*	
PREMPHASE ORAL TABLET 0.625MG (14)/ 0.625MG-5MG (14)		
PREMPRO ORAL TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5MG, 0.625-5MG		
reclipsen (28) oral tablet 0.15-0.03mg	*(desogestrel-ethinyl estradiol)*	
setlakin oral tablets, dose pack, 3 month 0.15mg-30mcg (91)	*(levonorgestrel-ethinyl estrad)*	
sprintec (28) oral tablet 0.25-35mg-mcg	*(norgestimate-ethinyl estradiol)*	

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Nombre del Medicamento	Requerimientos/ Límites
sronyx oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*
syeda oral tablet 3-0.03mg	*(drospirenone-ethinyl estradiol)*
tarina fe 1-20 eq (28) oral tablet 1mg-20mcg (21)/75mg (7)	*(norethindrone-e.estradiol-iron)*
tri-estarylla oral tablet 0.18/0.215/0.25mg-35mcg (28)	*(norgestimate-ethinyl estradiol)*
tri-mili oral tablet 0.18/0.215/0.25mg-35mcg (28)	*(norgestimate-ethinyl estradiol)*
tri-nymyo oral tablet 0.18/0.215/0.25mg-35mcg (28)	*(norgestimate-ethinyl estradiol)*
tri-sprintec (28) oral tablet 0.18/0.215/0.25mg-35mcg (28)	*(norgestimate-ethinyl estradiol)*
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30 (10)	*(levonorg-eth estrad triphasic)*
tri-vylibra oral tablet 0.18/0.215/0.25mg-35mcg (28)	*(norgestimate-ethinyl estradiol)*
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25mg-mcg	
vestura (28) oral tablet 3-0.02mg	*(drospirenone-ethinyl estradiol)*
vienva oral tablet 0.1-20mg-mcg	*(levonorgestrel-ethinyl estrad)*
vyfemla (28) oral tablet 0.4-35mg-mcg	
vylibra oral tablet 0.25-35mg-mcg	*(norgestimate-ethinyl estradiol)*
zovia 1-35 (28) oral tablet 1-35mg-mcg	*(ethynodiol diac-eth estradiol)*
Andrógenos	
danazol oral capsule 100mg, 200mg, 50mg	
testosterone cypionate intramuscular oil 100mg/ml, 200mg/ml	*(Depo-Testosterone)*
testosterone cypionate intramuscular oil 200mg/ml (1ml)	
testosterone enanthate intramuscular oil 200mg/ml	
testosterone transdermal gel in metered-dose pump 10mg/0.5gm /actuation	*(Fortesta)*

Nombre del Medicamento	Requerimientos/ Límites
testosterone transdermal gel in metered-dose pump 12.5mg/ 1.25gm (1%)	*(Vogelxo)*
testosterone transdermal gel in metered-dose pump 20.25mg/1.25gm (1.62%)	*(AndroGel)*
testosterone transdermal gel in packet 1% (25mg/2.5gram), 1% (50mg/5gm), 1.62% (20.25mg/1.25gm), 1.62% (40.5mg/2.5gm)	*(AndroGel)*
testosterone transdermal solution in metered pump w/app 30mg/actuation (1.5ml)	
Estrógenos	
DUAVEE ORAL TABLET 0.45-20MG	
estradiol oral tablet 0.5mg, 1mg, 2mg	*(Estrace)*
estradiol transdermal patch semiweekly 0.025mg/24-hr, 0.0375mg/24-hr, 0.05mg/24-hr, 0.075mg/24-hr, 0.1mg/24-hr	*(Dotti)*
estradiol transdermal patch weekly 0.025mg/24-hr, 0.0375mg/24-hr, 0.05mg/24-hr, 0.06mg/24-hr, 0.075mg/24-hr, 0.1mg/24-hr	*(Climara)*
estradiol vaginal cream 0.01% (0.1mg/gram)	*(Estrace)*
estradiol vaginal tablet 10mcg	*(Vagifem)*
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10MCG, 4MCG	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10MCG, 4MCG	
MENEST ORAL TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG	
PREMARIN ORAL TABLET 0.3MG, 0.45MG, 0.9MG	
PREMARIN ORAL TABLET 0.625MG, 1.25MG	(conjugated estrogens)
PREMARIN VAGINAL CREAM 0.625MG/GRAM	
Progestinas	
camila oral tablet 0.35mg	*(norethindrone (contraceptive))*
deblitane oral tablet 0.35mg	*(norethindrone (contraceptive))*

Nombre del Medicamento		Requerimientos/ Límites
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104MG/0.65ML		
errin oral tablet 0.35mg	*(norethindrone (contraceptive))*	
incassia oral tablet 0.35mg	*(norethindrone (contraceptive))*	
lyleq oral tablet 0.35mg	*(norethindrone (contraceptive))*	
lyza oral tablet 0.35mg	*(norethindrone (contraceptive))*	
medroxyprogesterone intramuscular suspension 150mg/ml	*(Depo-Provera)*	
medroxyprogesterone intramuscular syringe 150mg/ml	*(Depo-Provera)*	
medroxyprogesterone oral tablet 10mg, 2.5mg, 5mg	*(Provera)*	
megestrol oral suspension 400mg/10ml (40mg/ml), 625mg/5ml (125mg/ml)		
megestrol oral tablet 20mg, 40mg		
nora-be oral tablet 0.35mg	*(norethindrone (contraceptive))*	
norethindrone (contraceptive) oral tablet 0.35mg	*(Camila)*	
norethindrone acetate oral tablet 5mg		
progesterone micronized oral capsule 100mg, 200mg	*(Prometrium)*	
sharobel oral tablet 0.35mg	*(norethindrone (contraceptive))*	
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (PITUITARIO)		
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Pituitario)		
desmopressin 10mcg/0.1ml spr 10mcg/spray (0.1ml)		
desmopressin nasal spray, non-aerosol 10mcg/spray (0.1ml)		
desmopressin oral tablet 0.1mg, 0.2mg	*(DDAVP)*	
INCRELEX SUBCUTANEOUS SOLUTION 10MG/ML		PA; NM
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3MCG		
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7MCG		

Nombre del Medicamento		Requerimientos/ Límites
OMNITROPE SUBCUTANEOUS CARTRIDGE 10MG/1.5ML (6.7MG/ML), 5MG/1.5ML (3.3MG/ML)		PA; NM
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8MG		PA; NM
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (SUPRARRENAL)		
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Suprarrenal)		
dexamethasone oral solution 0.5mg/5ml		
dexamethasone oral tablet 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg		
fludrocortisone oral tablet 0.1mg		
hydrocortisone oral tablet 10mg, 20mg, 5mg	*(Cortef)*	
ISTURISA ORAL TABLET 1MG		PA; NM; QL (240 per 30 days)
ISTURISA ORAL TABLET 10MG		PA; NM; QL (180 per 30 days)
ISTURISA ORAL TABLET 5MG		PA; NM; QL (120 per 30 days)
methylprednisolone oral tablet 16mg, 4mg, 8mg	*(Medrol)*	PA BvD
methylprednisolone oral tablet 32mg		PA BvD
methylprednisolone oral tablets, dose pack 4mg	*(Medrol (Pak))*	
prednisolone 15mg/5ml soln d/f 15mg/5ml (3mg/ml)		PA BvD
prednisolone oral solution 15mg/5ml		PA BvD
prednisolone sodium phosphate oral solution 10mg/5ml, 25mg/5ml (5mg/ml)		PA BvD
prednisolone sodium phosphate oral solution 20mg/5ml (4mg/ml)	*(Veripred 20)*	PA BvD
prednisolone sodium phosphate oral solution 5mg base/5ml (6.7mg/5ml)	*(Pediapred)*	PA BvD
prednisolone sodium phosphate oral tablet, disintegrating 10mg, 15mg, 30mg	*(Orapred ODT)*	PA BvD
PREDNISONE INTENSOL ORAL CONCENTRATE 5MG/ML		PA BvD
prednisone oral solution 5mg/5ml		PA BvD
prednisone oral tablet 1mg, 10mg, 2.5mg, 20mg, 5mg, 50mg		PA BvD
prednisone oral tablets, dose pack 10mg, 10mg (48 pack), 5mg, 5mg (48 pack)		
AGENTES HORMONALES, SUPRESORES (PITUITARIO)		
Agentes Hormonales, Supresores (Pituitario)		
cabergoline oral tablet 0.5mg		

Nombre del Medicamento		Requerimientos/ Límites
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5MG		PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30MG		PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45MG		PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5MG (1 MONTH)		PA NSO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120MG		PA NSO; NM
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80MG		PA NSO
leuprolide (3 month) intramuscular suspension for reconstitution 22.5mg		PA NSO
leuprolide subcutaneous kit 1mg/0.2ml		PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25MG, 22.5MG		PA NSO; NM
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30MG		PA NSO; NM
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45MG		PA NSO; NM
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75MG, 7.5MG		PA NSO; NM
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25MG		PA NSO; NM
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5MG (PED)		PA NSO; NM
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45MG		PA NSO; NM
octreotide acetate injection solution 1, 000mcg/ml		PA; NM
octreotide acetate injection solution 100mcg/ml, 50mcg/ml	*(Sandostatin)*	PA
octreotide acetate injection solution 200mcg/ml		PA
octreotide acetate injection solution 500mcg/ml	*(Sandostatin)*	PA; NM
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML (1ML), 0.6MG/ML (1ML), 0.9MG/ML (1ML)		PA; NM; QL (60 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
SOMAVERT SUBCUTANEOUS RECON SOLN 10MG, 15MG, 20MG, 25MG, 30MG		PA; NM; QL (60 per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2MG/ML		PA; NM
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25MG, 22.5MG, 3.75MG		PA NSO
AGENTES HORMONALES, SUPRESORES (TIROIDES)		
Agentes Antitiroideos		
methimazole oral tablet 10mg, 5mg		
propylthiouracil oral tablet 50mg		
AGENTES INMUNOLÓGICOS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100MCG/0.5ML		PA NSO; NM
ARCALYST SUBCUTANEOUS RECON SOLN 220MG		PA; NM
azathioprine oral tablet 100mg, 75mg	*(Azasan)*	PA BvD
azathioprine oral tablet 50mg	*(Imuran)*	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200MG/ML		PA; NM
BENLYSTA SUBCUTANEOUS SYRINGE 200MG/ML		PA; NM
BESREMI SUBCUTANEOUS SYRINGE 500MCG/ML		PA NSO; NM
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150MG/ML		PA; NM
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150MG/ML		PA; NM
COSENTYX SUBCUTANEOUS SYRINGE 75MG/0.5ML		PA; NM
cyclosporine modified oral capsule 100mg, 25mg	*(Gengraf)*	PA BvD
cyclosporine modified oral capsule 50mg		PA BvD
cyclosporine modified oral solution 100mg/ml	*(Gengraf)*	PA BvD
cyclosporine oral capsule 100mg, 25mg	*(Sandimmune)*	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200MG/1.14ML, 300MG/2ML		PA; NM

Nombre del Medicamento		Requerimientos/ Límites
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML		PA; NM
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50MG/ML (1ML)		PA; NM
ENBREL SUBCUTANEOUS SOLUTION 25MG/0.5ML		PA; NM
ENBREL SUBCUTANEOUS SYRINGE 25MG/0.5ML (0.5), 50MG/ML (1ML)		PA; NM
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50MG/ML (1ML)		PA; NM
ENSPRYNG SUBCUTANEOUS SYRINGE 120MG/ML		PA NSO; NM
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75MG, 1MG, 4MG		PA BvD
everolimus (immunosuppressive) oral tablet 0.25mg, 0.75mg, 1mg	*(Zortress)*	PA BvD; NM; QL (60 per 30 days)
everolimus (immunosuppressive) oral tablet 0.5mg	*(Zortress)*	PA BvD; NM; QL (120 per 30 days)
gengraf oral capsule 100mg, 25mg	*(cyclosporine modified)*	PA BvD
gengraf oral solution 100mg/ml	*(cyclosporine modified)*	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.8ML		PA; NM
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.8ML		PA; NM
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.8ML		PA; NM
HUMIRA SUBCUTANEOUS SYRINGE KIT 40MG/0.8ML		PA; NM
HUMIRA (CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80MG/0.8ML, 80MG/0.8ML-40MG/0.4ML		PA; NM
HUMIRA (CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80MG/0.8ML		PA; NM
HUMIRA (CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80MG/0.8ML		PA; NM
HUMIRA (CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80MG/0.8ML-40MG/0.4ML		PA; NM

Nombre del Medicamento		Requerimientos/ Límites
HUMIRA (CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.4ML, 80MG/0.8ML		PA; NM
HUMIRA (CF) SUBCUTANEOUS SYRINGE KIT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML		PA; NM
KINERET SUBCUTANEOUS SYRINGE 100MG/0.67ML		PA; NM
leflunomide oral tablet 10mg, 20mg	*(Arava)*	
LUPKYNIS ORAL CAPSULE 7.9MG		PA; NM; QL (180 per 30 days)
methotrexate sodium (pf) injection solution 25mg/ml		PA BvD
methotrexate sodium injection solution 25mg/ml		PA BvD
methotrexate sodium oral tablet 2.5mg		PA BvD
mycophenolate mofetil oral capsule 250mg	*(CellCept)*	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200mg/ml	*(CellCept)*	PA BvD; NM
mycophenolate mofetil oral tablet 500mg	*(CellCept)*	PA BvD
mycophenolate sodium oral tablet, delayed release (dr/ec) 180mg, 360mg	*(Myfortic)*	PA BvD
OTEZLA ORAL TABLET 30MG		PA; NM
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10MG (4)-20MG (4)-30MG (47)		PA; NM
PANZYGA INTRAVENOUS SOLUTION 10%, 10% (100ML), 10% (200ML), 10% (25ML), 10% (300ML), 10% (50ML)		PA BvD; NM
PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML		PA; NM
PEGASYS SUBCUTANEOUS SYRINGE 180MCG/0.5ML		PA; NM
PRIVIGEN INTRAVENOUS SOLUTION 10%		PA BvD; NM
PROGRAF ORAL GRANULES IN PACKET 0.2MG, 1MG		PA BvD
REZUROCK ORAL TABLET 200MG		PA; NM
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15MG, 30MG, 45MG		PA; NM
sirolimus oral solution 1mg/ml	*(Rapamune)*	PA BvD; NM
sirolimus oral tablet 0.5mg, 1mg, 2mg	*(Rapamune)*	PA BvD
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150MG/ML		PA; NM

Nombre del Medicamento	Requerimientos/ Límites
SKYRIZI SUBCUTANEOUS SYRINGE 150MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180MG/1.2ML (150MG/ML), 360MG/2.4ML (150MG/ML)	PA; NM
STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML	PA; NM
STELARA SUBCUTANEOUS SYRINGE 45MG/0.5ML, 90MG/ML	PA; NM
tacrolimus oral capsule 0.5mg, 1mg, 5mg (Prograf)	PA BvD
TAVNEOS ORAL CAPSULE 10MG	PA; NM
TREXALL ORAL TABLET 10MG, 15MG, 5MG, 7.5MG	PA BvD
XOLAIR SUBCUTANEOUS RECON SOLN 150MG	PA; NM
XOLAIR SUBCUTANEOUS SYRINGE 150MG/ML, 75MG/0.5ML	PA; NM
Agentes De Angioedema	
icatibant subcutaneous syringe 30mg/3ml (Firazyr)	PA; NM
TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML (150MG/ML)	PA; NM
TAKHZYRO SUBCUTANEOUS SYRINGE 150MG/ML, 300MG/2ML (150MG/ML)	PA; NM
Vacunas	
ABRYSVO INTRAMUSCULAR RECON SOLN 120MCG/0.5ML	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10MCG/0.5ML	
ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5MCG)-5LF/0.5ML	
ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5MCG)-5LF/0.5ML	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120MCG/0.5ML	
AREXVY ANTIGEN COMPONENT 120MCG	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50MG	

Nombre del Medicamento	Requerimientos/ Límites
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25MCG/0.5ML	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20MCG/ML	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20MCG/ML	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10MCG/0.5ML	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5ML	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5ML	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISAUNIT/ML, 720 ELISAUNIT/0.5ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20MCG/0.5ML	PA BvD
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10MCG/0.5ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5UNIT	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOL INJECTION SUSPENSION 40-8-32UNIT/0.5ML	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6MCG/0.5ML	
JYNNEOS (PF) (STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8UNIT/0.5	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58MCG-10 LF/0.5ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4MCG/0.5ML	

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Nombre del Medicamento	Requerimientos/ Límites
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10MCG/0.5ML	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5MCG/0.5ML	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1, 000-12, 500 TCID50/0.5ML	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10MCG-25LF-25MCG-10LF/0.5ML	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5MCG/0.5ML	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10MCG/0.5ML	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10MCG/ML	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48MCG-5 LFUNIT/0.5ML, 15 LF-48MCG-5 LFUNIT/0.5ML (58 UNT/ML)	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48MCG-5 LFUNIT/0.5ML	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5UNIT	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10MCG/ML, 5MCG/0.5ML	PA BvD
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5ML	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	
ROTATEQ VACCINE ORAL SOLUTION 2ML	

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Nombre del Medicamento		Requerimientos/ Límites
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50MCG/0.5ML		
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LFUNIT/0.5ML	(tetanus-diphtheria toxoids-td)	PA BvD
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LFUNIT-2 LFUNIT/0.5ML		PA BvD
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LFUNIT/0.5ML		PA BvD
TETANUS, DIPHTHERIA TOX PED (PF) INTRAMUSCULAR SUSPENSION 5-25 LFUNIT/0.5ML		PA BvD
TICOVAC INTRAMUSCULAR SYRINGE 1.2MCG/0.25ML, 2.4MCG/0.5ML		
TRUMENBA INTRAMUSCULAR SYRINGE 120MCG/0.5ML		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISAUNIT-20MCG/ML		
TYPHIM VI INTRAMUSCULAR SOLUTION 25MCG/0.5ML		
TYPHIM VI INTRAMUSCULAR SYRINGE 25MCG/0.5ML	(typhoid vi polysacch vaccine)	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25UNIT/0.5ML, 50UNIT/ML		
VAQTA (PF) INTRAMUSCULAR SYRINGE 25UNIT/0.5ML, 50UNIT/ML		
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1, 350UNIT/0.5ML		
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74UNIT/0.5ML, 10 EXP4.74UNIT/0.5ML (2.5ML IN 1 VIAL)		
AGENTES OFTÁLMICOS		
acetazolamide oral capsule, extended release 500mg		
acetazolamide oral tablet 125mg, 250mg		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	(brimonidine)	
apraclonidine ophthalmic (eye) drops 0.5%		

