# 2024

# Drug Formulary

## Formulario de Medicamentos

# HMO

- Imperial Traditional (HMO) 007
- Imperial Dual Plan (HMO D-SNP) 011
- Imperial Dynamic Plan (HMO) 012

IMPERIAL HEALTH PLAN
OF CALIFORNIA

# 007 - Imperial Traditional (HMO)

# 011 - Imperial Dual Plan (HMO D-SNP)

# 012 - Imperial Dynamic Plan (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 Health Plan.

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 Health Plan 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 Health Plan 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 the Imperial Senior Value (HMO C-SNP)’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.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
    - 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 the Imperial Health Plan 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 311. 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?

Our plan 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 Senior Value (HMO C-SNP) 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, our plan 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, we 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 Health Plan 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 our plan 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 him or her 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 the Imperial Health Plan Formulary?

You can ask Imperial Health Plan 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 cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- 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, the lower cost-sharing drug 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, tier, or utilization restriction exception. **When you request a formulary, tier, 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. Beneficiary was discharged from the hospital and was 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 Health Plan, 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 Health Plan of California's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 311.

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.

# 007 - Imperial Traditional (HMO)

# 011 - Imperial Dual Plan (HMO D-SNP)

# 012 - Imperial Dynamic Plan (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 Health Plan.

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 Health Plan?

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 Health Plan 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 Health Plan?”

- **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 moverlo a un nivel de costo compartido diferente, o ambas cosas. 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 o si pasamos un medicamento a un nivel superior de costo compartido, 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 Senior Value (HMO C-SNP)?"

**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 311. 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?

Nuestro plan 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 Senior Value (HMO C-SNP) 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, nuestro plan 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 no cubramos 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 Health Plan?” 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 nuestro plan 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 Health Plan?

Puede solicitar que Imperial Health Plan 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 cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté incluido en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.

- 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, el medicamento de menor costo compartido 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, nivel, o a la restricción de uso. **Cuando solicita una excepción al Formulario, nivel, 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 Health Plan, 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 nuestro plan. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 311.

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.

# Imperial MAPD 2024 5-Tier (List of Covered Drugs)
# List of Drugs by Medical Condition


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# Imperial MAPD 2024 5-Tier (Lista de Medicamentos Cubiertos)

## Lista de medicamentos por condición médica


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The following legend describes the abbreviations used in the Drug List Table.

# Legend

1: Preferred Generics

2: Generics

3: Preferred Brands

4: Non-Preferred Drugs

5: Specialty

**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.

**E:** Excluded Drug - This prescription drug is not normally covered in a Medicare Prescription Drug Plan and is considered enhanced coverage. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits apply and this drug may be covered during the gap period per individual plan design.

**GC:** Gap Coverage- We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

**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 siguiente leyenda describe las abreviaturas usados en la Tabla de la Lista de medicamentos.

# La leyenda

1: Medicamentos genericos preferidos

2: Medicamentos genericos

3: Medicamentos demarca preferidos

4: Medicamentos no preferidos

5: Medicamentos de especialidad

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

**E:** Medicamento excluido: este medicamento recetado normalmente no está cubierto por un plan de medicamentos recetados de Medicare y se considera una cobertura mejorada. El monto que paga cuando obtiene una receta para este medicamento no cuenta para los costos totales de sus medicamentos (es decir, el monto que paga no lo ayuda a calificar para la cobertura catastrófica). Además, si está recibiendo ayuda adicional para pagar sus recetas, no recibirá ninguna ayuda adicional para pagar este medicamento. Se aplican límites de cantidad y este medicamento puede estar cubierto durante el período de brecha según el diseño Del plan individual.

**GC:** Cobertura de brecha: proporcionamos cobertura adicional de este medicamento con receta en la brecha de cobertura. Consulte nuestra libro de Evidencia de cobertura para obtener más información sobre esta cobertura.

**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 5-Tier (List of Covered Drugs)

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **ANALGESICS** | | | |
| ***Analgesics*** | | | |
| *butalbital-acetaminophen-caff oral tablet 50-325-40mg* | (Esgic) | 2 | GC; QL (180 per 30 days) |
| *butalbital-aspirin-caffeine oral capsule 50-325-40mg* | | 2 | GC; QL (180 per 30 days) |
| *codeine-butalbital-asa-caff oral capsule 30-50-325-40mg* | (Ascomp with Codeine) | 4 | QL (180 per 30 days) |
| ***Nonsteroidal Anti-Inflammatory Drugs*** | | | |
| *celecoxib oral capsule 100mg, 200mg, 400mg, 50mg* | (Celebrex) | 2 | GC |
| *diclofenac potassium oral tablet 50mg* | | 2 | GC |
| *diclofenac sodium oral tablet extended release 24-hr 100mg* | | 1 | GC |
| *diclofenac sodium oral tablet, delayed release (dr/ec) 25mg, 50mg, 75mg* | | 1 | GC |
| *diclofenac sodium topical gel 1%* | (Arthritis Pain (diclofenac)) | 2 | GC |
| *diflunisal oral tablet 500mg* | | 2 | GC |
| *ec-naproxen dr 500mg tablet* | (naproxen) | 2 | GC |
| *etodolac oral capsule 200mg, 300mg* | | 2 | GC |
| *etodolac oral tablet 400mg* | (Lodine) | 2 | GC |
| *etodolac oral tablet 500mg* | | 2 | GC |
| *flurbiprofen oral tablet 100mg* | | 1 | GC |
| *ibu oral tablet 600mg, 800mg* | (ibuprofen) | 1 | GC |
| *ibuprofen oral suspension 100mg/5ml* | (Children's Advil) | 1 | GC |
| *ibuprofen oral tablet 400mg, 600mg, 800mg* | (IBU) | 1 | GC |
| *indomethacin oral capsule 25mg, 50mg* | | 1 | GC |
| *indomethacin oral capsule, extended release 75mg* | | 2 | GC |
| *ketorolac oral tablet 10mg* | | 1 | GC |
| *meloxicam oral tablet 15mg, 7.5mg* | | 1 | GC |



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 19 de la introducción.

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nabumetone oral tablet 500mg, 750mg* | | 1 | GC |
| *naproxen oral suspension 125mg/5ml* | (Naprosyn) | 2 | GC |
| *naproxen oral tablet 250mg, 375mg* | | 1 | GC |
| *naproxen oral tablet 500mg* | (Naprosyn) | 1 | GC |
| *naproxen oral tablet, delayed release (dr/ec) 375mg* | (EC-Naprosyn) | 2 | GC |
| *naproxen oral tablet, delayed release (dr/ec) 500mg* | (EC-Naproxen) | 2 | GC |
| *naproxen sodium oral tablet 275mg* | | 2 | GC |
| *naproxen sodium oral tablet 550mg* | (Anaprox DS) | 2 | GC |
| *oxaprozin oral tablet 600mg* | (Daypro) | 2 | GC |
| *piroxicam oral capsule 10mg, 20mg* | (Feldene) | 2 | GC |
| *sulindac oral tablet 150mg, 200mg* | | 1 | GC |
| ***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* | | 4 | PA NSO; QL (10 per 30 days) |
| *methadone oral tablet 10mg, 5mg* | | 2 | GC; QL (240 per 30 days) |
| *morphine oral tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg* | (MS Contin) | 2 | GC; QL (90 per 30 days) |
| *oxycodone oral tablet, oral only, ext.rel.12-hr 10mg, 20mg* | (OxyContin) | 4 | QL (60 per 30 days) |
| ***Opioid Analgesics, Short-Acting*** | | | |
| *acetaminophen-codeine 120-12mg/5ml cup outer 120mg-12mg /5ml (5ml)* | | 2 | GC; QL (5000 per 30 days) |
| *acetaminophen-codeine oral solution 120-12mg/5ml* | | 2 | GC; QL (5000 per 30 days) |
| *acetaminophen-codeine oral tablet 300-15mg, 300-30mg, 300-60mg* | | 2 | GC; QL (360 per 30 days) |
| *codeine sulfate oral tablet 15mg, 30mg, 60mg* | | 2 | GC; QL (180 per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 1, 200mcg, 1, 600mcg, 600mcg, 800mcg* | | 5 | PA; NM; NDS; QL (120 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 19 de la introducción.

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fentanyl citrate buccal lozenge on a handle 200mcg, 400mcg* | | 4 | PA; QL (120 per 30 days) |
| *hydrocodone-acetaminophen oral solution 7.5-325mg/15ml* | | 2 | GC; QL (5500 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325mg, 5-325mg, 7.5-325mg* | | 2 | GC; QL (360 per 30 days) |
| *hydrocodone-ibuprofen oral tablet 10-200mg, 5-200mg, 7.5-200mg* | | 2 | GC; QL (150 per 30 days) |
| *hydromorphone oral liquid 1mg/ml* | (Dilaudid) | 4 | QL (1920 per 30 days) |
| *hydromorphone oral tablet 2mg, 4mg* | (Dilaudid) | 2 | GC; QL (360 per 30 days) |
| *hydromorphone oral tablet 8mg* | (Dilaudid) | 2 | GC; QL (240 per 30 days) |
| *morphine concentrate oral solution 100mg/5ml (20mg/ml)* | | 2 | GC; QL (600 per 30 days) |
| *morphine oral solution 10mg/5ml* | | 2 | GC; QL (1800 per 30 days) |
| *morphine oral solution 20mg/5ml (4mg/ml)* | | 2 | GC; QL (1500 per 30 days) |
| MORPHINE ORAL TABLET 15MG, 30MG | | 2 | GC; QL (180 per 30 days) |
| *oxycodone oral concentrate 20mg/ml* | | 4 | QL (180 per 30 days) |
| *oxycodone oral solution 5mg/5ml* | | 4 | QL (1080 per 30 days) |
| *oxycodone oral tablet 10mg, 20mg, 5mg* | | 2 | GC; QL (180 per 30 days) |
| *oxycodone oral tablet 15mg, 30mg* | (Roxicodone) | 2 | GC; QL (180 per 30 days) |
| *oxycodone-acetaminophen oral solution 5-325mg/5ml* | | 2 | GC; QL (1080 per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg* | (Endocet) | 2 | GC; QL (360 per 30 days) |
| *tramadol oral tablet 100mg* | | 1 | GC; QL (120 per 30 days) |
| *tramadol oral tablet 50mg* | | 1 | GC; QL (240 per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325mg* | | 2 | GC; QL (240 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 19 de la introducción.

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **ANESTHETICS** | | | |
| ***Local Anesthetics*** | | | |
| *lidocaine hcl mucous membrane solution 4% (40mg/ml)* | | 2 | GC; QL (50 per 30 days) |
| *lidocaine topical adhesive patch, medicated 5%* | (DermacinRx Lidocan) | 4 | PA; QL (90 per 30 days) |
| *lidocaine viscous mucous membrane solution 2%* | (lidocaine hcl) | 4 | |
| *lidocaine-prilocaine topical cream 2.5-2.5%* | | 2 | GC; QL (30 per 30 days) |
| **ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS** | | | |
| ***Alcohol Deterrents/Anti-Craving*** | | | |
| *acamprosate oral tablet, delayed release (dr/ec) 333mg* | | 2 | GC |
| *disulfiram oral tablet 250mg* | | 2 | GC |
| *naltrexone oral tablet 50mg* | | 2 | GC |
| VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380MG | | 5 | NM; NDS |
| ***Opioid Dependence*** | | | |
| *buprenorphine hcl sublingual tablet 2mg, 8mg* | | 2 | GC |
| *buprenorphine-naloxone sublingual film 12-3mg, 2-0.5mg, 4-1mg, 8-2mg* | (Suboxone) | 1 | GC |
| *buprenorphine-naloxone sublingual tablet 2-0.5mg, 8-2mg* | | 2 | GC |
| SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG | (buprenorphine-naloxone) | 4 | |
| ***Opioid Reversal Agents*** | | | |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8MG/ACTUATION | | 3 | |
| *naloxone injection solution 0.4mg/ml* | | 2 | GC |
| *naloxone injection syringe 0.4mg/ml, 1mg/ml* | | 2 | GC |
| *naloxone nasal spray, non-aerosol 4mg/actuation* | (Narcan) | 2 | GC |
| NARCAN NASAL SPRAY, NON-AEROSOL 4MG/ACTUATION | (naloxone) | 3 | |



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 19 de la introducción.