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Nombre del Medicamento		Requerimientos/ Límites
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1%	(brinzolamide)	
betaxolol ophthalmic (eye) drops 0.5%		
brimonidine ophthalmic (eye) drops 0.15%	*(Alphagan P)*	
brimonidine ophthalmic (eye) drops 0.2%		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5%	*(Combigan)*	
carteolol ophthalmic (eye) drops 1%		
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5%	(brimonidine-timolol)	
dorzolamide ophthalmic (eye) drops 2%		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5%	*(Cosopt (PF))*	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8mg/ml	*(Cosopt)*	
levobunolol ophthalmic (eye) drops 0.5%		
methazolamide oral tablet 25mg, 50mg		
pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02%		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005%		
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2%		
timolol maleate ophthalmic (eye) drops 0.25%, 0.5%		
timolol maleate ophthalmic (eye) drops, once daily 0.5%	*(Istalol)*	
timolol maleate ophthalmic (eye) gel forming solution 0.25%, 0.5%		
Agentes Anti-Alérgicos Oftálmicos		
azelastine ophthalmic (eye) drops 0.05%		
cromolyn ophthalmic (eye) drops 4%		
olopatadine ophthalmic (eye) drops 0.1%	*(Eye Allergy Itch-Redness Rlf)*	
Agentes Oftálmicos, Otros		
atropine ophthalmic (eye) drops 1%	*(Isopto Atropine)*	
cyclosporine ophthalmic (eye) dropperette 0.05%	*(Restasis)*	QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37%		PA; NM

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Nombre del Medicamento		Requerimientos/ Límites
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44%		PA; NM
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10, 000mg-unit/g-1%	*(Neo-Polycin HC)*	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10, 000unit/ml-0.1%	*(Maxitrol)*	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5mg/g-10, 000unit/g-0.1%	*(Maxitrol)*	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75mg-10, 000unit-0.025mg/ml		
neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10, 000-10mg-unit-mg/ml		
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10, 000unit-1mg/ml	*(Polytrim)*	
sulfacetamide-prednisolone ophthalmic (eye) drops 10%-0.23% (0.25%)		
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1%		
Análogos De Prostaglandina Oftálmica Y Prostamida		
latanoprost ophthalmic (eye) drops 0.005%	*(Xalatan)*	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%		
travoprost ophthalmic (eye) drops 0.004%	*(Travatan Z)*	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024%		
Antiinflamatorios Oftálmicos		
bromfenac ophthalmic (eye) drops 0.09%		
BROMSITE OPHTHALMIC (EYE) DROPS 0.075%		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1%		
diclofenac sodium ophthalmic (eye) drops 0.1%		
DUREZOL OPHTHALMIC (EYE) DROPS 0.05%	(difluprednate)	
fluorometholone ophthalmic (eye) drops, suspension 0.1%	*(FML Liquifilm)*	

Nombre del Medicamento	Requerimientos/ Límites
flurbiprofen sodium ophthalmic (eye) drops 0.03%	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3%	
ketorolac ophthalmic (eye) drops 0.4%	*(Acular LS)*
ketorolac ophthalmic (eye) drops 0.5%	*(Acular)*
loteprednol etabonate ophthalmic (eye) drops, suspension 0.5%	*(Lotemax)*
prednisolone acetate ophthalmic (eye) drops, suspension 1%	*(Pred Forte)*
prednisolone sodium phosphate ophthalmic (eye) drops 1%	
Oftálmicos Antiinfecciosos	
AZASITE OPHTHALMIC (EYE) DROPS 1%	
bacitracin ophthalmic (eye) ointment 500unit/gram	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10, 000unit/gram	*(Polycin)*
erythromycin ophthalmic (eye) ointment 5mg/gram (0.5%)	
gatifloxacin ophthalmic (eye) drops 0.5%	*(Zymaxid)*
gentamicin ophthalmic (eye) drops 0.3%	
moxifloxacin ophthalmic (eye) drops 0.5%	*(Vigamox)*
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5%	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10, 000mg-unit-unit/g	*(Neo-Polycin)*
ofloxacin ophthalmic (eye) drops 0.3%	*(Ocuflox)*
sulfacetamide sodium ophthalmic (eye) drops 10%	
tobramycin ophthalmic (eye) drops 0.3%	
AGENTES ÓTICOS	
Agentes Óticos	
acetic acid otic (ear) solution 2%	
ciprofloxacin hcl otic (ear) dropperette 0.2%	*(Cetraxal)*
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1%	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025% (0.25ml)	*(Otovel)*

Nombre del Medicamento		Requerimientos/ Límites
fluocinolone acetonide oil otic (ear) drops 0.01%	*(DermOtic Oil)*	
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10, 000-1mg/ml-unit/ml-%		
neomycin-polymyxin-hc otic (ear) solution 3.5-10, 000-1mg/ml-unit/ml-%		
ofloxacin otic (ear) drops 0.3%		
ANALGÉSICOS		
Analgésicos		
butalbital-acetaminophen-caff oral tablet 50-325-40mg	*(Esgic)*	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40mg		QL (180 per 30 days)
codeine-butalbital-asa-caff oral capsule 30-50-325-40mg	*(Ascomp with Codeine)*	QL (180 per 30 days)
Analgésicos Opiáceos, De Acción Corta		
acetaminophen-codeine 120-12mg/5ml cup outer 120mg-12mg /5ml (5ml)		QL (5000 per 30 days)
acetaminophen-codeine oral solution 120-12mg/5ml		QL (5000 per 30 days)
acetaminophen-codeine oral tablet 300-15mg, 300-30mg, 300-60mg		QL (360 per 30 days)
codeine sulfate oral tablet 15mg, 30mg, 60mg		QL (180 per 30 days)
fentanyl citrate buccal lozenge on a handle 1, 200mcg, 1, 600mcg, 600mcg, 800mcg		PA; NM; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200mcg, 400mcg		PA; QL (120 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325mg/15ml		QL (5500 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325mg, 5-325mg, 7.5-325mg		QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200mg, 5-200mg, 7.5-200mg		QL (150 per 30 days)
hydromorphone oral liquid 1mg/ml	*(Dilaudid)*	QL (1920 per 30 days)
hydromorphone oral tablet 2mg, 4mg	*(Dilaudid)*	QL (360 per 30 days)
hydromorphone oral tablet 8mg	*(Dilaudid)*	QL (240 per 30 days)
morphine concentrate oral solution 100mg/5ml (20mg/ml)		QL (600 per 30 days)
morphine oral solution 10mg/5ml		QL (1800 per 30 days)
morphine oral solution 20mg/5ml (4mg/ml)		QL (1500 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
MORPHINE ORAL TABLET 15MG, 30MG		QL (180 per 30 days)
oxycodone oral concentrate 20mg/ml		QL (180 per 30 days)
oxycodone oral solution 5mg/5ml		QL (1080 per 30 days)
oxycodone oral tablet 10mg, 20mg, 5mg		QL (180 per 30 days)
oxycodone oral tablet 15mg, 30mg	*(Roxicodone)*	QL (180 per 30 days)
oxycodone-acetaminophen oral solution 5-325mg/5ml		QL (1080 per 30 days)
oxycodone-acetaminophen oral tablet 10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg	*(Endocet)*	QL (360 per 30 days)
tramadol oral tablet 100mg		QL (120 per 30 days)
tramadol oral tablet 50mg		QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325mg		QL (240 per 30 days)
Analgésicos Opiáceos, De Acción Prolongada		
fentanyl transdermal patch 72-hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hour, 50mcg/hr, 62.5mcg/hour, 75mcg/hr, 87.5mcg/hour		PA NSO; QL (10 per 30 days)
methadone oral tablet 10mg, 5mg		QL (240 per 30 days)
morphine oral tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg	*(MS Contin)*	QL (90 per 30 days)
oxycodone oral tablet, oral only, ext.rel.12-hr 10mg, 20mg	*(OxyContin)*	QL (60 per 30 days)
Medicamentos No-Esteroideos Antiinflamatorios		
celecoxib oral capsule 100mg, 200mg, 400mg, 50mg	*(Celebrex)*	
diclofenac potassium oral tablet 50mg		
diclofenac sodium oral tablet extended release 24-hr 100mg		
diclofenac sodium oral tablet, delayed release (dr/ec) 25mg, 50mg, 75mg		
diclofenac sodium topical gel 1%	*(Arthritis Pain (diclofenac))*	
diflunisal oral tablet 500mg		
ec-naproxen dr 500mg tablet	*(naproxen)*	
etodolac oral capsule 200mg, 300mg		
etodolac oral tablet 400mg	*(Lodine)*	
etodolac oral tablet 500mg		
flurbiprofen oral tablet 100mg		
ibu oral tablet 600mg, 800mg	*(ibuprofen)*	
ibuprofen oral suspension 100mg/5ml	*(Children's Advil)*	

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Nombre del Medicamento		Requerimientos/ Límites
ibuprofen oral tablet 400mg, 600mg, 800mg	*(IBU)*	
indomethacin oral capsule 25mg, 50mg		
indomethacin oral capsule, extended release 75mg		
ketorolac oral tablet 10mg		
meloxicam oral tablet 15mg, 7.5mg		
nabumetone oral tablet 500mg, 750mg		
naproxen oral suspension 125mg/5ml	*(Naprosyn)*	
naproxen oral tablet 250mg, 375mg		
naproxen oral tablet 500mg	*(Naprosyn)*	
naproxen oral tablet, delayed release (dr/ec) 375mg	*(EC-Naprosyn)*	
naproxen oral tablet, delayed release (dr/ec) 500mg	*(EC-Naproxen)*	
naproxen sodium oral tablet 275mg		
naproxen sodium oral tablet 550mg	*(Anaprox DS)*	
oxaprozin oral tablet 600mg	*(Daypro)*	
piroxicam oral capsule 10mg, 20mg	*(Feldene)*	
sulindac oral tablet 150mg, 200mg		
ANESTÉSICOS		
Anestesia Local		
lidocaine hcl mucous membrane solution 4% (40mg/ml)		QL (50 per 30 days)
lidocaine topical adhesive patch, medicated 5%	*(DermacinRx Lidocan)*	PA; QL (90 per 30 days)
lidocaine viscous mucous membrane solution 2%	*(lidocaine hcl)*	
lidocaine-prilocaine topical cream 2.5-2.5%		QL (30 per 30 days)
ANSIOLÍTICOS		
Ansiolíticos, Otros		
buspirone oral tablet 10mg, 15mg, 30mg, 5mg, 7.5mg		
hydroxyzine hcl oral solution 10mg/5ml		
hydroxyzine hcl oral tablet 10mg, 25mg, 50mg		
hydroxyzine pamoate oral capsule 100mg		
hydroxyzine pamoate oral capsule 25mg, 50mg	*(Vistaril)*	

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Nombre del Medicamento		Requerimientos/ Límites
oxazepam oral capsule 10mg, 15mg, 30mg		QL (120 per 30 days)
Benzodiacepinas		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML		QL (300 per 30 days)
alprazolam oral tablet 0.25mg, 0.5mg	*(Xanax)*	QL (120 per 30 days)
alprazolam oral tablet 1mg	*(Xanax)*	QL (240 per 30 days)
alprazolam oral tablet 2mg	*(Xanax)*	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10mg, 25mg, 5mg		QL (120 per 30 days)
clonazepam oral tablet 0.5mg, 1mg	*(Klonopin)*	QL (90 per 30 days)
clonazepam oral tablet 2mg	*(Klonopin)*	QL (300 per 30 days)
clonazepam oral tablet, disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg		QL (90 per 30 days)
clonazepam oral tablet, disintegrating 2mg		QL (300 per 30 days)
clorazepate dipotassium oral tablet 15mg, 3.75mg, 7.5mg		QL (180 per 30 days)
diazepam intensol oral concentrate 5mg/ml	*(diazepam)*	QL (240 per 30 days)
diazepam oral solution 5mg/5ml (1mg/ml)		QL (1200 per 30 days)
diazepam oral tablet 10mg, 2mg	*(Valium)*	QL (120 per 30 days)
diazepam oral tablet 5mg	*(Valium)*	QL (240 per 30 days)
lorazepam 2mg/ml oral concent	*(Lorazepam Intensol)*	QL (240 per 30 days)
lorazepam intensol oral concentrate 2mg/ml	*(lorazepam)*	QL (240 per 30 days)
lorazepam oral tablet 0.5mg, 1mg, 2mg	*(Ativan)*	QL (150 per 30 days)
ANTIBACTERIANOS		
Aminoglicósidos		
amikacin injection solution 500mg/2ml		PA BvD
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590MG/8.4ML		PA
gentamicin in nacl (iso-osm) intravenous piggyback 100mg/100ml, 60mg/50ml, 80mg/100ml, 80mg/50ml		
gentamicin injection solution 40mg/ml		
gentamicin topical cream 0.1%		
gentamicin topical ointment 0.1%		
neomycin oral tablet 500mg		
paromomycin oral capsule 250mg	*(Humatin)*	
tobramycin sulfate injection solution 10mg/ml, 40mg/ml		PA BvD

Nombre del Medicamento		Requerimientos/ Límites
ZEMDRI INTRAVENOUS SOLUTION 50MG/ML		NM
Antibacterianos, Otros		
aztreonam injection recon soln 1gm, 2gm	*(Azactam)*	PA BvD
CLINDAMYCIN 600MG/50ML-NS OUTER, SINGLE-USE		
clindamycin hcl oral capsule 150mg, 300mg, 75mg	*(Cleocin HCl)*	
clindamycin in 5% dextrose intravenous piggyback 300mg/50ml, 900mg/50ml		
CLINDAMYCIN IN 5% DEXTROSE INTRAVENOUS PIGGYBACK 600MG/50ML		
clindamycin pediatric oral recon soln 75mg/5ml	*(clindamycin palmitate hcl)*	
clindamycin phosphate injection solution 150 (mg/ml) (6ml)		PA BvD
clindamycin phosphate injection solution 150mg/ml	*(Cleocin)*	PA BvD
clindamycin phosphate intravenous solution 600mg/4ml		PA BvD
clindamycin phosphate vaginal cream 2%	*(Cleocin)*	
colistin (colistimethate na) injection recon soln 150mg	*(Coly-Mycin M Parenteral)*	PA BvD
daptomycin intravenous recon soln 350mg		
daptomycin intravenous recon soln 500mg	*(Cubicin RF)*	NM
FIRVANQ ORAL RECON SOLN 25MG/ML, 50MG/ML	(vancomycin)	
linezolid in dextrose 5% intravenous piggyback 600mg/300ml	*(Zyvox)*	PA
linezolid oral tablet 600mg	*(Zyvox)*	PA
methenamine hippurate oral tablet 1gm	*(Hiprex)*	
metronidazole in nacl (iso-os) intravenous piggyback 500mg/100ml	*(Metro I.V.)*	PA BvD
metronidazole oral tablet 250mg, 500mg		
metronidazole topical cream 0.75%	*(MetroCream)*	
metronidazole topical gel 0.75%	*(Rosadan)*	
metronidazole topical gel 1%	*(Metrogel)*	
metronidazole topical lotion 0.75%	*(MetroLotion)*	
metronidazole vaginal gel 0.75% (37.5mg/5gm)	*(Vandazole)*	
nitrofurantoin macrocrystal oral capsule 100mg, 25mg, 50mg	*(Macrodantin)*	

Nombre del Medicamento		Requerimientos/ Límites
nitrofurantoin monohyd/m-cryst oral capsule 100mg	*(Macrobid)*	
tigecycline intravenous recon soln 50mg	*(Tygacil)*	PA BvD; NM
tinidazole oral tablet 250mg, 500mg		
trimethoprim oral tablet 100mg		
vancomycin intravenous recon soln 1, 000mg, 10gm, 500mg, 750mg		
vancomycin oral capsule 125mg, 250mg	*(Vancocin)*	
vancomycin oral recon soln 25mg/ml, 50mg/ml	*(Firvanq)*	
XIFAXAN ORAL TABLET 200MG, 550MG		
Betalactámico, Cefalosporinas		
cefaclor oral capsule 250mg, 500mg		
cefaclor oral suspension for reconstitution 125mg/5ml, 250mg/5ml, 375mg/5ml		
cefaclor oral tablet extended release 12-hr 500mg		
cefadroxil oral capsule 500mg		
cefadroxil oral suspension for reconstitution 250mg/5ml, 500mg/5ml		
cefadroxil oral tablet 1gm		
cefazolin injection recon soln 1gm, 10gm, 500mg		
cefdinir oral capsule 300mg		
cefdinir oral suspension for reconstitution 125mg/5ml, 250mg/5ml		
cefepime injection recon soln 1gm, 2gm		
cefixime oral capsule 400mg	*(Suprax)*	
cefixime oral suspension for reconstitution 100mg/5ml, 200mg/5ml	*(Suprax)*	
cefotetan injection recon soln 1gm, 2gm	*(Cefotan)*	PA BvD
cefoxitin intravenous recon soln 1gm, 10gm, 2gm		PA BvD
cefpodoxime oral suspension for reconstitution 100mg/5ml, 50mg/5ml		
cefpodoxime oral tablet 100mg, 200mg		
cefprozil oral suspension for reconstitution 125mg/5ml, 250mg/5ml		
cefprozil oral tablet 250mg, 500mg		
ceftazidime injection recon soln 1gm, 2gm, 6gm	*(Tazicef)*	
ceftriaxone injection recon soln 1gm, 10gm, 2gm, 250mg, 500mg		

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Nombre del Medicamento		Requerimientos/ Límites
cefuroxime axetil oral tablet 250mg, 500mg		
cefuroxime sodium injection recon soln 750mg		PA BvD
cefuroxime sodium intravenous recon soln 1.5gm		PA BvD
cephalexin oral capsule 250mg, 500mg		
cephalexin oral suspension for reconstitution 125mg/5ml, 250mg/5ml		
cephalexin oral tablet 250mg, 500mg		
TEFLARO INTRAVENOUS RECON SOLN 400MG, 600MG		PA BvD; NM
Betalactámico, Penicilinas		
amoxicillin oral capsule 250mg, 500mg		
amoxicillin oral suspension for reconstitution 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml		
amoxicillin oral tablet 500mg, 875mg		
amoxicillin oral tablet, chewable 125mg, 250mg		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5mg/5ml, 400-57mg/5ml		
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5mg/5ml	*(Augmentin)*	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9mg/5ml	*(Augmentin ES-600)*	
amoxicillin-pot clavulanate oral tablet 250-125mg, 875-125mg		
amoxicillin-pot clavulanate oral tablet 500-125mg	*(Augmentin)*	
amoxicillin-pot clavulanate oral tablet extended release 12-hr 1, 000-62.5mg	*(Augmentin XR)*	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5mg, 400-57mg		
ampicillin oral capsule 500mg		
ampicillin sodium injection recon soln 1gm, 10gm, 125mg		PA BvD
ampicillin-sulbactam injection recon soln 1.5gm, 15gm, 3gm	*(Unasyn)*	

Nombre del Medicamento		Requerimientos/ Límites
BICILLIN L-A INTRAMUSCULAR SYRINGE 1, 200, 000UNIT/2ML, 2, 400, 000UNIT/4ML, 600, 000UNIT/ML		
dicloxacillin oral capsule 250mg, 500mg		
nafcillin 1gm/ 50ml inj 1gm/50ml		PA BvD
nafcillin injection recon soln 1gm		PA BvD
nafcillin injection recon soln 10gm, 2gm		PA BvD
oxacillin in dextrose (iso-osm) intravenous piggyback 1gm/50ml, 2gm/50ml		PA BvD
oxacillin injection recon soln 1gm, 10gm, 2gm		PA BvD
penicillin g pot in dextrose intravenous piggyback 2 millionunit/50ml, 3 millionunit/50ml		
penicillin g potassium injection recon soln 20 millionunit	*(Pfizerpen-G)*	PA BvD
penicillin g procaine intramuscular syringe 1.2 millionunit/2ml		
penicillin g sodium injection recon soln 5 millionunit		PA BvD
penicillin v potassium oral recon soln 125mg/5ml, 250mg/5ml		
penicillin v potassium oral tablet 250mg, 500mg		
piperacillin-tazobactam intravenous recon soln 2.25gm, 3.375gm, 4.5gm		
Carbapenemasas		
ertapenem injection recon soln 1gm		
imipenem-cilastatin intravenous recon soln 250mg		
imipenem-cilastatin intravenous recon soln 500mg	*(Primaxin IV)*	
meropenem intravenous recon soln 1gm, 500mg		
Macrólidos		
azithromycin intravenous recon soln 500mg	*(Zithromax)*	PA BvD
azithromycin oral packet 1gm	*(Zithromax)*	
azithromycin oral suspension for reconstitution 100mg/5ml, 200mg/5ml	*(Zithromax)*	
azithromycin oral tablet 250mg (6 pack), 500mg (3 pack), 600mg		
azithromycin oral tablet 250mg, 500mg	*(Zithromax)*	

Nombre del Medicamento		Requerimientos/ Límites
clarithromycin oral suspension for reconstitution 125mg/5ml, 250mg/5ml		
clarithromycin oral tablet 250mg, 500mg		
clarithromycin oral tablet extended release 24-hr 500mg		
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40MG/ML		PA; NM; QL (136 per 10 days)
DIFICID ORAL TABLET 200MG		PA; NM; QL (20 per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500MG	(erythromycin lactobionate)	PA BvD
erythromycin ethylsuccinate oral suspension for reconstitution 200mg/5ml	*(E.E.S. Granules)*	
erythromycin ethylsuccinate oral suspension for reconstitution 400mg/5ml	*(EryPed 400)*	
erythromycin ethylsuccinate oral tablet 400mg	*(E.E.S. 400)*	
erythromycin oral capsule, delayed release (dr/ec) 250mg		
erythromycin oral tablet 250mg, 500mg		
erythromycin oral tablet, delayed release (dr/ec) 250mg, 333mg, 500mg	*(Ery-Tab)*	
Quinolonas		
ciprofloxacin hcl ophthalmic (eye) drops 0.3%		
ciprofloxacin hcl oral tablet 100mg, 750mg		
ciprofloxacin hcl oral tablet 250mg, 500mg	*(Cipro)*	
ciprofloxacin in 5% dextrose intravenous piggyback 200mg/100ml		PA BvD
levofloxacin in d5w intravenous piggyback 500mg/100ml, 750mg/150ml		
levofloxacin oral solution 250mg/10ml		
levofloxacin oral tablet 250mg, 500mg, 750mg		
moxifloxacin 400mg/250ml bag		PA BvD
moxifloxacin oral tablet 400mg		
moxifloxacin-sod.chloride (iso) intravenous piggyback 400mg/250ml	*(Avelox in NaCl (iso-osmotic))*	PA BvD
ofloxacin oral tablet 300mg, 400mg		
Sulfonamidas		
sulfacetamide sodium (acne) topical suspension 10%	*(Klaron)*	
sulfadiazine oral tablet 500mg		

Nombre del Medicamento		Requerimientos/ Límites
sulfamethoxazole-trimethoprim oral suspension 200-40mg/5ml	*(Sulfatrim)*	
sulfamethoxazole-trimethoprim oral tablet 400-80mg	*(Bactrim)*	
sulfamethoxazole-trimethoprim oral tablet 800-160mg	*(Bactrim DS)*	
Tetraciclinas		
doxy-100 intravenous recon soln 100mg	*(doxycycline hyclate)*	PA BvD
doxycycline hyclate oral capsule 100mg, 50mg	*(Morgidox)*	
doxycycline hyclate oral tablet 100mg	*(LymePak)*	
doxycycline hyclate oral tablet 20mg		
doxycycline monohydrate oral capsule 100mg	*(Mondoxyne NL)*	
doxycycline monohydrate oral capsule 50mg	*(Monodox)*	
doxycycline monohydrate oral tablet 100mg	*(Avidoxy)*	
doxycycline monohydrate oral tablet 50mg, 75mg		
minocycline oral capsule 100mg, 50mg, 75mg		
minocycline oral tablet 100mg, 50mg, 75mg		
tetracycline oral capsule 250mg, 500mg		
ANTICONVULSIVOS		
Agentes De Aumento De Ácido Gamma-Aminobutírico (GABA)		
clobazam oral suspension 2.5mg/ml	*(Onfi)*	QL (480 per 30 days)
clobazam oral tablet 10mg, 20mg	*(Onfi)*	QL (60 per 30 days)
diazepam rectal kit 12.5-15-17.5-20mg, 5-7.5-10mg	*(Diastat AcuDial)*	
diazepam rectal kit 2.5mg	*(Diastat)*	
gabapentin oral capsule 100mg, 300mg, 400mg	*(Neurontin)*	QL (270 per 30 days)
gabapentin oral solution 250mg/5ml	*(Neurontin)*	
gabapentin oral tablet 600mg, 800mg	*(Neurontin)*	QL (180 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5MG/SPRAY (0.1ML)		
SYMPAZAN ORAL FILM 10MG, 20MG, 5MG		ST; NM; QL (60 per 30 days)
tiagabine oral tablet 12mg, 16mg, 2mg, 4mg		

Nombre del Medicamento		Requerimientos/ Límites
VALTOCO NASAL SPRAY, NON-AEROSOL 10MG/SPRAY (0.1ML), 15MG/2 SPRAY (7.5/0.1ML X 2), 20MG/2 SPRAY (10MG/0.1ML X2), 5MG/SPRAY (0.1ML)		ST
vigabatrin oral powder in packet 500mg	*(Sabril)*	PA NSO; NM; QL (180 per 30 days)
vigabatrin oral tablet 500mg	*(Vigadrone)*	PA NSO; NM; QL (180 per 30 days)
vigadrone oral tablet 500mg	*(vigabatrin)*	PA NSO; NM; QL (180 per 30 days)
Agentes De Canal De Sodio		
APTIOM ORAL TABLET 200MG, 400MG		ST; NM; QL (30 per 30 days)
APTIOM ORAL TABLET 600MG, 800MG		ST; NM; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12-hr 100mg, 200mg, 300mg	*(Carbatrol)*	
carbamazepine oral suspension 100mg/5ml	*(Tegretol)*	
carbamazepine oral tablet 200mg	*(Epitol)*	
carbamazepine oral tablet extended release 12-hr 100mg, 200mg, 400mg	*(Tegretol XR)*	
carbamazepine oral tablet, chewable 100mg		
DILANTIN ORAL CAPSULE 30MG		ST
epitol oral tablet 200mg	*(carbamazepine)*	
lacosamide oral solution 10mg/ml	*(Vimpat)*	QL (1395 per 30 days)
lacosamide oral tablet 100mg, 150mg, 200mg, 50mg	*(Vimpat)*	QL (60 per 30 days)
oxcarbazepine oral suspension 300mg/5ml (60mg/ml)	*(Trileptal)*	
oxcarbazepine oral tablet 150mg, 300mg, 600mg	*(Trileptal)*	
phenytoin oral suspension 125mg/5ml	*(Dilantin-125)*	
phenytoin oral tablet, chewable 50mg	*(Dilantin Infatabs)*	
phenytoin sodium extended oral capsule 100mg	*(Dilantin Extended)*	
phenytoin sodium extended oral capsule 200mg, 300mg	*(Phenytek)*	
rufinamide oral suspension 40mg/ml	*(Banzel)*	NM; QL (2760 per 30 days)
rufinamide oral tablet 200mg	*(Banzel)*	QL (480 per 30 days)
rufinamide oral tablet 400mg	*(Banzel)*	NM; QL (240 per 30 days)
Agentes Modificadores De Canal De Calcio		
ethosuximide oral capsule 250mg	*(Zarontin)*	
ethosuximide oral solution 250mg/5ml	*(Zarontin)*	
methsuximide oral capsule 300mg	*(Celontin)*	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Nombre del Medicamento		Requerimientos/ Límites
ZONISADE ORAL SUSPENSION 100MG/5ML		QL (900 per 30 days)
zonisamide oral capsule 100mg, 25mg	*(Zonegran)*	
zonisamide oral capsule 50mg		
Anticonvulsivos, Otros		
BRIVIACT ORAL SOLUTION 10MG/ML		QL (600 per 30 days)
BRIVIACT ORAL TABLET 10MG, 100MG, 25MG, 50MG, 75MG		QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250MG, 500MG		PA NSO
DIACOMIT ORAL POWDER IN PACKET 250MG, 500MG		PA NSO
EPIDIOLEX ORAL SOLUTION 100MG/ML		PA NSO
felbamate oral suspension 600mg/5ml	*(Felbatol)*	NM
felbamate oral tablet 400mg, 600mg	*(Felbatol)*	
FINTEPLA ORAL SOLUTION 2.2MG/ML		PA NSO
FYCOMPA ORAL SUSPENSION 0.5MG/ML		ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG, 8MG		ST; NM; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2MG		ST; QL (30 per 30 days)
lamotrigine oral tablet 100mg, 150mg, 200mg, 25mg	*(Lamictal)*	
lamotrigine oral tablet disintegrating, dose pk 25mg (21) -50mg (7)	*(Lamictal ODT Starter (Blue))*	
lamotrigine oral tablet disintegrating, dose pk 25mg (14)-50mg (14)-100mg (7)	*(Lamictal ODT Starter (Orange))*	
lamotrigine oral tablet disintegrating, dose pk 50mg (42) -100mg (14)	*(Lamictal ODT Starter (Green))*	
lamotrigine oral tablet extended release 24hr 100mg, 200mg, 25mg, 250mg, 300mg, 50mg	*(Lamictal XR)*	
lamotrigine oral tablet, chewable dispersible 25mg, 5mg	*(Lamictal)*	
lamotrigine oral tablet, disintegrating 100mg, 200mg, 25mg, 50mg	*(Lamictal ODT)*	
lamotrigine oral tablets, dose pack 25mg (35)	*(Lamictal Starter (Blue) Kit)*	
lamotrigine oral tablets, dose pack 25mg (42) -100mg (7)	*(Lamictal Starter (Orange) Kit)*	
lamotrigine oral tablets, dose pack 25mg (84) -100mg (14)	*(Lamictal Starter (Green) Kit)*	

Nombre del Medicamento		Requerimientos/ Límites
levetiracetam oral solution 100mg/ml	*(Keppra)*	
levetiracetam oral tablet 1, 000mg, 250mg, 500mg, 750mg	*(Keppra)*	
levetiracetam oral tablet extended release 24-hr 500mg, 750mg	*(Keppra XR)*	
phenobarbital oral elixir 20mg/5ml (4mg/ml)		QL (1500 per 30 days)
phenobarbital oral tablet 100mg, 16.2mg, 32.4mg, 64.8mg, 97.2mg		QL (90 per 30 days)
phenobarbital oral tablet 15mg, 60mg		QL (120 per 30 days)
phenobarbital oral tablet 30mg		QL (300 per 30 days)
primidone oral tablet 125mg		
primidone oral tablet 250mg, 50mg	*(Mysoline)*	
SPRITAM ORAL TABLET FOR SUSPENSION 1, 000MG		ST; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250MG, 500MG, 750MG		ST; QL (120 per 30 days)
valproic acid (as sodium salt) oral solution 250mg/5ml		
valproic acid oral capsule 250mg		
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150MG X1-100MG X1), 350MG/DAY (200MG X1-150MG X1)		QL (56 per 28 days)
XCOPRI ORAL TABLET 100MG, 150MG, 200MG, 50MG		QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5MG (14)-25MG (14), 150MG (14)-200MG (14), 50MG (14)-100MG (14)		QL (28 per 28 days)
ZTALMY ORAL SUSPENSION 50MG/ML		PA NSO; NM; QL (1100 per 30 days)
ANTIDEPRESIVOS		
citalopram oral capsule 30mg		QL (30 per 30 days)
citalopram oral solution 10mg/5ml		QL (600 per 30 days)
citalopram oral tablet 10mg, 40mg	*(Celexa)*	QL (30 per 30 days)
citalopram oral tablet 20mg	*(Celexa)*	QL (60 per 30 days)
desvenlafaxine oral tablet extended release 24-hr 100mg, 50mg		QL (30 per 30 days)
desvenlafaxine succinate oral tablet extended release 24-hr 100mg, 25mg, 50mg	*(Pristiq)*	QL (30 per 30 days)
duloxetine oral capsule, delayed release (dr/ec) 20mg, 30mg, 60mg	*(Cymbalta)*	QL (60 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
duloxetine oral capsule, delayed release (dr/ec) 40mg		QL (60 per 30 days)
escitalopram oxalate oral solution 5mg/5ml		QL (600 per 30 days)
escitalopram oxalate oral tablet 10mg	*(Lexapro)*	QL (45 per 30 days)
escitalopram oxalate oral tablet 20mg	*(Lexapro)*	QL (60 per 30 days)
escitalopram oxalate oral tablet 5mg	*(Lexapro)*	QL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20MG (2)-40MG (26)		QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120MG, 20MG, 40MG, 80MG		QL (30 per 30 days)
fluoxetine oral capsule 10mg, 20mg, 40mg	*(Prozac)*	QL (60 per 30 days)
fluoxetine oral solution 20mg/5ml (4mg/ml)		QL (600 per 30 days)
fluoxetine oral tablet 10mg		QL (60 per 30 days)
fluoxetine oral tablet 20mg		QL (120 per 30 days)
fluvoxamine oral tablet 100mg, 25mg, 50mg		QL (90 per 30 days)
nefazodone oral tablet 100mg, 150mg, 200mg, 250mg, 50mg		
paroxetine hcl oral suspension 10mg/5ml	*(Paxil)*	QL (900 per 30 days)
paroxetine hcl oral tablet 10mg, 20mg	*(Paxil)*	QL (30 per 30 days)
paroxetine hcl oral tablet 30mg, 40mg	*(Paxil)*	QL (60 per 30 days)
sertraline oral capsule 150mg, 200mg		QL (30 per 30 days)
sertraline oral concentrate 20mg/ml	*(Zoloft)*	QL (300 per 30 days)
sertraline oral tablet 100mg	*(Zoloft)*	QL (60 per 30 days)
sertraline oral tablet 25mg, 50mg	*(Zoloft)*	QL (90 per 30 days)
trazodone oral tablet 100mg, 150mg, 300mg, 50mg		
TRINTELLIX ORAL TABLET 10MG, 20MG, 5MG		ST; QL (30 per 30 days)
venlafaxine besylate oral tablet extended release 24hr 112.5mg		QL (30 per 30 days)
venlafaxine oral capsule, extended release 24hr 150mg, 37.5mg, 75mg	*(Effexor XR)*	QL (60 per 30 days)
venlafaxine oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg		QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr 150mg, 225mg, 37.5mg, 75mg		QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10MG (7)-20MG (23)		QL (30 per 30 days)
vilazodone oral tablet 10mg, 20mg, 40mg	*(Viibryd)*	QL (30 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
Antidepresivos, Otros		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105MG		ST; QL (60 per 30 days)
bupropion hcl oral tablet 100mg		QL (180 per 30 days)
bupropion hcl oral tablet 75mg		QL (120 per 30 days)
bupropion hcl oral tablet extended release 24-hr 150mg	*(Wellbutrin XL)*	QL (60 per 30 days)
bupropion hcl oral tablet extended release 24-hr 300mg	*(Wellbutrin XL)*	QL (90 per 30 days)
bupropion hcl oral tablet extended release 24-hr 450mg	*(Forfivo XL)*	QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12-hr 100mg	*(Wellbutrin SR)*	QL (120 per 30 days)
bupropion hcl oral tablet sustained-release 12-hr 150mg	*(Wellbutrin SR)*	QL (90 per 30 days)
bupropion hcl oral tablet sustained-release 12-hr 200mg	*(Wellbutrin SR)*	QL (60 per 30 days)
mirtazapine oral tablet 15mg, 30mg	*(Remeron)*	QL (30 per 30 days)
mirtazapine oral tablet 45mg		QL (30 per 30 days)
mirtazapine oral tablet 7.5mg		QL (45 per 30 days)
mirtazapine oral tablet, disintegrating 15mg, 30mg, 45mg	*(Remeron SolTab)*	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-25mg, 6-50mg		QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-50mg	*(Symbyax)*	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 3-25mg, 6-25mg	*(Symbyax)*	QL (90 per 30 days)
Inhibidores De Monoamino Oxidasa		
EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24 HR, 6MG/24 HR, 9MG/24 HR		ST; NM; QL (30 per 30 days)
MARPLAN ORAL TABLET 10MG		ST; QL (180 per 30 days)
phenelzine oral tablet 15mg	*(Nardil)*	
tranylcypromine oral tablet 10mg	*(Parnate)*	
Tricíclicos		
amitriptyline oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg		
amoxapine oral tablet 100mg, 150mg, 25mg, 50mg		
clomipramine oral capsule 25mg, 50mg, 75mg	*(Anafranil)*	