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ZIMHI INJECTION SYRINGE 5MG/0.5ML | | 3 | |
| ***Smoking Cessation Agents*** | | | |
| *bupropion hcl (smoking deter) oral tablet extended release 12-hr 150mg* | | 1 | GC |
| NICOTROL INHALATION CARTRIDGE 10MG | | 4 | |
| *varenicline oral tablet 0.5mg* | | 3 | |
| *varenicline oral tablet 1mg* | (Chantix) | 3 | |
| *varenicline oral tablets, dose pack 0.5mg (11)-1mg (42)* | (Chantix Starting Month Box) | 3 | |
| **ANTIBACTERIALS** | | | |
| ***Aminoglycosides*** | | | |
| *amikacin injection solution 500mg/2ml* | | 4 | PA BvD |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590MG/8.4ML | | 4 | PA |
| *gentamicin in nacl (iso-osm) intravenous piggyback 100mg/100ml, 60mg/50ml, 80mg/100ml, 80mg/50ml* | | 2 | GC |
| *gentamicin injection solution 40mg/ml* | | 2 | GC |
| *gentamicin topical cream 0.1%* | | 2 | GC |
| *gentamicin topical ointment 0.1%* | | 2 | GC |
| *neomycin oral tablet 500mg* | | 2 | GC |
| *paromomycin oral capsule 250mg* | (Humatin) | 4 | |
| *tobramycin sulfate injection solution 10mg/ml, 40mg/ml* | | 4 | PA BvD |
| ZEMDRI INTRAVENOUS SOLUTION 50MG/ML | | 5 | NM; NDS |
| ***Antibacterials, Other*** | | | |
| *aztreonam injection recon soln 1gm* | (Azactam) | 2 | PA BvD; GC |
| *aztreonam injection recon soln 2gm* | (Azactam) | 4 | PA BvD |
| CLINDAMYCIN 600MG/50ML-NS OUTER, SINGLE-USE | | 4 | |
| *clindamycin hcl oral capsule 150mg, 75mg* | (Cleocin HCl) | 1 | GC |
| *clindamycin hcl oral capsule 300mg* | (Cleocin HCl) | 2 | GC |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *clindamycin in 5% dextrose intravenous piggyback 300mg/50ml, 900mg/50ml* | | 4 | |
| CLINDAMYCIN IN 5% DEXTROSE INTRAVENOUS PIGGYBACK 600MG/50ML | | 4 | |
| *clindamycin pediatric oral recon soln 75mg/5ml* | (clindamycin palmitate hcl) | 4 | |
| *clindamycin phosphate injection solution 150 (mg/ml) (6ml)* | | 4 | PA BvD |
| *clindamycin phosphate injection solution 150mg/ml* | (Cleocin) | 4 | PA BvD |
| *clindamycin phosphate intravenous solution 600mg/4ml* | | 4 | PA BvD |
| *clindamycin phosphate vaginal cream 2%* | (Cleocin) | 2 | GC |
| *colistin (colistimethate na) injection recon soln 150mg* | (Coly-Mycin M Parenteral) | 4 | PA BvD |
| *daptomycin intravenous recon soln 350mg* | | 4 | |
| *daptomycin intravenous recon soln 500mg* | (Cubicin RF) | 5 | NM; NDS |
| FIRVANQ ORAL RECON SOLN 25MG/ML, 50MG/ML | (vancomycin) | 4 | |
| *linezolid in dextrose 5% intravenous piggyback 600mg/300ml* | (Zyvox) | 4 | PA |
| *linezolid oral tablet 600mg* | (Zyvox) | 4 | PA |
| *methenamine hippurate oral tablet 1gm* | (Hiprex) | 2 | GC |
| *metronidazole in nacl (iso-os) intravenous piggyback 500mg/100ml* | (Metro I.V.) | 2 | PA BvD; GC |
| *metronidazole oral tablet 250mg, 500mg* | | 2 | GC |
| *metronidazole topical cream 0.75%* | (MetroCream) | 2 | GC |
| *metronidazole topical gel 0.75%* | (Rosadan) | 2 | GC |
| *metronidazole topical gel 1%* | (Metrogel) | 2 | GC |
| *metronidazole topical lotion 0.75%* | (MetroLotion) | 2 | GC |
| *metronidazole vaginal gel 0.75% (37.5mg/5gm)* | (Vandazole) | 3 | |
| *nitrofurantoin macrocrystal oral capsule 100mg, 25mg, 50mg* | (Macrodantin) | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nitrofurantoin monohyd/m-cryst oral capsule 100mg* | (Macrobid) | 2 | GC |
| *tigecycline intravenous recon soln 50mg* | (Tygacil) | 5 | PA BvD; NM; NDS |
| *tinidazole oral tablet 250mg, 500mg* | | 2 | GC |
| *trimethoprim oral tablet 100mg* | | 1 | GC |
| *vancomycin intravenous recon soln 1, 000mg, 10gm, 500mg, 750mg* | | 4 | |
| *vancomycin oral capsule 125mg, 250mg* | (Vancocin) | 4 | |
| *vancomycin oral recon soln 25mg/ml, 50mg/ml* | (Firvanq) | 4 | |
| XIFAXAN ORAL TABLET 200MG, 550MG | | 4 | |
| ***Beta-Lactam, Cephalosporins*** | | | |
| *cefaclor oral capsule 250mg, 500mg* | | 2 | GC |
| *cefaclor oral suspension for reconstitution 125mg/5ml, 250mg/5ml, 375mg/5ml* | | 4 | |
| *cefaclor oral tablet extended release 12-hr 500mg* | | 4 | |
| *cefadroxil oral capsule 500mg* | | 1 | GC |
| *cefadroxil oral suspension for reconstitution 250mg/5ml, 500mg/5ml* | | 2 | GC |
| *cefadroxil oral tablet 1gm* | | 2 | GC |
| *cefazolin injection recon soln 1gm, 10gm, 500mg* | | 4 | |
| *cefdinir oral capsule 300mg* | | 2 | GC |
| *cefdinir oral suspension for reconstitution 125mg/5ml, 250mg/5ml* | | 2 | GC |
| *cefepime injection recon soln 1gm, 2gm* | | 4 | |
| *cefixime oral capsule 400mg* | (Suprax) | 4 | |
| *cefixime oral suspension for reconstitution 100mg/5ml, 200mg/5ml* | (Suprax) | 4 | |
| *cefotetan injection recon soln 1gm, 2gm* | (Cefotan) | 4 | PA BvD |
| *cefoxitin intravenous recon soln 1gm, 10gm, 2gm* | | 4 | PA BvD |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *cefpodoxime oral suspension for reconstitution 100mg/5ml, 50mg/5ml* | | 4 | |
| *cefpodoxime oral tablet 100mg, 200mg* | | 4 | |
| *cefprozil oral suspension for reconstitution 125mg/5ml, 250mg/5ml* | | 2 | GC |
| *cefprozil oral tablet 250mg, 500mg* | | 2 | GC |
| *ceftazidime injection recon soln 1gm, 2gm, 6gm* | (Tazicef) | 4 | |
| *ceftriaxone injection recon soln 1gm, 10gm, 2gm, 250mg, 500mg* | | 4 | |
| *cefuroxime axetil oral tablet 250mg, 500mg* | | 2 | GC |
| *cefuroxime sodium injection recon soln 750mg* | | 4 | PA BvD |
| *cefuroxime sodium intravenous recon soln 1.5gm* | | 4 | PA BvD |
| *cephalexin oral capsule 250mg, 500mg* | | 1 | GC |
| *cephalexin oral suspension for reconstitution 125mg/5ml, 250mg/5ml* | | 2 | GC |
| *cephalexin oral tablet 250mg, 500mg* | | 2 | GC |
| TEFLARO INTRAVENOUS RECON SOLN 400MG, 600MG | | 5 | PA BvD; NM; NDS |
| ***Beta-Lactam, Penicillins*** | | | |
| *amoxicillin oral capsule 250mg, 500mg* | | 1 | GC |
| *amoxicillin oral suspension for reconstitution 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml* | | 1 | GC |
| *amoxicillin oral tablet 500mg, 875mg* | | 1 | GC |
| *amoxicillin oral tablet, chewable 125mg, 250mg* | | 1 | GC |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5mg/5ml, 400-57mg/5ml* | | 2 | GC |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5mg/5ml* | (Augmentin) | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9mg/5ml* | (Augmentin ES-600) | 2 | GC |
| *amoxicillin-pot clavulanate oral tablet 250-125mg, 875-125mg* | | 2 | GC |
| *amoxicillin-pot clavulanate oral tablet 500-125mg* | (Augmentin) | 2 | GC |
| *amoxicillin-pot clavulanate oral tablet extended release 12-hr 1, 000-62.5mg* | (Augmentin XR) | 4 | |
| *amoxicillin-pot clavulanate oral tablet, chewable 200-28.5mg, 400-57mg* | | 2 | GC |
| *ampicillin oral capsule 500mg* | | 1 | GC |
| *ampicillin sodium injection recon soln 1gm, 10gm, 125mg* | | 4 | PA BvD |
| *ampicillin-sulbactam injection recon soln 1.5gm, 15gm, 3gm* | (Unasyn) | 4 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1, 200, 000UNIT/2ML, 2, 400, 000UNIT/4ML, 600, 000UNIT/ML | | 4 | |
| *dicloxacillin oral capsule 250mg, 500mg* | | 2 | GC |
| *nafcillin 1gm/ 50ml inj 1gm/50ml* | | 4 | PA BvD |
| *nafcillin injection recon soln 1gm* | | 4 | PA BvD |
| *nafcillin injection recon soln 10gm, 2gm* | | 4 | PA BvD |
| *oxacillin in dextrose (iso-osm) intravenous piggyback 1gm/50ml, 2gm/50ml* | | 4 | PA BvD |
| *oxacillin injection recon soln 1gm, 10gm, 2gm* | | 4 | PA BvD |
| *penicillin g pot in dextrose intravenous piggyback 2 millionunit/50ml, 3 millionunit/50ml* | | 4 | |
| *penicillin g potassium injection recon soln 20 millionunit* | (Pfizerpen-G) | 4 | PA BvD |
| *penicillin g procaine intramuscular syringe 1.2 millionunit/2ml* | | 4 | |
| *penicillin g sodium injection recon soln 5 millionunit* | | 4 | PA BvD |
| *penicillin v potassium oral recon soln 125mg/5ml, 250mg/5ml* | | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *penicillin v potassium oral tablet 250mg, 500mg* | | 1 | GC |
| *piperacillin-tazobactam intravenous recon soln 2.25gm, 3.375gm, 4.5gm* | | 4 | |
| ***Carbapenems*** | | | |
| *ertapenem injection recon soln 1gm* | | 4 | |
| *imipenem-cilastatin intravenous recon soln 250mg* | | 4 | |
| *imipenem-cilastatin intravenous recon soln 500mg* | (Primaxin IV) | 4 | |
| *meropenem intravenous recon soln 1gm, 500mg* | | 4 | |
| ***Macrolides*** | | | |
| *azithromycin intravenous recon soln 500mg* | (Zithromax) | 2 | PA BvD; GC |
| *azithromycin oral packet 1gm* | (Zithromax) | 2 | GC |
| *azithromycin oral suspension for reconstitution 100mg/5ml, 200mg/5ml* | (Zithromax) | 2 | GC |
| *azithromycin oral tablet 250mg* | (Zithromax) | 1 | GC |
| *azithromycin oral tablet 250mg (6 pack)* | | 1 | GC |
| *azithromycin oral tablet 500mg* | (Zithromax) | 2 | GC |
| *azithromycin oral tablet 500mg (3 pack), 600mg* | | 2 | GC |
| *clarithromycin oral suspension for reconstitution 125mg/5ml, 250mg/5ml* | | 2 | GC |
| *clarithromycin oral tablet 250mg, 500mg* | | 2 | GC |
| *clarithromycin oral tablet extended release 24-hr 500mg* | | 2 | GC |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40MG/ML | | 5 | PA; NM; NDS; QL (136 per 10 days) |
| DIFICID ORAL TABLET 200MG | | 5 | PA; NM; NDS; QL (20 per 10 days) |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500MG | (erythromycin lactobionate) | 4 | PA BvD |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200mg/5ml* | (E.E.S. Granules) | 4 | |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *erythromycin ethylsuccinate oral suspension for reconstitution 400mg/5ml* | (EryPed 400) | 4 | |
| *erythromycin ethylsuccinate oral tablet 400mg* | (E.E.S. 400) | 4 | |
| *erythromycin oral capsule, delayed release (dr/ec) 250mg* | | 4 | |
| *erythromycin oral tablet 250mg, 500mg* | | 4 | |
| *erythromycin oral tablet, delayed release (dr/ec) 250mg, 333mg, 500mg* | (Ery-Tab) | 4 | |
| ***Quinolones*** | | | |
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3%* | | 1 | GC |
| *ciprofloxacin hcl oral tablet 100mg, 750mg* | | 2 | GC |
| *ciprofloxacin hcl oral tablet 250mg, 500mg* | (Cipro) | 1 | GC |
| *ciprofloxacin in 5% dextrose intravenous piggyback 200mg/100ml* | | 4 | PA BvD |
| *levofloxacin in d5w intravenous piggyback 500mg/100ml, 750mg/150ml* | | 4 | |
| *levofloxacin oral solution 250mg/10ml* | | 4 | |
| *levofloxacin oral tablet 250mg, 500mg, 750mg* | | 2 | GC |
| *moxifloxacin 400mg/250ml bag* | | 4 | PA BvD |
| *moxifloxacin oral tablet 400mg* | | 4 | |
| *moxifloxacin-sod.chloride (iso) intravenous piggyback 400mg/250ml* | (Avelox in NaCl (iso-osmotic)) | 4 | PA BvD |
| *ofloxacin oral tablet 300mg, 400mg* | | 2 | GC |
| ***Sulfonamides*** | | | |
| *sulfacetamide sodium (acne) topical suspension 10%* | (Klaron) | 2 | GC |
| *sulfadiazine oral tablet 500mg* | | 2 | GC |
| *sulfamethoxazole-trimethoprim oral suspension 200-40mg/5ml* | (Sulfatrim) | 2 | GC |
| *sulfamethoxazole-trimethoprim oral tablet 400-80mg* | (Bactrim) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sulfamethoxazole-trimethoprim oral tablet 800-160mg* | (Bactrim DS) | 1 | GC |
| ***Tetracyclines*** | | | |
| *doxy-100 intravenous recon soln 100mg* | (doxycycline hyclate) | 4 | PA BvD |
| *doxycycline hyclate oral capsule 100mg, 50mg* | (Morgidox) | 2 | GC |
| *doxycycline hyclate oral tablet 100mg* | (LymePak) | 2 | GC |
| *doxycycline hyclate oral tablet 20mg* | | 2 | GC |
| *doxycycline monohydrate oral capsule 100mg* | (Mondoxyne NL) | 1 | GC |
| *doxycycline monohydrate oral capsule 50mg* | (Monodox) | 1 | GC |
| *doxycycline monohydrate oral tablet 100mg* | (Avidoxy) | 2 | GC |
| *doxycycline monohydrate oral tablet 50mg, 75mg* | | 2 | GC |
| *minocycline oral capsule 100mg, 50mg, 75mg* | | 2 | GC |
| *minocycline oral tablet 100mg, 50mg, 75mg* | | 2 | GC |
| *tetracycline oral capsule 250mg, 500mg* | | 2 | GC |
| **ANTICONVULSANTS** | | | |
| ***Anticonvulsants, Other*** | | | |
| BRIVIACT ORAL SOLUTION 10MG/ML | | 4 | QL (600 per 30 days) |
| BRIVIACT ORAL TABLET 10MG, 100MG, 25MG, 50MG, 75MG | | 4 | QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250MG, 500MG | | 4 | PA NSO |
| DIACOMIT ORAL POWDER IN PACKET 250MG, 500MG | | 4 | PA NSO |
| EPIDIOLEX ORAL SOLUTION 100MG/ML | | 4 | PA NSO |
| *felbamate oral suspension 600mg/5ml* | (Felbatol) | 5 | NM; NDS |
| *felbamate oral tablet 400mg, 600mg* | (Felbatol) | 4 | |
| FINTEPLA ORAL SOLUTION 2.2MG/ML | | 4 | PA NSO |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| FYCOMPA ORAL SUSPENSION 0.5MG/ML | | 4 | ST; QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG, 8MG | | 5 | ST; NM; NDS; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 2MG | | 4 | ST; QL (30 per 30 days) |
| *lamotrigine oral tablet 100mg, 150mg, 200mg, 25mg* | (Lamictal) | 1 | GC |
| *lamotrigine oral tablet disintegrating, dose pk 25mg (21) -50mg (7)* | (Lamictal ODT Starter (Blue)) | 2 | GC |
| *lamotrigine oral tablet disintegrating, dose pk 25mg (14)-50mg (14)-100mg (7)* | (Lamictal ODT Starter (Orange)) | 2 | GC |
| *lamotrigine oral tablet disintegrating, dose pk 50mg (42) -100mg (14)* | (Lamictal ODT Starter (Green)) | 2 | GC |
| *lamotrigine oral tablet extended release 24hr 100mg, 200mg, 25mg, 250mg, 300mg, 50mg* | (Lamictal XR) | 4 | |
| *lamotrigine oral tablet, chewable dispersible 25mg, 5mg* | (Lamictal) | 2 | GC |
| *lamotrigine oral tablet, disintegrating 100mg, 200mg, 25mg, 50mg* | (Lamictal ODT) | 4 | |
| *lamotrigine oral tablets, dose pack 25mg (35)* | (Lamictal Starter (Blue) Kit) | 2 | GC |
| *lamotrigine oral tablets, dose pack 25mg (42) -100mg (7)* | (Lamictal Starter (Orange) Kit) | 2 | GC |
| *lamotrigine oral tablets, dose pack 25mg (84) -100mg (14)* | (Lamictal Starter (Green) Kit) | 2 | GC |
| *levetiracetam oral solution 100mg/ml* | (Keppra) | 2 | GC |
| *levetiracetam oral tablet 1, 000mg, 250mg, 500mg, 750mg* | (Keppra) | 1 | GC |
| *levetiracetam oral tablet extended release 24-hr 500mg, 750mg* | (Keppra XR) | 2 | GC |
| *phenobarbital oral elixir 20mg/5ml (4mg/ml)* | | 2 | GC; QL (1500 per 30 days) |
| *phenobarbital oral tablet 100mg, 16.2mg, 32.4mg, 64.8mg, 97.2mg* | | 2 | GC; QL (90 per 30 days) |
| *phenobarbital oral tablet 15mg, 60mg* | | 2 | GC; QL (120 per 30 days) |
| *phenobarbital oral tablet 30mg* | | 2 | GC; QL (300 per 30 days) |
| *primidone oral tablet 125mg* | | 1 | GC |
| *primidone oral tablet 250mg, 50mg* | (Mysoline) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| SPRITAM ORAL TABLET FOR SUSPENSION 1, 000MG | | 4 | ST; QL (90 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 250MG, 500MG, 750MG | | 4 | ST; QL (120 per 30 days) |
| *valproic acid (as sodium salt) oral solution 250mg/5ml* | | 2 | GC |
| *valproic acid oral capsule 250mg* | | 2 | GC |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150MG X1-100MG X1), 350MG/DAY (200MG X1-150MG X1) | | 4 | QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100MG, 150MG, 200MG, 50MG | | 4 | 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) | | 4 | QL (28 per 28 days) |
| ZTALMY ORAL SUSPENSION 50MG/ML | | 5 | PA NSO; NM; NDS; QL (1100 per 30 days) |
| ***Calcium Channel Modifying Agents*** | | | |
| *ethosuximide oral capsule 250mg* | (Zarontin) | 2 | GC |
| *ethosuximide oral solution 250mg/5ml* | (Zarontin) | 2 | GC |
| *methsuximide oral capsule 300mg* | (Celontin) | 4 | |
| ZONISADE ORAL SUSPENSION 100MG/5ML | | 4 | QL (900 per 30 days) |
| *zonisamide oral capsule 100mg, 25mg* | (Zonegran) | 2 | GC |
| *zonisamide oral capsule 50mg* | | 2 | GC |
| ***Gamma-Aminobutyric Acid (GABA) Augmenting Agents*** | | | |
| *clobazam oral suspension 2.5mg/ml* | (Onfi) | 4 | QL (480 per 30 days) |
| *clobazam oral tablet 10mg, 20mg* | (Onfi) | 4 | QL (60 per 30 days) |
| *diazepam rectal kit 12.5-15-17.5-20mg, 5-7.5-10mg* | (Diastat AcuDial) | 4 | |
| *diazepam rectal kit 2.5mg* | (Diastat) | 4 | |
| *gabapentin oral capsule 100mg, 300mg, 400mg* | (Neurontin) | 1 | GC; QL (270 per 30 days) |
| *gabapentin oral solution 250mg/5ml* | (Neurontin) | 2 | GC |
| *gabapentin oral tablet 600mg, 800mg* | (Neurontin) | 1 | GC; QL (180 per 30 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5MG/SPRAY (0.1ML) | | 4 | |
| SYMPAZAN ORAL FILM 10MG, 20MG, 5MG | | 5 | ST; NM; NDS; QL (60 per 30 days) |
| *tiagabine oral tablet 12mg, 16mg, 2mg, 4mg* | | 4 | |
| 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) | | 4 | ST |
| *vigabatrin oral powder in packet 500mg* | (Sabril) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| *vigabatrin oral tablet 500mg* | (Vigadrone) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| *vigadrone oral tablet 500mg* | (vigabatrin) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| ***Sodium Channel Agents*** | | | |
| APTIOM ORAL TABLET 200MG, 400MG | | 5 | ST; NM; NDS; QL (30 per 30 days) |
| APTIOM ORAL TABLET 600MG, 800MG | | 5 | ST; NM; NDS; QL (60 per 30 days) |
| *carbamazepine oral capsule, er multiphase 12-hr 100mg, 200mg, 300mg* | (Carbatrol) | 2 | GC |
| *carbamazepine oral suspension 100mg/5ml* | (Tegretol) | 2 | GC |
| *carbamazepine oral tablet 200mg* | (Epitol) | 2 | GC |
| *carbamazepine oral tablet extended release 12-hr 100mg, 200mg, 400mg* | (Tegretol XR) | 2 | GC |
| *carbamazepine oral tablet, chewable 100mg* | | 1 | GC |
| DILANTIN ORAL CAPSULE 30MG | | 4 | ST |
| *epitol oral tablet 200mg* | (carbamazepine) | 2 | GC |
| *lacosamide oral solution 10mg/ml* | (Vimpat) | 4 | QL (1395 per 30 days) |
| *lacosamide oral tablet 100mg, 150mg, 200mg, 50mg* | (Vimpat) | 4 | QL (60 per 30 days) |
| *oxcarbazepine oral suspension 300mg/5ml (60mg/ml)* | (Trileptal) | 4 | |
| *oxcarbazepine oral tablet 150mg, 300mg, 600mg* | (Trileptal) | 1 | GC |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *phenytoin oral suspension 125mg/5ml* | (Dilantin-125) | 1 | GC |
| *phenytoin oral tablet, chewable 50mg* | (Dilantin Infatabs) | 1 | GC |
| *phenytoin sodium extended oral capsule 100mg* | (Dilantin Extended) | 1 | GC |
| *phenytoin sodium extended oral capsule 200mg, 300mg* | (Phenytek) | 1 | GC |
| *rufinamide oral suspension 40mg/ml* | (Banzel) | 5 | NM; NDS; QL (2760 per 30 days) |
| *rufinamide oral tablet 200mg* | (Banzel) | 4 | QL (480 per 30 days) |
| *rufinamide oral tablet 400mg* | (Banzel) | 5 | NM; NDS; QL (240 per 30 days) |
| **ANTIDEMENTIA AGENTS** | | | |
| ***Antidementia Agents, Other*** | | | |
| *memantine oral capsule, sprinkle, er 24hr 14mg, 21mg, 28mg, 7mg* | (Namenda XR) | 3 | QL (30 per 30 days) |
| *memantine oral solution 2mg/ml* | | 2 | GC; QL (360 per 30 days) |
| *memantine oral tablet 10mg, 5mg* | (Namenda) | 2 | GC; QL (60 per 30 days) |
| *memantine oral tablets, dose pack 5-10mg* | (Namenda Titration Pak) | 2 | GC; QL (49 per 28 days) |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28MG-10MG | | 3 | PA |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10MG, 21-10MG, 28-10MG, 7-10MG | | 3 | PA |
| ***Cholinesterase Inhibitors*** | | | |
| *donepezil oral tablet 10mg* | (Aricept) | 1 | GC; QL (60 per 30 days) |
| *donepezil oral tablet 23mg* | (Aricept) | 2 | GC; QL (30 per 30 days) |
| *donepezil oral tablet 5mg* | (Aricept) | 1 | GC; QL (30 per 30 days) |
| *donepezil oral tablet, disintegrating 10mg* | | 1 | GC; QL (60 per 30 days) |
| *donepezil oral tablet, disintegrating 5mg* | | 1 | GC; QL (30 per 30 days) |
| *galantamine oral capsule, ext rel. pellets 24-hr 16mg, 24mg, 8mg* | | 2 | GC; QL (30 per 30 days) |
| *galantamine oral solution 4mg/ml* | | 2 | GC; QL (200 per 30 days) |
| *galantamine oral tablet 12mg, 4mg, 8mg* | | 2 | GC; QL (60 per 30 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *rivastigmine tartrate oral capsule 1.5mg, 3mg, 4.5mg, 6mg* | | 2 | GC; QL (60 per 30 days) |
| *rivastigmine transdermal patch 24-hour 13.3mg/24-hour, 4.6mg/24-hour, 9.5mg/24-hour* | (Exelon Patch) | 2 | GC; QL (30 per 30 days) |
| **ANTIDEPRESSANTS** | | | |
| ***Antidepressants, Other*** | | | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105MG | | 4 | ST; QL (60 per 30 days) |
| *bupropion hcl oral tablet 100mg* | | 1 | GC; QL (180 per 30 days) |
| *bupropion hcl oral tablet 75mg* | | 1 | GC; QL (120 per 30 days) |
| *bupropion hcl oral tablet extended release 24-hr 150mg* | (Wellbutrin XL) | 2 | GC; QL (60 per 30 days) |
| *bupropion hcl oral tablet extended release 24-hr 300mg* | (Wellbutrin XL) | 2 | GC; QL (90 per 30 days) |
| *bupropion hcl oral tablet extended release 24-hr 450mg* | (Forfivo XL) | 3 | QL (30 per 30 days) |
| *bupropion hcl oral tablet sustained-release 12-hr 100mg* | (Wellbutrin SR) | 1 | GC; QL (120 per 30 days) |
| *bupropion hcl oral tablet sustained-release 12-hr 150mg* | (Wellbutrin SR) | 1 | GC; QL (90 per 30 days) |
| *bupropion hcl oral tablet sustained-release 12-hr 200mg* | (Wellbutrin SR) | 1 | GC; QL (60 per 30 days) |
| *mirtazapine oral tablet 15mg, 30mg* | (Remeron) | 1 | GC; QL (30 per 30 days) |
| *mirtazapine oral tablet 45mg* | | 1 | GC; QL (30 per 30 days) |
| *mirtazapine oral tablet 7.5mg* | | 1 | GC; QL (45 per 30 days) |
| *mirtazapine oral tablet, disintegrating 15mg, 30mg, 45mg* | (Remeron SolTab) | 2 | GC; QL (30 per 30 days) |
| *olanzapine-fluoxetine oral capsule 12-25mg, 6-50mg* | | 4 | QL (30 per 30 days) |
| *olanzapine-fluoxetine oral capsule 12-50mg* | (Symbyax) | 4 | QL (30 per 30 days) |
| *olanzapine-fluoxetine oral capsule 3-25mg, 6-25mg* | (Symbyax) | 4 | QL (90 per 30 days) |
| ***Monoamine Oxidase Inhibitors*** | | | |
| EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24 HR, 6MG/24 HR, 9MG/24 HR | | 5 | ST; NM; NDS; QL (30 per 30 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| MARPLAN ORAL TABLET 10MG | | 4 | ST; QL (180 per 30 days) |
| *phenelzine oral tablet 15mg* | (Nardil) | 2 | GC |
| *tranylcypromine oral tablet 10mg* | (Parnate) | 4 | |
| ***SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)*** | | | |
| *citalopram oral capsule 30mg* | | 1 | GC; QL (30 per 30 days) |
| *citalopram oral solution 10mg/5ml* | | 2 | GC; QL (600 per 30 days) |
| *citalopram oral tablet 10mg, 40mg* | (Celexa) | 1 | GC; QL (30 per 30 days) |
| *citalopram oral tablet 20mg* | (Celexa) | 1 | GC; QL (60 per 30 days) |
| *desvenlafaxine oral tablet extended release 24-hr 100mg, 50mg* | | 4 | QL (30 per 30 days) |
| *desvenlafaxine succinate oral tablet extended release 24-hr 100mg, 25mg, 50mg* | (Pristiq) | 4 | QL (30 per 30 days) |
| *duloxetine oral capsule, delayed release (dr/ec) 20mg, 30mg, 60mg* | (Cymbalta) | 2 | GC; QL (60 per 30 days) |
| *duloxetine oral capsule, delayed release (dr/ec) 40mg* | | 2 | GC; QL (60 per 30 days) |
| *escitalopram oxalate oral solution 5mg/5ml* | | 2 | GC; QL (600 per 30 days) |
| *escitalopram oxalate oral tablet 10mg* | (Lexapro) | 1 | GC; QL (45 per 30 days) |
| *escitalopram oxalate oral tablet 20mg* | (Lexapro) | 1 | GC; QL (60 per 30 days) |
| *escitalopram oxalate oral tablet 5mg* | (Lexapro) | 1 | GC; QL (30 per 30 days) |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20MG (2)-40MG (26) | | 3 | QL (28 per 28 days) |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120MG, 20MG, 40MG, 80MG | | 3 | QL (30 per 30 days) |
| *fluoxetine oral capsule 10mg, 20mg, 40mg* | (Prozac) | 1 | GC; QL (60 per 30 days) |
| *fluoxetine oral solution 20mg/5ml (4mg/ml)* | | 2 | GC; QL (600 per 30 days) |
| *fluoxetine oral tablet 10mg* | | 2 | GC; QL (60 per 30 days) |
| *fluoxetine oral tablet 20mg* | | 2 | GC; QL (120 per 30 days) |
| *fluvoxamine oral tablet 100mg, 25mg, 50mg* | | 2 | GC; QL (90 per 30 days) |
| *nefazodone oral tablet 100mg, 150mg, 200mg, 250mg, 50mg* | | 4 | |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *paroxetine hcl oral suspension 10mg/5ml* | (Paxil) | 4 | QL (900 per 30 days) |
| *paroxetine hcl oral tablet 10mg, 20mg* | (Paxil) | 1 | GC; QL (30 per 30 days) |
| *paroxetine hcl oral tablet 30mg, 40mg* | (Paxil) | 1 | GC; QL (60 per 30 days) |
| *sertraline oral capsule 150mg, 200mg* | | 2 | GC; QL (30 per 30 days) |
| *sertraline oral concentrate 20mg/ml* | (Zoloft) | 1 | GC; QL (300 per 30 days) |
| *sertraline oral tablet 100mg* | (Zoloft) | 1 | GC; QL (60 per 30 days) |
| *sertraline oral tablet 25mg, 50mg* | (Zoloft) | 1 | GC; QL (90 per 30 days) |
| *trazodone oral tablet 100mg, 150mg, 50mg* | | 1 | GC |
| *trazodone oral tablet 300mg* | | 2 | GC |
| TRINTELLIX ORAL TABLET 10MG, 20MG, 5MG | | 4 | ST; QL (30 per 30 days) |
| *venlafaxine besylate oral tablet extended release 24hr 112.5mg* | | 2 | GC; QL (30 per 30 days) |
| *venlafaxine oral capsule, extended release 24hr 150mg, 37.5mg, 75mg* | (Effexor XR) | 1 | GC; QL (60 per 30 days) |
| *venlafaxine oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg* | | 1 | GC; QL (90 per 30 days) |
| *venlafaxine oral tablet extended release 24hr 150mg, 225mg, 37.5mg, 75mg* | | 2 | GC; QL (30 per 30 days) |
| VIIBRYD ORAL TABLETS, DOSE PACK 10MG (7)-20MG (23) | | 3 | QL (30 per 30 days) |
| *vilazodone oral tablet 10mg, 20mg, 40mg* | (Viibryd) | 3 | QL (30 per 30 days) |
| ***Tricyclics*** | | | |
| *amitriptyline oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg* | | 2 | GC |
| *amoxapine oral tablet 100mg, 150mg, 25mg, 50mg* | | 2 | GC |
| *clomipramine oral capsule 25mg, 50mg, 75mg* | (Anafranil) | 4 | |
| *desipramine oral tablet 10mg, 25mg* | (Norpramin) | 2 | GC |
| *desipramine oral tablet 100mg, 150mg, 50mg, 75mg* | | 2 | GC |
| *doxepin oral capsule 10mg, 100mg, 150mg, 25mg, 50mg, 75mg* | | 2 | GC |