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Nombre del Medicamento		Requerimientos/ Límites
desipramine oral tablet 10mg, 25mg	*(Norpramin)*	
desipramine oral tablet 100mg, 150mg, 50mg, 75mg		
doxepin oral capsule 10mg, 100mg, 150mg, 25mg, 50mg, 75mg		
doxepin oral concentrate 10mg/ml		
imipramine hcl oral tablet 10mg, 25mg, 50mg		
nortriptyline oral capsule 10mg, 25mg, 50mg, 75mg	*(Pamelor)*	
nortriptyline oral solution 10mg/5ml		
protriptyline oral tablet 10mg, 5mg		
trimipramine oral capsule 100mg, 25mg, 50mg		
ANTIEMÉTICOS		
Antieméticos, Otros		
meclizine oral tablet 12.5mg		
meclizine oral tablet 25mg	*(Dramamine (meclizine))*	
prochlorperazine maleate oral tablet 10mg, 5mg	*(Compazine)*	PA BvD
prochlorperazine rectal suppository 25mg	*(Compazine)*	
promethazine oral syrup 6.25mg/5ml		
promethazine oral tablet 12.5mg, 25mg, 50mg		
promethazine rectal suppository 12.5mg, 25mg	*(Promethegan)*	
scopolamine base transdermal patch 3 day 1mg over 3 days	*(Transderm-Scop)*	
Complementos De Terapia Emetógena		
aprepitant oral capsule 125mg, 40mg		PA BvD; QL (30 per 30 days)
aprepitant oral capsule 80mg	*(Emend)*	PA BvD; QL (30 per 30 days)
aprepitant oral capsule, dose pack 125mg (1)-80mg (2)	*(Emend)*	PA BvD; QL (12 per 30 days)
dronabinol oral capsule 10mg, 2.5mg, 5mg	*(Marinol)*	PA; QL (60 per 30 days)
granisetron hcl oral tablet 1mg		PA BvD; QL (60 per 30 days)
ondansetron hcl oral solution 4mg/5ml		PA BvD
ondansetron hcl oral tablet 4mg, 8mg		PA BvD
ondansetron oral tablet, disintegrating 4mg, 8mg		PA BvD
VARUBI ORAL TABLET 90MG		PA BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Nombre del Medicamento		Requerimientos/ Límites
ANTIFÚNGICOS		
Antifúngicos		
ABELCET INTRAVENOUS SUSPENSION 5MG/ML		PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50MG	(amphotericin b liposome)	PA BvD; NM
amphotericin b injection recon soln 50mg		PA BvD
caspofungin intravenous recon soln 50mg	*(Cancidas)*	NM
caspofungin intravenous recon soln 70mg	*(Cancidas)*	
ciclopirox topical cream 0.77%	*(Ciclodan)*	
ciclopirox topical suspension 0.77%	*(Loprox (as olamine))*	
clotrimazole mucous membrane troche 10mg		
clotrimazole topical cream 1%	*(Antifungal (clotrimazole))*	
clotrimazole topical solution 1%		
econazole topical cream 1%		
ERAXIS (WATER DILUENT) INTRAVENOUS RECON SOLN 100MG		PA BvD; NM
ERAXIS (WATER DILUENT) INTRAVENOUS RECON SOLN 50MG		PA BvD
fluconazole in nacl (iso-osm) intravenous piggyback 200mg/100ml, 400mg/200ml		PA BvD
fluconazole oral suspension for reconstitution 10mg/ml, 40mg/ml	*(Diflucan)*	
fluconazole oral tablet 100mg, 200mg	*(Diflucan)*	
fluconazole oral tablet 150mg, 50mg		
flucytosine oral capsule 250mg, 500mg	*(Ancobon)*	NM
griseofulvin microsize oral suspension 125mg/5ml		
griseofulvin microsize oral tablet 500mg		
griseofulvin ultramicrosize oral tablet 125mg, 250mg		
itraconazole oral capsule 100mg	*(Sporanox)*	PA
itraconazole oral solution 10mg/ml	*(Sporanox)*	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10%		
ketoconazole oral tablet 200mg		
ketoconazole topical cream 2%		
ketoconazole topical shampoo 2%		

Nombre del Medicamento		Requerimientos/ Límites
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300MG		PA; NM
nyamyc topical powder 100, 000unit/gram	*(nystatin)*	
nystatin oral suspension 100, 000unit/ml		
nystatin oral tablet 500, 000unit		
nystatin topical cream 100, 000unit/gram		
nystatin topical ointment 100, 000unit/gram		
nystatin topical powder 100, 000unit/gram	*(Nyamyc)*	
nystop topical powder 100, 000unit/gram	*(nystatin)*	
posaconazole oral suspension 200mg/5ml (40mg/ml)	*(Noxafil)*	PA; NM
posaconazole oral tablet, delayed release (dr/ec) 100mg	*(Noxafil)*	PA
terbinafine hcl oral tablet 250mg		
terconazole vaginal cream 0.4%, 0.8%		
terconazole vaginal suppository 80mg		
voriconazole intravenous recon soln 200mg	*(Vfend IV)*	PA; NM
voriconazole oral suspension for reconstitution 200mg/5ml (40mg/ml)	*(Vfend)*	PA; NM
voriconazole oral tablet 200mg, 50mg	*(Vfend)*	PA
ANTIMICOBACTERIALES		
Antimicobacterianos, Otros		
dapsone oral tablet 100mg, 25mg		
PRIFTIN ORAL TABLET 150MG		
rifabutin oral capsule 150mg	*(Mycobutin)*	
Antituberculosos		
ethambutol oral tablet 100mg		
ethambutol oral tablet 400mg	*(Myambutol)*	
isoniazid oral solution 50mg/5ml		
isoniazid oral tablet 100mg, 300mg		
pyrazinamide oral tablet 500mg		
rifampin intravenous recon soln 600mg	*(Rifadin)*	
rifampin oral capsule 150mg, 300mg		
SIRTURO ORAL TABLET 100MG, 20MG		PA; NM
TRECATOR ORAL TABLET 250MG		

Nombre del Medicamento		Requerimientos/ Límites
ANTINEOPLÁSICOS		
Agentes Alquilantes		
cyclophosphamide oral capsule 25mg, 50mg		PA BvD
cyclophosphamide oral tablet 25mg, 50mg		PA BvD
GLEOSTINE ORAL CAPSULE 10MG, 100MG, 40MG	(lomustine)	PA NSO
LEUKERAN ORAL TABLET 2MG		
MATULANE ORAL CAPSULE 50MG		PA NSO; NM
VALCHLOR TOPICAL GEL 0.016%		PA NSO; NM; QL (60 per 14 days)
Agentes Antiangiogénicos		
lenalidomide oral capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	*(Revlimid)*	PA NSO; NM; QL (28 per 28 days)
POMALYST ORAL CAPSULE 1MG, 2MG, 3MG, 4MG		PA NSO; NM; QL (21 per 28 days)
THALOMID ORAL CAPSULE 100MG, 200MG, 50MG		PA NSO; NM; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150MG		PA NSO; NM; QL (60 per 30 days)
Antiandrógenos		
abiraterone oral tablet 250mg, 500mg	*(Zytiga)*	PA NSO; NM; QL (120 per 30 days)
bicalutamide oral tablet 50mg	*(Casodex)*	
ERLEADA ORAL TABLET 240MG		PA NSO; NM; QL (30 per 30 days)
ERLEADA ORAL TABLET 60MG		PA NSO; NM; QL (120 per 30 days)
LYSODREN ORAL TABLET 500MG		NM
nilutamide oral tablet 150mg	*(Nilandron)*	NM; QL (60 per 30 days)
NUBEQA ORAL TABLET 300MG		PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL CAPSULE 40MG		PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 40MG		PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 80MG		PA NSO; NM; QL (90 per 30 days)
YONSA ORAL TABLET 125MG		PA NSO; NM; QL (120 per 30 days)
Antiestrógenos/Modificadores		
EMCYT ORAL CAPSULE 140MG		
ORSERDU ORAL TABLET 345MG		PA NSO; NM; QL (30 per 30 days)
ORSERDU ORAL TABLET 86MG		PA NSO; NM; QL (90 per 30 days)
SOLTAMOX ORAL SOLUTION 20MG/10ML		PA NSO
tamoxifen oral tablet 10mg, 20mg		
toremifene oral tablet 60mg	*(Fareston)*	PA NSO; NM

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Nombre del Medicamento		Requerimientos/ Límites
Antimetabolitos		
DROXIA ORAL CAPSULE 200MG, 300MG, 400MG		
hydroxyurea oral capsule 500mg	*(Hydrea)*	
INQOVI ORAL TABLET 35-100MG		PA NSO; NM
mercaptopurine oral tablet 50mg		
ONUREG ORAL TABLET 200MG, 300MG		PA NSO; NM
PURIXAN ORAL SUSPENSION 20MG/ML		NM
TABLOID ORAL TABLET 40MG	(thioguanine)	PA NSO
Antineoplásicos, Otros		
IDHIFA ORAL TABLET 100MG		PA NSO; NM; QL (30 per 30 days)
IDHIFA ORAL TABLET 50MG		PA NSO; NM; QL (60 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200MG/DAY (200MG X 1)-2.5MG, 400MG/DAY (200MG X 2)-2.5MG, 600MG/DAY (200MG X 3)-2.5MG		PA NSO; NM
KRAZATI ORAL TABLET 200MG		PA NSO; NM; QL (180 per 30 days)
leucovorin calcium oral tablet 10mg, 15mg, 25mg, 5mg		
LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG		PA NSO; NM
LUMAKRAS ORAL TABLET 120MG		PA NSO; NM; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320MG		PA NSO; NM; QL (90 per 30 days)
LYNPARZA ORAL TABLET 100MG		PA NSO; NM; QL (180 per 30 days)
LYNPARZA ORAL TABLET 150MG		PA NSO; NM; QL (120 per 30 days)
MESNEX ORAL TABLET 400MG		NM
NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG		PA NSO; NM
ORGOVYX ORAL TABLET 120MG		PA NSO; NM; QL (60 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5MG		PA NSO; NM
WELIREG ORAL TABLET 40MG		PA NSO; NM; QL (90 per 30 days)
XATMEP ORAL SOLUTION 2.5MG/ML		PA BvD
XPOVIO ORAL TABLET 100MG/WEEK (50MG X 2), 40MG/WEEK (40MG X 1), 40MG TWICE WEEK (40MG X 2), 60MG/WEEK (60MG X 1), 60MG TWICE WEEK (120MG/WEEK), 80MG/WEEK (40MG X 2), 80MG TWICE WEEK (160MG/WEEK)		PA NSO; NM

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Nombre del Medicamento		Requerimientos/ Límites
ZOLINZA ORAL CAPSULE 100MG		PA NSO; NM; QL (120 per 30 days)
Inhibidores De Aromatasa, 3ra Generación		
anastrozole oral tablet 1mg	*(Arimidex)*	
exemestane oral tablet 25mg	*(Aromasin)*	
letrozole oral tablet 2.5mg	*(Femara)*	
Inhibidores De Objetivo Molecular		
ALECENSA ORAL CAPSULE 150MG		PA NSO; NM
ALUNBRIG ORAL TABLET 180MG		PA NSO; NM; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30MG		PA NSO; NM; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90MG		PA NSO; NM; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90MG (7)-180MG (23)		PA NSO; NM; QL (30 per 30 days)
AYVAKIT ORAL TABLET 100MG, 200MG, 25MG, 300MG, 50MG		PA NSO; NM; QL (30 per 30 days)
BALVERSA ORAL TABLET 3MG		PA NSO; NM; QL (90 per 30 days)
BALVERSA ORAL TABLET 4MG		PA NSO; NM; QL (60 per 30 days)
BALVERSA ORAL TABLET 5MG		PA NSO; NM; QL (30 per 30 days)
BOSULIF ORAL TABLET 100MG		PA NSO; NM; QL (120 per 30 days)
BOSULIF ORAL TABLET 400MG, 500MG		PA NSO; NM; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75MG		PA NSO; NM; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80MG		PA NSO; NM; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20MG, 40MG, 60MG		PA NSO; NM
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100MG		PA NSO; NM; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100MG		PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100MG	(vandetanib)	PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300MG	(vandetanib)	PA NSO; NM; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100MG/DAY (80MG X1-20MG X1)		PA NSO; NM; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140MG/DAY (80MG X1-20MG X3)		PA NSO; NM; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60MG/DAY (20MG X 3/DAY)		PA NSO; NM; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15MG, 25MG		PA NSO; NM; QL (60 per 30 days)
COTELLIC ORAL TABLET 20MG		PA NSO; NM; QL (63 per 28 days)
DAURISMO ORAL TABLET 100MG, 25MG		PA NSO; NM
ERIVEDGE ORAL CAPSULE 150MG		PA NSO; NM
erlotinib oral tablet 100mg, 150mg	*(Tarceva)*	PA NSO; NM; QL (30 per 30 days)
erlotinib oral tablet 25mg	*(Tarceva)*	PA NSO; NM; QL (90 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
everolimus (antineoplastic) oral tablet 10mg, 2.5mg, 5mg, 7.5mg	*(Afinitor)*	PA NSO; NM; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2mg, 3mg	*(Afinitor Disperz)*	PA NSO; NM; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5mg	*(Afinitor Disperz)*	PA NSO; NM; QL (60 per 30 days)
EXKIVITY ORAL CAPSULE 40MG		PA NSO; NM
FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG		PA NSO; NM; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100MG		PA NSO; NM; QL (120 per 30 days)
gefitinib oral tablet 250mg	*(Iressa)*	PA NSO; NM
GILOTRIF ORAL TABLET 20MG, 30MG, 40MG		PA NSO; NM; QL (30 per 30 days)
IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG		PA NSO; NM
IBRANCE ORAL TABLET 100MG, 125MG, 75MG		PA NSO; NM
ICLUSIG ORAL TABLET 10MG, 30MG, 45MG		PA NSO; NM; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15MG		PA NSO; NM; QL (60 per 30 days)
imatinib oral tablet 100mg	*(Gleevec)*	PA NSO; NM; QL (90 per 30 days)
imatinib oral tablet 400mg	*(Gleevec)*	PA NSO; NM; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140MG		PA NSO; NM; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70MG		PA NSO; NM; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70MG/ML		PA NSO; NM; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG, 560MG		PA NSO; NM; QL (28 per 28 days)
INLYTA ORAL TABLET 1MG		PA NSO; NM; QL (180 per 30 days)
INLYTA ORAL TABLET 5MG		PA NSO; NM; QL (60 per 30 days)
INREBIC ORAL CAPSULE 100MG		PA NSO; NM; QL (120 per 30 days)
JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG		PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100MG		PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50MG		PA NSO; NM; QL (30 per 30 days)
KISQALI ORAL TABLET 200MG/DAY (200MG X 1), 400MG/DAY (200MG X 2), 600MG/DAY (200MG X 3)		PA NSO; NM
KOSELUGO ORAL CAPSULE 10MG		PA NSO; NM; QL (240 per 30 days)
KOSELUGO ORAL CAPSULE 25MG		PA NSO; NM; QL (120 per 30 days)
lapatinib oral tablet 250mg	*(Tykerb)*	PA NSO; NM; QL (180 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
LENVIMA ORAL CAPSULE 10MG/DAY (10MG X 1), 12MG/DAY (4MG X 3), 14MG/DAY (10MG X 1-4MG X 1), 18MG/DAY (10MG X 1-4MG X2), 20MG/DAY (10MG X 2), 24MG/DAY (10MG X 2-4MG X 1), 4MG, 8MG/DAY (4MG X 2)		PA NSO; NM
LORBRENA ORAL TABLET 100MG		PA NSO; NM; QL (30 per 30 days)
LORBRENA ORAL TABLET 25MG		PA NSO; NM; QL (120 per 30 days)
LYTGOBI ORAL TABLET 4MG		PA NSO; NM; QL (84 per 28 days)
LYTGOBI ORAL TABLET 4MG (4X 4MG TB)		PA NSO; NM; QL (112 per 28 days)
LYTGOBI ORAL TABLET 4MG (5X 4MG TB)		PA NSO; NM; QL (140 per 28 days)
MEKINIST ORAL RECON SOLN 0.05MG/ML		PA NSO; NM; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5MG		PA NSO; NM; QL (120 per 30 days)
MEKINIST ORAL TABLET 2MG		PA NSO; NM; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15MG		PA NSO; NM; QL (180 per 30 days)
NERLYNX ORAL TABLET 40MG		PA NSO; NM; QL (180 per 30 days)
ODOMZO ORAL CAPSULE 200MG		PA NSO; NM
PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG		PA NSO; NM; QL (14 per 21 days)
PIQRAY ORAL TABLET 200MG/DAY (200MG X 1), 250MG/DAY (200MG X1-50MG X1), 300MG/DAY (150MG X 2)		PA NSO; NM
QINLOCK ORAL TABLET 50MG		PA NSO; NM; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40MG		PA NSO; NM; QL (120 per 30 days)
RETEVMO ORAL CAPSULE 80MG		PA NSO; NM; QL (180 per 30 days)
REZLIDHIA ORAL CAPSULE 150MG		PA NSO; NM; QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100MG		PA NSO; NM; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200MG		PA NSO; NM; QL (90 per 30 days)
RUBRACA ORAL TABLET 200MG, 250MG, 300MG		PA NSO; NM
RYDAPT ORAL CAPSULE 25MG		PA NSO; NM; QL (240 per 30 days)
SCEMBLIX ORAL TABLET 20MG, 40MG		PA NSO; NM
sorafenib oral tablet 200mg	*(Nexavar)*	PA NSO; NM; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG		PA NSO; NM; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140MG		PA NSO; NM; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20MG		PA NSO; NM; QL (90 per 30 days)
STIVARGA ORAL TABLET 40MG		PA NSO; NM; QL (84 per 28 days)
sunitinib malate oral capsule 12.5mg, 25mg, 37.5mg, 50mg	*(Sutent)*	PA NSO; NM; QL (28 per 28 days)

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Nombre del Medicamento	Requerimientos/ Límites
TABRECTA ORAL TABLET 150MG, 200MG	PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50MG	PA NSO; NM; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75MG	PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10MG	PA NSO; NM; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40MG, 80MG	PA NSO; NM
TALZENNA ORAL CAPSULE 0.1MG, 0.35MG, 0.75MG, 1MG	PA NSO; NM; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25MG	PA NSO; NM; QL (120 per 30 days)
TALZENNA ORAL CAPSULE 0.5MG	PA NSO; NM; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG	PA NSO; NM; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200MG	PA NSO; NM; QL (240 per 30 days)
TEPMETKO ORAL TABLET 225MG	PA NSO; NM; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250MG	PA NSO; NM; QL (60 per 30 days)
TUKYSA ORAL TABLET 150MG, 50MG	PA NSO; NM; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125MG, 200MG	PA NSO; NM; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 10MG, 50MG	PA NSO
VENCLEXTA ORAL TABLET 100MG	PA NSO; NM
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10MG-50MG-100MG	PA NSO
VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG	PA NSO; NM
VITRAKVI ORAL CAPSULE 100MG	PA NSO; NM; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25MG	PA NSO; NM; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20MG/ML	PA NSO; NM; QL (310 per 30 days)
VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG	PA NSO; NM; QL (30 per 30 days)
VONJO ORAL CAPSULE 100MG	PA NSO; NM; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200MG	PA NSO; NM; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200MG, 250MG	PA NSO; NM; QL (120 per 30 days)
XOSPATA ORAL TABLET 40MG	PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL CAPSULE 100MG	PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL TABLET 100MG, 200MG, 300MG	PA NSO; NM; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240MG	PA NSO; NM; QL (240 per 30 days)
ZYDELIG ORAL TABLET 100MG, 150MG	PA NSO; NM; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150MG	PA NSO; NM; QL (150 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
Retinoides		
bexarotene oral capsule 75mg	*(Targretin)*	PA NSO; NM; QL (300 per 30 days)
bexarotene topical gel 1%	*(Targretin)*	PA NSO; NM
tretinoin (antineoplastic) oral capsule 10mg		NM
ANTIPARASITARIOS		
Antihelmínticos		
albendazole oral tablet 200mg		
EMVERM ORAL TABLET, CHEWABLE 100MG	(mebendazole)	NM
ivermectin oral tablet 3mg	*(Stromectol)*	PA
Antiprotozoarios		
atovaquone oral suspension 750mg/5ml	*(Mepron)*	NM
atovaquone-proguanil oral tablet 250-100mg	*(Malarone)*	
atovaquone-proguanil oral tablet 62.5-25mg	*(Malarone Pediatric)*	
benznidazole oral tablet 100mg, 12.5mg		
chloroquine phosphate oral tablet 250mg, 500mg		
COARTEM ORAL TABLET 20-120MG		
hydroxychloroquine oral tablet 100mg, 300mg, 400mg		
hydroxychloroquine oral tablet 200mg	*(Plaquenil)*	
LAMPIT ORAL TABLET 120MG, 30MG		
mefloquine oral tablet 250mg		
nitazoxanide oral tablet 500mg	*(Alinia)*	QL (40 per 30 days)
pentamidine inhalation recon soln 300mg	*(Nebupent)*	PA BvD
pentamidine injection recon soln 300mg	*(Pentam)*	PA BvD
PRIMAQUINE ORAL TABLET 26.3MG		
quinine sulfate oral capsule 324mg	*(Qualaquin)*	PA
ANTIPSICÓTICOS		
1ra Generación/Típico		
chlorpromazine oral concentrate 100mg/ml, 30mg/ml		PA BvD
chlorpromazine oral tablet 10mg, 100mg, 200mg, 25mg, 50mg		PA BvD
fluphenazine decanoate injection solution 25mg/ml		

Nombre del Medicamento		Requerimientos/ Límites
fluphenazine hcl injection solution 2.5mg/ml		
fluphenazine hcl oral concentrate 5mg/ml		
fluphenazine hcl oral elixir 2.5mg/5ml		
fluphenazine hcl oral tablet 1mg, 10mg, 2.5mg, 5mg		
haloperidol decanoate intramuscular solution 100mg/ml (1ml), 50mg/ml (1ml)		
haloperidol decanoate intramuscular solution 100mg/ml, 50mg/ml	*(Haldol Decanoate)*	
haloperidol lactate injection solution 5mg/ml		
haloperidol lactate oral concentrate 2mg/ml		
haloperidol oral tablet 0.5mg, 1mg, 10mg, 2mg, 20mg, 5mg		
loxapine succinate oral capsule 10mg, 25mg, 5mg, 50mg		
molindone oral tablet 10mg, 25mg, 5mg		
perphenazine oral tablet 16mg, 2mg		
perphenazine oral tablet 4mg, 8mg		PA BvD
pimozide oral tablet 1mg, 2mg		
thioridazine oral tablet 10mg, 100mg, 25mg, 50mg		
thiothixene oral capsule 1mg, 10mg, 2mg, 5mg		
trifluoperazine oral tablet 1mg, 10mg, 2mg, 5mg		
2da Generación/Atípico		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720MG/2.4ML, 960MG/3.2ML		NM
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300MG, 400MG		NM
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300MG, 400MG		NM
aripiprazole oral solution 1mg/ml		QL (750 per 30 days)
aripiprazole oral tablet 10mg, 15mg, 2mg, 20mg, 30mg, 5mg	*(Abilify)*	QL (30 per 30 days)
aripiprazole oral tablet, disintegrating 10mg		NM; QL (90 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
aripiprazole oral tablet, disintegrating 15mg		NM; QL (60 per 30 days)
asenapine maleate sublingual tablet 10mg, 2.5mg, 5mg	*(Saphris)*	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5MG, 21MG, 42MG		NM
FANAPT ORAL TABLET 1MG, 10MG, 12MG, 2MG, 4MG, 6MG, 8MG		ST; NM; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG (2)-2MG (2)-4MG (2)-6MG (2)		ST; QL (60 per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1, 092MG/3.5ML, 1, 560MG/5ML		NM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML		NM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39MG/0.25ML		
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML		NM
lurasidone oral tablet 120mg, 20mg, 40mg, 60mg, 80mg	*(Latuda)*	NM
LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG		ST; NM; QL (30 per 30 days)
NUPLAZID ORAL CAPSULE 34MG		PA NSO; NM
NUPLAZID ORAL TABLET 10MG		PA NSO; NM
olanzapine intramuscular recon soln 10mg	*(Zyprexa)*	QL (60 per 30 days)
olanzapine oral tablet 10mg, 15mg, 2.5mg, 5mg, 7.5mg	*(Zyprexa)*	QL (30 per 30 days)
olanzapine oral tablet 20mg	*(Zyprexa)*	QL (60 per 30 days)
olanzapine oral tablet, disintegrating 10mg, 5mg	*(Zyprexa Zydis)*	QL (60 per 30 days)
olanzapine oral tablet, disintegrating 15mg, 20mg	*(Zyprexa Zydis)*	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5mg, 3mg, 9mg	*(Invega)*	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6mg	*(Invega)*	QL (60 per 30 days)
quetiapine oral tablet 100mg, 200mg, 25mg, 300mg, 400mg, 50mg	*(Seroquel)*	QL (60 per 30 days)
quetiapine oral tablet 150mg		QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Nombre del Medicamento		Requerimientos/ Límites
quetiapine oral tablet extended release 24-hr 150mg	*(Seroquel XR)*	QL (90 per 30 days)
quetiapine oral tablet extended release 24-hr 200mg, 300mg, 400mg	*(Seroquel XR)*	QL (60 per 30 days)
quetiapine oral tablet extended release 24-hr 50mg	*(Seroquel XR)*	QL (120 per 30 days)
REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG		NM
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5MG/2ML		
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25MG/2ML, 37.5MG/2ML, 50MG/2ML		NM
risperidone oral solution 1mg/ml	*(Risperdal)*	QL (480 per 30 days)
risperidone oral tablet 0.25mg		QL (60 per 30 days)
risperidone oral tablet 0.5mg	*(Risperdal)*	QL (120 per 30 days)
risperidone oral tablet 1mg, 2mg, 3mg, 4mg	*(Risperdal)*	QL (60 per 30 days)
risperidone oral tablet, disintegrating 0.25mg, 1mg, 2mg, 3mg		QL (60 per 30 days)
risperidone oral tablet, disintegrating 0.5mg, 4mg		QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24-HOUR, 5.7MG/24-HOUR, 7.6MG/24-HOUR		ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5MG		ST; NM; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG		ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5MG (1)-3MG (6)		ST; QL (7 per 28 days)
ziprasidone hcl oral capsule 20mg, 40mg, 60mg, 80mg	*(Geodon)*	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20mg/ml (final conc.)	*(Geodon)*	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210MG		ST
Resistente-Tratamiento		
clozapine oral tablet 100mg, 200mg, 25mg, 50mg	*(Clozaril)*	QL (120 per 30 days)
clozapine oral tablet, disintegrating 100mg, 12.5mg, 150mg, 25mg		QL (120 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
clozapine oral tablet, disintegrating 200mg		NM; QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50MG/ML		ST; NM; QL (540 per 30 days)
ANTIVIRALES		
APTIVUS ORAL CAPSULE 250MG		NM; QL (120 per 30 days)
atazanavir oral capsule 150mg		QL (60 per 30 days)
atazanavir oral capsule 200mg	*(Reyataz)*	QL (60 per 30 days)
atazanavir oral capsule 300mg	*(Reyataz)*	QL (30 per 30 days)
darunavir ethanolate oral tablet 600mg	*(Prezista)*	NM; QL (60 per 30 days)
darunavir ethanolate oral tablet 800mg	*(Prezista)*	NM; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150MG		NM; QL (30 per 30 days)
fosamprenavir oral tablet 700mg	*(Lexiva)*	NM; QL (120 per 30 days)
LEXIVA ORAL SUSPENSION 50MG/ML		QL (1575 per 28 days)
lopinavir-ritonavir oral solution 400-100mg/5ml	*(Kaletra)*	QL (400 per 30 days)
lopinavir-ritonavir oral tablet 100-25mg	*(Kaletra)*	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50mg	*(Kaletra)*	QL (150 per 30 days)
NORVIR ORAL POWDER IN PACKET 100MG		QL (360 per 30 days)
PREZCOBIX ORAL TABLET 800-150MG-MG		NM; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100MG/ML		NM; QL (360 per 30 days)
PREZISTA ORAL TABLET 150MG		QL (240 per 30 days)
PREZISTA ORAL TABLET 75MG		QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50MG		QL (180 per 30 days)
ritonavir oral tablet 100mg	*(Norvir)*	QL (360 per 30 days)
VIRACEPT ORAL TABLET 250MG		NM; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625MG		NM; QL (120 per 30 days)
Agentes Anti-Citomegalovirus (CMV)		
LIVTENCITY ORAL TABLET 200MG		PA; NM
PREVYMIS ORAL TABLET 240MG, 480MG		PA; NM; QL (28 per 28 days)
valganciclovir oral recon soln 50mg/ml	*(Valcyte)*	
valganciclovir oral tablet 450mg	*(Valcyte)*	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15%		
Agentes Anti-Hepatitis B (HBV)		
adefovir oral tablet 10mg	*(Hepsera)*	QL (30 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
BARACLUDE ORAL SOLUTION 0.05MG/ML		NM; QL (600 per 30 days)
entecavir oral tablet 0.5mg, 1mg	*(Baraclude)*	QL (30 per 30 days)
lamivudine oral tablet 100mg		QL (90 per 30 days)
VEMLIDY ORAL TABLET 25MG		NM; QL (30 per 30 days)
Agentes Anti-Hepatitis C (HCV)		
MAVYRET ORAL PELLETS IN PACKET 50-20MG		PA; NM
MAVYRET ORAL TABLET 100-40MG		PA; NM
ribavirin oral capsule 200mg		
ribavirin oral tablet 200mg		
sofosbuvir-velpatasvir oral tablet 400-100mg	*(Epclusa)*	PA; NM
VOSEVI ORAL TABLET 400-100-100MG		PA; NM
Agentes Antiherpéticos		
acyclovir oral capsule 200mg		
acyclovir oral suspension 200mg/5ml	*(Zovirax)*	
acyclovir oral tablet 400mg, 800mg		
acyclovir sodium intravenous solution 50mg/ml		PA BvD
famciclovir oral tablet 125mg, 250mg, 500mg		
trifluridine ophthalmic (eye) drops 1%		
valacyclovir oral tablet 1gm, 500mg	*(Valtrex)*	
Agentes Anti-Influenza		
oseltamivir oral capsule 30mg, 45mg, 75mg	*(Tamiflu)*	
oseltamivir oral suspension for reconstitution 6mg/ml	*(Tamiflu)*	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5MG/ACTUATION		
rimantadine oral tablet 100mg	*(Flumadine)*	
XOFLUZA ORAL TABLET 40MG, 80MG		
Agentes Anti-VIH, Inhibidores De Integrasa (INSTI)		
BIKTARVY ORAL TABLET 30-120-15MG, 50-200-25MG		NM; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300MG		NM; QL (30 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10MG		NM; QL (30 per 30 days)
ISENTRESS HD ORAL TABLET 600MG		NM; QL (60 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
ISENTRESS ORAL POWDER IN PACKET 100MG		QL (60 per 30 days)
ISENTRESS ORAL TABLET 400MG		NM; QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100MG, 25MG		QL (180 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300MG		NM; QL (30 per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10MG		NM; QL (30 per 30 days)
TIVICAY ORAL TABLET 10MG		QL (60 per 30 days)
TIVICAY ORAL TABLET 25MG, 50MG		NM; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5MG		QL (360 per 30 days)
Agentes Anti-VIH, Inhibidores De Transcriptasa Inversa No-Nucleósido (NNRTI)		
COMPLERA ORAL TABLET 200-25-300MG		NM; QL (30 per 30 days)
EDURANT ORAL TABLET 25MG		NM; QL (30 per 30 days)
efavirenz oral capsule 200mg		QL (120 per 30 days)
efavirenz oral capsule 50mg		QL (360 per 30 days)
efavirenz oral tablet 600mg		QL (30 per 30 days)
etravirine oral tablet 100mg	*(Intelence)*	NM; QL (120 per 30 days)
etravirine oral tablet 200mg	*(Intelence)*	NM; QL (60 per 30 days)
INTELENCE ORAL TABLET 25MG		QL (120 per 30 days)
nevirapine oral suspension 50mg/5ml		QL (1200 per 30 days)
nevirapine oral tablet 200mg		QL (60 per 30 days)
nevirapine oral tablet extended release 24-hr 100mg		QL (120 per 30 days)
nevirapine oral tablet extended release 24-hr 400mg		QL (30 per 30 days)
PIFELTRO ORAL TABLET 100MG		NM; QL (30 per 30 days)
Agentes Anti-VIH, Inhibidores De Transcriptasa Inversa Nucleósido Y Nucleótido (NRTI)		
abacavir oral solution 20mg/ml	*(Ziagen)*	QL (960 per 30 days)
abacavir oral tablet 300mg	*(Ziagen)*	QL (60 per 30 days)
abacavir-lamivudine oral tablet 600-300mg	*(Epzicom)*	QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300MG		NM; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300MG		NM; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15MG, 200-25MG		NM; QL (30 per 30 days)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300mg	*(Atripla)*	NM; QL (30 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
efavirenz-lamivu-tenofov disop oral tablet 400-300-300mg	*(Symfi Lo)*	NM; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300mg	*(Symfi)*	NM; QL (30 per 30 days)
emtricitabine oral capsule 200mg	*(Emtriva)*	QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 100-150mg, 133-200mg, 167-250mg	*(Truvada)*	NM; QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 200-300mg	*(Truvada)*	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10MG/ML		QL (680 per 28 days)
JULUCA ORAL TABLET 50-25MG		NM; QL (30 per 30 days)
lamivudine oral solution 10mg/ml	*(Epivir)*	QL (900 per 30 days)
lamivudine oral tablet 150mg	*(Epivir)*	QL (60 per 30 days)
lamivudine oral tablet 300mg	*(Epivir)*	QL (30 per 30 days)
lamivudine-zidovudine oral tablet 150-300mg	*(Combivir)*	QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25MG		NM; QL (30 per 30 days)
tenofovir disoproxil fumarate oral tablet 300mg	*(Viread)*	QL (30 per 30 days)
TRIZIVIR ORAL TABLET 300-150-300MG	(abacavir-lamivudine-zidovudine)	NM; QL (60 per 30 days)
VIREAD ORAL POWDER 40MG/SCOOP (40MG/GRAM)		NM; QL (240 per 30 days)
VIREAD ORAL TABLET 150MG, 200MG, 250MG		NM; QL (30 per 30 days)
zidovudine oral capsule 100mg	*(Retrovir)*	QL (180 per 30 days)
zidovudine oral syrup 10mg/ml	*(Retrovir)*	QL (1680 per 28 days)
zidovudine oral tablet 300mg		QL (60 per 30 days)
Agentes Anti-VIH, Otros		
FUZEON SUBCUTANEOUS RECON SOLN 90MG		NM; QL (60 per 30 days)
maraviroc oral tablet 150mg, 300mg	*(Selzentry)*	NM; QL (120 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600MG		NM; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20MG/ML		NM; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 25MG		QL (240 per 30 days)
SELZENTRY ORAL TABLET 75MG		NM; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300MG		NM; QL (5 per 180 days)
SUNLENCA ORAL TABLET 300MG (4-TABLET PACK)		NM; QL (4 per 180 days)
TRIUMEQ ORAL TABLET 600-50-300MG		NM; QL (30 per 30 days)