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



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *ondansetron oral tablet, disintegrating 4mg, 8mg* | | 2 | PA BvD; GC |
| VARUBI ORAL TABLET 90MG | | 3 | PA BvD |
| **ANTIFUNGALS** | | | |
| ***Antifungals*** | | | |
| ABELCET INTRAVENOUS SUSPENSION 5MG/ML | | 4 | PA BvD |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50MG | (amphotericin b liposome) | 5 | PA BvD; NM; NDS |
| *amphotericin b injection recon soln 50mg* | | 4 | PA BvD |
| *caspofungin intravenous recon soln 50mg* | (Cancidas) | 5 | NM; NDS |
| *caspofungin intravenous recon soln 70mg* | (Cancidas) | 4 | |
| *ciclopirox topical cream 0.77%* | (Ciclodan) | 2 | GC |
| *ciclopirox topical suspension 0.77%* | (Loprox (as olamine)) | 2 | GC |
| *clotrimazole mucous membrane troche 10mg* | | 2 | GC |
| *clotrimazole topical cream 1%* | (Antifungal (clotrimazole)) | 1 | GC |
| *clotrimazole topical solution 1%* | | 2 | GC |
| *econazole topical cream 1%* | | 2 | GC |
| ERAXIS (WATER DILUENT) INTRAVENOUS RECON SOLN 100MG | | 5 | PA BvD; NM; NDS |
| ERAXIS (WATER DILUENT) INTRAVENOUS RECON SOLN 50MG | | 4 | PA BvD |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200mg/100ml, 400mg/200ml* | | 2 | PA BvD; GC |
| *fluconazole oral suspension for reconstitution 10mg/ml, 40mg/ml* | (Diflucan) | 2 | GC |
| *fluconazole oral tablet 100mg, 200mg* | (Diflucan) | 2 | GC |
| *fluconazole oral tablet 150mg, 50mg* | | 2 | GC |
| *flucytosine oral capsule 250mg, 500mg* | (Ancobon) | 5 | NM; NDS |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *griseofulvin microsize oral suspension 125mg/5ml* | | 2 | GC |
| *griseofulvin microsize oral tablet 500mg* | | 2 | GC |
| *griseofulvin ultramicrosize oral tablet 125mg, 250mg* | | 2 | GC |
| *itraconazole oral capsule 100mg* | (Sporanox) | 4 | PA |
| *itraconazole oral solution 10mg/ml* | (Sporanox) | 4 | PA |
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10% | | 4 | |
| *ketoconazole oral tablet 200mg* | | 1 | GC |
| *ketoconazole topical cream 2%* | | 2 | GC |
| *ketoconazole topical shampoo 2%* | | 1 | GC |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300MG | | 5 | PA; NM; NDS |
| *nyamyc topical powder 100, 000unit/gram* | (nystatin) | 3 | |
| *nystatin oral suspension 100, 000unit/ml* | | 2 | GC |
| *nystatin oral tablet 500, 000unit* | | 2 | GC |
| *nystatin topical cream 100, 000unit/gram* | | 1 | GC |
| *nystatin topical ointment 100, 000unit/gram* | | 1 | GC |
| *nystatin topical powder 100, 000unit/gram* | (Nyamyc) | 2 | GC |
| *nystop topical powder 100, 000unit/gram* | (nystatin) | 3 | |
| *posaconazole oral suspension 200mg/5ml (40mg/ml)* | (Noxafil) | 5 | PA; NM; NDS |
| *posaconazole oral tablet, delayed release (dr/ec) 100mg* | (Noxafil) | 4 | PA |
| *terbinafine hcl oral tablet 250mg* | | 2 | GC |
| *terconazole vaginal cream 0.4%, 0.8%* | | 2 | GC |
| *terconazole vaginal suppository 80mg* | | 2 | GC |
| *voriconazole intravenous recon soln 200mg* | (Vfend IV) | 5 | PA; NM; NDS |
| *voriconazole oral suspension for reconstitution 200mg/5ml (40mg/ml)* | (Vfend) | 5 | PA; NM; NDS |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *voriconazole oral tablet 200mg, 50mg* | (Vfend) | 4 | PA |
| **ANTIGOUT AGENTS** | | | |
| ***Antigout Agents*** | | | |
| *allopurinol oral tablet 100mg* | (Zyloprim) | 1 | GC |
| *allopurinol oral tablet 300mg* | | 1 | GC |
| *colchicine (gout) oral capsule 0.6mg* | (Mitigare) | 3 | |
| *colchicine (gout) oral tablet 0.6mg* | (Colcrys) | 3 | |
| *febuxostat oral tablet 40mg, 80mg* | (Uloric) | 3 | PA |
| *probenecid oral tablet 500mg* | | 2 | GC |
| *probenecid-colchicine oral tablet 500-0.5mg* | | 3 | |
| **ANTIMIGRAINE AGENTS** | | | |
| ***Ergot Alkaloids*** | | | |
| *dihydroergotamine nasal spray, non-aerosol 0.5mg/pump act. (4mg/ml)* | (Migranal) | 5 | NM; NDS |
| *ergotamine-caffeine oral tablet 1-100mg* | | 2 | GC; QL (40 per 28 days) |
| ***Prophylactic*** | | | |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120MG/ML | | 3 | PA |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120MG/ML | | 3 | PA |
| EPRONTIA ORAL SOLUTION 25MG/ML | | 3 | |
| *propranolol oral capsule, extended release 24-hr 80mg* | (Inderal LA) | 2 | GC |
| *propranolol oral tablet 80mg* | | 1 | GC |
| *topiramate oral capsule, sprinkle 15mg, 25mg* | (Topamax) | 2 | GC |
| *topiramate oral capsule, sprinkle, er 24hr 100mg, 150mg, 200mg, 25mg, 50mg* | (Qudexy XR) | 4 | |
| *topiramate oral tablet 100mg, 200mg, 25mg, 50mg* | (Topamax) | 1 | GC |
| UBRELVY ORAL TABLET 100MG, 50MG | | 4 | PA; QL (16 per 30 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ***Serotonin (5-Ht) Receptor Agonist*** | | | |
| *naratriptan oral tablet 1mg, 2.5mg* | | 2 | GC; QL (9 per 30 days) |
| *rizatriptan oral tablet 10mg* | (Maxalt) | 2 | GC; QL (12 per 30 days) |
| *rizatriptan oral tablet 5mg* | | 2 | GC; QL (12 per 30 days) |
| *rizatriptan oral tablet, disintegrating 10mg* | (Maxalt-MLT) | 2 | GC; QL (12 per 30 days) |
| *rizatriptan oral tablet, disintegrating 5mg* | | 2 | GC; QL (12 per 30 days) |
| *sumatriptan nasal spray, non-aerosol 20mg/actuation* | (Imitrex) | 4 | QL (12 per 30 days) |
| *sumatriptan nasal spray, non-aerosol 5mg/actuation* | (Imitrex) | 4 | QL (18 per 30 days) |
| *sumatriptan succinate oral tablet 100mg, 25mg, 50mg* | (Imitrex) | 1 | GC; QL (9 per 30 days) |
| *sumatriptan succinate subcutaneous cartridge 4mg/0.5ml, 6mg/0.5ml* | (Imitrex STATdose Refill) | 2 | GC; QL (4 per 30 days) |
| *sumatriptan succinate subcutaneous pen injector 4mg/0.5ml, 6mg/0.5ml* | (Imitrex STATdose Pen) | 2 | GC; QL (4 per 30 days) |
| *sumatriptan succinate subcutaneous solution 6mg/0.5ml* | (Imitrex) | 2 | GC; QL (4 per 30 days) |
| *zolmitriptan oral tablet 2.5mg, 5mg* | (Zomig) | 2 | GC; QL (6 per 30 days) |
| *zolmitriptan oral tablet, disintegrating 2.5mg, 5mg* | | 2 | GC; QL (6 per 30 days) |
| **ANTIMYASTHENIC AGENTS** | | | |
| ***Parasympathomimetics*** | | | |
| *pyridostigmine bromide oral syrup 60mg/5ml* | (Mestinon) | 2 | GC |
| *pyridostigmine bromide oral tablet 30mg* | | 2 | GC |
| *pyridostigmine bromide oral tablet 60mg* | (Mestinon) | 2 | GC |
| **ANTIMYCOBACTERIALS** | | | |
| ***Antimycobacterials, Other*** | | | |
| *dapsone oral tablet 100mg, 25mg* | | 2 | GC |
| PRIFTIN ORAL TABLET 150MG | | 4 | |
| *rifabutin oral capsule 150mg* | (Mycobutin) | 4 | |
| ***Antituberculars*** | | | |
| *ethambutol oral tablet 100mg* | | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *ethambutol oral tablet 400mg* | (Myambutol) | 2 | GC |
| *isoniazid oral solution 50mg/5ml* | | 1 | GC |
| *isoniazid oral tablet 100mg, 300mg* | | 1 | GC |
| *pyrazinamide oral tablet 500mg* | | 2 | GC |
| *rifampin intravenous recon soln 600mg* | (Rifadin) | 4 | |
| *rifampin oral capsule 150mg, 300mg* | | 2 | GC |
| SIRTURO ORAL TABLET 100MG, 20MG | | 5 | PA; NM; NDS |
| TRECATOR ORAL TABLET 250MG | | 4 | |
| **ANTINEOPLASTICS** | | | |
| ***Alkylating Agents*** | | | |
| *cyclophosphamide oral capsule 25mg, 50mg* | | 4 | PA BvD |
| *cyclophosphamide oral tablet 25mg, 50mg* | | 2 | PA BvD; GC |
| GLEOSTINE ORAL CAPSULE 10MG, 100MG, 40MG | (lomustine) | 4 | PA NSO |
| LEUKERAN ORAL TABLET 2MG | | 4 | |
| MATULANE ORAL CAPSULE 50MG | | 5 | PA NSO; NM; NDS |
| VALCHLOR TOPICAL GEL 0.016% | | 5 | PA NSO; NM; NDS; QL (60 per 14 days) |
| ***Antiandrogens*** | | | |
| *abiraterone oral tablet 250mg, 500mg* | (Zytiga) | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| *bicalutamide oral tablet 50mg* | (Casodex) | 1 | GC |
| ERLEADA ORAL TABLET 240MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500MG | | 5 | NM; NDS |
| *nilutamide oral tablet 150mg* | (Nilandron) | 5 | NM; NDS; QL (60 per 30 days) |
| NUBEQA ORAL TABLET 300MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL CAPSULE 40MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| XTANDI ORAL TABLET 80MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| YONSA ORAL TABLET 125MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ***Antiangiogenic Agents*** | | | |
| *lenalidomide oral capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg* | (Revlimid) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| POMALYST ORAL CAPSULE 1MG, 2MG, 3MG, 4MG | | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| THALOMID ORAL CAPSULE 100MG, 200MG, 50MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| THALOMID ORAL CAPSULE 150MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ***Antiestrogens/Modifiers*** | | | |
| EMCYT ORAL CAPSULE 140MG | | 3 | |
| ORSERDU ORAL TABLET 345MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20MG/10ML | | 4 | PA NSO |
| *tamoxifen oral tablet 10mg, 20mg* | | 1 | GC |
| *toremifene oral tablet 60mg* | (Fareston) | 5 | PA NSO; NM; NDS |
| ***Antimetabolites*** | | | |
| DROXIA ORAL CAPSULE 200MG, 300MG, 400MG | | 4 | |
| *hydroxyurea oral capsule 500mg* | (Hydrea) | 1 | GC |
| INQOVI ORAL TABLET 35-100MG | | 5 | PA NSO; NM; NDS |
| *mercaptopurine oral tablet 50mg* | | 2 | GC |
| ONUREG ORAL TABLET 200MG, 300MG | | 5 | PA NSO; NM; NDS |
| PURIXAN ORAL SUSPENSION 20MG/ML | | 5 | NM; NDS |
| TABLOID ORAL TABLET 40MG | (thioguanine) | 4 | PA NSO |
| ***Antineoplastics, Other*** | | | |
| IDHIFA ORAL TABLET 100MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 50MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| 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 | | 5 | PA NSO; NM; NDS |
| KRAZATI ORAL TABLET 200MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| *leucovorin calcium oral tablet 10mg, 15mg, 25mg, 5mg* | | 2 | GC |
| LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG | | 5 | PA NSO; NM; NDS |
| LUMAKRAS ORAL TABLET 120MG | | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 320MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| LYNPARZA ORAL TABLET 100MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| LYNPARZA ORAL TABLET 150MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| MESNEX ORAL TABLET 400MG | | 5 | NM; NDS |
| NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG | | 5 | PA NSO; NM; NDS |
| ORGOVYX ORAL TABLET 120MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5MG | | 5 | PA NSO; NM; NDS |
| WELIREG ORAL TABLET 40MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| XATMEP ORAL SOLUTION 2.5MG/ML | | 4 | 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) | | 5 | PA NSO; NM; NDS |
| ZOLINZA ORAL CAPSULE 100MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ***Aromatase Inhibitors, 3rd Generation*** | | | |
| *anastrozole oral tablet 1mg* | (Arimidex) | 1 | GC |
| *exemestane oral tablet 25mg* | (Aromasin) | 4 | |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *letrozole oral tablet 2.5mg* | (Femara) | 1 | GC |
| ***Molecular Target Inhibitors*** | | | |
| ALECENSA ORAL CAPSULE 150MG | | 5 | PA NSO; NM; NDS |
| ALUNBRIG ORAL TABLET 180MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| ALUNBRIG ORAL TABLET 90MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ALUNBRIG ORAL TABLETS, DOSE PACK 90MG (7)-180MG (23) | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| AYVAKIT ORAL TABLET 100MG, 200MG, 25MG, 300MG, 50MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BALVERSA ORAL TABLET 3MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| BALVERSA ORAL TABLET 4MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| BALVERSA ORAL TABLET 5MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| BOSULIF ORAL TABLET 400MG, 500MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20MG, 40MG, 60MG | | 5 | PA NSO; NM; NDS |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CALQUENCE ORAL CAPSULE 100MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100MG | (vandetanib) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300MG | (vandetanib) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| COMETRIQ ORAL CAPSULE 100MG/DAY (80MG X1-20MG X1) | | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| COMETRIQ ORAL CAPSULE 140MG/DAY (80MG X1-20MG X3) | | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| COMETRIQ ORAL CAPSULE 60MG/DAY (20MG X 3/DAY) | | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| COPIKTRA ORAL CAPSULE 15MG, 25MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| COTELLIC ORAL TABLET 20MG | | 5 | PA NSO; NM; NDS; QL (63 per 28 days) |
| DAURISMO ORAL TABLET 100MG, 25MG | | 5 | PA NSO; NM; NDS |
| ERIVEDGE ORAL CAPSULE 150MG | | 5 | PA NSO; NM; NDS |
| *erlotinib oral tablet 100mg, 150mg* | (Tarceva) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| *erlotinib oral tablet 25mg* | (Tarceva) | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| *everolimus (antineoplastic) oral tablet 10mg, 2.5mg, 5mg, 7.5mg* | (Afinitor) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 2mg, 3mg* | (Afinitor Disperz) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 5mg* | (Afinitor Disperz) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| EXKIVITY ORAL CAPSULE 40MG | | 5 | PA NSO; NM; NDS |
| FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG | | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| GAVRETO ORAL CAPSULE 100MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| *gefitinib oral tablet 250mg* | (Iressa) | 5 | PA NSO; NM; NDS |
| GILOTRIF ORAL TABLET 20MG, 30MG, 40MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG | | 5 | PA NSO; NM; NDS |
| IBRANCE ORAL TABLET 100MG, 125MG, 75MG | | 5 | PA NSO; NM; NDS |
| ICLUSIG ORAL TABLET 10MG, 30MG, 45MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ICLUSIG ORAL TABLET 15MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| *imatinib oral tablet 100mg* | (Gleevec) | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| *imatinib oral tablet 400mg* | (Gleevec) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| IMBRUVICA ORAL CAPSULE 70MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70MG/ML | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG, 560MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| INLYTA ORAL TABLET 1MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| INREBIC ORAL CAPSULE 100MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| KISQALI ORAL TABLET 200MG/DAY (200MG X 1), 400MG/DAY (200MG X 2), 600MG/DAY (200MG X 3) | 5 | PA NSO; NM; NDS |
| KOSELUGO ORAL CAPSULE 10MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| KOSELUGO ORAL CAPSULE 25MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| *lapatinib oral tablet 250mg* (Tykerb) | 5 | PA NSO; NM; NDS; 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) | 5 | PA NSO; NM; NDS |
| LORBRENA ORAL TABLET 100MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| LYTGOBI ORAL TABLET 4MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| LYTGOBI ORAL TABLET 4MG (4X 4MG TB) | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LYTGOBI ORAL TABLET 4MG (5X 4MG TB) | 5 | PA NSO; NM; NDS; QL (140 per 28 days) |
| MEKINIST ORAL RECON SOLN 0.05MG/ML | 5 | PA NSO; NM; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| MEKINIST ORAL TABLET 2MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| NERLYNX ORAL TABLET 40MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| ODOMZO ORAL CAPSULE 200MG | 5 | PA NSO; NM; NDS |
| PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG | 5 | PA NSO; NM; NDS; QL (14 per 21 days) |
| PIQRAY ORAL TABLET 200MG/DAY (200MG X 1), 250MG/DAY (200MG X1-50MG X1), 300MG/DAY (150MG X 2) | 5 | PA NSO; NM; NDS |
| QINLOCK ORAL TABLET 50MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| RETEVMO ORAL CAPSULE 80MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ROZLYTREK ORAL CAPSULE 100MG | 5 | PA NSO; NM; NDS; QL (150 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| RUBRACA ORAL TABLET 200MG, 250MG, 300MG | 5 | PA NSO; NM; NDS |
| RYDAPT ORAL CAPSULE 25MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| SCEMBLIX ORAL TABLET 20MG, 40MG | 5 | PA NSO; NM; NDS |
| *sorafenib oral tablet 200mg* (Nexavar) | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| SPRYCEL ORAL TABLET 140MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SPRYCEL ORAL TABLET 20MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| STIVARGA ORAL TABLET 40MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| *sunitinib malate oral capsule 12.5mg, 25mg, 37.5mg, 50mg* (Sutent) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| TABRECTA ORAL TABLET 150MG, 200MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL CAPSULE 50MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| TAFINLAR ORAL CAPSULE 75MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10MG | 5 | PA NSO; NM; NDS; QL (900 per 30 days) |
| TAGRISSO ORAL TABLET 40MG, 80MG | 5 | PA NSO; NM; NDS |
| TALZENNA ORAL CAPSULE 0.1MG, 0.35MG, 0.75MG, 1MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| TALZENNA ORAL CAPSULE 0.25MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TALZENNA ORAL CAPSULE 0.5MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| TEPMETKO ORAL TABLET 225MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TIBSOVO ORAL TABLET 250MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TUKYSA ORAL TABLET 150MG, 50MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TURALIO ORAL CAPSULE 125MG, 200MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| VENCLEXTA ORAL TABLET 10MG, 50MG | 4 | PA NSO |
| VENCLEXTA ORAL TABLET 100MG | 5 | PA NSO; NM; NDS |
| VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10MG-50MG-100MG | 3 | PA NSO |
| VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG | 5 | PA NSO; NM; NDS |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| VITRAKVI ORAL CAPSULE 100MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20MG/ML | | 5 | PA NSO; NM; NDS; QL (310 per 30 days) |
| VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| VOTRIENT ORAL TABLET 200MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XALKORI ORAL CAPSULE 200MG, 250MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XOSPATA ORAL TABLET 40MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ZEJULA ORAL CAPSULE 100MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100MG, 200MG, 300MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240MG | | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| ZYDELIG ORAL TABLET 100MG, 150MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150MG | | 5 | PA NSO; NM; NDS; QL (150 per 30 days) |
| ***Retinoids*** | | | |
| *bexarotene oral capsule 75mg* | (Targretin) | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| *bexarotene topical gel 1%* | (Targretin) | 5 | PA NSO; NM; NDS |
| *tretinoin (antineoplastic) oral capsule 10mg* | | 5 | NM; NDS |
| **ANTIPARASITICS** | | | |
| ***Anthelmintics*** | | | |
| *albendazole oral tablet 200mg* | | 4 | |
| EMVERM ORAL TABLET, CHEWABLE 100MG | (mebendazole) | 5 | NM; NDS |
| *ivermectin oral tablet 3mg* | (Stromectol) | 2 | PA; GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ***Antiprotozoals*** | | | |
| *atovaquone oral suspension 750mg/5ml* | (Mepron) | 5 | NM; NDS |
| *atovaquone-proguanil oral tablet 250-100mg* | (Malarone) | 2 | GC |
| *atovaquone-proguanil oral tablet 62.5-25mg* | (Malarone Pediatric) | 2 | GC |
| *benznidazole oral tablet 100mg, 12.5mg* | | 2 | GC |
| *chloroquine phosphate oral tablet 250mg, 500mg* | | 2 | GC |
| COARTEM ORAL TABLET 20-120MG | | 4 | |
| *hydroxychloroquine oral tablet 100mg, 300mg, 400mg* | | 2 | GC |
| *hydroxychloroquine oral tablet 200mg* | (Plaquenil) | 2 | GC |
| LAMPIT ORAL TABLET 120MG, 30MG | | 4 | |
| *mefloquine oral tablet 250mg* | | 2 | GC |
| *nitazoxanide oral tablet 500mg* | (Alinia) | 4 | QL (40 per 30 days) |
| *pentamidine inhalation recon soln 300mg* | (Nebupent) | 4 | PA BvD |
| *pentamidine injection recon soln 300mg* | (Pentam) | 4 | PA BvD |
| PRIMAQUINE ORAL TABLET 26.3MG | | 4 | |
| *quinine sulfate oral capsule 324mg* | (Qualaquin) | 2 | PA; GC |
| **ANTIPARKINSON AGENTS** | | | |
| ***Anticholinergics*** | | | |
| *benztropine oral tablet 0.5mg, 1mg, 2mg* | | 1 | GC |
| *trihexyphenidyl oral elixir 0.4mg/ml* | | 1 | GC |
| *trihexyphenidyl oral tablet 2mg, 5mg* | | 1 | GC |
| ***Antiparkinson Agents, Other*** | | | |
| *amantadine hcl oral capsule 100mg* | | 2 | GC |
| *amantadine hcl oral solution 50mg/5ml* | | 2 | GC |
| *amantadine hcl oral tablet 100mg* | | 2 | GC |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *carbidopa-levodopa-entacapone oral tablet 12.5-50-200mg* | (Stalevo 50) | 2 | GC |
| *carbidopa-levodopa-entacapone oral tablet 18.75-75-200mg* | (Stalevo 75) | 2 | GC |
| *carbidopa-levodopa-entacapone oral tablet 25-100-200mg* | (Stalevo 100) | 2 | GC |
| *carbidopa-levodopa-entacapone oral tablet 31.25-125-200mg* | (Stalevo 125) | 2 | GC |
| *carbidopa-levodopa-entacapone oral tablet 37.5-150-200mg* | (Stalevo 150) | 2 | GC |
| *carbidopa-levodopa-entacapone oral tablet 50-200-200mg* | (Stalevo 200) | 2 | GC |
| *entacapone oral tablet 200mg* | (Comtan) | 2 | GC |
| ***Dopamine Agonists*** | | | |
| *bromocriptine oral capsule 5mg* | (Parlodel) | 2 | GC |
| *bromocriptine oral tablet 2.5mg* | (Parlodel) | 2 | GC |
| NEUPRO TRANSDERMAL PATCH 24-HOUR 1MG/24-HOUR, 2MG/24-HOUR, 3MG/24-HOUR, 4MG/24-HOUR, 6MG/24-HOUR, 8MG/24-HOUR | | 4 | |
| *pramipexole oral tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg* | (Mirapex) | 1 | GC |
| *ropinirole oral tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg* | | 1 | GC |
| ***Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors*** | | | |
| *carbidopa oral tablet 25mg* | (Lodosyn) | 2 | GC |
| *carbidopa-levodopa oral tablet 10-100mg* | (Sinemet) | 2 | GC |
| *carbidopa-levodopa oral tablet 25-100mg* | (Dhivy) | 2 | GC |
| *carbidopa-levodopa oral tablet 25-250mg* | | 2 | GC |
| *carbidopa-levodopa oral tablet extended release 25-100mg, 50-200mg* | | 2 | GC |
| *carbidopa-levodopa oral tablet, disintegrating 10-100mg, 25-100mg, 25-250mg* | | 2 | GC |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42MG | | 5 | PA; NM; NDS |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95MG, 36.25-145MG, 48.75-195MG, 61.25-245MG | | 4 | ST |
| ***Monoamine Oxidase B (MAO-B) Inhibitors*** | | | |
| *rasagiline oral tablet 0.5mg, 1mg* | (Azilect) | 4 | |
| *selegiline hcl oral capsule 5mg* | | 2 | GC |
| *selegiline hcl oral tablet 5mg* | | 2 | GC |
| **ANTIPSYCHOTICS** | | | |
| ***1st Generation/Typical*** | | | |
| *chlorpromazine oral concentrate 100mg/ml, 30mg/ml* | | 4 | PA BvD |
| *chlorpromazine oral tablet 10mg, 100mg, 200mg, 25mg, 50mg* | | 4 | PA BvD |
| *fluphenazine decanoate injection solution 25mg/ml* | | 4 | |
| *fluphenazine hcl injection solution 2.5mg/ml* | | 4 | |
| *fluphenazine hcl oral concentrate 5mg/ml* | | 2 | GC |
| *fluphenazine hcl oral elixir 2.5mg/5ml* | | 2 | GC |
| *fluphenazine hcl oral tablet 1mg, 10mg, 2.5mg, 5mg* | | 2 | GC |
| *haloperidol decanoate intramuscular solution 100mg/ml (1ml), 50mg/ml (1ml)* | | 2 | GC |
| *haloperidol decanoate intramuscular solution 100mg/ml, 50mg/ml* | (Haldol Decanoate) | 2 | GC |
| *haloperidol lactate injection solution 5mg/ml* | | 4 | |
| *haloperidol lactate oral concentrate 2mg/ml* | | 1 | GC |
| *haloperidol oral tablet 0.5mg, 1mg, 10mg, 2mg, 20mg, 5mg* | | 1 | GC |
| *loxapine succinate oral capsule 10mg, 25mg, 5mg, 50mg* | | 2 | GC |
| *molindone oral tablet 10mg, 25mg, 5mg* | | 2 | GC |
| *perphenazine oral tablet 16mg, 2mg* | | 2 | GC |
| *perphenazine oral tablet 4mg, 8mg* | | 2 | PA BvD; GC |
| *pimozide oral tablet 1mg, 2mg* | | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *thioridazine oral tablet 10mg, 100mg, 25mg, 50mg* | | 2 | GC |
| *thiothixene oral capsule 1mg, 10mg, 2mg, 5mg* | | 2 | GC |
| *trifluoperazine oral tablet 1mg, 10mg, 2mg, 5mg* | | 1 | GC |
| ***2nd Generation/Atypical*** | | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720MG/2.4ML, 960MG/3.2ML | | 5 | NM; NDS |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300MG, 400MG | | 5 | NM; NDS |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300MG, 400MG | | 5 | NM; NDS |
| *aripiprazole oral solution 1mg/ml* | | 4 | QL (750 per 30 days) |
| *aripiprazole oral tablet 10mg, 15mg, 2mg, 20mg, 30mg, 5mg* | (Abilify) | 4 | QL (30 per 30 days) |
| *aripiprazole oral tablet, disintegrating 10mg* | | 5 | NM; NDS; QL (90 per 30 days) |
| *aripiprazole oral tablet, disintegrating 15mg* | | 5 | NM; NDS; QL (60 per 30 days) |
| *asenapine maleate sublingual tablet 10mg, 2.5mg, 5mg* | (Saphris) | 4 | QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5MG, 21MG, 42MG | | 5 | NM; NDS |
| FANAPT ORAL TABLET 1MG, 10MG, 12MG, 2MG, 4MG, 6MG, 8MG | | 5 | ST; NM; NDS; QL (60 per 30 days) |
| FANAPT ORAL TABLETS, DOSE PACK 1MG (2)-2MG (2)-4MG (2)-6MG (2) | | 4 | ST; QL (60 per 30 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1, 092MG/3.5ML, 1, 560MG/5ML | | 5 | NM; NDS |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML | | 5 | NM; NDS |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39MG/0.25ML | | 4 | |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML | | 5 | NM; NDS |
| *lurasidone oral tablet 120mg, 20mg, 40mg, 60mg, 80mg* | (Latuda) | 5 | NM; NDS |
| LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG | | 5 | ST; NM; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL CAPSULE 34MG | | 5 | PA NSO; NM; NDS |
| NUPLAZID ORAL TABLET 10MG | | 5 | PA NSO; NM; NDS |
| *olanzapine intramuscular recon soln 10mg* | (Zyprexa) | 4 | QL (60 per 30 days) |
| *olanzapine oral tablet 10mg, 15mg, 2.5mg, 5mg, 7.5mg* | (Zyprexa) | 1 | GC; QL (30 per 30 days) |
| *olanzapine oral tablet 20mg* | (Zyprexa) | 1 | GC; QL (60 per 30 days) |
| *olanzapine oral tablet, disintegrating 10mg, 5mg* | (Zyprexa Zydis) | 4 | QL (60 per 30 days) |
| *olanzapine oral tablet, disintegrating 15mg, 20mg* | (Zyprexa Zydis) | 4 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 1.5mg, 3mg, 9mg* | (Invega) | 4 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 6mg* | (Invega) | 4 | QL (60 per 30 days) |
| *quetiapine oral tablet 100mg, 200mg, 25mg, 300mg, 400mg, 50mg* | (Seroquel) | 1 | GC; QL (60 per 30 days) |
| *quetiapine oral tablet 150mg* | | 1 | GC; QL (60 per 30 days) |
| *quetiapine oral tablet extended release 24-hr 150mg* | (Seroquel XR) | 4 | QL (90 per 30 days) |
| *quetiapine oral tablet extended release 24-hr 200mg, 300mg, 400mg* | (Seroquel XR) | 4 | QL (60 per 30 days) |
| *quetiapine oral tablet extended release 24-hr 50mg* | (Seroquel XR) | 4 | QL (120 per 30 days) |
| REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG | | 5 | NM; NDS |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5MG/2ML | | 4 | |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25MG/2ML, 37.5MG/2ML, 50MG/2ML | | 5 | NM; NDS |
| *risperidone oral solution 1mg/ml* | (Risperdal) | 2 | GC; QL (480 per 30 days) |
| *risperidone oral tablet 0.25mg* | | 1 | GC; QL (60 per 30 days) |
| *risperidone oral tablet 0.5mg* | (Risperdal) | 1 | GC; QL (120 per 30 days) |
| *risperidone oral tablet 1mg, 2mg, 3mg, 4mg* | (Risperdal) | 1 | GC; QL (60 per 30 days) |
| *risperidone oral tablet, disintegrating 0.25mg, 1mg, 2mg* | | 2 | GC; QL (60 per 30 days) |
| *risperidone oral tablet, disintegrating 0.5mg* | | 2 | GC; QL (120 per 30 days) |
| *risperidone oral tablet, disintegrating 3mg* | | 4 | QL (60 per 30 days) |
| *risperidone oral tablet, disintegrating 4mg* | | 4 | QL (120 per 30 days) |
| SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24-HOUR, 5.7MG/24-HOUR, 7.6MG/24-HOUR | | 5 | ST; NM; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5MG | | 5 | ST; NM; NDS; QL (60 per 30 days) |
| VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG | | 5 | ST; NM; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE, DOSE PACK 1.5MG (1)-3MG (6) | | 4 | ST; QL (7 per 28 days) |
| *ziprasidone hcl oral capsule 20mg, 40mg, 60mg, 80mg* | (Geodon) | 2 | GC; QL (60 per 30 days) |
| *ziprasidone mesylate intramuscular recon soln 20mg/ml (final conc.)* | (Geodon) | 4 | QL (6 per 3 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210MG | | 4 | ST |
| ***Treatment-Resistant*** | | | |
| *clozapine oral tablet 100mg, 200mg, 25mg, 50mg* | (Clozaril) | 2 | GC; QL (120 per 30 days) |
| *clozapine oral tablet, disintegrating 100mg, 12.5mg, 150mg, 25mg* | | 4 | QL (120 per 30 days) |
| *clozapine oral tablet, disintegrating 200mg* | | 5 | NM; NDS; QL (120 per 30 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| VERSACLOZ ORAL SUSPENSION 50MG/ML | | 5 | ST; NM; NDS; QL (540 per 30 days) |
| **ANTISPASTICITY AGENTS** | | | |
| ***Antispasticity Agents*** | | | |
| *baclofen oral tablet 10mg, 20mg, 5mg* | | 1 | GC |
| *tizanidine oral tablet 2mg* | | 2 | GC |
| *tizanidine oral tablet 4mg* | (Zanaflex) | 2 | GC |
| **ANTIVIRALS** | | | |
| ***Anti-Cytomegalovirus (CMV) Agents*** | | | |
| LIVTENCITY ORAL TABLET 200MG | | 5 | PA; NM; NDS |
| PREVYMIS ORAL TABLET 240MG, 480MG | | 5 | PA; NM; NDS; QL (28 per 28 days) |
| *valganciclovir oral recon soln 50mg/ml* | (Valcyte) | 4 | |
| *valganciclovir oral tablet 450mg* | (Valcyte) | 3 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15% | | 4 | |
| ***Anti-Hepatitis B (HBV) Agents*** | | | |
| *adefovir oral tablet 10mg* | (Hepsera) | 4 | QL (30 per 30 days) |
| BARACLUDE ORAL SOLUTION 0.05MG/ML | | 5 | NM; NDS; QL (600 per 30 days) |
| *entecavir oral tablet 0.5mg, 1mg* | (Baraclude) | 4 | QL (30 per 30 days) |
| *lamivudine oral tablet 100mg* | | 2 | GC; QL (90 per 30 days) |
| VEMLIDY ORAL TABLET 25MG | | 5 | NM; NDS; QL (30 per 30 days) |
| ***Anti-Hepatitis C (HCV) Agents*** | | | |
| MAVYRET ORAL PELLETS IN PACKET 50-20MG | | 5 | PA; NM; NDS |
| MAVYRET ORAL TABLET 100-40MG | | 5 | PA; NM; NDS |
| *ribavirin oral capsule 200mg* | | 4 | |
| *ribavirin oral tablet 200mg* | | 2 | GC |
| *sofosbuvir-velpatasvir oral tablet 400-100mg* | (Epclusa) | 5 | PA; NM; NDS |
| VOSEVI ORAL TABLET 400-100-100MG | | 5 | PA; NM; NDS |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ***Antiherpetic Agents*** | | | |
| *acyclovir oral capsule 200mg* | | 1 | GC |
| *acyclovir oral suspension 200mg/5ml* | (Zovirax) | 2 | GC |
| *acyclovir oral tablet 400mg, 800mg* | | 1 | GC |
| *acyclovir sodium intravenous solution 50mg/ml* | | 2 | PA BvD; GC |
| *famciclovir oral tablet 125mg, 250mg, 500mg* | | 2 | GC |
| *trifluridine ophthalmic (eye) drops 1%* | | 2 | GC |
| *valacyclovir oral tablet 1gm, 500mg* | (Valtrex) | 2 | GC |
| ***Anti-HIV Agents, Integrase Inhibitors (INSTI)*** | | | |
| BIKTARVY ORAL TABLET 30-120-15MG, 50-200-25MG | | 5 | NM; NDS; QL (30 per 30 days) |
| DOVATO ORAL TABLET 50-300MG | | 5 | NM; NDS; QL (30 per 30 days) |
| GENVOYA ORAL TABLET 150-150-200-10MG | | 5 | NM; NDS; QL (30 per 30 days) |
| ISENTRESS HD ORAL TABLET 600MG | | 5 | NM; NDS; QL (60 per 30 days) |
| ISENTRESS ORAL POWDER IN PACKET 100MG | | 4 | QL (60 per 30 days) |
| ISENTRESS ORAL TABLET 400MG | | 5 | NM; NDS; QL (60 per 30 days) |
| ISENTRESS ORAL TABLET, CHEWABLE 100MG, 25MG | | 4 | QL (180 per 30 days) |
| STRIBILD ORAL TABLET 150-150-200-300MG | | 5 | NM; NDS; QL (30 per 30 days) |
| SYMTUZA ORAL TABLET 800-150-200-10MG | | 5 | NM; NDS; QL (30 per 30 days) |
| TIVICAY ORAL TABLET 10MG | | 4 | QL (60 per 30 days) |
| TIVICAY ORAL TABLET 25MG, 50MG | | 5 | NM; NDS; QL (60 per 30 days) |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5MG | | 4 | QL (360 per 30 days) |
| ***Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)*** | | | |
| COMPLERA ORAL TABLET 200-25-300MG | | 5 | NM; NDS; QL (30 per 30 days) |
| EDURANT ORAL TABLET 25MG | | 5 | NM; NDS; QL (30 per 30 days) |
| *efavirenz oral capsule 200mg* | | 4 | QL (120 per 30 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *efavirenz oral capsule 50mg* | | 4 | QL (360 per 30 days) |
| *efavirenz oral tablet 600mg* | | 4 | QL (30 per 30 days) |
| *etravirine oral tablet 100mg* | (Intelence) | 5 | NM; NDS; QL (120 per 30 days) |
| *etravirine oral tablet 200mg* | (Intelence) | 5 | NM; NDS; QL (60 per 30 days) |
| INTELENCE ORAL TABLET 25MG | | 4 | QL (120 per 30 days) |
| *nevirapine oral suspension 50mg/5ml* | | 4 | QL (1200 per 30 days) |
| *nevirapine oral tablet 200mg* | | 2 | GC; QL (60 per 30 days) |
| *nevirapine oral tablet extended release 24-hr 100mg* | | 4 | QL (120 per 30 days) |
| *nevirapine oral tablet extended release 24-hr 400mg* | | 4 | QL (30 per 30 days) |
| PIFELTRO ORAL TABLET 100MG | | 5 | NM; NDS; QL (30 per 30 days) |
| ***Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI)*** | | | |
| *abacavir oral solution 20mg/ml* | (Ziagen) | 4 | QL (960 per 30 days) |
| *abacavir oral tablet 300mg* | (Ziagen) | 4 | QL (60 per 30 days) |
| *abacavir-lamivudine oral tablet 600-300mg* | (Epzicom) | 4 | QL (30 per 30 days) |
| CIMDUO ORAL TABLET 300-300MG | | 5 | NM; NDS; QL (30 per 30 days) |
| DELSTRIGO ORAL TABLET 100-300-300MG | | 5 | NM; NDS; QL (30 per 30 days) |
| DESCOVY ORAL TABLET 120-15MG, 200-25MG | | 5 | NM; NDS; QL (30 per 30 days) |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300mg* | (Atripla) | 5 | NM; NDS; QL (30 per 30 days) |
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300mg* | (Symfi Lo) | 5 | NM; NDS; QL (30 per 30 days) |
| *efavirenz-lamivu-tenofov disop oral tablet 600-300-300mg* | (Symfi) | 5 | NM; NDS; QL (30 per 30 days) |
| *emtricitabine oral capsule 200mg* | (Emtriva) | 4 | QL (30 per 30 days) |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150mg, 133-200mg, 167-250mg* | (Truvada) | 5 | NM; NDS; QL (30 per 30 days) |
| *emtricitabine-tenofovir (tdf) oral tablet 200-300mg* | (Truvada) | 4 | QL (30 per 30 days) |
| EMTRIVA ORAL SOLUTION 10MG/ML | | 4 | QL (680 per 28 days) |
| JULUCA ORAL TABLET 50-25MG | | 5 | NM; NDS; QL (30 per 30 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lamivudine oral solution 10mg/ml* | (Epivir) | 4 | QL (900 per 30 days) |
| *lamivudine oral tablet 150mg* | (Epivir) | 3 | QL (60 per 30 days) |
| *lamivudine oral tablet 300mg* | (Epivir) | 3 | QL (30 per 30 days) |
| *lamivudine-zidovudine oral tablet 150-300mg* | (Combivir) | 4 | QL (60 per 30 days) |
| ODEFSEY ORAL TABLET 200-25-25MG | | 5 | NM; NDS; QL (30 per 30 days) |
| *tenofovir disoproxil fumarate oral tablet 300mg* | (Viread) | 4 | QL (30 per 30 days) |
| TRIZIVIR ORAL TABLET 300-150-300MG | (abacavir-lamivudine-zidovudine) | 5 | NM; NDS; QL (60 per 30 days) |
| VIREAD ORAL POWDER 40MG/SCOOP (40MG/GRAM) | | 5 | NM; NDS; QL (240 per 30 days) |
| VIREAD ORAL TABLET 150MG, 200MG, 250MG | | 5 | NM; NDS; QL (30 per 30 days) |
| *zidovudine oral capsule 100mg* | (Retrovir) | 2 | GC; QL (180 per 30 days) |
| *zidovudine oral syrup 10mg/ml* | (Retrovir) | 2 | GC; QL (1680 per 28 days) |
| *zidovudine oral tablet 300mg* | | 2 | GC; QL (60 per 30 days) |
| ***Anti-HIV Agents, Other*** | | | |
| FUZEON SUBCUTANEOUS RECON SOLN 90MG | | 5 | NM; NDS; QL (60 per 30 days) |
| *maraviroc oral tablet 150mg, 300mg* | (Selzentry) | 5 | NM; NDS; QL (120 per 30 days) |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600MG | | 5 | NM; NDS; QL (60 per 30 days) |
| SELZENTRY ORAL SOLUTION 20MG/ML | | 5 | NM; NDS; QL (1800 per 30 days) |
| SELZENTRY ORAL TABLET 25MG | | 3 | QL (240 per 30 days) |
| SELZENTRY ORAL TABLET 75MG | | 5 | NM; NDS; QL (60 per 30 days) |
| SUNLENCA ORAL TABLET 300MG | | 5 | NM; NDS; QL (5 per 180 days) |
| SUNLENCA ORAL TABLET 300MG (4-TABLET PACK) | | 5 | NM; NDS; QL (4 per 180 days) |
| TRIUMEQ ORAL TABLET 600-50-300MG | | 5 | NM; NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30MG | | 5 | NM; NDS; QL (180 per 30 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TYBOST ORAL TABLET 150MG | | 3 | QL (30 per 30 days) |
| ***Anti-HIV Agents, Protease Inhibitors (PI)*** | | | |
| APTIVUS ORAL CAPSULE 250MG | | 5 | NM; NDS; QL (120 per 30 days) |
| *atazanavir oral capsule 150mg* | | 4 | QL (60 per 30 days) |
| *atazanavir oral capsule 200mg* | (Reyataz) | 4 | QL (60 per 30 days) |
| *atazanavir oral capsule 300mg* | (Reyataz) | 4 | QL (30 per 30 days) |
| *darunavir ethanolate oral tablet 600mg* | (Prezista) | 5 | NM; NDS; QL (60 per 30 days) |
| *darunavir ethanolate oral tablet 800mg* | (Prezista) | 5 | NM; NDS; QL (30 per 30 days) |
| EVOTAZ ORAL TABLET 300-150MG | | 5 | NM; NDS; QL (30 per 30 days) |
| *fosamprenavir oral tablet 700mg* | (Lexiva) | 5 | NM; NDS; QL (120 per 30 days) |
| LEXIVA ORAL SUSPENSION 50MG/ML | | 4 | QL (1575 per 28 days) |
| *lopinavir-ritonavir oral solution 400-100mg/5ml* | (Kaletra) | 4 | QL (400 per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25mg* | (Kaletra) | 4 | QL (300 per 30 days) |
| *lopinavir-ritonavir oral tablet 200-50mg* | (Kaletra) | 4 | QL (150 per 30 days) |
| NORVIR ORAL POWDER IN PACKET 100MG | | 4 | QL (360 per 30 days) |
| PREZCOBIX ORAL TABLET 800-150MG-MG | | 5 | NM; NDS; QL (30 per 30 days) |
| PREZISTA ORAL SUSPENSION 100MG/ML | | 5 | NM; NDS; QL (360 per 30 days) |
| PREZISTA ORAL TABLET 150MG | | 4 | QL (240 per 30 days) |
| PREZISTA ORAL TABLET 75MG | | 4 | QL (480 per 30 days) |
| REYATAZ ORAL POWDER IN PACKET 50MG | | 4 | QL (180 per 30 days) |
| *ritonavir oral tablet 100mg* | (Norvir) | 3 | QL (360 per 30 days) |
| VIRACEPT ORAL TABLET 250MG | | 5 | NM; NDS; QL (300 per 30 days) |
| VIRACEPT ORAL TABLET 625MG | | 5 | NM; NDS; QL (120 per 30 days) |
| ***Anti-Influenza Agents*** | | | |
| *oseltamivir oral capsule 30mg, 45mg, 75mg* | (Tamiflu) | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *oseltamivir oral suspension for reconstitution 6mg/ml* | (Tamiflu) | 2 | GC |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5MG/ACTUATION | | 4 | |
| *rimantadine oral tablet 100mg* | (Flumadine) | 2 | GC |
| XOFLUZA ORAL TABLET 40MG, 80MG | | 3 | |
| **ANXIOLYTICS** | | | |
| ***Anxiolytics, Other*** | | | |
| *buspirone oral tablet 10mg, 15mg, 30mg, 5mg, 7.5mg* | | 1 | GC |
| *hydroxyzine hcl oral solution 10mg/5ml* | | 4 | |
| *hydroxyzine hcl oral tablet 10mg, 25mg* | | 1 | GC |
| *hydroxyzine hcl oral tablet 50mg* | | 2 | GC |
| *hydroxyzine pamoate oral capsule 100mg* | | 2 | GC |
| *hydroxyzine pamoate oral capsule 25mg, 50mg* | (Vistaril) | 2 | GC |
| *oxazepam oral capsule 10mg, 15mg, 30mg* | | 2 | GC; QL (120 per 30 days) |
| ***Benzodiazepines*** | | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML | | 2 | GC; QL (300 per 30 days) |
| *alprazolam oral tablet 0.25mg, 0.5mg* | (Xanax) | 2 | GC; QL (120 per 30 days) |
| *alprazolam oral tablet 1mg* | (Xanax) | 2 | GC; QL (240 per 30 days) |
| *alprazolam oral tablet 2mg* | (Xanax) | 2 | GC; QL (150 per 30 days) |
| *chlordiazepoxide hcl oral capsule 10mg, 25mg, 5mg* | | 2 | GC; QL (120 per 30 days) |
| *clonazepam oral tablet 0.5mg, 1mg* | (Klonopin) | 1 | GC; QL (90 per 30 days) |
| *clonazepam oral tablet 2mg* | (Klonopin) | 1 | GC; QL (300 per 30 days) |
| *clonazepam oral tablet, disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg* | | 2 | GC; QL (90 per 30 days) |
| *clonazepam oral tablet, disintegrating 2mg* | | 2 | GC; QL (300 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *clorazepate dipotassium oral tablet 15mg, 3.75mg, 7.5mg* | | 2 | GC; QL (180 per 30 days) |
| *diazepam intensol oral concentrate 5mg/ml* | (diazepam) | 2 | GC; QL (240 per 30 days) |
| *diazepam oral solution 5mg/5ml (1mg/ml)* | | 2 | GC; QL (1200 per 30 days) |
| *diazepam oral tablet 10mg, 2mg* | (Valium) | 1 | GC; QL (120 per 30 days) |
| *diazepam oral tablet 5mg* | (Valium) | 1 | GC; QL (240 per 30 days) |
| *lorazepam 2mg/ml oral concent* | (Lorazepam Intensol) | 2 | GC; QL (240 per 30 days) |
| *lorazepam intensol oral concentrate 2mg/ml* | (lorazepam) | 2 | GC; QL (240 per 30 days) |
| *lorazepam oral tablet 0.5mg, 1mg, 2mg* | (Ativan) | 2 | GC; QL (150 per 30 days) |
| **BIPOLAR AGENTS** | | | |
| ***Mood Stabilizers*** | | | |
| *divalproex oral capsule, delayed rel sprinkle 125mg* | (Depakote Sprinkles) | 2 | GC |
| *divalproex oral tablet extended release 24-hr 250mg, 500mg* | (Depakote ER) | 2 | GC |
| *divalproex oral tablet, delayed release (dr/ec) 125mg, 250mg, 500mg* | (Depakote) | 1 | GC |
| *lithium carbonate oral capsule 150mg, 300mg, 600mg* | | 1 | GC |
| *lithium carbonate oral tablet 300mg* | | 1 | GC |
| *lithium carbonate oral tablet extended release 300mg* | (Lithobid) | 1 | GC |
| *lithium carbonate oral tablet extended release 450mg* | | 1 | GC |
| **BLOOD GLUCOSE REGULATORS** | | | |
| ***Antidiabetic Agents*** | | | |
| *acarbose oral tablet 100mg, 25mg, 50mg* | (Precose) | 2 | GC |
| *glimepiride oral tablet 1mg, 2mg, 4mg* | | 1 | GC |
| *glipizide oral tablet 10mg, 5mg* | | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *glipizide oral tablet extended release 24hr 10mg, 2.5mg, 5mg* | (Glucotrol XL) | 1 | GC |
| *glipizide-metformin oral tablet 2.5-250mg, 2.5-500mg, 5-500mg* | | 1 | GC |
| *glyburide micronized oral tablet 1.5mg, 3mg, 6mg* | (Glynase) | 1 | GC |
| *glyburide oral tablet 1.25mg, 2.5mg, 5mg* | | 1 | GC |
| *glyburide-metformin oral tablet 1.25-250mg, 2.5-500mg, 5-500mg* | | 1 | GC |
| INVOKAMET ORAL TABLET 150-1, 000MG, 150-500MG, 50-1, 000MG, 50-500MG | | 3 | |
| INVOKAMET XR ORAL TABLET, IR -ER, BIPHASIC 24HR 150-1, 000MG, 150-500MG, 50-1, 000MG, 50-500MG | | 3 | |
| INVOKANA ORAL TABLET 100MG, 300MG | | 3 | |
| JANUMET ORAL TABLET 50-1, 000MG, 50-500MG | | 3 | |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1, 000MG, 50-1, 000MG, 50-500MG | | 3 | |
| JANUVIA ORAL TABLET 100MG, 25MG, 50MG | | 3 | |
| JARDIANCE ORAL TABLET 10MG, 25MG | | 3 | |
| *metformin oral tablet 1, 000mg, 500mg, 850mg* | | 1 | GC |
| *metformin oral tablet extended release 24-hr 500mg, 750mg* | | 1 | GC |
| *miglitol oral tablet 100mg, 25mg, 50mg* | | 1 | GC |
| 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 | | 3 | PA; QL (2 per 28 days) |
| *nateglinide oral tablet 120mg, 60mg* | | 1 | GC |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25MG OR 0.5MG (2MG/3ML), 1MG/DOSE (4MG/3ML), 2MG/DOSE (8MG/3ML) | | 3 | PA; QL (3 per 28 days) |