Nombre del Medicamento	Requerimientos/ Límites
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30MG	NM; QL (180 per 30 days)
TYBOST ORAL TABLET 150MG	QL (30 per 30 days)
ELECTROLITOS/MINERALES/METALES/VITAMINAS	
Electrolitos/Minerales/Metales/Vitaminas	
bal-care dha combo pack 27-1-430mg	
bal-care dha essential pack 27mg iron-1mg -374mg	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5%	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25%	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25%	PA BvD
CLINIMIX 5%-D20W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5%	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75%	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25%	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25%	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5%	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5%	PA BvD
c-nate dha softgel 28mg iron-1mg -200mg	
completenate tablet chew 29mg iron-1mg	
d10%-0.45% sodium chloride intravenous parenteral solution	PA BvD
d2.5%-0.45% sodium chloride intravenous parenteral solution	PA BvD
d5% and 0.9% sodium chloride intravenous parenteral solution	PA BvD

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Nombre del Medicamento		Requerimientos/ Límites
d5%-0.45% sodium chloride intravenous parenteral solution		PA BvD
dextrose 10% and 0.2% nacl intravenous parenteral solution		PA BvD
dextrose 10% in water (d10w) intravenous parenteral solution 10%		PA BvD
dextrose 5% in water (d5w) intravenous piggyback 5%		PA BvD
dextrose 5%-0.2% sod chloride intravenous parenteral solution		PA BvD
dextrose 5%-water iv soln single use		PA BvD
DOJOLVI ORAL LIQUID 8.3 KCAL/ML		PA; NM
folivane-ob capsule 85-1mg		
INTRALIPID INTRAVENOUS EMULSION 20%, 30%		PA BvD
ISOLYTE-P IN 5% DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5%		PA BvD
kosher prenatal plus iron tab 30mg iron-1mg		
levocarnitine (with sugar) oral solution 100mg/ml	*(Carnitor)*	
levocarnitine oral tablet 330mg	*(Carnitor)*	
marnatal-f capsule 60mg iron-1mg		
m-natal plus tablet 27mg iron-1mg	*(pnv, calcium 72-iron-folic acid)*	
mynatal advance oral tablet 90-1-50mg		
mynatal capsule 65mg iron-1mg		
mynatal oral tablet 90-1-50mg		
mynatal plus captab 65mg iron-1mg		
mynatal-z captab 65mg iron-1mg		
mynate 90 plus oral tablet extended release 90mg iron-1mg		
newgen tablet 32-1, 000mg-mcg		
niva-plus tablet 27mg iron-1mg		
NUTRILIPID INTRAVENOUS EMULSION 20%		PA BvD
obstetrix dha combo pack 29mg iron-1, 700mcg dfe		
obstetrix dha oral combo pack, tablet and cap, dr 29mg iron-1mg -50mg		
o-cal prenatal tablet 15mg iron-1, 000mcg		
pnv 29-1 tablet (rx) 29mg iron-1mg		

Nombre del Medicamento		Requerimientos/ Límites
pnv prenatal plus multivit tab gluten-free (rx) 27mg iron-1mg	*(pnv, calcium 72-iron-folic acid)*	
pnv-dha + docusate oral capsule 27-1.25-55-300mg		
pnv-omega softgel 28-1-300mg		
pnv-vp-u oral capsule 106.5-1mg		
pr natal 400 combo pack 29-1-400mg		
pr natal 400 ec combo pack 29-1-400mg		
pr natal 430 combo pack 29mg iron-1mg -430mg		
pr natal 430 ec combo pack 29-1-430mg		
PREMASOL 10% INTRAVENOUS PARENTERAL SOLUTION 10%		PA BvD
prena1 true combo pack 30mg iron-1.4mg-300mg		
prenaissance oral capsule 29-1.25-55-325mg		
prenaissance plus oral capsule 28-1-50-250mg		
prenatabs fa tablet 29-1mg		
prenatal 19 (with docusate) oral tablet 29mg iron-1mg-25mg		
prenatal 19 chewable tablet 29mg iron-1mg		
prenatal low iron tablet (rx) 27mg iron-1mg		
prenatal plus iron tablet (rx) 29mg iron-1mg	*(pnv, calcium 72-iron, carb-folic)*	
prenatal vitamin plus low iron oral tablet 27mg iron-1mg	*(pnv, calcium 72-iron-folic acid)*	
prenatal-u capsule 106.5-1mg		
preplus ca-fe 27mg-fa 1mg tb (rx) 27mg iron-1mg	*(pnv, calcium 72-iron-folic acid)*	
pretab 29mg-1mg tablet (rx) 29-1mg		
PROSOL 20% INTRAVENOUS PARENTERAL SOLUTION		PA BvD
r-natal ob softgel 20mg iron-1mg-320mg		
select-ob chewable caplet 29mg iron-1mg		
select-ob chewable caplet 29mg iron-1mg		
se-natal 19 chewable tablet 29mg iron-1mg		
taron-c dha capsule 35-1-200mg		
taron-prex prenatal-dha oral capsule 30mg iron-1.2mg-55mg-265mg		

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Nombre del Medicamento		Requerimientos/ Límites
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20ML		PA BvD
TRAVASOL 10% INTRAVENOUS PARENTERAL SOLUTION 10%		PA BvD
triveen-duo dha combo pack 29-1-400mg		
TROPHAMINE 10% INTRAVENOUS PARENTERAL SOLUTION 10%		PA BvD
vinate care chewable tablet 40mg iron-1mg		
virt-c dha softgel (rx) 35-1-200mg		
virt-nate dha softgel 28mg iron-1mg -200mg		
virt-pn dha softgel (rx) 27mg iron-1mg -300mg		
virt-pn plus softgel (rx) 28-1-300mg		
vitafol gummies 3.33mg iron-0.33mg		
vitafol nano tablet 18mg iron-1mg		
vitafol-ob+dha combo pack 65-1-250mg		
vp-ch-pnv oral capsule 30mg iron-1mg -50mg-260mg		
vp-pnv-dha softgel (rx) 28mg iron-1mg-200mg		
zatean-pn dha capsule 27mg iron-1mg -300mg		
zatean-pn plus softgel 28-1-300mg		
zingiber tablet 1.2mg-40mg-124.1mg-100mg		
Enlaces De Fosfato		
AURYXIA ORAL TABLET 210MG IRON		PA
calcium acetate (phosphat bind) oral capsule 667mg		
calcium acetate (phosphat bind) oral tablet 667mg		
sevelamer carbonate oral powder in packet 0.8gm	*(Renvela)*	QL (540 per 30 days)
sevelamer carbonate oral powder in packet 2.4gm	*(Renvela)*	QL (180 per 30 days)
sevelamer carbonate oral tablet 800mg	*(Renvela)*	QL (540 per 30 days)
VELPHORO ORAL TABLET, CHEWABLE 500MG		
Modificadores De Electrolitos/Minerales/Metales		
deferasirox oral granules in packet 180mg, 360mg, 90mg	*(Jadenu Sprinkle)*	PA; NM

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Nombre del Medicamento		Requerimientos/ Límites
deferasirox oral tablet 180mg, 360mg	*(Jadenu)*	PA; NM
deferasirox oral tablet 90mg	*(Jadenu)*	PA
deferasirox oral tablet, dispersible 125mg	*(Exjade)*	PA
deferasirox oral tablet, dispersible 250mg, 500mg	*(Exjade)*	PA; NM
deferiprone oral tablet 1, 000mg, 500mg	*(Ferriprox)*	PA; NM
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1, 000MG		PA; NM
FERRIPROX ORAL SOLUTION 100MG/ML		PA; NM
LOKELMA ORAL POWDER IN PACKET 10GM, 5GM		
sodium polystyrene sulfonate oral powder		
sps (with sorbitol) oral suspension 15-20gm/60ml		
tolvaptan oral tablet 15mg	*(Samsca)*	PA; NM; QL (120 per 30 days)
tolvaptan oral tablet 30mg	*(Samsca)*	PA; NM; QL (60 per 30 days)
trientine oral capsule 250mg	*(Syprine)*	PA; NM
Sustituto De Electrolitos/Minerales		
carglumic acid oral tablet, dispersible 200mg	*(Carbaglu)*	PA; NM
fluoride (sodium) oral tablet 1mg (2.2mg sod. fluoride)		
fluoride 0.25mg tablet chew cherry flavor (rx) 0.25mg (0.55mg sod. fluoride)	*(Ludent Fluoride)*	
fluoride 0.5mg tablet chew grape flavor (rx) 0.5mg (1.1mg sodium fluorid)	*(Ludent Fluoride)*	
fluoride 1mg tablet chewable (rx) 1mg (2.2mg sod. fluoride)	*(Ludent Fluoride)*	
fluoritab 0.5mg tablet chew (rx) 0.5mg (1.1mg sodium fluorid)	*(fluoride (sodium))*	
fluoritab 1mg tablet chew (rx) 1mg (2.2mg sod. fluoride)	*(fluoride (sodium))*	
flura-drops oral drops 0.25mg (0.55mg sod.fluor)/drop		
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE		PA BvD
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		PA BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	(potassium chloride)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Nombre del Medicamento		Requerimientos/ Límites
klor-con m10 oral tablet, er particles/crystals 10 meq	*(potassium chloride)*	
klor-con m15 oral tablet, er particles/crystals 15 meq	*(potassium chloride)*	
klor-con m20 oral tablet, er particles/crystals 20 meq	*(potassium chloride)*	
KLOR-CON ORAL PACKET 20 MEQ	(potassium chloride)	
ludent fluoride 0.25mg tb chw d/f, chewable (rx) 0.25mg (0.55mg sod. fluoride)	*(fluoride (sodium))*	
ludent fluoride 0.5mg tb chew d/f, chewable (rx) 0.5mg (1.1mg sodium fluorid)	*(fluoride (sodium))*	
ludent fluoride 1mg tab chew d/f, chewable (rx) 1mg (2.2mg sod. fluoride)	*(fluoride (sodium))*	
magnesium sulfate injection solution 4 meq/ml (50%)		
magnesium sulfate injection syringe 4 meq/ml		
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-148)	PA BvD
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-a)	PA BvD
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l		PA BvD
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		PA BvD
potassium chloride in 5% dex intravenous parenteral solution 20 meq/l		PA BvD
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l		PA BvD
potassium chloride in water intravenous piggyback 10 meq/100ml, 20 meq/100ml, 40 meq/100ml		PA BvD
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20ml)		PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		
potassium chloride oral liquid 20 meq/15ml, 40 meq/15ml		
potassium chloride oral packet 20 meq	*(Klor-Con)*	

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Nombre del Medicamento		Requerimientos/ Límites
potassium chloride oral tablet extended release 10 meq	*(Klor-Con 10)*	
potassium chloride oral tablet extended release 20 meq	*(K-Tab)*	
potassium chloride oral tablet extended release 8 meq	*(Klor-Con 8)*	
potassium chloride oral tablet, er particles/crystals 10 meq	*(Klor-Con M10)*	
potassium chloride oral tablet, er particles/crystals 15 meq	*(Klor-Con M15)*	
potassium chloride oral tablet, er particles/crystals 20 meq	*(Klor-Con M20)*	
potassium chloride-0.45% nacl intravenous parenteral solution 20 meq/l		PA BvD
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l		PA BvD
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		PA BvD
potassium citrate oral tablet extended release 10 meq (1, 080mg)	*(Urocit-K 10)*	
potassium citrate oral tablet extended release 15 meq	*(Urocit-K 15)*	
potassium citrate oral tablet extended release 5 meq (540mg)	*(Urocit-K 5)*	
sodium chloride 0.45% intravenous parenteral solution 0.45%		
sodium chloride 0.9% intravenous piggyback		
sodium chloride 3% hypertonic intravenous parenteral solution 3%		
sodium chloride 5% hypertonic intravenous parenteral solution 5%		
sodium chloride irrigation solution 0.9%	*(Sterile Saline)*	
sodium fluoride 0.5mg/ml drop (rx) 0.5mg (1.1mg sod.fluorid)/ml		
NON-FRF		
Non-FRF		
PROLASTIN C 1, 000MG/20ML VL PRICE/ONEMG, SUV		PA; NM

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Nombre del Medicamento	Requerimientos/ Límites
REGULADORES DE GLUCOSA EN SANGRE	
Agentes Antidiabetico	
acarbose oral tablet 100mg, 25mg, 50mg	*(Precose)*
glimepiride oral tablet 1mg, 2mg, 4mg	
glipizide oral tablet 10mg, 5mg	
glipizide oral tablet extended release 24hr 10mg, 2.5mg, 5mg	*(Glucotrol XL)*
glipizide-metformin oral tablet 2.5-250mg, 2.5-500mg, 5-500mg	
glyburide micronized oral tablet 1.5mg, 3mg, 6mg	*(Glynase)*
glyburide oral tablet 1.25mg, 2.5mg, 5mg	
glyburide-metformin oral tablet 1.25-250mg, 2.5-500mg, 5-500mg	
INVOKAMET ORAL TABLET 150-1, 000MG, 150-500MG, 50-1, 000MG, 50-500MG	
INVOKAMET XR ORAL TABLET, IR -ER, BIPHASIC 24HR 150-1, 000MG, 150-500MG, 50-1, 000MG, 50-500MG	
INVOKANA ORAL TABLET 100MG, 300MG	
JANUMET ORAL TABLET 50-1, 000MG, 50-500MG	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1, 000MG, 50-1, 000MG, 50-500MG	
JANUVIA ORAL TABLET 100MG, 25MG, 50MG	
JARDIANCE ORAL TABLET 10MG, 25MG	
metformin oral tablet 1, 000mg, 500mg, 850mg	
metformin oral tablet extended release 24-hr 500mg, 750mg	
miglitol oral tablet 100mg, 25mg, 50mg	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	PA; QL (2 per 28 days)
nateglinide oral tablet 120mg, 60mg	

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Nombre del Medicamento		Requerimientos/ Límites
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25MG OR 0.5MG (2MG/3ML), 1MG/DOSE (4MG/3ML), 2MG/DOSE (8MG/3ML)		PA; QL (3 per 28 days)
pioglitazone oral tablet 15mg, 30mg, 45mg	*(Actos)*	
pioglitazone-metformin oral tablet 15-500mg		
pioglitazone-metformin oral tablet 15-850mg	*(Actoplus MET)*	
repaglinide oral tablet 0.5mg, 1mg, 2mg		
RYBELSUS ORAL TABLET 14MG, 3MG, 7MG		PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2, 700MCG/2.7ML		PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1, 500MCG/1.5ML		PA
SYNJARDY ORAL TABLET 12.5-1, 000MG, 12.5-500MG, 5-1, 000MG, 5-500MG		
SYNJARDY XR ORAL TABLET, IR -ER, BIPHASIC 24HR 10-1, 000MG, 12.5-1, 000MG, 25-1, 000MG, 5-1, 000MG		
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML		PA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6MG/0.1ML (18MG/3ML)		PA; QL (9 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100UNIT-3.6MG /ML (3ML)		
Agentes Glucémicos		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3MG/ACTUATION		
diazoxide oral suspension 50mg/ml	*(Proglycem)*	NM
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1MG		
KORLYM ORAL TABLET 300MG		PA; NM
Insulinas		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	

Nombre del Medicamento	Requerimientos/ Límites
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
ADVOCATE INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ADVOCATE INS 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ADVOCATE INS 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ADVOCATE INS 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ADVOCATE INS 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
ADVOCATE INS SYR 0.3ML 29GX1/2 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ADVOCATE INS SYR 0.5ML 29GX1/2 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ADVOCATE INS SYR 1ML 29GX1/2" 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ADVOCATE INS SYR 1ML 30GX5/16 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)

Nombre del Medicamento	Requerimientos/ Límites
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	
ASSURE ID INSULIN SAFETY SYRINGE 1ML 29 GAUGE X 1/2"	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
ASSURE ID SYR 0.5ML 29GX1/2" (RX) 0.5ML 29 GAUGE X 1/2"	
ASSURE ID SYR 0.5ML 31GX15/64" 0.5ML 31 GAUGE X 15/64"	
ASSURE ID SYR 1ML 31GX15/64" 1ML 31 GAUGE X 15/64"	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	
BD ECLIPSE 30GX1/2" SYRINGE 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
BD INS SYR 0.3ML 8MMX31G (1/2) 0.3ML 31 GAUGE X 5/16"	
BD INS SYRINGE 1/2ML 6MMX31G (ONLY FOR 500UNIT/ML INSULIN) 1/2ML 31 GAUGE X 15/64"	
BD INS SYRN UF 1ML 12.7MMX30G NOT FOR RETAIL SALE 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
BD INSULIN SYR 1ML 25GX1" 1ML 25 X 1"	
BD INSULIN SYR 1ML 25GX5/8" 1ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)
BD INSULIN SYR 1ML 26GX1/2" 1ML 26 X 1/2"	
BD INSULIN SYR 1ML 27GX5/8" MICRO-FINE 1ML 27 GAUGE X 5/8"	

Nombre del Medicamento	Requerimientos/ Límites
BD INSULIN SYR 1ML 28GX1/2" (OTC) 1ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
BD INSULIN SYRINGE 1ML W/O NEEDLE	(insulin syringe needleless)
BD LUER-LOK SYRINGE 1ML	(Easy Touch Luer Lock Insulin)
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
BD SAFETGLD INS 0.3ML 29G 13MM 0.3ML 29 GAUGE X 1/2"	
BD SAFETGLD INS 0.5ML 13MMX29G 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
BD SAFETYGLD INS 0.3ML 31G 8MM 0.3ML 31 GAUGE X 5/16"	
BD SAFETYGLD INS 0.5ML 30G 8MM 0.5ML 30 GAUGE X 5/16"	
BD SAFETYGLD INS 1ML 29G 13MM 1ML 29 GAUGE X 1/2"	
BD SAFETYGLID INS 1ML 6MMX31G 1ML 31 GAUGE X 15/64"	
BD SAFETYGLIDE SYRINGE 27GX5/8 1ML 27 GAUGE X 5/8"	
BD SAFTYGLD INS 0.3ML 6MMX31G 0.3ML 31 GAUGE X 15/64"	
BD SAFTYGLD INS 0.5ML 29G 13MM 0.5ML 29 GAUGE X 1/2"	
BD SAFTYGLD INS 0.5ML 6MMX31G 0.5ML 31 GAUGE X 15/64"	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)
BD VEO INS 0.3ML 6MMX31G (1/2) 0.3ML 31 GAUGE X 15/64"	
BD VEO INS SYRING 1ML 6MMX31G 1ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
BD VEO INS SYRN 0.3ML 6MMX31G 0.3ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)

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Nombre del Medicamento	Requerimientos/ Límites
BD VEO INS SYRN 0.5ML 6MMX31G 1/2ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)
CAREONE SYR 0.3ML 31GX5/16" SHORT, HRI 0.3ML 31 GAUGE X 5/16"	(Advocate Syringes)
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
CARETOUCH SYR 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
CARETOUCH SYR 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
CARETOUCH SYR 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
CARETOUCH SYR 1ML 28GX5/16" 1ML 28 X 5/16"	
CARETOUCH SYR 1ML 29GX5/16" 1ML 29 GAUGE X 5/16	
CARETOUCH SYR 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)

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Nombre del Medicamento	Requerimientos/ Límites
CARETOUCH SYR 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT EZ INS 0.3ML 30GX1/2" 0.3ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
COMFORT EZ INS 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
COMFORT EZ INSULIN SYR 0.3ML 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
COMFORT EZ INSULIN SYR 0.5ML 0.5ML 30 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI, HRI 32 GAUGE X 3/16"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	

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Nombre del Medicamento	Requerimientos/ Límites
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
COMFORT EZ SYR 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 0.5ML 28GX1/2" 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 0.5ML 29GX1/2" 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 1ML 28GX1/2" 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 1ML 29GX1/2" 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 1ML 30GX1/2" 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
COMFORT EZ SYR 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)

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Nombre del Medicamento	Requerimientos/ Límites
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	
CURITY GUAZE PADS 1'S (12 PLY) 2 X 2 "	(gauze bandage)
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	
DROPLET 0.5ML 29GX12.5MM (1/2) 0.5ML 29 GAUGE X 1/2"	
DROPLET 0.5ML 30GX12.5MM (1/2) 0.5ML 30 GAUGE X 1/2"	
DROPLET INS 0.3ML 29GX12.5MM 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
DROPLET INS 0.3ML 30GX12.5MM 0.3ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
DROPLET INS 0.5ML 30GX6MM (1/2) 0.5ML 30 GAUGE X 15/64"	
DROPLET INS 0.5ML 30GX8MM (1/2) 0.5ML 30 GAUGE X 5/16"	
DROPLET INS 0.5ML 31GX6MM (1/2) 0.5ML 31 GAUGE X 15/64"	
DROPLET INS 0.5ML 31GX8MM (1/2) 0.5ML 31 GAUGE X 5/16"	
DROPLET INS SYR 0.3ML 30GX6MM 0.3ML 30 GAUGE X 15/64"	
DROPLET INS SYR 0.3ML 30GX8MM 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
DROPLET INS SYR 0.3ML 31GX6MM 0.3ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
DROPLET INS SYR 0.3ML 31GX8MM 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
DROPLET INS SYR 1ML 29GX12.5MM 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
DROPLET INS SYR 1ML 30GX12.5MM 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Nombre del Medicamento	Requerimientos/ Límites
DROPLET INS SYR 1ML 30GX6MM 1ML 30 GAUGE X 15/64"	
DROPLET INS SYR 1ML 30GX8MM 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
DROPLET INS SYR 1ML 31GX6MM 1ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
DROPLET INS SYR 1ML 31GX8MM 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
DROPSAFE INS SYR 0.3ML 31G 6MM 0.3ML 31 GAUGE X 15/64"	
DROPSAFE INS SYR 0.3ML 31G 8MM 0.3ML 31 GAUGE X 5/16"	
DROPSAFE INS SYR 0.5ML 31G 6MM 0.5ML 31 GAUGE X 15/64"	
DROPSAFE INS SYR 0.5ML 31G 8MM 0.5ML 31 GAUGE X 5/16"	
DROPSAFE INSUL SYR 1ML 31G 6MM 1ML 31 GAUGE X 15/64"	
DROPSAFE INSUL SYR 1ML 31G 8MM 1ML 31 GAUGE X 5/16"	
DROPSAFE INSULN 1ML 29G 12.5MM 1ML 29 GAUGE X 1/2"	

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Nombre del Medicamento	Requerimientos/ Límites
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	
DRUG MART ULTRA COMFORT SYR 0.3ML 29 GAUGE X 1/2", 0.3ML 31 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16", 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
EASY COMFORT 0.3ML SYRINGE 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
EASY COMFORT 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY COMFORT 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
EASY COMFORT 0.5ML 32GX5/16" 1/2ML 32 GAUGE X 5/16"	
EASY COMFORT 0.5ML SYRINGE 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
EASY COMFORT 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
EASY COMFORT 1ML 32GX5/16" 1ML 32 GAUGE X 5/16"	
EASY COMFORT INSULIN 1ML SYR 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)
EASY COMFORT SYR 1ML 30GX1/2" 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)

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Nombre del Medicamento	Requerimientos/ Límites
EASY GLIDE INS 0.3ML 31GX6MM 0.3ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
EASY GLIDE INS 0.5ML 31GX6MM 1/2ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
EASY GLIDE INS 1ML 31GX6MM 1ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)
EASY TOUCH 0.3ML SYR 30GX1/2" 0.3ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH 0.5ML SYR 27GX1/2" 1/2ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH 0.5ML SYR 29GX1/2" 0.5ML 29 GAUGE X 1/2"	
EASY TOUCH 0.5ML SYR 30GX1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH 0.5ML SYR 30GX5/16 0.5ML 30 GAUGE X 5/16"	
EASY TOUCH 1ML SYR 27GX1/2" 1ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH 1ML SYR 29GX1/2" 1ML 29 GAUGE X 1/2"	
EASY TOUCH 1ML SYR 30GX1/2" 1ML 30 GAUGE X 1/2"	
EASY TOUCH FLIPLOK 1ML 27GX0.5 1ML 27 GAUGE X 1/2"	
EASY TOUCH INSULIN 1ML 29GX1/2 1ML 29 GAUGE X 1/2"	
EASY TOUCH INSULIN 1ML 30GX1/2 1ML 30 GAUGE X 1/2"	
EASY TOUCH INSULIN SYR 0.3ML 0.3ML 30 GAUGE X 5/16", 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
EASY TOUCH INSULIN SYR 0.5ML 0.5ML 30 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
EASY TOUCH INSULIN SYR 1ML 1ML 30 GAUGE X 5/16, 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
EASY TOUCH INSULIN SYR 1ML RETRACTABLE 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH INSULN 1ML 29GX1/2" 1ML 29 GAUGE X 1/2"	

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Nombre del Medicamento	Requerimientos/ Límites
EASY TOUCH INSULN 1ML 30GX1/2" 1ML 30 GAUGE X 1/2"	
EASY TOUCH INSULN 1ML 30GX5/16 1ML 30 GAUGE X 5/16"	
EASY TOUCH INSULN 1ML 30GX5/16 1ML 30 GAUGE X 5/16"	
EASY TOUCH INSULN 1ML 31GX5/16 1ML 31 GAUGE X 5/16"	
EASY TOUCH INSULN 1ML 31GX5/16 1ML 31 GAUGE X 5/16"	
EASY TOUCH LUER LOK INSUL 1ML	(insulin syringe needleless)
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	
EASY TOUCH SYR 0.5ML 28G 12.7MM 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH SYR 0.5ML 29G 12.7MM 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH SYR 1ML 27G 16MM 1ML 27 GAUGE X 5/8"	
EASY TOUCH SYR 1ML 28G 12.7MM 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)

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Nombre del Medicamento	Requerimientos/ Límites
EASY TOUCH SYR 1ML 29G 12.7MM 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
EASY TOUCH UNI-SLIP SYR 1ML	(insulin syringe needleless)
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
EQL INSULIN 0.3ML SYRINGE SHORT NEEDLE 0.3ML 30	(Ultra Comfort Insulin Syringe)
EQL INSULIN 0.5ML SYRINGE SHORT NEEDLE 1/2ML 30 GAUGE	(Lite Touch Insulin Syringe)
EQL INSULIN 1ML SYRINGE SHORT NEEDLE 1ML 30 GAUGE X 7/16"	(Lite Touch Insulin Syringe)
EXEL INSULIN SYRINGE 27G-1ML 1ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100UNIT/ML (3ML)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100UNIT/ML	
FIFTY50 INS 0.5ML 31GX5/16" SHORT NEEDLE 0.5ML 31 GAUGE X 5/16"	(Advocate Syringes)
FIFTY50 INS SYR 1ML 31GX5/16" SHORT NEEDLE (OTC) 1ML 31 GAUGE X 5/16	(Advocate Syringes)
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)

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Nombre del Medicamento	Requerimientos/ Límites
FP INSULIN 1ML SYRINGE 1ML 28 GAUGE	(Lite Touch Insulin Syringe)
FREESTYLE PREC 0.5ML 30GX5/16 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
FREESTYLE PREC 0.5ML 31GX5/16 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
FREESTYLE PREC 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
FREESTYLE PREC 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)
GNP ULT C 0.3ML 29GX1/2" (1/2) 1/2UNIT 0.3ML 29 GAUGE X 1/2"	
GNP ULTRA COMFORT 0.5ML SYR 1/2ML 29 , 1/2ML 30 GAUGE	(insulin syringe-needle u-100)
GNP ULTRA COMFORT 1ML SYRINGE 1ML 28 GAUGE, 1ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)
GNP ULTRA COMFORT 1ML SYRINGE 1ML 29 GAUGE	
GNP ULTRA COMFORT 3/10ML SYR 0.3ML 30	(insulin syringe-needle u-100)
HEALTHWISE INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
HEALTHWISE INS 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
HEALTHWISE INS 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
HEALTHWISE INS 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
HEALTHWISE INS 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
HEALTHWISE INS 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)

Nombre del Medicamento	Requerimientos/ Límites
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)
insulin glargine subcutaneous insulin pen 100unit/ml (3ml)	*(Lantus Solostar U-100 Insulin)*
insulin glargine subcutaneous solution 100unit/ml	*(Lantus U-100 Insulin)*
INSULIN SYR 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(Advocate Syringes)
INSULIN SYR 0.3ML 31GX1/4 (1/2) 0.3ML 31 GAUGE X 1/4"	(UltiCare Insuln Syr (halfunit))
INSULIN SYRIN 0.3ML 30GX1/2" SHORT NEEDLE 0.3ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
INSULIN SYRIN 0.5ML 28GX1/2" 1/2ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
INSULIN SYRIN 0.5ML 29GX1/2" (OTC) 0.5ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
INSULIN SYRIN 0.5ML 30GX1/2" SHORT NEEDLE (OTC) 0.5ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
INSULIN SYRIN 0.5ML 30GX5/16" SHORT NEEDLE (OTC) 0.5ML 30 GAUGE X 5/16"	(Advocate Syringes)
INSULIN SYRING 0.5ML 27G 1/2" INNER 1/2ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)
INSULIN SYRINGE 0.3ML 0.3ML 29 GAUGE	(insulin syringe-needle u-100)
INSULIN SYRINGE 0.3ML 31GX1/4 0.3ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)
INSULIN SYRINGE 0.5ML 1/2ML 29	(insulin syringe-needle u-100)

Nombre del Medicamento	Requerimientos/ Límites
INSULIN SYRINGE 0.5ML 31GX1/4 1/2ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)
INSULIN SYRINGE 1ML 1ML 29 GAUGE	
INSULIN SYRINGE 1ML 30GX1/2" (RX) 1ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)
INSULIN SYRINGE 1ML 30GX5/16" SHORT NEEDLE (OTC) 1ML 30 GAUGE X 5/16	(Advocate Syringes)
INSULIN SYRINGE 1ML 31GX1/4" 1ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3ML 29 GAUGE	(Ultilet Insulin Syringe)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2ML 28 GAUGE	(Lite Touch Insulin Syringe)
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	(insulin glargine)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100UNIT/ML	(insulin glargine)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100UNIT/ML	
LISCO SPONGES 100/BAG 2 X 2 "	

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Nombre del Medicamento	Requerimientos/ Límites
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)
LITE TOUCH INSULIN 0.5ML SYR 1/2ML 28 GAUGE, 1/2ML 29 , 1/2ML 30 GAUGE	(insulin syringe-needle u-100)
LITE TOUCH INSULIN 1ML SYR 1ML 28 GAUGE, 1ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)
LITE TOUCH INSULIN 1ML SYR 1ML 29 GAUGE	
LITE TOUCH INSULIN SYR 1ML 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)
LITETOUCH INS 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
LITETOUCH INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
LITETOUCH INS 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
LITETOUCH INS 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
LITETOUCH SYR 0.5ML 28GX1/2" 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
LITETOUCH SYR 0.5ML 29GX1/2" 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
LITETOUCH SYR 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
LITETOUCH SYRIN 1ML 28GX1/2" 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
LITETOUCH SYRIN 1ML 29GX1/2" 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
LITETOUCH SYRIN 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
MAGELLAN INSUL SYRINGE 0.3ML 0.3ML 30 X 5/16"	
MAGELLAN INSUL SYRINGE 0.5ML 0.5ML 30 GAUGE X 5/16"	
MAGELLAN INSULIN SYR 0.3ML 0.3ML 29 GAUGE X 1/2"	
MAGELLAN INSULIN SYR 0.5ML 0.5ML 29 GAUGE X 1/2"	

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Nombre del Medicamento	Requerimientos/ Límites
MAGELLAN INSULIN SYRINGE 1ML 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16"	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
MAXICOMFORT INS 0.5ML 27GX1/2" 1/2ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
MAXI-COMFORT INS 0.5ML 28G 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
MAXICOMFORT INS 1ML 27GX1/2" 1ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
MAXI-COMFORT INS 1ML 28GX1/2" 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)
MONOJECT 0.5ML SYRN 28GX1/2" 1/2ML 28 GAUGE	(insulin syringe-needle u-100)
MONOJECT 1ML SYRN 27X1/2" 1ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Nombre del Medicamento	Requerimientos/ Límites
MONOJECT 1ML SYRN 28GX1/2" (OTC) 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 (OTC) 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 .5ML, 29GX1/2" (OTC) 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 0.5ML CONVERTS TO 29G (OTC) 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 1ML 1ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 1ML 3'S, 29GX1/2" (OTC) 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 1ML W/O NEEDLE (OTC)	(insulin syringes (disposable))
MONOJECT INSULIN SYR 0.3ML (OTC) 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR 0.3ML 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR 0.5ML (OTC) 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR 0.5ML 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR 1ML 3'S (OTC) 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR U-100 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"	
MONOJECT SYRINGE 0.3ML 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT SYRINGE 0.5ML 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT SYRINGE 1ML 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
NOVOFINE 30 NEEDLE	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100UNIT/ML (70-30)	

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Nombre del Medicamento	Requerimientos/ Límites
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100UNIT/ML (70-30)	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100UNIT/ML	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100UNIT/ML	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	(insulin aspart u-100)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100UNIT/ML (70-30)	(insulin asp prt-insulin aspart)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100UNIT/ML (70-30)	(insulin asp prt-insulin aspart)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100UNIT/ML	(insulin aspart u-100)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100UNIT/ML	(insulin aspart u-100)
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)

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Nombre del Medicamento	Requerimientos/ Límites
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	
PRO COMFORT 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
PRO COMFORT 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
PRO COMFORT 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
PRO COMFORT 1ML 30GX1/2" 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
PRO COMFORT 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
PRO COMFORT 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)

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Nombre del Medicamento	Requerimientos/ Límites
PRODIGY INS SYR 1ML 28GX1/2" 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
PRODIGY SYRNG 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
PRODIGY SYRNGE 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4"	(pen needle, diabetic)
RELION INS SYR 0.3ML 31GX6MM 0.3ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)
RELION INS SYR 0.5ML 31GX6MM 1/2ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)
RELION INS SYR 1ML 31GX15/64" 1ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)
RELI-ON INSULIN 0.5ML SYR 1/2ML 29	(Lite Touch Insulin Syringe)
RELI-ON INSULIN 1ML SYR 1ML 29 GAUGE X 7/16"	
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)