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



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



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



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



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



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| CARETOUCH SYR 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| CARETOUCH SYR 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| CARETOUCH SYR 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| CARETOUCH SYR 1ML 28GX5/16" 1ML 28 X 5/16" | | 1 | GC |
| CARETOUCH SYR 1ML 29GX5/16" 1ML 29 GAUGE X 5/16 | | 1 | GC |
| CARETOUCH SYR 1ML 30GX5/16" 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| CARETOUCH SYR 1ML 31GX5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| COMFORT EZ INS 0.3ML 30GX1/2" 0.3ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| COMFORT EZ INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| COMFORT EZ INS 1ML 31GX5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| COMFORT EZ INSULIN SYR 0.3ML 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| 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) | 1 | GC |
| COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI, HRI 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16" | | 1 | GC |
| COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16" | | 1 | GC |
| COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic, safety) | 1 | GC |
| COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | GC |
| COMFORT EZ SYR 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| COMFORT EZ SYR 0.5ML 28GX1/2" 1/2ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| COMFORT EZ SYR 0.5ML 29GX1/2" 0.5ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| COMFORT EZ SYR 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| COMFORT EZ SYR 1ML 28GX1/2" 1ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| COMFORT EZ SYR 1ML 29GX1/2" 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| COMFORT EZ SYR 1ML 30GX1/2" 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| COMFORT EZ SYR 1ML 30GX5/16" 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3" | | 1 | GC |
| COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6" | | 1 | GC |
| COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| CURAD GAUZE PADS 2" X 2" 2 X 2 " | (gauze bandage) | 1 | GC |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 " | | 1 | GC |
| CURITY GUAZE PADS 1'S (12 PLY) 2 X 2 " | (gauze bandage) | 1 | GC |
| DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " | (gauze bandage) | 1 | GC |
| DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 " | | 1 | GC |
| DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 " | | 1 | GC |
| DROPLET 0.5ML 29GX12.5MM (1/2) 0.5ML 29 GAUGE X 1/2" | | 1 | GC |
| DROPLET 0.5ML 30GX12.5MM (1/2) 0.5ML 30 GAUGE X 1/2" | | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| DROPLET INS 0.3ML 29GX12.5MM 0.3ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS 0.3ML 30GX12.5MM 0.3ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS 0.5ML 30GX6MM (1/2) 0.5ML 30 GAUGE X 15/64" | | 1 | GC |
| DROPLET INS 0.5ML 30GX8MM (1/2) 0.5ML 30 GAUGE X 5/16" | | 1 | GC |
| DROPLET INS 0.5ML 31GX6MM (1/2) 0.5ML 31 GAUGE X 15/64" | | 1 | GC |
| DROPLET INS 0.5ML 31GX8MM (1/2) 0.5ML 31 GAUGE X 5/16" | | 1 | GC |
| DROPLET INS SYR 0.3ML 30GX6MM 0.3ML 30 GAUGE X 15/64" | | 1 | GC |
| DROPLET INS SYR 0.3ML 30GX8MM 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 0.3ML 31GX6MM 0.3ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 0.3ML 31GX8MM 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 1ML 29GX12.5MM 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 1ML 30GX12.5MM 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 1ML 30GX6MM 1ML 30 GAUGE X 15/64" | | 1 | GC |
| DROPLET INS SYR 1ML 30GX8MM 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 1ML 31GX6MM 1ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 1ML 31GX8MM 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | | 1 | GC |
| DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | | 1 | GC |
| DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| DROPSAFE INS SYR 0.3ML 31G 6MM 0.3ML 31 GAUGE X 15/64" | | 1 | GC |
| DROPSAFE INS SYR 0.3ML 31G 8MM 0.3ML 31 GAUGE X 5/16" | | 1 | GC |
| DROPSAFE INS SYR 0.5ML 31G 6MM 0.5ML 31 GAUGE X 15/64" | | 1 | GC |
| DROPSAFE INS SYR 0.5ML 31G 8MM 0.5ML 31 GAUGE X 5/16" | | 1 | GC |
| DROPSAFE INSUL SYR 1ML 31G 6MM 1ML 31 GAUGE X 15/64" | | 1 | GC |
| DROPSAFE INSUL SYR 1ML 31G 8MM 1ML 31 GAUGE X 5/16" | | 1 | GC |
| DROPSAFE INSULN 1ML 29G 12.5MM 1ML 29 GAUGE X 1/2" | | 1 | GC |
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | 1 | GC |
| DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | GC |
| DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | | 1 | GC |
| 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) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EASY COMFORT 0.3ML SYRINGE 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| EASY COMFORT 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| EASY COMFORT 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| EASY COMFORT 0.5ML 32GX5/16" 1/2ML 32 GAUGE X 5/16" | | 1 | GC |
| EASY COMFORT 0.5ML SYRINGE 0.5ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| EASY COMFORT 1ML 31GX5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| EASY COMFORT 1ML 32GX5/16" 1ML 32 GAUGE X 5/16" | | 1 | GC |
| EASY COMFORT INSULIN 1ML SYR 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT SYR 1ML 30GX1/2" 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| EASY GLIDE INS 0.3ML 31GX6MM 0.3ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | GC |
| EASY GLIDE INS 0.5ML 31GX6MM 1/2ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | GC |
| EASY GLIDE INS 1ML 31GX6MM 1ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | GC |
| EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| EASY TOUCH 0.3ML SYR 30GX1/2" 0.3ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |



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



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



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| EQL INSULIN 0.3ML SYRINGE SHORT NEEDLE 0.3ML 30 | (Ultra Comfort Insulin Syringe) | 1 | GC |
| EQL INSULIN 0.5ML SYRINGE SHORT NEEDLE 1/2ML 30 GAUGE | (Lite Touch Insulin Syringe) | 1 | GC |
| EQL INSULIN 1ML SYRINGE SHORT NEEDLE 1ML 30 GAUGE X 7/16" | (Lite Touch Insulin Syringe) | 1 | GC |
| EXEL INSULIN SYRINGE 27G-1ML 1ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML) | | 3 | |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100UNIT/ML (3ML) | | 3 | |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100UNIT/ML | | 3 | |
| FIFTY50 INS 0.5ML 31GX5/16" SHORT NEEDLE 0.5ML 31 GAUGE X 5/16" | (Advocate Syringes) | 1 | GC |
| FIFTY50 INS SYR 1ML 31GX5/16" SHORT NEEDLE (OTC) 1ML 31 GAUGE X 5/16 | (Advocate Syringes) | 1 | GC |
| FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| FP INSULIN 1ML SYRINGE 1ML 28 GAUGE | (Lite Touch Insulin Syringe) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| FREESTYLE PREC 0.5ML 30GX5/16 0.5ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| FREESTYLE PREC 0.5ML 31GX5/16 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| FREESTYLE PREC 1ML 30GX5/16" 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| FREESTYLE PREC 1ML 31GX5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 " | (gauze bandage) | 1 | GC |
| GNP ULT C 0.3ML 29GX1/2" (1/2) 1/2UNIT 0.3ML 29 GAUGE X 1/2" | | 1 | GC |
| GNP ULTRA COMFORT 0.5ML SYR 1/2ML 29 , 1/2ML 30 GAUGE | (insulin syringe-needle u-100) | 1 | GC |
| GNP ULTRA COMFORT 1ML SYRINGE 1ML 28 GAUGE, 1ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 1 | GC |
| GNP ULTRA COMFORT 1ML SYRINGE 1ML 29 GAUGE | | 1 | GC |
| GNP ULTRA COMFORT 3/10ML SYR 0.3ML 30 | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE INS 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE INS 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE INS 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE INS 1ML 30GX5/16" 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE INS 1ML 31GX5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |



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



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| INSULIN SYRINGE 0.3ML 0.3ML 29 GAUGE | (insulin syringe-needle u-100) | 1 | GC |
| INSULIN SYRINGE 0.3ML 31GX1/4 0.3ML 31 GAUGE X 1/4" | (Sure Comfort Insulin Syringe) | 1 | GC |
| INSULIN SYRINGE 0.5ML 1/2ML 29 | (insulin syringe-needle u-100) | 1 | GC |
| INSULIN SYRINGE 0.5ML 31GX1/4 1/2ML 31 GAUGE X 1/4" | (Sure Comfort Insulin Syringe) | 1 | GC |
| INSULIN SYRINGE 1ML 1ML 29 GAUGE | | 1 | GC |
| INSULIN SYRINGE 1ML 30GX1/2" (RX) 1ML 30 GAUGE X 1/2" | (BD Eclipse Luer-Lok) | 1 | GC |
| INSULIN SYRINGE 1ML 30GX5/16" SHORT NEEDLE (OTC) 1ML 30 GAUGE X 5/16 | (Advocate Syringes) | 1 | GC |
| INSULIN SYRINGE 1ML 31GX1/4" 1ML 31 GAUGE X 1/4" | (Sure Comfort Insulin Syringe) | 1 | GC |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3ML 29 GAUGE | (Ultilet Insulin Syringe) | 1 | GC |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1ML 29 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | GC |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2ML 28 GAUGE | (Lite Touch Insulin Syringe) | 1 | GC |
| INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML) | (insulin glargine) | 3 | |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100UNIT/ML | (insulin glargine) | 3 | |
| LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML) | | 3 | |
| LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100UNIT/ML | | 3 | |
| LISCO SPONGES 100/BAG 2 X 2 " | | 1 | GC |
| LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| LITE TOUCH INSULIN 0.5ML SYR 1/2ML 28 GAUGE, 1/2ML 29 , 1/2ML 30 GAUGE | (insulin syringe-needle u-100) | 1 | GC |
| LITE TOUCH INSULIN 1ML SYR 1ML 28 GAUGE, 1ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 1 | GC |
| LITE TOUCH INSULIN 1ML SYR 1ML 29 GAUGE | | 1 | GC |
| LITE TOUCH INSULIN SYR 1ML 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| LITETOUCH INS 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| LITETOUCH INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| LITETOUCH INS 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| LITETOUCH INS 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| LITETOUCH SYR 0.5ML 28GX1/2" 1/2ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| LITETOUCH SYR 0.5ML 29GX1/2" 0.5ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| LITETOUCH SYR 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| LITETOUCH SYRIN 1ML 28GX1/2" 1ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |



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 19 de la introducción.

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| LITETOUCH SYRIN 1ML 29GX1/2" 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| LITETOUCH SYRIN 1ML 30GX5/16" 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| MAGELLAN INSUL SYRINGE 0.3ML 0.3ML 30 X 5/16" | | 1 | GC |
| MAGELLAN INSUL SYRINGE 0.5ML 0.5ML 30 GAUGE X 5/16" | | 1 | GC |
| MAGELLAN INSULIN SYR 0.3ML 0.3ML 29 GAUGE X 1/2" | | 1 | GC |
| MAGELLAN INSULIN SYR 0.5ML 0.5ML 29 GAUGE X 1/2" | | 1 | GC |
| MAGELLAN INSULIN SYRINGE 1ML 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16" | | 1 | GC |
| MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| MAXICOMFORT INS 0.5ML 27GX1/2" 1/2ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| MAXI-COMFORT INS 0.5ML 28G 1/2ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| MAXICOMFORT INS 1ML 27GX1/2" 1ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| MAXI-COMFORT INS 1ML 28GX1/2" 1ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16" | | 1 | GC |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16" | | 1 | GC |
| MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (1st Tier Unifine Pentips) | 1 | GC |
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | (CareFine Pen Needle) | 1 | GC |
| MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (BD Ultra-Fine Micro Pen Needle) | 1 | GC |
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | (Comfort EZ Pen Needles) | 1 | GC |



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



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



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5" | | 1 | GC |
| PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" | (Embrace Pen Needle) | 1 | GC |
| PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" | (CareFine Pen Needle) | 1 | GC |
| PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | (1st Tier Unifine Pentips Plus) | 1 | GC |
| PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4" | (1st Tier Unifine Pentips) | 1 | GC |
| PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | 1 | GC |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| PRO COMFORT 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| PRO COMFORT 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| PRO COMFORT 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| PRO COMFORT 1ML 30GX1/2" 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| PRO COMFORT 1ML 30GX5/16" 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| PRO COMFORT 1ML 31GX5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| PRODIGY INS SYR 1ML 28GX1/2" 1ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| PRODIGY SYRNG 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| PRODIGY SYRNGE 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | GC |
| PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | GC |
| PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | GC |
| PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32" | | 1 | GC |
| RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (Comfort Touch Pen Needle) | 1 | GC |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64" | | 1 | GC |
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64" | | 1 | GC |
| RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| RELION INS SYR 0.3ML 31GX6MM 0.3ML 31 GAUGE X 15/64" | (BD Veo Insulin Syringe UF) | 1 | GC |
| RELION INS SYR 0.5ML 31GX6MM 1/2ML 31 GAUGE X 15/64" | (BD Veo Insulin Syringe UF) | 1 | GC |
| RELION INS SYR 1ML 31GX15/64" 1ML 31 GAUGE X 15/64" | (BD Veo Insulin Syringe UF) | 1 | GC |
| RELI-ON INSULIN 0.5ML SYR 1/2ML 29 | (Lite Touch Insulin Syringe) | 1 | GC |
| RELI-ON INSULIN 1ML SYR 1ML 29 GAUGE X 7/16" | | 1 | GC |
| RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| SAFESNAP INS SYRUNITS-100 0.3ML 30GX5/16", 10X10 0.3ML 30 GAUGE X 5/16" | | 1 | GC |
| SAFESNAP INS SYRUNITS-100 0.5ML 29GX1/2", 10X10 0.5ML 29 GAUGE X 1/2" | | 1 | GC |
| SAFESNAP INS SYRUNITS-100 0.5ML 30GX5/16", 10X10 0.5ML 30 GAUGE X 5/16" | | 1 | GC |
| SAFESNAP INS SYRUNITS-100 1ML 28GX1/2", 10X10 1ML 28 GAUGE X 1/2" | | 1 | GC |
| SAFESNAP INS SYRUNITS-100 1ML 29GX1/2", 10X10 1ML 29 GAUGE X 1/2" | | 1 | GC |
| SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (Comfort EZ PRO Safety Pen Ndl) | 1 | GC |
| SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| SAFETY SYRINGE 0.5ML 30G 1/2" 0.5ML 30 GAUGE X 1/2" | | 1 | GC |
| SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | | 1 | GC |
| SECURESAFE SYR 0.5ML 29G 1/2" OUTER 0.5ML 29 GAUGE X 1/2" | | 1 | GC |
| SECURESAFE SYRNG 1ML 29G 1/2" OUTER 1ML 29 GAUGE X 1/2" | | 1 | GC |
| SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | | 1 | GC |
| SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | | 1 | GC |
| SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 " | (gauze bandage) | 1 | GC |
| SM ULT CFT 0.3ML 31GX5/16 (1/2) 0.3ML 31 GAUGE X 5/16" | | 1 | GC |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100UNIT-33MCG/ML | | 3 | |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | GC |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | GC |
| NEEDLES, INSULIN DISP., SAFETY | (insulin syringe-needle u-100) | 1 | GC |
| 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) | 1 | GC |
| 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) | 1 | GC |
| 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) | 1 | GC |
| SURE COMFORT 3/10ML SYRINGE INSULIN SYRINGE 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| SURE COMFORT INS 0.3ML 31GX1/4 0.3ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| SURE COMFORT INS 0.5ML 31GX1/4 1/2ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | GC |
| SURE COMFORT INS 1ML 31GX1/4" 1ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | GC |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| 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) | 1 | GC |
| 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) | 1 | GC |
| SURE-JECT INSU SYR U100 1ML 1ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| SURE-JECT INSUL SYR U100 1ML 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| SURE-JECT INSULIN SYRINGE 1ML 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| TECHLITE 0.3ML 29GX12MM (1/2) 0.3ML 29 GAUGE X 1/2" | | 1 | GC |
| TECHLITE 0.3ML 30GX12MM (1/2) 0.3ML 30 GAUGE X 1/2" | | 1 | GC |
| TECHLITE 0.3ML 30GX8MM (1/2) 0.3ML 30 GAUGE X 5/16" | | 1 | GC |
| TECHLITE 0.3ML 31GX6MM (1/2) 0.3ML 31 GAUGE X 15/64" | | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TECHLITE 0.3ML 31GX8MM (1/2) 0.3ML 31 GAUGE X 5/16" | | 1 | GC |
| TECHLITE 0.5ML 29GX12MM (1/2) 0.5ML 29 GAUGE X 1/2" | | 1 | GC |
| TECHLITE 0.5ML 30GX12MM (1/2) 0.5ML 30 GAUGE X 1/2" | | 1 | GC |
| TECHLITE 0.5ML 30GX8MM (1/2) 0.5ML 30 GAUGE X 5/16" | | 1 | GC |
| TECHLITE 0.5ML 31GX6MM (1/2) 0.5ML 31 GAUGE X 15/64" | | 1 | GC |
| TECHLITE 0.5ML 31GX8MM (1/2) 0.5ML 31 GAUGE X 5/16" | | 1 | GC |
| TECHLITE INS SYR 1ML 29GX12MM 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| TECHLITE INS SYR 1ML 30GX12MM 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| TECHLITE INS SYR 1ML 30GX8MM 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| TECHLITE INS SYR 1ML 31GX6MM 1ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | GC |
| TECHLITE INS SYR 1ML 31GX8MM 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | | 1 | GC |
| TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| TERUMO INS SYR 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| 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) | 1 | GC |
| TERUMO INS SYRINGE U100-1ML 1ML 30 GAUGE X 3/8" | (Thinpro Insulin Syringe) | 1 | GC |
| TERUMO INS SYRINGE U100-1/2ML 1/2ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | GC |
| TERUMO INS SYRINGE U100-1/3ML 0.3ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | GC |
| 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) | 1 | GC |
| THINPRO INS SYRIN U100-0.3ML 0.3ML 29 GAUGE X 1/2", 0.3ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | GC |
| THINPRO INS SYRIN U100-0.3ML 0.3ML 31 X 3/8" | | 1 | GC |
| 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) | 1 | GC |
| THINPRO INS SYRIN U100-0.5ML 0.5ML 31 X 3/8" | | 1 | GC |
| 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) | 1 | GC |
| THINPRO INS SYRIN U100-1ML 1ML 31 X 3/8" | | 1 | GC |
| TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| 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) | 1 | GC |



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



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



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



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTICARE SYR 1ML 31GX5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| ULTIGUARD SAFE 1ML 30G 12.7MM 1ML 30 X 1/2" | | 1 | GC |
| ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2" | | 1 | GC |
| ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32" | | 1 | GC |
| ULTIGUARD SAFE0.3ML 30G 12.7MM 0.3ML 30 X 1/2" | | 1 | GC |
| ULTIGUARD SAFE0.5ML 30G 12.7MM 1/2ML 30 X 1/2" | | 1 | GC |
| ULTIGUARD SAFEPACK 1ML 31G 8MM 1ML 31 X 5/16" | | 1 | GC |
| ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16" | | 1 | GC |
| ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4" | | 1 | GC |
| ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16" | | 1 | GC |
| ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4" | | 1 | GC |
| ULTIGUARD SAFEPK 0.3ML 31G 8MM 0.3ML 31 X 5/16" | | 1 | GC |
| ULTIGUARD SAFEPK 0.5ML 31G 8MM 1/2ML 31 X 5/16" | | 1 | GC |
| 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) | 1 | GC |
| 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) | 1 | GC |
| 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) | 1 | GC |
| ULTILET PEN NEEDLE 29 GAUGE | | 1 | GC |
| ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| ULTRA COMFORT 0.3ML SYRINGE 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTRA COMFORT 0.5ML 28GX1/2" CONVERTS TO 29G 1/2ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA COMFORT 0.5ML 29GX1/2" 0.5ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA COMFORT 0.5ML SYRINGE 1/2ML 28 GAUGE | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA COMFORT 1ML 31GX5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA COMFORT 1ML SYRINGE 1ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA FLO 0.3ML 30G 1/2" (1/2) 0.3ML 30 GAUGE X 1/2" | | 1 | GC |
| ULTRA FLO 0.3ML 30G 5/16" (1/2) 0.3ML 30 GAUGE X 5/16" | | 1 | GC |
| ULTRA FLO 0.3ML 31G 5/16" (1/2) 0.3ML 31 GAUGE X 5/16" | | 1 | GC |
| ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| ULTRA FLO SYR 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA FLO SYR 0.3ML 30G 5/16" 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA FLO SYR 0.3ML 31G 5/16" 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA FLO SYR 0.5ML 29G 1/2" 0.5ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| ULTRACARE INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRACARE INS 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRACARE INS 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTRACARE INS 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRACARE INS 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRACARE INS 1ML 30G X 5/16" 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| ULTRACARE INS 1ML 30GX1/2" 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRACARE INS 1ML 31G X 5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| ULTRA-THIN II 1ML 31GX5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA-THIN II INS 0.3ML 30G 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA-THIN II INS 0.3ML 31G 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA-THIN II INS 0.5ML 29G 0.5ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA-THIN II INS 0.5ML 30G 0.5ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA-THIN II INS 0.5ML 31G 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA-THIN II INS SYR 1ML 29G 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA-THIN II INS SYR 1ML 30G 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS 31GX3/16" 31GX5MM, STRL, MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS NEEDLES 29G 29 GAUGE | | 1 | GC |
| UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16" | | 1 | GC |
| UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16" | | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32" | | 1 | GC |
| UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| VANISHPOINT 0.5ML 30GX1/2" SY OUTER 0.5ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| VANISHPOINT INS 1ML 30GX3/16" 1ML 30 GAUGE X 3/16" | | 1 | GC |
| VANISHPOINT U-100 29X1/2 SYR 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| VERIFINE INS SYR 1ML 29G 1/2" 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| VERIFINE SYRING 0.5ML 29G 1/2" 0.5ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| VERIFINE SYRING 1ML 31G 5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| VERIFINE SYRNG 0.3ML 31G 5/16" 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| VERIFINE SYRNG 0.5ML 31G 5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |



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 19 de la introducción.

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE, 3PLY 2 X 2 " | | 1 | GC |
| **BLOOD PRODUCTS AND MODIFIERS** | | | |
| ***Anticoagulants*** | | | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5MG (74 TABS) | | 3 | |
| ELIQUIS ORAL TABLET 2.5MG, 5MG | | 3 | |
| *enoxaparin subcutaneous syringe 100mg/ml, 150mg/ml* | (Lovenox) | 4 | QL (60 per 30 days) |
| *enoxaparin subcutaneous syringe 120mg/0.8ml, 80mg/0.8ml* | (Lovenox) | 4 | QL (48 per 30 days) |
| *enoxaparin subcutaneous syringe 30mg/0.3ml* | (Lovenox) | 4 | QL (18 per 30 days) |
| *enoxaparin subcutaneous syringe 40mg/0.4ml* | (Lovenox) | 4 | QL (24 per 30 days) |
| *enoxaparin subcutaneous syringe 60mg/0.6ml* | (Lovenox) | 4 | QL (36 per 30 days) |
| *fondaparinux subcutaneous syringe 10mg/0.8ml* | (Arixtra) | 5 | NM; NDS; QL (24 per 30 days) |
| *fondaparinux subcutaneous syringe 2.5mg/0.5ml* | (Arixtra) | 4 | QL (15 per 30 days) |
| *fondaparinux subcutaneous syringe 5mg/0.4ml* | (Arixtra) | 5 | NM; NDS; QL (12 per 30 days) |
| *fondaparinux subcutaneous syringe 7.5mg/0.6ml* | (Arixtra) | 5 | NM; NDS; QL (18 per 30 days) |
| *heparin (porcine) injection solution 1, 000unit/ml, 10, 000unit/ml, 20, 000unit/ml, 5, 000unit/ml* | | 2 | PA BvD; GC |
| *jantoven oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg* | (warfarin) | 1 | GC |
| *warfarin oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg* | (Jantoven) | 1 | GC |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15MG (42)-20MG (9) | | 3 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1MG/ML | | 3 | |
| XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG | | 3 | |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ***Blood Products And Modifiers, Other*** | | | |
| *anagrelide oral capsule 0.5mg* | (Agrylin) | 2 | GC |
| *anagrelide oral capsule 1mg* | | 2 | GC |
| LEUKINE INJECTION RECON SOLN 250MCG | | 5 | PA; NM; NDS |
| PROMACTA ORAL POWDER IN PACKET 12.5MG | | 5 | PA; NM; NDS; QL (360 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 25MG | | 5 | PA; NM; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG | | 5 | PA; NM; NDS; QL (60 per 30 days) |
| RETACRIT INJECTION SOLUTION 10, 000UNIT/ML, 20, 000UNIT/2ML, 20, 000UNIT/ML, 4, 000UNIT/ML, 40, 000UNIT/ML | | 4 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 2, 000UNIT/ML | | 4 | PA; QL (23 per 30 days) |
| RETACRIT INJECTION SOLUTION 3, 000UNIT/ML | | 4 | PA; QL (16 per 30 days) |
| *tranexamic acid oral tablet 650mg* | | 2 | GC |
| ZARXIO INJECTION SYRINGE 300MCG/0.5ML, 480MCG/0.8ML | | 5 | PA; NM; NDS |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6MG/0.6ML | | 5 | PA; NM; NDS |
| ***Platelet Modifying Agents*** | | | |
| *aspirin-dipyridamole oral capsule, er multiphase 12-hr 25-200mg* | | 2 | GC |
| BRILINTA ORAL TABLET 60MG, 90MG | | 3 | |
| CABLIVI INJECTION KIT 11MG | | 5 | PA; NM; NDS |
| *cilostazol oral tablet 100mg, 50mg* | | 2 | GC |
| *clopidogrel oral tablet 75mg* | (Plavix) | 2 | GC |
| *prasugrel oral tablet 10mg, 5mg* | (Effient) | 4 | |
| **CARDIOVASCULAR AGENTS** | | | |
| ***Alpha-Adrenergic Agonists*** | | | |
| *clonidine hcl oral tablet 0.1mg, 0.2mg, 0.3mg* | | 1 | GC |
| *clonidine transdermal patch weekly 0.1mg/24-hr* | (Catapres-TTS-1) | 2 | GC; QL (4 per 28 days) |

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



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *moexipril oral tablet 15mg, 7.5mg* | | 1 | GC |
| *perindopril erbumine oral tablet 2mg, 4mg, 8mg* | | 1 | GC |
| *quinapril oral tablet 10mg, 20mg, 40mg, 5mg* | (Accupril) | 1 | GC |
| *ramipril oral capsule 1.25mg, 10mg, 2.5mg, 5mg* | (Altace) | 1 | GC |
| *trandolapril oral tablet 1mg, 2mg, 4mg* | | 1 | GC |
| ***Antiarrhythmics*** | | | |
| *amiodarone oral tablet 100mg, 200mg, 400mg* | (Pacerone) | 2 | GC |
| *disopyramide phosphate oral capsule 100mg, 150mg* | (Norpace) | 2 | GC |
| *dofetilide oral capsule 125mcg, 250mcg, 500mcg* | (Tikosyn) | 4 | |
| *flecainide oral tablet 100mg, 150mg, 50mg* | | 1 | GC |
| *mexiletine oral capsule 150mg, 200mg, 250mg* | | 2 | GC |
| MULTAQ ORAL TABLET 400MG | | 3 | |
| *propafenone oral tablet 150mg, 225mg, 300mg* | | 2 | GC |
| *quinidine sulfate oral tablet 200mg, 300mg* | | 1 | GC |
| *sotalol af oral tablet 120mg, 160mg, 80mg* | (sotalol) | 2 | GC |
| *sotalol oral tablet 120mg, 160mg, 80mg* | (Sotalol AF) | 1 | GC |
| *sotalol oral tablet 240mg* | (Betapace) | 1 | GC |
| ***Beta-Adrenergic Blocking Agents*** | | | |
| *acebutolol oral capsule 200mg, 400mg* | | 1 | GC |
| *atenolol oral tablet 100mg, 25mg, 50mg* | (Tenormin) | 1 | GC |
| *betaxolol oral tablet 10mg, 20mg* | | 1 | GC |
| *bisoprolol fumarate oral tablet 10mg, 5mg* | | 1 | GC |
| *carvedilol oral tablet 12.5mg, 25mg, 3.125mg, 6.25mg* | (Coreg) | 1 | GC |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *carvedilol phosphate oral capsule, er multiphase 24-hr 10mg, 20mg, 40mg, 80mg* | (Coreg CR) | 2 | GC |
| *labetalol oral tablet 100mg, 200mg, 300mg* | | 1 | GC |
| *metoprolol succinate oral tablet extended release 24-hr 100mg, 200mg, 25mg, 50mg* | (Toprol XL) | 1 | GC |
| *metoprolol tartrate oral tablet 100mg, 50mg* | (Lopressor) | 1 | GC |
| *metoprolol tartrate oral tablet 25mg, 37.5mg, 75mg* | | 1 | GC |
| *nadolol oral tablet 20mg, 40mg, 80mg* | (Corgard) | 2 | GC |
| *nebivolol oral tablet 10mg, 2.5mg, 20mg, 5mg* | (Bystolic) | 4 | |
| *pindolol oral tablet 10mg, 5mg* | | 2 | GC |
| *propranolol oral capsule, extended release 24-hr 120mg, 160mg, 60mg* | (Inderal LA) | 2 | GC |
| *propranolol oral solution 20mg/5ml (4mg/ml), 40mg/5ml (8mg/ml)* | | 2 | GC |
| *propranolol oral tablet 10mg, 20mg, 40mg, 60mg* | | 1 | GC |
| *timolol maleate oral tablet 10mg, 20mg, 5mg* | | 1 | GC |
| ***Calcium Channel Blocking Agents, Dihydropyridines*** | | | |
| *amlodipine oral tablet 10mg, 2.5mg, 5mg* | (Norvasc) | 1 | GC |
| *felodipine oral tablet extended release 24-hr 10mg, 2.5mg, 5mg* | | 1 | GC; QL (30 per 30 days) |
| *isradipine oral capsule 2.5mg, 5mg* | | 2 | GC |
| KATERZIA ORAL SUSPENSION 1MG/ML | | 4 | |
| *nicardipine oral capsule 20mg, 30mg* | | 2 | GC |
| *nifedipine oral capsule 10mg, 20mg* | | 2 | GC |
| *nifedipine oral tablet extended release 24hr 30mg, 60mg* | (Procardia XL) | 1 | GC; QL (60 per 30 days) |
| *nifedipine oral tablet extended release 24hr 90mg* | (Procardia XL) | 1 | GC; QL (30 per 30 days) |
| *nifedipine oral tablet extended release 30mg, 60mg* | | 1 | GC; QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nifedipine oral tablet extended release 90mg* | | 1 | GC; QL (30 per 30 days) |
| ***Calcium Channel Blocking Agents, Nondihydropyridines*** | | | |
| *cartia xt oral capsule, extended release 24hr 120mg, 180mg, 240mg* | (diltiazem hcl) | 2 | GC; QL (60 per 30 days) |
| *cartia xt oral capsule, extended release 24hr 300mg* | (diltiazem hcl) | 2 | GC; QL (30 per 30 days) |
| *diltiazem hcl oral capsule, extended release 12-hr 120mg, 60mg, 90mg* | | 2 | GC |
| *diltiazem hcl oral capsule, extended release 24-hr 360mg* | (Taztia XT) | 2 | GC; QL (30 per 30 days) |
| *diltiazem hcl oral capsule, extended release 24-hr 420mg* | (Tiadylt ER) | 2 | GC; QL (30 per 30 days) |
| *diltiazem hcl oral capsule, extended release 24hr 120mg, 180mg, 240mg* | (Cartia XT) | 2 | GC; QL (60 per 30 days) |
| *diltiazem hcl oral capsule, extended release 24hr 300mg* | (Cartia XT) | 2 | GC; QL (30 per 30 days) |
| *diltiazem hcl oral tablet 120mg* | (Cardizem) | 2 | GC |
| *diltiazem hcl oral tablet 30mg, 60mg* | (Cardizem) | 1 | GC |
| *diltiazem hcl oral tablet 90mg* | | 2 | GC |
| *diltiazem hcl oral tablet extended release 24-hr 180mg, 240mg, 300mg, 360mg* | (Matzim LA) | 2 | GC |
| *dilt-xr oral capsule, ext.rel 24h degradable 120mg, 180mg, 240mg* | (diltiazem hcl) | 2 | GC; QL (60 per 30 days) |
| *matzim la oral tablet extended release 24-hr 180mg, 240mg, 300mg, 360mg, 420mg* | (diltiazem hcl) | 2 | GC |
| *taztia xt oral capsule, extended release 24-hr 120mg, 180mg, 240mg* | (diltiazem hcl) | 2 | GC; QL (60 per 30 days) |
| *taztia xt oral capsule, extended release 24-hr 300mg, 360mg* | (diltiazem hcl) | 2 | GC; QL (30 per 30 days) |
| *tiadylt er oral capsule, extended release 24-hr 120mg, 180mg, 240mg* | (diltiazem hcl) | 2 | GC; QL (60 per 30 days) |
| *tiadylt er oral capsule, extended release 24-hr 300mg, 360mg, 420mg* | (diltiazem hcl) | 2 | GC; QL (30 per 30 days) |
| *verapamil oral capsule, 24-hr er pellet ct 100mg, 200mg, 300mg* | (Verelan PM) | 2 | GC |
| *verapamil oral capsule, ext rel. pellets 24-hr 120mg, 180mg, 240mg, 360mg* | | 2 | GC |



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 19 de la introducción.