Nombre del Medicamento	Requerimientos/ Límites
SAFESNAP INS SYRUNITS-100 0.3ML 30GX5/16", 10X10 0.3ML 30 GAUGE X 5/16"	
SAFESNAP INS SYRUNITS-100 0.5ML 29GX1/2", 10X10 0.5ML 29 GAUGE X 1/2"	
SAFESNAP INS SYRUNITS-100 0.5ML 30GX5/16", 10X10 0.5ML 30 GAUGE X 5/16"	
SAFESNAP INS SYRUNITS-100 1ML 28GX1/2", 10X10 1ML 28 GAUGE X 1/2"	
SAFESNAP INS SYRUNITS-100 1ML 29GX1/2", 10X10 1ML 29 GAUGE X 1/2"	
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort EZ PRO Safety Pen Ndl)
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
SAFETY SYRINGE 0.5ML 30G 1/2" 0.5ML 30 GAUGE X 1/2"	
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	
SECURESAFE SYR 0.5ML 29G 1/2" OUTER 0.5ML 29 GAUGE X 1/2"	
SECURESAFE SYRNG 1ML 29G 1/2" OUTER 1ML 29 GAUGE X 1/2"	
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	(gauze bandage)
SM ULT CFT 0.3ML 31GX5/16 (1/2) 0.3ML 31 GAUGE X 5/16"	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100UNIT-33MCG/ML	
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)
SURE COMFORT 0.5ML SYRINGE 0.5ML 30 GAUGE X 1/2", 0.5ML 30 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16", 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)

Nombre del Medicamento	Requerimientos/ Límites
SURE COMFORT 1ML SYRINGE 1ML 28 GAUGE X 1/2", 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 1/2", 1ML 30 GAUGE X 5/16, 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
SURE COMFORT 3/10ML SYRINGE 0.3ML 29 GAUGE X 1/2", 0.3ML 30 GAUGE X 1/2", 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
SURE COMFORT 3/10ML SYRINGE INSULIN SYRINGE 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)
SURE COMFORT INS 0.3ML 31GX1/4 0.3ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
SURE COMFORT INS 0.5ML 31GX1/4 1/2ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
SURE COMFORT INS 1ML 31GX1/4" 1ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
SURE-JECT INSU SYR U100 0.3ML 0.3ML 29 GAUGE X 1/2", 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
SURE-JECT INSU SYR U100 0.5ML 0.5ML 29 GAUGE X 1/2", 0.5ML 30 GAUGE X 5/16", 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
SURE-JECT INSU SYR U100 1ML 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
SURE-JECT INSUL SYR U100 1ML 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)

Nombre del Medicamento	Requerimientos/ Límites
SURE-JECT INSULIN SYRINGE 1ML 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
TECHLITE 0.3ML 29GX12MM (1/2) 0.3ML 29 GAUGE X 1/2"	
TECHLITE 0.3ML 30GX12MM (1/2) 0.3ML 30 GAUGE X 1/2"	
TECHLITE 0.3ML 30GX8MM (1/2) 0.3ML 30 GAUGE X 5/16"	
TECHLITE 0.3ML 31GX6MM (1/2) 0.3ML 31 GAUGE X 15/64"	
TECHLITE 0.3ML 31GX8MM (1/2) 0.3ML 31 GAUGE X 5/16"	
TECHLITE 0.5ML 29GX12MM (1/2) 0.5ML 29 GAUGE X 1/2"	
TECHLITE 0.5ML 30GX12MM (1/2) 0.5ML 30 GAUGE X 1/2"	
TECHLITE 0.5ML 30GX8MM (1/2) 0.5ML 30 GAUGE X 5/16"	
TECHLITE 0.5ML 31GX6MM (1/2) 0.5ML 31 GAUGE X 15/64"	
TECHLITE 0.5ML 31GX8MM (1/2) 0.5ML 31 GAUGE X 5/16"	
TECHLITE INS SYR 1ML 29GX12MM 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TECHLITE INS SYR 1ML 30GX12MM 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
TECHLITE INS SYR 1ML 30GX8MM 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
TECHLITE INS SYR 1ML 31GX6MM 1ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
TECHLITE INS SYR 1ML 31GX8MM 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)

Nombre del Medicamento	Requerimientos/ Límites
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
TERUMO INS SYR 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
TERUMO INS SYRINGE U100-1ML 1ML 27 GAUGE X 1/2", 1ML 28 GAUGE X 1/2", 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TERUMO INS SYRINGE U100-1ML 1ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)
TERUMO INS SYRINGE U100-1/2ML 1/2ML 30 X 3/8"	(insulin syringe-needle u-100)
TERUMO INS SYRINGE U100-1/3ML 0.3ML 30 X 3/8"	(insulin syringe-needle u-100)
TERUMO INS SYRNG U100-1/2ML 0.5ML 29 GAUGE X 1/2", 1/2ML 27 GAUGE X 1/2", 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
THINPRO INS SYRIN U100-0.3ML 0.3ML 29 GAUGE X 1/2", 0.3ML 30 X 3/8"	(insulin syringe-needle u-100)
THINPRO INS SYRIN U100-0.3ML 0.3ML 31 X 3/8"	
THINPRO INS SYRIN U100-0.5ML 0.5ML 29 GAUGE X 1/2", 1/2ML 28 GAUGE X 1/2", 1/2ML 30 X 3/8"	(insulin syringe-needle u-100)
THINPRO INS SYRIN U100-0.5ML 0.5ML 31 X 3/8"	
THINPRO INS SYRIN U100-1ML 1ML 28 GAUGE X 1/2", 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)
THINPRO INS SYRIN U100-1ML 1ML 31 X 3/8"	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
TOPCARE ULTRA COMFORT SYRINGE 0.3ML 29 GAUGE X 1/2", 0.3ML 30 GAUGE X 5/16", 0.3ML 31 GAUGE X 5/16", 0.5ML 29 GAUGE X 1/2", 0.5ML 30 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16", 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16, 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)

Nombre del Medicamento	Requerimientos/ Límites
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300UNIT/ML (3ML)	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300UNIT/ML (1.5ML)	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML)	(insulin degludec)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200UNIT/ML (3ML)	(insulin degludec)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100UNIT/ML	(insulin degludec)
TRUE CMFRT PRO 0.5ML 30G 5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUE CMFRT PRO 0.5ML 31G 5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUE CMFRT PRO 0.5ML 32G 5/16" 1/2ML 32 GAUGE X 5/16"	
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	
TRUE COMFORT 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUE COMFORT 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)

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Nombre del Medicamento	Requerimientos/ Límites
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)
TRUE COMFORT PRO 1ML 30G 1/2" 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUE COMFORT PRO 1ML 30G 5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
TRUE COMFORT PRO 1ML 31G 5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
TRUE COMFORT PRO 1ML 32G 5/16" 1ML 32 GAUGE X 5/16"	
TRUE COMFRT PRO 0.5ML 30G 1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
TRUEPLUS SYR 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.5ML 28GX1/2" 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.5ML 29GX1/2" 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 1ML 28GX1/2" 1ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 1ML 29GX1/2" 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 1ML 30GX5/16" 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)

Nombre del Medicamento	Requerimientos/ Límites
TRUEPLUS SYR 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTICAR INS 0.3ML 31GX1/4 (1/2) 0.3ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)
ULTICARE INS 0.3ML 31GX1/4" 0.3ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
ULTICARE INS 0.5ML 31GX1/4" 1/2ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
ULTICARE INS 1ML 31GX1/4" 1ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
ULTICARE INS SYR 1ML 30GX1/2" 1ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	
ULTICARE SYR 0.3ML 30GX1/2" 0.3ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTICARE SYR 0.3ML 31GX5/16" SHORT NDL 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTICARE SYR 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTICARE SYR 0.5ML 31GX5/16" SHORT NDL 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTICARE SYR 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTIGUARD SAFE 1ML 30G 12.7MM 1ML 30 X 1/2"	
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Nombre del Medicamento	Requerimientos/ Límites
ULTIGUARD SAFE0.3ML 30G 12.7MM 0.3ML 30 X 1/2"	
ULTIGUARD SAFE0.5ML 30G 12.7MM 1/2ML 30 X 1/2"	
ULTIGUARD SAFEPACK 1ML 31G 8MM 1ML 31 X 5/16"	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	
ULTIGUARD SAFEPK 0.3ML 31G 8MM 0.3ML 31 X 5/16"	
ULTIGUARD SAFEPK 0.5ML 31G 8MM 1/2ML 31 X 5/16"	
ULTILET INSULIN SYRINGE 0.3ML 0.3ML 29 GAUGE X 1/2", 0.3ML 30 GAUGE X 5/16", 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTILET INSULIN SYRINGE 0.5ML 0.5ML 29 GAUGE X 1/2", 0.5ML 30 GAUGE X 5/16", 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTILET INSULIN SYRINGE 1ML 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16, 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTILET PEN NEEDLE 29 GAUGE	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
ULTRA COMFORT 0.3ML SYRINGE 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA COMFORT 0.5ML 28GX1/2" CONVERTS TO 29G 1/2ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRA COMFORT 0.5ML 29GX1/2" 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRA COMFORT 0.5ML SYRINGE 1/2ML 28 GAUGE	(insulin syringe-needle u-100)
ULTRA COMFORT 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)

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

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Nombre del Medicamento	Requerimientos/ Límites
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)
ULTRA-THIN II 1ML 31GX5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTRA-THIN II INS 0.3ML 30G 0.3ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA-THIN II INS 0.3ML 31G 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA-THIN II INS 0.5ML 29G 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRA-THIN II INS 0.5ML 30G 0.5ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA-THIN II INS 0.5ML 31G 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA-THIN II INS SYR 1ML 29G 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRA-THIN II INS SYR 1ML 30G 1ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)
UNIFINE PENTIPS 31GX3/16" 31GX5MM, STRL, MINI 31 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)

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Nombre del Medicamento	Requerimientos/ Límites
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
VANISHPOINT 0.5ML 30GX1/2" SY OUTER 0.5ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
VANISHPOINT INS 1ML 30GX3/16" 1ML 30 GAUGE X 3/16"	

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Nombre del Medicamento	Requerimientos/ Límites
VANISHPOINT U-100 29X1/2 SYR 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
VERIFINE INS SYR 1ML 29G 1/2" 1ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
VERIFINE SYRING 0.5ML 29G 1/2" 0.5ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
VERIFINE SYRING 1ML 31G 5/16" 1ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
VERIFINE SYRNG 0.3ML 31G 5/16" 0.3ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
VERIFINE SYRNG 0.5ML 31G 5/16" 0.5ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE, 3PLY 2 X 2 "	
RELAJANTES MUSCULARES ESQUELÉTICOS	
Relajantes Musculares Esqueléticos	
chlorzoxazone oral tablet 250mg, 500mg	
chlorzoxazone oral tablet 375mg, 750mg	*(Lorzone)*
cyclobenzaprine oral tablet 10mg, 5mg	
cyclobenzaprine oral tablet 7.5mg	*(Fexmid)*
methocarbamol oral tablet 500mg, 750mg	
orphenadrine citrate oral tablet extended release 100mg	

Nombre del Medicamento		Requerimientos/ Límites
VÍA RESPIRATORIA/AGENTES PULMONARES		
Agentes De Fibrosis Pulmonar		
OFEV ORAL CAPSULE 100MG, 150MG		PA; NM
pirfenidone oral capsule 267mg	*(Esbriet)*	PA; NM
pirfenidone oral tablet 267mg, 801mg	*(Esbriet)*	PA; NM
pirfenidone oral tablet 534mg		PA; NM
Agentes De Fibrosis Quística		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40MG		PA; NM
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75MG/ML		PA; NM
KALYDECO ORAL GRANULES IN PACKET 13.4MG, 25MG, 50MG, 75MG		PA; NM
KALYDECO ORAL TABLET 150MG		PA; NM
ORKAMBI ORAL GRANULES IN PACKET 100-125MG, 150-188MG, 75-94MG		PA; NM
ORKAMBI ORAL TABLET 100-125MG, 200-125MG		PA; NM
PULMOZYME INHALATION SOLUTION 1MG/ML		PA BvD; NM
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150MG (D)/ 150MG (N), 50-75MG (D)/ 75MG (N)		PA; NM
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28MG		PA; NM
tobramycin in 0.225% nacl inhalation solution for nebulization 300mg/5ml	*(Tobi)*	PA BvD; NM
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75MG (N), 80-40-60MG (D) /59.5MG (N)		PA; NM
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75MG (D) /150MG (N), 50-25-37.5MG (D)/75MG (N)		PA; NM
Agentes Del Tracto Respiratorio, Otros		
acetylcysteine solution 100mg/ml (10%), 200mg/ml (20%)		PA BvD

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Nombre del Medicamento		Requerimientos/ Límites
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21MCG/ACTUATION, 230-21MCG/ACTUATION, 45-21MCG/ACTUATION	(fluticasone propion-salmeterol)	QL (12 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25MCG/ACTUATION		QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25MCG/DOSE, 200-25MCG/DOSE	(fluticasone furoate-vilanterol)	QL (60 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8MCG/ACTUATION		QL (10.7 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5mcg/actuation, 80-4.5mcg/actuation	*(Breyna)*	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100MCG/ACTUATION		QL (4 per 20 days)
cromolyn inhalation solution for nebulization 20mg/2ml		PA BvD
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14mcg/actuation, 232-14mcg/actuation, 55-14mcg/actuation	*(AirDuo RespiClick)*	QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50mcg/dose, 250-50mcg/dose, 500-50mcg/dose	*(Advair Diskus)*	QL (60 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5mg-3mg (2.5mg base)/3ml		PA BvD
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100MG/ML		PA; NM
NUCALA SUBCUTANEOUS RECON SOLN 100MG		PA; NM
NUCALA SUBCUTANEOUS SYRINGE 100MG/ML, 40MG/0.4ML		PA; NM
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25MCG, 200-62.5-25MCG		QL (60 per 30 days)
Antihipertensivos Pulmonares		
ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG		PA; NM; QL (90 per 30 days)
ambrisentan oral tablet 10mg, 5mg	*(Letairis)*	PA; NM; QL (30 per 30 days)
bosentan oral tablet 125mg, 62.5mg	*(Tracleer)*	PA; NM; QL (60 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
OPSUMIT ORAL TABLET 10MG		PA; NM; QL (90 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20mg	*(Revatio)*	PA; QL (90 per 30 days)
Antihistamínicos		
azelastine nasal aerosol, spray 137mcg (0.1%)		QL (30 per 25 days)
cetirizine oral solution 1mg/ml	*(All Day Allergy (cetirizine))*	
cyproheptadine oral syrup 2mg/5ml		
cyproheptadine oral tablet 4mg		
levocetirizine oral solution 2.5mg/5ml	*(Xyzal)*	
levocetirizine oral tablet 5mg	*(24HR Allergy Relief)*	
Antiinflamatorios, Corticoesteroides Inhalados		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100MCG/ACTUATION, 200MCG/ACTUATION, 50MCG/ACTUATION		QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100MCG/ACTUATION, 200MCG/ACTUATION, 50MCG/ACTUATION		QL (26 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110MCG/ ACTUATION (30), 220MCG/ ACTUATION (120), 220MCG/ ACTUATION (30), 220MCG/ ACTUATION (60)		QL (2 per 30 days)
budesonide inhalation suspension for nebulization 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	*(Pulmicort)*	PA BvD
flunisolide nasal spray, non-aerosol 25mcg (0.025%)		QL (50 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110mcg/actuation, 220mcg/actuation	*(Flovent HFA)*	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44mcg/actuation	*(Flovent HFA)*	QL (10.6 per 30 days)
fluticasone propionate nasal spray, suspension 50mcg/actuation	*(24 Hour Allergy Relief)*	QL (16 per 30 days)
mometasone nasal spray, non-aerosol 50mcg/actuation	*(Nasonex 24hr Allergy)*	QL (34 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
Antileucotrinos		
montelukast oral granules in packet 4mg	*(Singulair)*	QL (30 per 30 days)
montelukast oral tablet 10mg	*(Singulair)*	QL (30 per 30 days)
montelukast oral tablet, chewable 4mg, 5mg	*(Singulair)*	QL (30 per 30 days)
zafirlukast oral tablet 10mg, 20mg	*(Accolate)*	QL (60 per 30 days)
Broncodilatadores, Anticolinérgicos		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17MCG/ACTUATION		QL (26 per 30 days)
ipratropium bromide inhalation solution 0.02%		PA BvD
ipratropium bromide nasal spray, non-aerosol 21mcg (0.03%)		QL (60 per 30 days)
ipratropium bromide nasal spray, non-aerosol 42mcg (0.06%)		QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25MCG/ACTUATION, 2.5MCG/ACTUATION		QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18MCG	(tiotropium bromide)	QL (30 per 30 days)
Broncodilatadores, Simpaticomiméticos		
albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation	*(Ventolin HFA)*	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation (nda020503)		QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation (nda020983)		QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63mg/3ml, 1.25mg/3ml, 2.5mg /3ml (0.083%), 2.5mg/0.5ml		PA BvD
albuterol sulfate oral syrup 2mg/5ml		
albuterol sulfate oral tablet 2mg, 4mg		
epinephrine injection auto-injector 0.15mg/0.15ml, 0.3mg/0.3ml	*(Auvi-Q)*	
epinephrine injection auto-injector 0.15mg/0.3ml	*(EpiPen Jr)*	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50MCG/DOSE		QL (60 per 30 days)
terbutaline oral tablet 2.5mg, 5mg		

Nombre del Medicamento		Requerimientos/ Límites
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90MCG/ACTUATION	(albuterol sulfate)	QL (36 per 30 days)
Inhibidores De Fosfodiesterasa, Enfermedad Pulmonar		
roflumilast oral tablet 250mcg, 500mcg	*(Daliresp)*	QL (30 per 30 days)
theophylline er 300mg tab		
theophylline er 450mg tab		
theophylline oral tablet extended release 12-hr 300mg, 450mg		
theophylline oral tablet extended release 24-hr 400mg, 600mg		

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(Para saber qué significan las abreviaturas en esta tabla, consulte el comienzo de la tabla de la lista de medicamentos.)

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