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *verapamil oral tablet 120mg, 40mg, 80mg* | | 1 | GC |
| *verapamil oral tablet extended release 120mg* | (Calan SR) | 1 | GC |
| *verapamil oral tablet extended release 180mg, 240mg* | | 1 | GC |
| ***Cardiovascular Agents, Other*** | | | |
| *aliskiren oral tablet 150mg, 300mg* | (Tekturna) | 3 | QL (30 per 30 days) |
| *amiloride-hydrochlorothiazide oral tablet 5-50mg* | | 1 | GC |
| *amlodipine-atorvastatin oral tablet 10-10mg, 10-20mg, 10-40mg, 10-80mg, 5-10mg, 5-20mg, 5-40mg, 5-80mg* | (Caduet) | 1 | GC; QL (30 per 30 days) |
| *amlodipine-atorvastatin oral tablet 2.5-10mg, 2.5-20mg, 2.5-40mg* | | 1 | GC; QL (30 per 30 days) |
| *amlodipine-benazepril oral capsule 10-20mg, 10-40mg, 5-10mg, 5-20mg* | (Lotrel) | 1 | GC |
| *amlodipine-benazepril oral capsule 2.5-10mg, 5-40mg* | | 1 | GC |
| *amlodipine-olmesartan oral tablet 10-20mg, 10-40mg, 5-20mg, 5-40mg* | (Azor) | 1 | GC |
| *amlodipine-valsartan oral tablet 10-160mg, 10-320mg, 5-160mg, 5-320mg* | (Exforge) | 1 | GC |
| *atenolol-chlorthalidone oral tablet 100-25mg* | (Tenoretic 100) | 1 | GC |
| *atenolol-chlorthalidone oral tablet 50-25mg* | (Tenoretic 50) | 1 | GC |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg* | (Lotensin HCT) | 1 | GC |
| *benazepril-hydrochlorothiazide oral tablet 5-6.25mg* | | 1 | GC |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25mg, 2.5-6.25mg, 5-6.25mg* | | 1 | GC |
| CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG | | 5 | PA; NM; NDS; QL (30 per 30 days) |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5mg, 32-12.5mg, 32-25mg* | (Atacand HCT) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| CORLANOR ORAL TABLET 5MG, 7.5MG | | 4 | PA |
| DIGOXIN ORAL SOLUTION 50MCG/ML (0.05MG/ML) | | 2 | GC; QL (255 per 30 days) |
| *digoxin oral tablet 125mcg (0.125mg), 250mcg (0.25mg)* | (Lanoxin) | 1 | GC; QL (30 per 30 days) |
| *digoxin oral tablet 62.5mcg (0.0625mg)* | (Lanoxin) | 4 | QL (60 per 30 days) |
| *enalapril-hydrochlorothiazide oral tablet 10-25mg* | (Vaseretic) | 1 | GC |
| *enalapril-hydrochlorothiazide oral tablet 5-12.5mg* | | 1 | GC |
| ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG | | 3 | |
| FILSPARI ORAL TABLET 200MG, 400MG | | 5 | PA; NM; NDS; QL (30 per 30 days) |
| *fosinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg* | | 1 | GC |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5mg, 300-12.5mg* | (Avalide) | 1 | GC |
| *isosorbide-hydralazine oral tablet 20-37.5mg* | (BiDil) | 1 | GC |
| LANOXIN ORAL TABLET 125MCG (0.125MG), 250MCG (0.25MG), 62.5MCG (0.0625MG) | (digoxin) | 4 | QL (30 per 30 days) |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg* | (Zestoretic) | 1 | GC |
| *losartan-hydrochlorothiazide oral tablet 100-12.5mg, 100-25mg, 50-12.5mg* | (Hyzaar) | 1 | GC |
| *metoprolol ta-hydrochlorothiaz oral tablet 100-25mg, 100-50mg, 50-25mg* | | 1 | GC |
| *metyrosine oral capsule 250mg* | (Demser) | 5 | NM; NDS |
| *olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5mg, 40-10-12.5mg, 40-10-25mg, 40-5-12.5mg, 40-5-25mg* | (Tribenzor) | 1 | GC |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5mg, 40-12.5mg, 40-25mg* | (Benicar HCT) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *pentoxifylline oral tablet extended release 400mg* | | 1 | GC |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg* | (Accuretic) | 1 | GC |
| *ranolazine oral tablet extended release 12-hr 1, 000mg, 500mg* | | 3 | |
| *spironolacton-hydrochlorothiaz oral tablet 25-25mg* | | 1 | GC |
| *telmisartan-amlodipine oral tablet 40-10mg, 40-5mg, 80-10mg, 80-5mg* | (Twynsta) | 1 | GC |
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5mg, 80-12.5mg, 80-25mg* | (Micardis HCT) | 1 | GC |
| *trandolapril-verapamil oral tablet, ir -er, biphasic 24hr 1-240mg, 2-180mg, 2-240mg, 4-240mg* | | 1 | GC |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25mg* | | 1 | GC |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25mg* | (Maxzide-25mg) | 1 | GC |
| *triamterene-hydrochlorothiazid oral tablet 75-50mg* | (Maxzide) | 1 | GC |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg, 80-12.5mg* | (Diovan HCT) | 1 | GC |
| VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG | | 4 | PA |
| ***Diuretics, Loop*** | | | |
| *bumetanide injection solution 0.25mg/ml* | | 2 | GC |
| *bumetanide oral tablet 0.5mg, 1mg, 2mg* | | 2 | GC |
| *furosemide injection solution 10mg/ml* | | 2 | PA BvD; GC |
| *furosemide oral solution 10mg/ml, 40mg/5ml (8mg/ml)* | | 1 | GC |
| *furosemide oral tablet 20mg, 40mg, 80mg* | (Lasix) | 1 | GC |
| *torsemide oral tablet 10mg, 100mg, 5mg* | | 1 | GC |
| *torsemide oral tablet 20mg* | (Soaanz) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ***Diuretics, Potassium-Sparing*** | | | |
| *amiloride oral tablet 5mg* | | 1 | GC |
| *eplerenone oral tablet 25mg, 50mg* | (Inspra) | 2 | GC |
| KERENDIA ORAL TABLET 10MG, 20MG | | 3 | QL (30 per 30 days) |
| *spironolactone oral tablet 100mg, 25mg, 50mg* | (Aldactone) | 1 | GC |
| ***Diuretics, Thiazide*** | | | |
| *chlorthalidone oral tablet 25mg, 50mg* | | 1 | GC |
| *hydrochlorothiazide oral capsule 12.5mg* | | 1 | GC |
| *hydrochlorothiazide oral tablet 12.5mg, 25mg, 50mg* | | 1 | GC |
| *indapamide oral tablet 1.25mg, 2.5mg* | | 1 | GC |
| *metolazone oral tablet 10mg, 2.5mg, 5mg* | | 1 | GC |
| ***Dyslipidemics, Fibric Acid Derivatives*** | | | |
| *fenofibrate micronized oral capsule 130mg, 134mg, 200mg, 67mg* | | 2 | GC; QL (30 per 30 days) |
| *fenofibrate micronized oral capsule 43mg* | | 2 | GC; QL (60 per 30 days) |
| *fenofibrate nanocrystallized oral tablet 145mg* | (Tricor) | 2 | GC; QL (30 per 30 days) |
| *fenofibrate nanocrystallized oral tablet 48mg* | (Tricor) | 2 | GC; QL (60 per 30 days) |
| *fenofibrate oral capsule 150mg* | (Lipofen) | 2 | GC; QL (30 per 30 days) |
| *fenofibrate oral capsule 50mg* | (Lipofen) | 2 | GC; QL (60 per 30 days) |
| *fenofibrate oral tablet 160mg* | | 2 | GC; QL (30 per 30 days) |
| *fenofibrate oral tablet 54mg* | | 2 | GC; QL (60 per 30 days) |
| *fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135mg, 45mg* | (Trilipix) | 2 | GC; QL (30 per 30 days) |
| *gemfibrozil oral tablet 600mg* | (Lopid) | 1 | GC; QL (60 per 30 days) |
| ***Dyslipidemics, HMG COA Reductase Inhibitors*** | | | |
| *atorvastatin oral tablet 10mg, 20mg, 40mg, 80mg* | (Lipitor) | 1 | GC; QL (30 per 30 days) |
| *fluvastatin oral capsule 20mg, 40mg* | | 1 | GC |
| *fluvastatin oral tablet extended release 24-hr 80mg* | (Lescol XL) | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| LIVALO ORAL TABLET 1MG, 2MG, 4MG | | 3 | QL (30 per 30 days) |
| *lovastatin oral tablet 10mg* | | 1 | GC; QL (45 per 30 days) |
| *lovastatin oral tablet 20mg* | | 1 | GC; QL (30 per 30 days) |
| *lovastatin oral tablet 40mg* | | 1 | GC; QL (60 per 30 days) |
| *pravastatin oral tablet 10mg, 20mg, 40mg, 80mg* | | 1 | GC; QL (30 per 30 days) |
| *rosuvastatin oral tablet 10mg, 20mg, 40mg, 5mg* | (Crestor) | 1 | GC; QL (30 per 30 days) |
| *simvastatin oral tablet 10mg, 20mg, 40mg* | (Zocor) | 1 | GC; QL (30 per 30 days) |
| *simvastatin oral tablet 5mg, 80mg* | | 1 | GC; QL (30 per 30 days) |
| ***Dyslipidemics, Other*** | | | |
| *cholestyramine (with sugar) oral powder in packet 4gm* | (Questran) | 2 | GC |
| *cholestyramine light oral powder in packet 4gm* | (cholestyramine-aspartame) | 2 | GC |
| *colestipol oral packet 5gm* | (Colestid) | 2 | GC |
| *colestipol oral tablet 1gm* | (Colestid) | 2 | GC |
| *ezetimibe oral tablet 10mg* | (Zetia) | 1 | GC; QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-10mg* | (Vytorin 10-10) | 2 | GC |
| *ezetimibe-simvastatin oral tablet 10-20mg* | (Vytorin 10-20) | 2 | GC |
| *ezetimibe-simvastatin oral tablet 10-40mg* | (Vytorin 10-40) | 2 | GC |
| *ezetimibe-simvastatin oral tablet 10-80mg* | (Vytorin 10-80) | 2 | GC |
| *icosapent ethyl oral capsule 0.5gm, 1gm* | (Vascepa) | 4 | |
| JUXTAPID ORAL CAPSULE 10MG, 20MG, 30MG, 5MG | | 5 | PA; NM; NDS |
| *niacin oral tablet extended release 24-hr 1, 000mg, 500mg, 750mg* | | 2 | GC |
| *omega-3 acid ethyl esters oral capsule 1gm* | (Lovaza) | 2 | GC |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420MG/3.5ML | | 3 | PA |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140MG/ML | | 3 | PA |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140MG/ML | | 3 | PA |
| VASCEPA ORAL CAPSULE 0.5GM, 1GM | (icosapent ethyl) | 3 | |
| ***Vasodilators, Direct-Acting Arterial/ Venous*** | | | |
| *hydralazine oral tablet 10mg, 100mg, 25mg, 50mg* | | 1 | GC |
| *isosorbide dinitrate oral tablet 10mg, 20mg, 30mg* | | 1 | GC |
| *isosorbide dinitrate oral tablet 5mg* | (Isordil Titradose) | 1 | GC |
| *isosorbide mononitrate oral tablet 10mg, 20mg* | | 1 | GC |
| *isosorbide mononitrate oral tablet extended release 24-hr 120mg, 30mg, 60mg* | | 1 | GC |
| *minoxidil oral tablet 10mg, 2.5mg* | | 1 | GC |
| NITRO-BID TRANSDERMAL OINTMENT 2% | (nitroglycerin) | 3 | |
| *nitroglycerin sublingual tablet 0.3mg, 0.4mg, 0.6mg* | (Nitrostat) | 1 | GC |
| *nitroglycerin transdermal patch 24-hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr* | (Nitro-Dur) | 1 | GC |
| *nitroglycerin translingual spray, non-aerosol 400mcg/spray* | (Nitrolingual) | 2 | GC |
| RECTIV RECTAL OINTMENT 0.4% (W/W) | | 4 | |
| **CENTRAL NERVOUS SYSTEM AGENTS** | | | |
| ***Attention Deficit Hyperactivity Disorder Agents, Amphetamines*** | | | |
| *dextroamphetamine sulfate oral capsule, extended release 10mg* | (Dexedrine Spansule) | 4 | QL (180 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 15mg* | | 4 | QL (120 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 5mg* | | 4 | QL (360 per 30 days) |
| *dextroamphetamine sulfate oral solution 5mg/5ml* | (ProCentra) | 4 | QL (1800 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *dextroamphetamine sulfate oral tablet 10mg* | (Zenzedi) | 4 | QL (180 per 30 days) |
| *dextroamphetamine sulfate oral tablet 15mg* | (Zenzedi) | 4 | QL (120 per 30 days) |
| *dextroamphetamine sulfate oral tablet 20mg* | (Zenzedi) | 4 | QL (90 per 30 days) |
| *dextroamphetamine sulfate oral tablet 30mg* | (Zenzedi) | 4 | QL (60 per 30 days) |
| *dextroamphetamine sulfate oral tablet 5mg* | (Zenzedi) | 4 | QL (150 per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 10mg, 12.5mg, 15mg, 20mg, 5mg, 7.5mg* | (Adderall) | 2 | GC; QL (90 per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 30mg* | (Adderall) | 2 | GC; QL (60 per 30 days) |
| ***Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines*** | | | |
| *atomoxetine oral capsule 10mg, 100mg, 18mg, 25mg, 40mg, 60mg, 80mg* | (Strattera) | 4 | QL (30 per 30 days) |
| *dexmethylphenidate oral tablet 10mg* | (Focalin) | 1 | GC; QL (60 per 30 days) |
| *dexmethylphenidate oral tablet 2.5mg* | (Focalin) | 1 | GC; QL (240 per 30 days) |
| *dexmethylphenidate oral tablet 5mg* | (Focalin) | 1 | GC; QL (120 per 30 days) |
| *guanfacine oral tablet extended release 24-hr 1mg, 2mg, 3mg, 4mg* | (Intuniv ER) | 4 | QL (30 per 30 days) |
| *methylphenidate hcl oral tablet 10mg, 20mg, 5mg* | (Ritalin) | 2 | GC; QL (90 per 30 days) |
| ***Central Nervous System, Other*** | | | |
| AUSTEDO ORAL TABLET 12MG, 6MG, 9MG | | 5 | PA; NM; NDS; QL (120 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12MG, 6MG | | 5 | PA; NM; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24MG | | 5 | PA; NM; NDS; QL (60 per 30 days) |
| EVRYSDI ORAL RECON SOLN 0.75MG/ML | | 5 | PA; NM; NDS |
| NUEDEXTA ORAL CAPSULE 20-10MG | | 4 | PA |
| *riluzole oral tablet 50mg* | (Rilutek) | 4 | PA |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *tetrabenazine oral tablet 12.5mg* | (Xenazine) | 5 | PA; NM; NDS; QL (240 per 30 days) |
| *tetrabenazine oral tablet 25mg* | (Xenazine) | 5 | PA; NM; NDS; QL (120 per 30 days) |
| ***Fibromyalgia Agents*** | | | |
| *pregabalin oral capsule 100mg, 150mg, 200mg, 25mg, 50mg* | (Lyrica) | 2 | GC; QL (90 per 30 days) |
| *pregabalin oral capsule 225mg, 300mg* | (Lyrica) | 2 | GC; QL (60 per 30 days) |
| *pregabalin oral capsule 75mg* | (Lyrica) | 2 | GC; QL (120 per 30 days) |
| *pregabalin oral solution 20mg/ml* | (Lyrica) | 2 | GC; QL (900 per 30 days) |
| SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG | | 3 | QL (60 per 30 days) |
| SAVELLA ORAL TABLETS, DOSE PACK 12.5MG (5)-25MG (8)-50MG (42) | | 3 | QL (55 per 28 days) |
| ***Multiple Sclerosis Agents*** | | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30MCG/0.5ML | | 5 | PA; NM; NDS |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30MCG/0.5ML | | 5 | PA; NM; NDS |
| BETASERON SUBCUTANEOUS KIT 0.3MG | | 5 | PA; NM; NDS |
| COPAXONE SUBCUTANEOUS SYRINGE 20MG/ML, 40MG/ML | (glatiramer) | 5 | PA; NM; NDS |
| *dalfampridine oral tablet extended release 12-hr 10mg* | (Ampyra) | 3 | PA; QL (60 per 30 days) |
| *dimethyl fumarate oral capsule, delayed release (dr/ec) 120mg, 120mg (14)-240mg (46), 240mg* | (Tecfidera) | 5 | PA; NM; NDS |
| *fingolimod oral capsule 0.5mg* | (Gilenya) | 5 | PA; NM; NDS |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20MG/0.4ML | | 5 | PA; NM; NDS |
| MAYZENT ORAL TABLET 0.25MG, 1MG, 2MG | | 5 | PA; NM; NDS |
| MAYZENT STARTER (FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25MG (7 TABS) | | 4 | PA |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| MAYZENT STARTER (FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25MG (12 TABS) | | 5 | PA; NM; NDS |
| **DENTAL AND ORAL AGENTS** | | | |
| ***Dental And Oral Agents*** | | | |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12%* | (Periogard) | 1 | GC |
| *periogard mucous membrane mouthwash 0.12%* | (chlorhexidine gluconate) | 1 | GC |
| *pilocarpine hcl oral tablet 5mg, 7.5mg* | (Salagen (pilocarpine)) | 2 | GC |
| *triamcinolone acetonide dental paste 0.1%* | (Kourzeq) | 2 | GC |
| **DERMATOLOGICAL AGENTS** | | | |
| ***Acne And Rosacea Agents*** | | | |
| *accutane oral capsule 10mg, 20mg, 30mg, 40mg* | (isotretinoin) | 3 | |
| *acitretin oral capsule 10mg, 17.5mg, 25mg* | | 4 | PA |
| *amnesteem oral capsule 10mg, 20mg, 40mg* | (isotretinoin) | 4 | |
| *claravis oral capsule 10mg, 20mg, 30mg, 40mg* | (isotretinoin) | 4 | |
| *clindamycin-benzoyl peroxide topical gel 1.2% (1% base) -5%* | (Neuac) | 2 | GC |
| *erythromycin-benzoyl peroxide topical gel 3-5%* | (Benzamycin) | 2 | GC |
| *isotretinoin oral capsule 10mg, 20mg, 30mg, 40mg* | (Accutane) | 4 | |
| *tazarotene topical cream 0.1%* | (Tazorac) | 2 | PA; GC |
| *tazarotene topical gel 0.05%, 0.1%* | (Tazorac) | 4 | PA |
| TAZORAC TOPICAL CREAM 0.05% | | 4 | PA |
| *tretinoin topical cream 0.025%* | (Avita) | 2 | PA; GC |
| *tretinoin topical cream 0.05%, 0.1%* | (Retin-A) | 2 | PA; GC |
| *tretinoin topical gel 0.01%* | (Retin-A) | 2 | PA; GC |
| *tretinoin topical gel 0.025%* | (Avita) | 2 | PA; GC |
| *tretinoin topical gel 0.05%* | (Atralin) | 2 | PA; GC |
| ***Dermatitis And Pruitus Agents*** | | | |
| *alclometasone topical cream 0.05%* | | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *alclometasone topical ointment 0.05%* | | 2 | GC |
| *ammonium lactate topical cream 12%* | | 1 | GC |
| *ammonium lactate topical lotion 12%* | (Skin Treatment) | 1 | GC |
| *betamethasone dipropionate topical cream 0.05%* | | 2 | GC |
| *betamethasone dipropionate topical lotion 0.05%* | | 2 | GC |
| *betamethasone dipropionate topical ointment 0.05%* | | 2 | GC |
| *betamethasone valerate topical cream 0.1%* | | 2 | GC |
| *betamethasone valerate topical lotion 0.1%* | | 2 | GC |
| *betamethasone valerate topical ointment 0.1%* | | 2 | GC |
| *betamethasone, augmented topical cream 0.05%* | | 1 | GC |
| *betamethasone, augmented topical lotion 0.05%* | | 2 | GC |
| *betamethasone, augmented topical ointment 0.05%* | (Diprolene (augmented)) | 2 | GC |
| *clobetasol scalp solution 0.05%* | | 2 | GC |
| *clobetasol topical cream 0.05%* | | 4 | |
| *clobetasol topical gel 0.05%* | | 4 | |
| *clobetasol topical ointment 0.05%* | (Temovate) | 4 | |
| *clobetasol-emollient topical cream 0.05%* | | 4 | |
| *desonide topical cream 0.05%* | (DesOwen) | 4 | |
| *desonide topical lotion 0.05%* | | 4 | |
| *desonide topical ointment 0.05%* | | 2 | GC |
| *desoximetasone topical cream 0.05%, 0.25%* | (Topicort) | 4 | |
| *desoximetasone topical gel 0.05%* | (Topicort) | 4 | |
| *desoximetasone topical ointment 0.05%, 0.25%* | (Topicort) | 4 | |
| EUCRISA TOPICAL OINTMENT 2% | | 4 | |
| *fluocinolone topical cream 0.01%* | | 2 | GC |
| *fluocinolone topical cream 0.025%* | (Synalar) | 2 | GC |
| *fluocinolone topical ointment 0.025%* | (Synalar) | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fluocinolone topical solution 0.01%* | (Synalar) | 4 | |
| *fluocinonide topical gel 0.05%* | | 4 | |
| *fluocinonide topical ointment 0.05%* | | 2 | GC |
| *fluocinonide topical solution 0.05%* | | 2 | GC |
| *fluocinonide-emollient topical cream 0.05%* | (Fluocinonide-E) | 2 | GC |
| *fluticasone propionate topical cream 0.05%* | | 1 | GC |
| *fluticasone propionate topical ointment 0.005%* | | 1 | GC |
| *halobetasol propionate topical cream 0.05%* | | 4 | |
| *halobetasol propionate topical ointment 0.05%* | | 2 | GC |
| *hydrocortisone 2.5% cream* | | 1 | GC |
| *hydrocortisone topical cream 1%* | (Ala-Cort) | 1 | GC |
| *hydrocortisone topical cream with perineal applicator 2.5%* | (Proctozone-HC) | 1 | GC |
| *hydrocortisone topical lotion 2.5%* | | 1 | GC |
| *hydrocortisone topical ointment 1%* | (Anti-Itch (HC)) | 2 | GC |
| *hydrocortisone topical ointment 2.5%* | | 1 | GC |
| *hydrocortisone valerate topical cream 0.2%* | | 2 | GC |
| *hydrocortisone valerate topical ointment 0.2%* | | 2 | GC |
| HYFTOR TOPICAL GEL 0.2% | | 5 | PA; NM; NDS |
| *mometasone topical cream 0.1%* | | 2 | GC |
| *mometasone topical ointment 0.1%* | | 2 | GC |
| *mometasone topical solution 0.1%* | | 2 | GC |
| *pimecrolimus topical cream 1%* | (Elidel) | 4 | |
| *procto-med hc topical cream with perineal applicator 2.5%* | (hydrocortisone) | 4 | |
| *proctosol hc topical cream with perineal applicator 2.5%* | (hydrocortisone) | 4 | |
| *proctozone-hc topical cream with perineal applicator 2.5%* | (hydrocortisone) | 3 | |
| *selenium sulfide topical lotion 2.5%* | | 1 | GC |
| *tacrolimus topical ointment 0.03%, 0.1%* | | 4 | |
| *triamcinolone acetonide topical cream 0.025%* | | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *triamcinolone acetonide topical cream 0.1%, 0.5%* | (Triderm) | 1 | GC |
| *triamcinolone acetonide topical lotion 0.025%, 0.1%* | | 2 | GC |
| *triamcinolone acetonide topical ointment 0.025%, 0.1%, 0.5%* | | 1 | GC |
| ***Dermatological Agents, Other*** | | | |
| ALCOHOL 70% SWABS | (Alcohol Pads) | 1 | GC |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | 1 | GC |
| ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED | (alcohol swabs) | 1 | GC |
| BD SINGLE USE SWAB | (alcohol swabs) | 1 | GC |
| *calcipotriene scalp solution 0.005%* | | 4 | |
| CARETOUCH ALCOHOL 70% PREP PAD | (alcohol swabs) | 1 | GC |
| *clotrimazole-betamethasone topical cream 1-0.05%* | | 2 | GC |
| *clotrimazole-betamethasone topical lotion 1-0.05%* | | 2 | GC |
| CURITY ALCOHOL PREPS 2 PLY, MEDIUM | (alcohol swabs) | 1 | GC |
| *diclofenac sodium topical gel 3%* | | 4 | PA |
| DROPSAFE ALCOHOL 70% PREP PADS | (alcohol swabs) | 1 | GC |
| EASY COMFORT ALCOHOL 70% PAD | (alcohol swabs) | 1 | GC |
| EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED | (alcohol swabs) | 1 | GC |
| *fluorouracil topical cream 5%* | (Efudex) | 3 | |
| *fluorouracil topical solution 2%, 5%* | | 2 | GC |
| HEB INCONTROL ALCOHOL 70% PADS | (alcohol swabs) | 1 | GC |
| *hydrocortisone-pramoxine rectal cream 1-1%* | (Analpram-HC) | 2 | GC |
| *imiquimod topical cream in packet 5%* | | 2 | GC |
| IV ANTISEPTIC WIPES | (alcohol swabs) | 1 | GC |
| KENDALL ALCOHOL 70% PREP PAD | (alcohol swabs) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nystatin-triamcinolone topical cream 100, 000-0.1unit/g-%* | | 2 | GC |
| *nystatin-triamcinolone topical ointment 100, 000-0.1unit/gram-%* | | 2 | GC |
| PANRETIN TOPICAL GEL 0.1% | | 5 | PA NSO; NM; NDS |
| *podofilox topical solution 0.5%* | | 2 | GC |
| PRO COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | GC |
| PURE COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | GC |
| RA ISOPROPYL ALCOHOL 70% WIPES | (alcohol swabs) | 1 | GC |
| REGRANEX TOPICAL GEL 0.01% | | 5 | PA; NM; NDS |
| SANTYL TOPICAL OINTMENT 250UNIT/GRAM | | 4 | |
| *silver sulfadiazine topical cream 1%* | (SSD) | 2 | GC |
| *ssd topical cream 1%* | (silver sulfadiazine) | 1 | GC |
| SURE COMFORT ALCOHOL PREP PADS | (alcohol swabs) | 1 | GC |
| SURE-PREP ALCOHOL PREP PADS | (alcohol swabs) | 1 | GC |
| TRUE COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | GC |
| TRUE COMFORT PRO ALCOHOL PADS | (alcohol swabs) | 1 | GC |
| ULTILET ALCOHOL STERL SWAB | (alcohol swabs) | 1 | GC |
| WEBCOL ALCOHOL PREPS 20'S, LARGE | (alcohol swabs) | 1 | GC |
| ***Pediculicides/Scabicides*** | | | |
| *malathion topical lotion 0.5%* | (Ovide) | 4 | |
| *permethrin topical cream 5%* | (Elimite) | 2 | GC |
| ***Topical Anti-Infectives*** | | | |
| *ciclopirox topical gel 0.77%* | | 2 | GC |
| *ciclopirox topical shampoo 1%* | | 2 | GC |
| *ciclopirox topical solution 8%* | (Ciclodan) | 2 | GC |
| *clindamycin phosphate topical gel 1%* | | 2 | GC |
| *clindamycin phosphate topical lotion 1%* | (Cleocin T) | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *clindamycin phosphate topical solution 1%* | (Cleocin T) | 2 | GC |
| *ery pads topical swab 2%* | (erythromycin with ethanol) | 3 | |
| *erythromycin with ethanol topical gel 2%* | (Erygel) | 2 | GC |
| *erythromycin with ethanol topical solution 2%* | | 2 | GC |
| *mupirocin calcium topical cream 2%* | | 4 | |
| *mupirocin topical ointment 2%* | (Centany) | 1 | GC |
| **ELECTROLYTES/MINERALS/METALS/VITAMINS** | | | |
| ***Electrolyte/ Mineral Replacement*** | | | |
| *carglumic acid oral tablet, dispersible 200mg* | (Carbaglu) | 5 | PA; NM; NDS |
| *fluoride (sodium) oral tablet 1mg (2.2mg sod. fluoride)* | | 2 | GC |
| *fluoride 0.25mg tablet chew cherry flavor (rx) 0.25mg (0.55mg sod. fluoride)* | (Ludent Fluoride) | 2 | GC |
| *fluoride 0.5mg tablet chew grape flavor (rx) 0.5mg (1.1mg sodium fluorid)* | (Ludent Fluoride) | 2 | GC |
| *fluoride 1mg tablet chewable (rx) 1mg (2.2mg sod. fluoride)* | (Ludent Fluoride) | 2 | GC |
| *fluoritab 0.5mg tablet chew (rx) 0.5mg (1.1mg sodium fluorid)* | (fluoride (sodium)) | 2 | GC |
| *fluoritab 1mg tablet chew (rx) 1mg (2.2mg sod. fluoride)* | (fluoride (sodium)) | 2 | GC |
| *flura-drops oral drops 0.25mg (0.55mg sod.fluor)/drop* | | 2 | GC |
| ISOLYTE S IV SOLUTION-EXCEL SINGLE USE | | 4 | PA BvD |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | | 4 | PA BvD |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | (potassium chloride) | 1 | GC |
| KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ | (potassium chloride) | 1 | GC |
| *klor-con m10 oral tablet, er particles/crystals 10 meq* | (potassium chloride) | 1 | GC |
| *klor-con m15 oral tablet, er particles/crystals 15 meq* | (potassium chloride) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *klor-con m20 oral tablet, er particles/crystals 20 meq* | (potassium chloride) | 1 | GC |
| KLOR-CON ORAL PACKET 20 MEQ | (potassium chloride) | 2 | GC |
| *ludent fluoride 0.25mg tb chw d/f, chewable (rx) 0.25mg (0.55mg sod. fluoride)* | (fluoride (sodium)) | 2 | GC |
| *ludent fluoride 0.5mg tb chew d/f, chewable (rx) 0.5mg (1.1mg sodium fluorid)* | (fluoride (sodium)) | 2 | GC |
| *ludent fluoride 1mg tab chew d/f, chewable (rx) 1mg (2.2mg sod. fluoride)* | (fluoride (sodium)) | 2 | GC |
| *magnesium sulfate injection solution 4 meq/ml (50%)* | | 2 | GC |
| *magnesium sulfate injection syringe 4 meq/ml* | | 2 | GC |
| PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION | (electrolyte-148) | 3 | PA BvD |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION | (electrolyte-a) | 3 | PA BvD |
| *potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l* | | 2 | PA BvD; GC |
| *potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | | 3 | PA BvD |
| *potassium chloride in 5% dex intravenous parenteral solution 20 meq/l* | | 2 | PA BvD; GC |
| *potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l* | | 2 | PA BvD; GC |
| *potassium chloride in water intravenous piggyback 10 meq/100ml, 20 meq/100ml, 40 meq/100ml* | | 2 | PA BvD; GC |
| *potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20ml)* | | 2 | PA BvD; GC |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | | 2 | GC |
| *potassium chloride oral liquid 20 meq/15ml, 40 meq/15ml* | | 2 | GC |
| *potassium chloride oral packet 20 meq* | (Klor-Con) | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *potassium chloride oral tablet extended release 10 meq* | (Klor-Con 10) | 1 | GC |
| *potassium chloride oral tablet extended release 20 meq* | (K-Tab) | 1 | GC |
| *potassium chloride oral tablet extended release 8 meq* | (Klor-Con 8) | 1 | GC |
| *potassium chloride oral tablet, er particles/crystals 10 meq* | (Klor-Con M10) | 1 | GC |
| *potassium chloride oral tablet, er particles/crystals 15 meq* | (Klor-Con M15) | 1 | GC |
| *potassium chloride oral tablet, er particles/crystals 20 meq* | (Klor-Con M20) | 1 | GC |
| *potassium chloride-0.45% nacl intravenous parenteral solution 20 meq/l* | | 3 | PA BvD |
| *potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l* | | 2 | PA BvD; GC |
| *potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | | 2 | PA BvD; GC |
| *potassium citrate oral tablet extended release 10 meq (1, 080mg)* | (Urocit-K 10) | 2 | GC |
| *potassium citrate oral tablet extended release 15 meq* | (Urocit-K 15) | 2 | GC |
| *potassium citrate oral tablet extended release 5 meq (540mg)* | (Urocit-K 5) | 2 | GC |
| *sodium chloride 0.45% intravenous parenteral solution 0.45%* | | 2 | GC |
| *sodium chloride 0.9% intravenous piggyback* | | 2 | GC |
| *sodium chloride 3% hypertonic intravenous parenteral solution 3%* | | 2 | GC |
| *sodium chloride 5% hypertonic intravenous parenteral solution 5%* | | 2 | GC |
| *sodium chloride irrigation solution 0.9%* | (Sterile Saline) | 1 | GC |
| *sodium fluoride 0.5mg/ml drop (rx) 0.5mg (1.1mg sod.fluorid)/ml* | | 2 | GC |
| ***Electrolyte/Mineral/Metal Modifiers*** | | | |
| *deferasirox oral granules in packet 180mg, 360mg, 90mg* | (Jadenu Sprinkle) | 5 | PA; NM; NDS |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *deferasirox oral tablet 180mg, 360mg* | (Jadenu) | 5 | PA; NM; NDS |
| *deferasirox oral tablet 90mg* | (Jadenu) | 4 | PA |
| *deferasirox oral tablet, dispersible 125mg* | (Exjade) | 4 | PA |
| *deferasirox oral tablet, dispersible 250mg, 500mg* | (Exjade) | 5 | PA; NM; NDS |
| *deferiprone oral tablet 1, 000mg, 500mg* | (Ferriprox) | 5 | PA; NM; NDS |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1, 000MG | | 5 | PA; NM; NDS |
| FERRIPROX ORAL SOLUTION 100MG/ML | | 5 | PA; NM; NDS |
| LOKELMA ORAL POWDER IN PACKET 10GM, 5GM | | 4 | |
| *sodium polystyrene sulfonate oral powder* | | 2 | GC |
| *sps (with sorbitol) oral suspension 15-20gm/60ml* | | 3 | |
| *tolvaptan oral tablet 15mg* | (Samsca) | 5 | PA; NM; NDS; QL (120 per 30 days) |
| *tolvaptan oral tablet 30mg* | (Samsca) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| *trientine oral capsule 250mg* | (Syprine) | 5 | PA; NM; NDS |
| ***Electrolytes/Minerals/Metals/Vitamins*** | | | |
| *bal-care dha combo pack 27-1-430mg* | | 2 | GC |
| *bal-care dha essential pack 27mg iron-1mg -374mg* | | 2 | GC |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5% | | 4 | PA BvD |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25% | | 4 | PA BvD |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25% | | 4 | PA BvD |
| CLINIMIX 5%-D20W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5% | | 4 | PA BvD |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75% | 3 | PA BvD |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25% | 3 | PA BvD |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25% | 3 | PA BvD |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5% | 3 | PA BvD |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5% | 3 | PA BvD |
| *c-nate dha softgel 28mg iron-1mg -200mg* | 2 | GC |
| *completenate tablet chew 29mg iron-1mg* | 2 | GC |
| *d10%-0.45% sodium chloride intravenous parenteral solution* | 3 | PA BvD |
| *d2.5%-0.45% sodium chloride intravenous parenteral solution* | 3 | PA BvD |
| *d5% and 0.9% sodium chloride intravenous parenteral solution* | 3 | PA BvD |
| *d5%-0.45% sodium chloride intravenous parenteral solution* | 3 | PA BvD |
| *dextrose 10% and 0.2% nacl intravenous parenteral solution* | 3 | PA BvD |
| *dextrose 10% in water (d10w) intravenous parenteral solution 10%* | 2 | PA BvD; GC |
| *dextrose 5% in water (d5w) intravenous piggyback 5%* | 2 | PA BvD; GC |
| *dextrose 5%-0.2% sod chloride intravenous parenteral solution* | 3 | PA BvD |
| *dextrose 5%-water iv soln single use* | 2 | PA BvD; GC |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML | 5 | PA; NM; NDS |
| *folivane-ob capsule 85-1mg* | 2 | GC |
| INTRALIPID INTRAVENOUS EMULSION 20%, 30% | 4 | PA BvD |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ISOLYTE-P IN 5% DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5% | | 4 | PA BvD |
| *kosher prenatal plus iron tab 30mg iron-1mg* | | 2 | GC |
| *levocarnitine (with sugar) oral solution 100mg/ml* | (Carnitor) | 2 | GC |
| *levocarnitine oral tablet 330mg* | (Carnitor) | 2 | GC |
| *marnatal-f capsule 60mg iron-1mg* | | 2 | GC |
| *m-natal plus tablet 27mg iron-1mg* | (pnv, calcium 72-iron-folic acid) | 2 | GC |
| *mynatal advance oral tablet 90-1-50mg* | | 2 | GC |
| *mynatal capsule 65mg iron-1mg* | | 2 | GC |
| *mynatal oral tablet 90-1-50mg* | | 2 | GC |
| *mynatal plus captab 65mg iron-1mg* | | 2 | GC |
| *mynatal-z captab 65mg iron-1mg* | | 2 | GC |
| *mynate 90 plus oral tablet extended release 90mg iron-1mg* | | 2 | GC |
| *newgen tablet 32-1, 000mg-mcg* | | 2 | GC |
| *niva-plus tablet 27mg iron-1mg* | | 2 | GC |
| NUTRILIPID INTRAVENOUS EMULSION 20% | | 4 | PA BvD |
| *obstetrix dha combo pack 29mg iron-1, 700mcg dfe* | | 2 | GC |
| *obstetrix dha oral combo pack, tablet and cap, dr 29mg iron-1mg -50mg* | | 2 | GC |
| *o-cal prenatal tablet 15mg iron-1, 000mcg* | | 2 | GC |
| *pnv 29-1 tablet (rx) 29mg iron-1mg* | | 2 | GC |
| *pnv prenatal plus multivit tab gluten-free (rx) 27mg iron-1mg* | (pnv, calcium 72-iron-folic acid) | 2 | GC |
| *pnv-dha + docusate oral capsule 27-1.25-55-300mg* | | 2 | GC |
| *pnv-omega softgel 28-1-300mg* | | 2 | GC |
| *pnv-vp-u oral capsule 106.5-1mg* | | 2 | GC |
| *pr natal 400 combo pack 29-1-400mg* | | 2 | GC |
| *pr natal 400 ec combo pack 29-1-400mg* | | 2 | GC |
| *pr natal 430 combo pack 29mg iron-1mg -430mg* | | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *pr natal 430 ec combo pack 29-1-430mg* | | 2 | GC |
| PREMASOL 10% INTRAVENOUS PARENTERAL SOLUTION 10% | | 4 | PA BvD |
| *prena1 true combo pack 30mg iron-1.4mg-300mg* | | 2 | GC |
| *prenaissance oral capsule 29-1.25-55-325mg* | | 2 | GC |
| *prenaissance plus oral capsule 28-1-50-250mg* | | 2 | GC |
| *prenatabs fa tablet 29-1mg* | | 2 | GC |
| *prenatal 19 (with docusate) oral tablet 29mg iron-1mg-25mg* | | 2 | GC |
| *prenatal 19 chewable tablet 29mg iron-1mg* | | 2 | GC |
| *prenatal low iron tablet (rx) 27mg iron-1mg* | | 2 | GC |
| *prenatal plus iron tablet (rx) 29mg iron-1mg* | (pnv, calcium 72-iron, carb-folic) | 2 | GC |
| *prenatal vitamin plus low iron oral tablet 27mg iron-1mg* | (pnv, calcium 72-iron-folic acid) | 2 | GC |
| *prenatal-u capsule 106.5-1mg* | | 2 | GC |
| *preplus ca-fe 27mg-fa 1mg tb (rx) 27mg iron-1mg* | (pnv, calcium 72-iron-folic acid) | 2 | GC |
| *pretab 29mg-1mg tablet (rx) 29-1mg* | | 2 | GC |
| PROSOL 20% INTRAVENOUS PARENTERAL SOLUTION | | 4 | PA BvD |
| *r-natal ob softgel 20mg iron-1mg-320mg* | | 2 | GC |
| *select-ob chewable caplet 29mg iron-1mg* | | 2 | GC |
| *select-ob chewable caplet 29mg iron-1mg* | | 2 | GC |
| *se-natal 19 chewable tablet 29mg iron-1mg* | | 2 | GC |
| *taron-c dha capsule 35-1-200mg* | | 2 | GC |
| *taron-prex prenatal-dha oral capsule 30mg iron-1.2mg-55mg-265mg* | | 2 | GC |
| TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20ML | | 2 | PA BvD; GC |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TRAVASOL 10% INTRAVENOUS PARENTERAL SOLUTION 10% | | 4 | PA BvD |
| *triveen-duo dha combo pack 29-1-400mg* | | 2 | GC |
| TROPHAMINE 10% INTRAVENOUS PARENTERAL SOLUTION 10% | | 4 | PA BvD |
| *vinate care chewable tablet 40mg iron-1mg* | | 2 | GC |
| *virt-c dha softgel (rx) 35-1-200mg* | | 2 | GC |
| *virt-nate dha softgel 28mg iron-1mg -200mg* | | 2 | GC |
| *virt-pn dha softgel (rx) 27mg iron-1mg -300mg* | | 2 | GC |
| *virt-pn plus softgel (rx) 28-1-300mg* | | 2 | GC |
| *vitafol gummies 3.33mg iron-0.33mg* | | 2 | GC |
| *vitafol nano tablet 18mg iron-1mg* | | 2 | GC |
| *vitafol-ob+dha combo pack 65-1-250mg* | | 2 | GC |
| *vp-ch-pnv oral capsule 30mg iron-1mg -50mg-260mg* | | 2 | GC |
| *vp-pnv-dha softgel (rx) 28mg iron-1mg-200mg* | | 2 | GC |
| *zatean-pn dha capsule 27mg iron-1mg -300mg* | | 2 | GC |
| *zatean-pn plus softgel 28-1-300mg* | | 2 | GC |
| *zingiber tablet 1.2mg-40mg-124.1mg-100mg* | | 2 | GC |
| ***Phosphate Binders*** | | | |
| AURYXIA ORAL TABLET 210MG IRON | | 4 | PA |
| *calcium acetate (phosphat bind) oral capsule 667mg* | | 2 | GC |
| *calcium acetate (phosphat bind) oral tablet 667mg* | | 2 | GC |
| *sevelamer carbonate oral powder in packet 0.8gm* | (Renvela) | 4 | QL (540 per 30 days) |
| *sevelamer carbonate oral powder in packet 2.4gm* | (Renvela) | 4 | QL (180 per 30 days) |
| *sevelamer carbonate oral tablet 800mg* | (Renvela) | 4 | QL (540 per 30 days) |
| VELPHORO ORAL TABLET, CHEWABLE 500MG | | 4 | |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **EXCLUDED DRUG COVERAGE** | | | |
| ***Non-Part D Enhancement*** | | | |
| *sildenafil oral tablet 100mg, 25mg, 50mg* | (Viagra) | 2 | GC; EX; QL (6 per 30 days) |
| **GASTROINTESTINAL AGENTS** | | | |
| ***Anti-Constipation Agents*** | | | |
| *constulose oral solution 10gm/15ml* | (lactulose) | 1 | GC |
| *enulose oral solution 10gm/15ml* | (lactulose) | 1 | GC |
| *generlac oral solution 10gm/15ml* | (lactulose) | 1 | GC |
| *lactulose oral solution 10gm/15ml* | (Constulose) | 1 | GC |
| LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG | | 3 | QL (30 per 30 days) |
| *lubiprostone oral capsule 24mcg, 8mcg* | (Amitiza) | 3 | QL (60 per 30 days) |
| MOVANTIK ORAL TABLET 12.5MG, 25MG | | 3 | QL (30 per 30 days) |
| ***Anti-Diarrheal Agents*** | | | |
| *alosetron oral tablet 0.5mg, 1mg* | (Lotronex) | 5 | NM; NDS; QL (60 per 30 days) |
| *diphenoxylate-atropine oral liquid 2.5-0.025mg/5ml* | | 4 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025mg* | (Lomotil) | 2 | GC |
| *loperamide oral capsule 2mg* | (Anti-Diarrheal (loperamide)) | 1 | GC |
| XERMELO ORAL TABLET 250MG | | 5 | NM; NDS; QL (90 per 30 days) |
| ***Antispasmodics, Gastrointestinal*** | | | |
| *dicyclomine oral capsule 10mg* | | 1 | GC |
| *dicyclomine oral solution 10mg/5ml* | | 2 | GC |
| *dicyclomine oral tablet 20mg* | | 1 | GC |
| *glycopyrrolate oral tablet 1mg* | (Robinul) | 2 | GC |
| *glycopyrrolate oral tablet 2mg* | (Robinul Forte) | 2 | GC |
| ***Gastrointestinal Agents, Other*** | | | |
| BYLVAY ORAL CAPSULE 1, 200MCG, 400MCG | | 5 | PA; NM; NDS |
| BYLVAY ORAL PELLET 200MCG, 600MCG | | 5 | PA; NM; NDS |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| CLENPIQ ORAL SOLUTION 10MG-3.5GM-12GM/160ML, 10MG-3.5GM-12GM/175ML | | 4 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5MG | | 5 | PA; NM; NDS |
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84gm* | (peg 3350-electrolytes) | 1 | GC |
| *gavilyte-g oral recon soln 236-22.74-6.74 -5.86gm* | (peg 3350-electrolytes) | 1 | GC |
| LIVMARLI ORAL SOLUTION 9.5MG/ML | | 5 | PA; NM; NDS |
| *metoclopramide hcl oral solution 5mg/5ml* | | 1 | GC |
| *metoclopramide hcl oral tablet 10mg, 5mg* | (Reglan) | 1 | GC |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86gm* | (GaviLyte-G) | 2 | GC |
| *peg-electrolyte soln oral recon soln 420gm* | | 2 | GC |
| *sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6gm* | (Suprep Bowel Prep Kit) | 4 | |
| SUTAB ORAL TABLET 1.479-0.188-0.225GM | | 4 | |
| *ursodiol oral capsule 300mg* | | 2 | GC |
| *ursodiol oral tablet 250mg* | (URSO 250) | 2 | GC |
| *ursodiol oral tablet 500mg* | (URSO Forte) | 2 | GC |
| ***Histamine2 (H2) Receptor Antagonists*** | | | |
| *famotidine oral suspension 40mg/5ml (8mg/ml)* | | 2 | GC |
| *famotidine oral tablet 20mg* | (Acid Controller) | 1 | GC |
| *famotidine oral tablet 40mg* | (Pepcid) | 1 | GC |
| *nizatidine oral capsule 150mg, 300mg* | | 2 | GC |
| ***Protectants*** | | | |
| *misoprostol oral tablet 100mcg, 200mcg* | (Cytotec) | 2 | GC |
| *sucralfate oral suspension 100mg/ml* | (Carafate) | 4 | |
| *sucralfate oral tablet 1gm* | (Carafate) | 1 | GC |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ***Proton Pump Inhibitors*** | | | |
| *dexlansoprazole oral capsule, biphase delayed releas 30mg, 60mg* | (Dexilant) | 3 | |
| *esomeprazole magnesium oral capsule, delayed release (dr/ec) 20mg, 40mg* | (Nexium) | 2 | GC |
| *lansoprazole oral capsule, delayed release (dr/ec) 15mg* | (Prevacid 24Hr) | 2 | GC |
| *lansoprazole oral capsule, delayed release (dr/ec) 30mg* | (Prevacid) | 2 | GC |
| *omeprazole oral capsule, delayed release (dr/ec) 10mg, 20mg, 40mg* | | 1 | GC |
| *pantoprazole oral tablet, delayed release (dr/ec) 20mg, 40mg* | (Protonix) | 1 | GC |
| **GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT** | | | |
| ***Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment*** | | | |
| *betaine oral powder 1gm/scoop* | (Cystadane) | 5 | NM; NDS |
| 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 | | 3 | |
| *cromolyn oral concentrate 100mg/5ml* | (Gastrocrom) | 4 | |
| CYSTAGON ORAL CAPSULE 150MG, 50MG | | 4 | PA |
| ENDARI ORAL POWDER IN PACKET 5GM | | 4 | PA |
| GALAFOLD ORAL CAPSULE 123MG | | 5 | PA; NM; NDS |
| *miglustat oral capsule 100mg* | (Zavesca) | 5 | PA; NM; NDS |
| *nitisinone oral capsule 10mg, 2mg, 20mg, 5mg* | (Orfadin) | 5 | PA; NM; NDS |
| PROLASTIN C 1, 000MG/20ML VL PRICE/ONEMG, SUV | | 5 | PA; NM; NDS |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1, 000MG | | 5 | PA; NM; NDS |
| RAVICTI ORAL LIQUID 1.1GM/ML | | 5 | PA; NM; NDS |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sapropterin oral powder in packet 100mg, 500mg* | (Javygtor) | 5 | PA; NM; NDS |
| *sapropterin oral tablet, soluble 100mg* | (Javygtor) | 5 | PA; NM; NDS |
| TEGSEDI SUBCUTANEOUS SYRINGE 284MG/1.5ML | | 5 | PA; NM; NDS |
| VIJOICE ORAL TABLET 125MG, 250MG/DAY (200MG X1-50MG X1), 50MG | | 5 | PA; NM; NDS |
| VYNDAMAX ORAL CAPSULE 61MG | | 5 | PA; NM; NDS; QL (30 per 30 days) |
| XURIDEN ORAL GRANULES IN PACKET 2GM | | 5 | PA; NM; NDS |
| 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 | | 3 | |
| ZOKINVY ORAL CAPSULE 50MG, 75MG | | 5 | PA; NM; NDS |
| **GENITOURINARY AGENTS** | | | |
| ***Antispasmodics, Urinary*** | | | |
| *darifenacin oral tablet extended release 24-hr 15mg, 7.5mg* | | 4 | |
| *fesoterodine oral tablet extended release 24-hr 4mg, 8mg* | (Toviaz) | 4 | QL (30 per 30 days) |
| MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8MG/ML | | 3 | QL (300 per 30 days) |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25MG, 50MG | | 3 | QL (30 per 30 days) |
| *oxybutynin chloride oral syrup 5mg/5ml* | | 2 | GC; QL (600 per 30 days) |
| *oxybutynin chloride oral tablet 5mg* | | 1 | GC; QL (120 per 30 days) |
| *oxybutynin chloride oral tablet extended release 24hr 10mg, 15mg, 5mg* | | 2 | GC; QL (60 per 30 days) |
| *solifenacin oral tablet 10mg, 5mg* | (Vesicare) | 2 | GC; QL (30 per 30 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *tolterodine oral capsule, extended release 24hr 2mg, 4mg* | (Detrol LA) | 2 | GC; QL (30 per 30 days) |
| *tolterodine oral tablet 1mg, 2mg* | (Detrol) | 2 | GC; QL (60 per 30 days) |
| *trospium oral capsule, extended release 24hr 60mg* | | 2 | GC; QL (30 per 30 days) |
| *trospium oral tablet 20mg* | | 2 | GC; QL (60 per 30 days) |
| ***Benign Prostatic Hypertrophy Agents*** | | | |
| *alfuzosin oral tablet extended release 24-hr 10mg* | (Uroxatral) | 1 | GC; QL (30 per 30 days) |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4MG, 8MG | | 3 | |
| *dutasteride oral capsule 0.5mg* | (Avodart) | 1 | GC; QL (30 per 30 days) |
| *dutasteride-tamsulosin oral capsule, er multiphase 24-hr 0.5-0.4mg* | (Jalyn) | 2 | GC; QL (30 per 30 days) |
| *finasteride oral tablet 5mg* | (Proscar) | 1 | GC; QL (30 per 30 days) |
| *silodosin oral capsule 4mg, 8mg* | (Rapaflo) | 4 | QL (30 per 30 days) |
| *tamsulosin oral capsule 0.4mg* | (Flomax) | 1 | GC; QL (60 per 30 days) |
| ***Genitourinary Agents, Other*** | | | |
| *bethanechol chloride oral tablet 10mg, 25mg, 5mg, 50mg* | | 2 | GC |
| ELMIRON ORAL CAPSULE 100MG | | 4 | |
| *penicillamine oral tablet 250mg* | (Depen Titratabs) | 5 | NM; NDS |
| **HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)** | | | |
| ***Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)*** | | | |
| *dexamethasone oral solution 0.5mg/5ml* | | 2 | GC |
| *dexamethasone oral tablet 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg* | | 1 | GC |
| *fludrocortisone oral tablet 0.1mg* | | 1 | GC |
| *hydrocortisone oral tablet 10mg, 20mg, 5mg* | (Cortef) | 1 | GC |
| ISTURISA ORAL TABLET 1MG | | 5 | PA; NM; NDS; QL (240 per 30 days) |
| ISTURISA ORAL TABLET 10MG | | 5 | PA; NM; NDS; QL (180 per 30 days) |
| ISTURISA ORAL TABLET 5MG | | 5 | PA; NM; NDS; QL (120 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *methylprednisolone oral tablet 16mg, 4mg, 8mg* | (Medrol) | 2 | PA BvD; GC |
| *methylprednisolone oral tablet 32mg* | | 2 | PA BvD; GC |
| *methylprednisolone oral tablets, dose pack 4mg* | (Medrol (Pak)) | 2 | GC |
| *prednisolone 15mg/5ml soln d/f 15mg/5ml (3mg/ml)* | | 2 | PA BvD; GC |
| *prednisolone oral solution 15mg/5ml* | | 2 | PA BvD; GC |
| *prednisolone sodium phosphate oral solution 10mg/5ml, 25mg/5ml (5mg/ml)* | | 4 | PA BvD |
| *prednisolone sodium phosphate oral solution 20mg/5ml (4mg/ml)* | (Veripred 20) | 4 | PA BvD |
| *prednisolone sodium phosphate oral solution 5mg base/5ml (6.7mg/5ml)* | (Pediapred) | 4 | PA BvD |
| *prednisolone sodium phosphate oral tablet, disintegrating 10mg, 15mg, 30mg* | (Orapred ODT) | 2 | PA BvD; GC |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5MG/ML | | 2 | PA BvD; GC |
| *prednisone oral solution 5mg/5ml* | | 2 | PA BvD; GC |
| *prednisone oral tablet 1mg, 10mg, 2.5mg, 20mg, 5mg, 50mg* | | 1 | PA BvD; GC |
| *prednisone oral tablets, dose pack 10mg, 10mg (48 pack), 5mg, 5mg (48 pack)* | | 1 | GC |
| **HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)** | | | |
| ***Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)*** | | | |
| *desmopressin 10mcg/0.1ml spr 10mcg/spray (0.1ml)* | | 2 | GC |
| *desmopressin nasal spray, non-aerosol 10mcg/spray (0.1ml)* | | 2 | GC |
| *desmopressin oral tablet 0.1mg, 0.2mg* | (DDAVP) | 2 | GC |
| INCRELEX SUBCUTANEOUS SOLUTION 10MG/ML | | 5 | PA; NM; NDS |
| NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3MCG | | 4 | |
| NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7MCG | | 4 | |



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 19 de la introducción.

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10MG/1.5ML (6.7MG/ML), 5MG/1.5ML (3.3MG/ML) | | 5 | PA; NM; NDS |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8MG | | 5 | PA; NM; NDS |
| **HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)** | | | |
| ***Androgens*** | | | |
| *danazol oral capsule 100mg, 50mg* | | 2 | GC |
| *danazol oral capsule 200mg* | | 4 | |
| *testosterone cypionate intramuscular oil 100mg/ml, 200mg/ml* | (Depo-Testosterone) | 2 | GC |
| *testosterone cypionate intramuscular oil 200mg/ml (1ml)* | | 2 | GC |
| *testosterone enanthate intramuscular oil 200mg/ml* | | 2 | GC |
| *testosterone transdermal gel in metered-dose pump 10mg/0.5gm /actuation* | (Fortesta) | 3 | |
| *testosterone transdermal gel in metered-dose pump 12.5mg/ 1.25gm (1%)* | (Vogelxo) | 3 | |
| *testosterone transdermal gel in metered-dose pump 20.25mg/1.25gm (1.62%)* | (AndroGel) | 3 | |
| *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) | 3 | |
| *testosterone transdermal solution in metered pump w/app 30mg/actuation (1.5ml)* | | 3 | |
| ***Estrogens*** | | | |
| DUAVEE ORAL TABLET 0.45-20MG | | 3 | |
| *estradiol oral tablet 0.5mg, 1mg, 2mg* | (Estrace) | 1 | GC |
| *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) | 2 | GC |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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) | 2 | GC |
| *estradiol vaginal cream 0.01% (0.1mg/gram)* | (Estrace) | 4 | |
| *estradiol vaginal tablet 10mcg* | (Vagifem) | 4 | |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10MCG, 4MCG | | 4 | |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10MCG, 4MCG | | 4 | |
| MENEST ORAL TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG | | 4 | |
| PREMARIN ORAL TABLET 0.3MG, 0.45MG, 0.9MG | | 3 | |
| PREMARIN ORAL TABLET 0.625MG, 1.25MG | (conjugated estrogens) | 3 | |
| PREMARIN VAGINAL CREAM 0.625MG/GRAM | | 3 | |
| ***Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)*** | | | |
| *altavera (28) oral tablet 0.15-0.03mg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *alyacen 1/35 (28) oral tablet 1-35mg-mcg* | (norethindrone-ethin estradiol) | 1 | GC |
| *apri oral tablet 0.15-0.03mg* | (desogestrel-ethinyl estradiol) | 1 | GC |
| *aranelle (28) oral tablet 0.5/1/0.5-35mg-mcg* | | 2 | GC |
| *aubra eq oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *aviane oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *balziva (28) oral tablet 0.4-35mg-mcg* | | 2 | GC |
| *blisovi fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *briellyn oral tablet 0.4-35mg-mcg* | | 2 | GC |
| *cryselle (28) oral tablet 0.3-30mg-mcg* | (norgestrel-ethinyl estradiol) | 2 | GC |
| *cyred eq oral tablet 0.15-0.03mg* | (desogestrel-ethinyl estradiol) | 1 | GC |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *desog-e.estradiol/e.estradiol oral tablet 0.15-0.02mgx21 /0.01mg x 5* | (Kariva (28)) | 2 | GC |
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.03mg* | (Apri) | 1 | GC |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02mg* | (Jasmiel (28)) | 2 | GC |
| *drospirenone-ethinyl estradiol oral tablet 3-0.03mg* | (Ocella) | 2 | GC |
| *eluryng vaginal ring 0.12-0.015mg/24-hr* | (etonogestrel-ethinyl estradiol) | 4 | |
| *enpresse oral tablet 50-30 (6)/75-40 (5)/125-30 (10)* | (levonorg-eth estrad triphasic) | 1 | GC |
| *enskyce oral tablet 0.15-0.03mg* | (desogestrel-ethinyl estradiol) | 1 | GC |
| *estarylla oral tablet 0.25-35mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *ethynodiol diac-eth estradiol oral tablet 1-35mg-mcg* | (Kelnor 1/35 (28)) | 2 | GC |
| *ethynodiol diac-eth estradiol oral tablet 1-50mg-mcg* | (Kelnor 1-50 (28)) | 2 | GC |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015mg/24-hr* | (EluRyng) | 4 | |
| *falmina (28) oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *iclevia oral tablets, dose pack, 3 month 0.15mg-30mcg (91)* | (levonorgestrel-ethinyl estrad) | 2 | GC |
| INTRAROSA VAGINAL INSERT 6.5MG | | 3 | PA |
| *introvale oral tablets, dose pack, 3 month 0.15mg-30mcg (91)* | (levonorgestrel-ethinyl estrad) | 2 | GC |
| *isibloom oral tablet 0.15-0.03mg* | (desogestrel-ethinyl estradiol) | 1 | GC |
| *jasmiel (28) oral tablet 3-0.02mg* | (drospirenone-ethinyl estradiol) | 2 | GC |
| *juleber oral tablet 0.15-0.03mg* | (desogestrel-ethinyl estradiol) | 1 | GC |
| *junel 1.5/30 (21) oral tablet 1.5-30mg-mcg* | (norethindrone ac-eth estradiol) | 2 | GC |
| *junel 1/20 (21) oral tablet 1-20mg-mcg* | (norethindrone ac-eth estradiol) | 1 | GC |
| *junel fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *junel fe 1/20 (28) oral tablet 1mg-20mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *kariva (28) oral tablet 0.15-0.02mgx21 /0.01mg x 5* | (desog-e.estradiol/e.estradiol) | 2 | GC |
| *kelnor 1/35 (28) oral tablet 1-35mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | GC |
| *kelnor 1-50 (28) oral tablet 1-50mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | GC |
| *kurvelo (28) oral tablet 0.15-0.03mg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *larin 1.5/30 (21) oral tablet 1.5-30mg-mcg* | (norethindrone ac-eth estradiol) | 2 | GC |
| *larin 1/20 (21) oral tablet 1-20mg-mcg* | (norethindrone ac-eth estradiol) | 1 | GC |
| *larin fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *larin fe 1/20 (28) oral tablet 1mg-20mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *leena 28 oral tablet 0.5/1/0.5-35mg-mcg* | | 2 | GC |
| *lessina oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30 (10)* | (levonorg-eth estrad triphasic) | 1 | GC |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20mg-mcg* | (Aubra EQ) | 1 | GC |
| *levonorgestrel-ethinyl estrad oral tablet 0.15-0.03mg* | (Altavera (28)) | 1 | GC |
| *levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15mg-30mcg (91)* | (Iclevia) | 2 | GC |
| *levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)* | (Enpresse) | 1 | GC |
| *levora-28 oral tablet 0.15-0.03mg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *loryna (28) oral tablet 3-0.02mg* | (drospirenone-ethinyl estradiol) | 2 | GC |
| *low-ogestrel (28) oral tablet 0.3-30mg-mcg* | (norgestrel-ethinyl estradiol) | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lutera (28) oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *marlissa (28) oral tablet 0.15-0.03mg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *microgestin 1.5/30 (21) oral tablet 1.5-30mg-mcg* | (norethindrone ac-eth estradiol) | 2 | GC |
| *microgestin 1/20 (21) oral tablet 1-20mg-mcg* | (norethindrone ac-eth estradiol) | 1 | GC |
| *microgestin fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 2 | GC |
| *microgestin fe 1/20 (28) oral tablet 1mg-20mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *mili oral tablet 0.25-35mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *necon 0.5/35 (28) oral tablet 0.5-35mg-mcg* | | 2 | GC |
| *nikki (28) oral tablet 3-0.02mg* | (drospirenone-ethinyl estradiol) | 2 | GC |
| *norethindrone ac-eth estradiol oral tablet 1-20mg-mcg* | (Junel 1/20 (21)) | 2 | GC |
| *norethindrone ac-eth estradiol oral tablet 1-5mg-mcg* | (Fyavolv) | 2 | GC |
| *norethindrone-e.estradiol-iron oral tablet 1mg-20mcg (21)/75mg (7)* | (Junel FE 1/20 (28)) | 1 | GC |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25mg-35mcg (28)* | (Tri-Estarylla) | 1 | GC |
| *norgestimate-ethinyl estradiol oral tablet 0.25-35mg-mcg* | (Estarylla) | 1 | GC |
| *nortrel 0.5/35 (28) oral tablet 0.5-35mg-mcg* | | 2 | GC |
| *nortrel 1/35 (21) oral tablet 1-35mg-mcg (21)* | | 1 | GC |
| *nortrel 1/35 (28) oral tablet 1-35mg-mcg* | (norethindrone-ethin estradiol) | 1 | GC |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1mg-35mcg* | | 1 | GC |
| *nylia 1/35 (28) oral tablet 1-35mg-mcg* | (norethindrone-ethin estradiol) | 1 | GC |
| *nylia 7/7/7 (28) oral tablet 0.5/0.75/1mg-35mcg* | | 1 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nymyo oral tablet 0.25-35mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *ocella oral tablet 3-0.03mg* | (drospirenone-ethinyl estradiol) | 2 | GC |
| OSPHENA ORAL TABLET 60MG | | 3 | PA |
| *pimtrea (28) oral tablet 0.15-0.02mgx21 /0.01mg x 5* | (desog-e.estradiol/e.estradiol) | 2 | GC |
| *portia 28 oral tablet 0.15-0.03mg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| PREMPHASE ORAL TABLET 0.625MG (14)/ 0.625MG-5MG (14) | | 3 | |
| PREMPRO ORAL TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5MG, 0.625-5MG | | 3 | |
| *reclipsen (28) oral tablet 0.15-0.03mg* | (desogestrel-ethinyl estradiol) | 1 | GC |
| *setlakin oral tablets, dose pack, 3 month 0.15mg-30mcg (91)* | (levonorgestrel-ethinyl estrad) | 2 | GC |
| *sprintec (28) oral tablet 0.25-35mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *sronyx oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *syeda oral tablet 3-0.03mg* | (drospirenone-ethinyl estradiol) | 2 | GC |
| *tarina fe 1-20 eq (28) oral tablet 1mg-20mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *tri-estarylla oral tablet 0.18/0.215/0.25mg-35mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *tri-mili oral tablet 0.18/0.215/0.25mg-35mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *tri-nymyo oral tablet 0.18/0.215/0.25mg-35mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25mg-35mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30 (10)* | (levonorg-eth estrad triphasic) | 1 | GC |
| *tri-vylibra oral tablet 0.18/0.215/0.25mg-35mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25mg-mcg* | | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *vestura (28) oral tablet 3-0.02mg* | (drospirenone-ethinyl estradiol) | 2 | GC |
| *vienva oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *vyfemla (28) oral tablet 0.4-35mg-mcg* | | 2 | GC |
| *vylibra oral tablet 0.25-35mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *zovia 1-35 (28) oral tablet 1-35mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | GC |
| ***Progestins*** | | | |
| *camila oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| *deblitane oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104MG/0.65ML | | 2 | GC |
| *errin oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| *incassia oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| *lyleq oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| *lyza oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| *medroxyprogesterone intramuscular suspension 150mg/ml* | (Depo-Provera) | 2 | GC |
| *medroxyprogesterone intramuscular syringe 150mg/ml* | (Depo-Provera) | 2 | GC |
| *medroxyprogesterone oral tablet 10mg, 2.5mg, 5mg* | (Provera) | 1 | GC |
| *megestrol oral suspension 400mg/10ml (40mg/ml)* | | 2 | GC |
| *megestrol oral suspension 625mg/5ml (125mg/ml)* | | 4 | |
| *megestrol oral tablet 20mg, 40mg* | | 1 | GC |
| *nora-be oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| *norethindrone (contraceptive) oral tablet 0.35mg* | (Camila) | 1 | GC |
| *norethindrone acetate oral tablet 5mg* | | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *progesterone micronized oral capsule 100mg, 200mg* | (Prometrium) | 2 | GC |
| *sharobel oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| **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) | 1 | GC |
| LEVO-T ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG | (levothyroxine) | 1 | GC |
| *levothyroxine oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg* | (Euthyrox) | 1 | GC |
| *levothyroxine oral tablet 300mcg* | (Levo-T) | 1 | GC |
| LEVOXYL ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG | (levothyroxine) | 1 | GC |
| *liothyronine oral tablet 25mcg, 5mcg, 50mcg* | (Cytomel) | 1 | GC |
| SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG | (levothyroxine) | 3 | |
| UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG | (levothyroxine) | 3 | |
| **HORMONAL AGENTS, SUPPRESSANT (PITUITARY)** | | | |
| ***Hormonal Agents, Suppressant (Pituitary)*** | | | |
| *cabergoline oral tablet 0.5mg* | | 2 | GC |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5MG | | 4 | PA NSO |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30MG | | 4 | PA NSO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45MG | | 4 | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5MG (1 MONTH) | | 4 | PA NSO |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120MG | | 5 | PA NSO; NM; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80MG | | 4 | PA NSO |
| *leuprolide (3 month) intramuscular suspension for reconstitution 22.5mg* | | 4 | PA NSO |
| *leuprolide subcutaneous kit 1mg/0.2ml* | | 4 | PA NSO |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25MG, 22.5MG | | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30MG | | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45MG | | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75MG, 7.5MG | | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25MG | | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5MG (PED) | | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45MG | | 5 | PA NSO; NM; NDS |
| *octreotide acetate injection solution 1, 000mcg/ml* | | 5 | PA; NM; NDS |
| *octreotide acetate injection solution 100mcg/ml, 50mcg/ml* | (Sandostatin) | 2 | PA; GC |
| *octreotide acetate injection solution 200mcg/ml* | | 4 | PA |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *octreotide acetate injection solution 500mcg/ml* | (Sandostatin) | 5 | PA; NM; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML (1ML), 0.6MG/ML (1ML), 0.9MG/ML (1ML) | | 5 | PA; NM; NDS; QL (60 per 30 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10MG, 15MG, 20MG, 25MG, 30MG | | 5 | PA; NM; NDS; QL (60 per 30 days) |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2MG/ML | | 5 | PA; NM; NDS |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25MG, 22.5MG, 3.75MG | | 4 | PA NSO |
| **HORMONAL AGENTS, SUPPRESSANT (THYROID)** | | | |
| ***Antithyroid Agents*** | | | |
| *methimazole oral tablet 10mg, 5mg* | | 1 | GC |
| *propylthiouracil oral tablet 50mg* | | 1 | GC |
| **IMMUNOLOGICAL AGENTS** | | | |
| ***Angioedema Agents*** | | | |
| *icatibant subcutaneous syringe 30mg/3ml* | (Firazyr) | 5 | PA; NM; NDS |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML (150MG/ML) | | 5 | PA; NM; NDS |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150MG/ML, 300MG/2ML (150MG/ML) | | 5 | PA; NM; NDS |
| ***Immunoglobulins*** | | | |
| PANZYGA INTRAVENOUS SOLUTION 10%, 10% (100ML), 10% (200ML), 10% (25ML), 10% (300ML), 10% (50ML) | | 5 | PA BvD; NM; NDS |
| PRIVIGEN INTRAVENOUS SOLUTION 10% | | 5 | PA BvD; NM; NDS |
| ***Immunological Agents, Other*** | | | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220MG | | 5 | PA; NM; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150MG/ML | 5 | PA; NM; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150MG/ML | 5 | PA; NM; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75MG/0.5ML | 5 | PA; NM; NDS |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200MG/1.14ML, 300MG/2ML | 5 | PA; NM; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML | 5 | PA; NM; NDS |
| *leflunomide oral tablet 10mg, 20mg* (Arava) | 2 | GC |
| OTEZLA ORAL TABLET 30MG | 5 | PA; NM; NDS |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10MG (4)-20MG (4)-30MG (47) | 5 | PA; NM; NDS |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15MG, 30MG, 45MG | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150MG/ML | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE 150MG/ML | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180MG/1.2ML (150MG/ML), 360MG/2.4ML (150MG/ML) | 5 | PA; NM; NDS |
| STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML | 5 | PA; NM; NDS |
| STELARA SUBCUTANEOUS SYRINGE 45MG/0.5ML, 90MG/ML | 5 | PA; NM; NDS |
| TAVNEOS ORAL CAPSULE 10MG | 5 | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150MG | 5 | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150MG/ML, 75MG/0.5ML | 5 | PA; NM; NDS |
| ***Immunostimulants*** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100MCG/0.5ML | 5 | PA NSO; NM; NDS |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| BESREMI SUBCUTANEOUS SYRINGE 500MCG/ML | | 5 | PA NSO; NM; NDS |
| PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML | | 5 | PA; NM; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180MCG/0.5ML | | 5 | PA; NM; NDS |
| ***Immunosuppressants*** | | | |
| *azathioprine oral tablet 100mg, 75mg* | (Azasan) | 3 | PA BvD |
| *azathioprine oral tablet 50mg* | (Imuran) | 2 | PA BvD; GC |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200MG/ML | | 5 | PA; NM; NDS |
| BENLYSTA SUBCUTANEOUS SYRINGE 200MG/ML | | 5 | PA; NM; NDS |
| *cyclosporine modified oral capsule 100mg, 25mg* | (Gengraf) | 2 | PA BvD; GC |
| *cyclosporine modified oral capsule 50mg* | | 2 | PA BvD; GC |
| *cyclosporine modified oral solution 100mg/ml* | (Gengraf) | 2 | PA BvD; GC |
| *cyclosporine oral capsule 100mg, 25mg* | (Sandimmune) | 2 | PA BvD; GC |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50MG/ML (1ML) | | 5 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25MG/0.5ML | | 5 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25MG/0.5ML (0.5), 50MG/ML (1ML) | | 5 | PA; NM; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50MG/ML (1ML) | | 5 | PA; NM; NDS |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120MG/ML | | 5 | PA NSO; NM; NDS |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75MG, 1MG, 4MG | | 4 | PA BvD |
| *everolimus (immunosuppressive) oral tablet 0.25mg, 0.75mg, 1mg* | (Zortress) | 5 | PA BvD; NM; NDS; QL (60 per 30 days) |
| *everolimus (immunosuppressive) oral tablet 0.5mg* | (Zortress) | 5 | PA BvD; NM; NDS; QL (120 per 30 days) |
| *gengraf oral capsule 100mg, 25mg* | (cyclosporine modified) | 2 | PA BvD; GC |
| *gengraf oral solution 100mg/ml* | (cyclosporine modified) | 2 | PA BvD; GC |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.8ML | 5 | PA; NM; NDS |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.8ML | 5 | PA; NM; NDS |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.8ML | 5 | PA; NM; NDS |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40MG/0.8ML | 5 | PA; NM; NDS |
| HUMIRA (CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80MG/0.8ML, 80MG/0.8ML-40MG/0.4ML | 5 | PA; NM; NDS |
| HUMIRA (CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80MG/0.8ML | 5 | PA; NM; NDS |
| HUMIRA (CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80MG/0.8ML | 5 | PA; NM; NDS |
| HUMIRA (CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80MG/0.8ML-40MG/0.4ML | 5 | PA; NM; NDS |
| HUMIRA (CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.4ML, 80MG/0.8ML | 5 | PA; NM; NDS |
| HUMIRA (CF) SUBCUTANEOUS SYRINGE KIT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | 5 | PA; NM; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100MG/0.67ML | 5 | PA; NM; NDS |
| LUPKYNIS ORAL CAPSULE 7.9MG | 5 | PA; NM; NDS; QL (180 per 30 days) |
| *methotrexate sodium (pf) injection solution 25mg/ml* | 1 | PA BvD; GC |
| *methotrexate sodium injection solution 25mg/ml* | 1 | PA BvD; GC |
| *methotrexate sodium oral tablet 2.5mg* | 2 | PA BvD; GC |
| *mycophenolate mofetil oral capsule 250mg* (CellCept) | 4 | PA BvD |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *mycophenolate mofetil oral suspension for reconstitution 200mg/ml* | (CellCept) | 5 | PA BvD; NM; NDS |
| *mycophenolate mofetil oral tablet 500mg* | (CellCept) | 2 | PA BvD; GC |
| *mycophenolate sodium oral tablet, delayed release (dr/ec) 180mg, 360mg* | (Myfortic) | 2 | PA BvD; GC |
| PROGRAF ORAL GRANULES IN PACKET 0.2MG, 1MG | | 4 | PA BvD |
| REZUROCK ORAL TABLET 200MG | | 5 | PA; NM; NDS |
| *sirolimus oral solution 1mg/ml* | (Rapamune) | 5 | PA BvD; NM; NDS |
| *sirolimus oral tablet 0.5mg, 1mg, 2mg* | (Rapamune) | 4 | PA BvD |
| *tacrolimus oral capsule 0.5mg* | (Prograf) | 2 | PA BvD; GC |
| *tacrolimus oral capsule 1mg, 5mg* | (Prograf) | 4 | PA BvD |
| TREXALL ORAL TABLET 10MG, 15MG, 5MG, 7.5MG | | 4 | PA BvD |
| ***Vaccines*** | | | |
| ABRYSVO INTRAMUSCULAR RECON SOLN 120MCG/0.5ML | | 3 | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10MCG/0.5ML | | 3 | |
| ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5MCG)-5LF/0.5ML | | 4 | |
| ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5MCG)-5LF/0.5ML | | 4 | |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120MCG/0.5ML | | 3 | |
| AREXVY ANTIGEN COMPONENT 120MCG | | 3 | |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50MG | | 4 | |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25MCG/0.5ML | | 3 | |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 3 | |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 4 | |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20MCG/ML | 3 | PA BvD |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20MCG/ML | 3 | PA BvD |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10MCG/0.5ML | 3 | PA BvD |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5ML | 3 | |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5ML | 3 | |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISAUNIT/ML, 720 ELISAUNIT/0.5ML | 3 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20MCG/0.5ML | 3 | PA BvD |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10MCG/0.5ML | 3 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5UNIT | 3 | PA BvD |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 4 | |
| IPOL INJECTION SUSPENSION 40-8-32UNIT/0.5ML | 3 | |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6MCG/0.5ML | 3 | |
| JYNNEOS (PF) (STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8UNIT/0.5 | 3 | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58MCG-10 LF/0.5ML | 4 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4MCG/0.5ML | 3 | |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10MCG/0.5ML | 3 | |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5MCG/0.5ML | 3 | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1, 000-12, 500 TCID50/0.5ML | 3 | |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10MCG-25LF-25MCG-10LF/0.5ML | 4 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5MCG/0.5ML | 3 | |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10MCG/0.5ML | 4 | |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10MCG/ML | 3 | PA BvD |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML | 3 | |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5 | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48MCG-5 LFUNIT/0.5ML, 15 LF-48MCG-5 LFUNIT/0.5ML (58 UNT/ML) | 4 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48MCG-5 LFUNIT/0.5ML | 4 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5UNIT | 3 | PA BvD |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML | | 3 | PA BvD |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10MCG/ML, 5MCG/0.5ML | | 3 | PA BvD |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5ML | | 3 | |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | | 3 | |
| ROTATEQ VACCINE ORAL SOLUTION 2ML | | 3 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50MCG/0.5ML | | 3 | |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LFUNIT/0.5ML | (tetanus-diphtheria toxoids-td) | 3 | PA BvD |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LFUNIT-2 LFUNIT/0.5ML | | 3 | PA BvD |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LFUNIT/0.5ML | | 3 | PA BvD |
| TETANUS, DIPHTHERIA TOX PED (PF) INTRAMUSCULAR SUSPENSION 5-25 LFUNIT/0.5ML | | 4 | PA BvD |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2MCG/0.25ML, 2.4MCG/0.5ML | | 3 | |
| TRUMENBA INTRAMUSCULAR SYRINGE 120MCG/0.5ML | | 3 | |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISAUNIT-20MCG/ML | | 3 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25MCG/0.5ML | | 3 | |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25MCG/0.5ML | (typhoid vi polysacch vaccine) | 3 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25UNIT/0.5ML, 50UNIT/ML | | 3 | |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25UNIT/0.5ML, 50UNIT/ML | | 3 | |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1, 350UNIT/0.5ML | | 3 | |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74UNIT/0.5ML, 10 EXP4.74UNIT/0.5ML (2.5ML IN 1 VIAL) | | 3 | |
| **INFLAMMATORY BOWEL DISEASE AGENTS** | | | |
| ***Aminosalicylates*** | | | |
| *balsalazide oral capsule 750mg* | (Colazal) | 2 | GC |
| LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2GM | (mesalamine) | 3 | |
| *mesalamine oral capsule (with del rel tablets) 400mg* | (Delzicol) | 4 | |
| *mesalamine oral capsule, extended release 24hr 0.375gm* | (Apriso) | 4 | |
| *mesalamine oral tablet, delayed release (dr/ec) 800mg* | | 4 | |
| *mesalamine rectal enema 4gm/60ml* | (Rowasa) | 4 | |
| *sulfasalazine oral tablet 500mg* | (Azulfidine) | 1 | GC |
| *sulfasalazine oral tablet, delayed release (dr/ec) 500mg* | (Azulfidine EN-tabs) | 1 | GC |
| ***Glucocorticoids*** | | | |
| *budesonide oral capsule, delayed, extend.release 3mg* | | 4 | |
| *budesonide oral tablet, delayed and ext.release 9mg* | (Uceris) | 5 | NM; NDS |
| *hydrocortisone rectal enema 100mg/60ml* | (Cortenema) | 4 | |
| **METABOLIC BONE DISEASE AGENTS** | | | |
| ***Metabolic Bone Disease Agents*** | | | |
| *alendronate oral tablet 10mg* | | 1 | GC; QL (30 per 30 days) |
| *alendronate oral tablet 35mg* | | 1 | GC; QL (4 per 28 days) |
| *alendronate oral tablet 70mg* | (Fosamax) | 1 | GC; QL (4 per 28 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *calcitonin (salmon) nasal spray, non-aerosol 200unit/actuation* | | 2 | PA BvD; GC; QL (4 per 28 days) |
| *calcitriol oral capsule 0.25mcg, 0.5mcg* | (Rocaltrol) | 1 | PA BvD; GC |
| *calcitriol oral solution 1mcg/ml* | (Rocaltrol) | 4 | PA BvD |
| *cinacalcet oral tablet 30mg, 60mg* | (Sensipar) | 4 | PA BvD; QL (60 per 30 days) |
| *cinacalcet oral tablet 90mg* | (Sensipar) | 5 | PA BvD; NM; NDS; QL (120 per 30 days) |
| *ibandronate oral tablet 150mg* | | 1 | GC; QL (1 per 30 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100MCG/DOSE, 25MCG/DOSE, 50MCG/DOSE, 75MCG/DOSE | | 5 | PA; NM; NDS |
| *paricalcitol oral capsule 1mcg, 2mcg* | (Zemplar) | 4 | PA BvD |
| *paricalcitol oral capsule 4mcg* | | 4 | PA BvD |
| PROLIA SUBCUTANEOUS SYRINGE 60MG/ML | | 4 | QL (1 per 180 days) |
| *raloxifene oral tablet 60mg* | (Evista) | 2 | GC |
| *risedronate oral tablet 150mg* | (Actonel) | 2 | GC; QL (1 per 28 days) |
| *risedronate oral tablet 30mg, 5mg* | | 2 | GC; QL (30 per 30 days) |
| *risedronate oral tablet 35mg* | (Actonel) | 2 | GC; QL (4 per 28 days) |
| *risedronate oral tablet 35mg (12 pack), 35mg (4 pack)* | | 2 | GC; QL (4 per 28 days) |
| *risedronate oral tablet, delayed release (dr/ec) 35mg* | (Atelvia) | 2 | GC; QL (4 per 28 days) |
| *teriparatide subcutaneous pen injector 20mcg/dose (620mcg/2.48ml)* | | 5 | PA; NM; NDS; QL (2.48 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80MCG (3, 120MCG/1.56ML) | | 5 | PA; NM; NDS; QL (1.56 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML (70MG/ML) | | 5 | PA; NM; NDS; QL (2 per 28 days) |
| **OPHTHALMIC AGENTS** | | | |
| ***Ophthalmic Agents, Other*** | | | |
| *atropine ophthalmic (eye) drops 1%* | (Isopto Atropine) | 2 | GC |
| *cyclosporine ophthalmic (eye) dropperette 0.05%* | (Restasis) | 2 | GC; QL (60 per 30 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37% | | 5 | PA; NM; NDS |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44% | | 5 | PA; NM; NDS |
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10, 000mg-unit/g-1%* | (Neo-Polycin HC) | 2 | GC |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10, 000unit/ml-0.1%* | (Maxitrol) | 1 | GC |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5mg/g-10, 000unit/g-0.1%* | (Maxitrol) | 2 | GC |
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75mg-10, 000unit-0.025mg/ml* | | 2 | GC |
| *neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10, 000-10mg-unit-mg/ml* | | 2 | GC |
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10, 000unit-1mg/ml* | (Polytrim) | 1 | GC |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10%-0.23% (0.25%)* | | 2 | GC |
| *tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1%* | | 2 | GC |
| ***Ophthalmic Anti-Allergy Agents*** | | | |
| *azelastine ophthalmic (eye) drops 0.05%* | | 2 | GC |
| *cromolyn ophthalmic (eye) drops 4%* | | 1 | GC |
| *olopatadine ophthalmic (eye) drops 0.1%* | (Eye Allergy Itch-Redness Rlf) | 3 | |
| ***Ophthalmic Anti-Infectives*** | | | |
| AZASITE OPHTHALMIC (EYE) DROPS 1% | | 4 | |
| *bacitracin ophthalmic (eye) ointment 500unit/gram* | | 2 | GC |
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10, 000unit/gram* | (Polycin) | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *erythromycin ophthalmic (eye) ointment 5mg/gram (0.5%)* | | 1 | GC |
| *gatifloxacin ophthalmic (eye) drops 0.5%* | (Zymaxid) | 2 | GC |
| *gentamicin ophthalmic (eye) drops 0.3%* | | 1 | GC |
| *moxifloxacin ophthalmic (eye) drops 0.5%* | (Vigamox) | 2 | GC |
| NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5% | | 4 | |
| *neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10, 000mg-unit-unit/g* | (Neo-Polycin) | 2 | GC |
| *ofloxacin ophthalmic (eye) drops 0.3%* | (Ocuflox) | 2 | GC |
| *sulfacetamide sodium ophthalmic (eye) drops 10%* | | 2 | GC |
| *tobramycin ophthalmic (eye) drops 0.3%* | | 1 | GC |
| ***Ophthalmic Anti-Inflammatories*** | | | |
| *bromfenac ophthalmic (eye) drops 0.09%* | | 2 | GC |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075% | | 4 | |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1%* | | 2 | GC |
| *diclofenac sodium ophthalmic (eye) drops 0.1%* | | 2 | GC |
| DUREZOL OPHTHALMIC (EYE) DROPS 0.05% | (difluprednate) | 3 | |
| *fluorometholone ophthalmic (eye) drops, suspension 0.1%* | (FML Liquifilm) | 2 | GC |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03%* | | 1 | GC |
| ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3% | | 3 | |
| *ketorolac ophthalmic (eye) drops 0.4%* | (Acular LS) | 2 | GC |
| *ketorolac ophthalmic (eye) drops 0.5%* | (Acular) | 2 | GC |
| *loteprednol etabonate ophthalmic (eye) drops, suspension 0.5%* | (Lotemax) | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *prednisolone acetate ophthalmic (eye) drops, suspension 1%* | (Pred Forte) | 2 | GC |
| *prednisolone sodium phosphate ophthalmic (eye) drops 1%* | | 2 | GC |
| ***Ophthalmic Beta-Adrenergic Blocking Agents*** | | | |
| *betaxolol ophthalmic (eye) drops 0.5%* | | 2 | GC |
| *carteolol ophthalmic (eye) drops 1%* | | 1 | GC |
| *levobunolol ophthalmic (eye) drops 0.5%* | | 1 | GC |
| *timolol maleate ophthalmic (eye) drops 0.25%, 0.5%* | | 1 | GC |
| *timolol maleate ophthalmic (eye) drops, once daily 0.5%* | (Istalol) | 2 | GC |
| *timolol maleate ophthalmic (eye) gel forming solution 0.25%, 0.5%* | | 2 | GC |
| ***Ophthalmic Intraocular Pressure Lowering Agents, Other*** | | | |
| *acetazolamide oral capsule, extended release 500mg* | | 2 | GC |
| *acetazolamide oral tablet 125mg, 250mg* | | 2 | GC |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1% | (brimonidine) | 3 | |
| *apraclonidine ophthalmic (eye) drops 0.5%* | | 2 | GC |
| AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1% | (brinzolamide) | 3 | |
| *brimonidine ophthalmic (eye) drops 0.15%* | (Alphagan P) | 2 | GC |
| *brimonidine ophthalmic (eye) drops 0.2%* | | 2 | GC |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5%* | (Combigan) | 3 | |
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5% | (brimonidine-timolol) | 4 | |
| *dorzolamide ophthalmic (eye) drops 2%* | | 1 | GC |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5%* | (Cosopt (PF)) | 2 | GC |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8mg/ml* | (Cosopt) | 2 | GC |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *methazolamide oral tablet 25mg, 50mg* | | 4 | |
| *pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%* | | 2 | GC |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02% | | 4 | |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005% | | 4 | |
| SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2% | | 4 | |
| ***Ophthalmic Prostaglandin And Prostamide Analogs*** | | | |
| *latanoprost ophthalmic (eye) drops 0.005%* | (Xalatan) | 2 | GC |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01% | | 3 | |
| *travoprost ophthalmic (eye) drops 0.004%* | (Travatan Z) | 3 | |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024% | | 4 | |
| **OTIC AGENTS** | | | |
| ***Otic Agents*** | | | |
| *acetic acid otic (ear) solution 2%* | | 1 | GC |
| *ciprofloxacin hcl otic (ear) dropperette 0.2%* | (Cetraxal) | 4 | |
| *ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1%* | | 3 | |
| *ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025% (0.25ml)* | (Otovel) | 4 | |
| *fluocinolone acetonide oil otic (ear) drops 0.01%* | (DermOtic Oil) | 2 | GC |
| *neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10, 000-1mg/ml-unit/ml-%* | | 2 | GC |
| *neomycin-polymyxin-hc otic (ear) solution 3.5-10, 000-1mg/ml-unit/ml-%* | | 2 | GC |
| *ofloxacin otic (ear) drops 0.3%* | | 4 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **RESPIRATORY TRACT/ PULMONARY AGENTS** | | | |
| ***Antihistamines*** | | | |
| *azelastine nasal aerosol, spray 137mcg (0.1%)* | | 2 | GC; QL (30 per 25 days) |
| *cetirizine oral solution 1mg/ml* | (All Day Allergy (cetirizine)) | 1 | GC |
| *cyproheptadine oral syrup 2mg/5ml* | | 4 | |
| *cyproheptadine oral tablet 4mg* | | 4 | |
| *levocetirizine oral solution 2.5mg/5ml* | (Xyzal) | 2 | GC |
| *levocetirizine oral tablet 5mg* | (24HR Allergy Relief) | 1 | GC |
| ***Anti-Inflammatories, Inhaled Corticosteroids*** | | | |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100MCG/ACTUATION, 200MCG/ACTUATION, 50MCG/ACTUATION | | 3 | QL (30 per 30 days) |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100MCG/ACTUATION, 200MCG/ACTUATION, 50MCG/ACTUATION | | 3 | QL (26 per 30 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110MCG/ ACTUATION (30), 220MCG/ ACTUATION (120), 220MCG/ ACTUATION (30), 220MCG/ ACTUATION (60) | | 3 | QL (2 per 30 days) |
| *budesonide inhalation suspension for nebulization 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml* | (Pulmicort) | 4 | PA BvD |
| *flunisolide nasal spray, non-aerosol 25mcg (0.025%)* | | 2 | GC; QL (50 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 110mcg/actuation, 220mcg/actuation* | (Flovent HFA) | 3 | QL (24 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 44mcg/actuation* | (Flovent HFA) | 3 | QL (10.6 per 30 days) |
| *fluticasone propionate nasal spray, suspension 50mcg/actuation* | (24 Hour Allergy Relief) | 1 | GC; QL (16 per 30 days) |
| *mometasone nasal spray, non-aerosol 50mcg/actuation* | (Nasonex 24hr Allergy) | 2 | GC; QL (34 per 30 days) |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ***Antileukotrienes*** | | | |
| *montelukast oral granules in packet 4mg* | (Singulair) | 2 | GC; QL (30 per 30 days) |
| *montelukast oral tablet 10mg* | (Singulair) | 1 | GC; QL (30 per 30 days) |
| *montelukast oral tablet, chewable 4mg, 5mg* | (Singulair) | 1 | GC; QL (30 per 30 days) |
| *zafirlukast oral tablet 10mg, 20mg* | (Accolate) | 2 | GC; QL (60 per 30 days) |
| ***Bronchodilators, Anticholinergic*** | | | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17MCG/ACTUATION | | 4 | QL (26 per 30 days) |
| *ipratropium bromide inhalation solution 0.02%* | | 2 | PA BvD; GC |
| *ipratropium bromide nasal spray, non-aerosol 21mcg (0.03%)* | | 2 | GC; QL (60 per 30 days) |
| *ipratropium bromide nasal spray, non-aerosol 42mcg (0.06%)* | | 2 | GC; QL (30 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25MCG/ACTUATION, 2.5MCG/ACTUATION | | 3 | QL (4 per 30 days) |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18MCG | (tiotropium bromide) | 3 | QL (30 per 30 days) |
| ***Bronchodilators, Sympathomimetic*** | | | |
| *albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation* | (Ventolin HFA) | 2 | GC; QL (17 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation (nda020503)* | | 2 | GC; QL (13.4 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation (nda020983)* | | 2 | GC; 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* | | 2 | PA BvD; GC |
| *albuterol sulfate oral syrup 2mg/5ml* | | 2 | GC |
| *albuterol sulfate oral tablet 2mg, 4mg* | | 2 | GC |
| *epinephrine injection auto-injector 0.15mg/0.15ml, 0.3mg/0.3ml* | (Auvi-Q) | 2 | GC |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *epinephrine injection auto-injector 0.15mg/0.3ml* | (EpiPen Jr) | 2 | GC |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50MCG/DOSE | | 3 | QL (60 per 30 days) |
| *terbutaline oral tablet 2.5mg, 5mg* | | 4 | |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90MCG/ACTUATION | (albuterol sulfate) | 3 | QL (36 per 30 days) |
| ***Cystic Fibrosis Agents*** | | | |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40MG | | 5 | PA; NM; NDS |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75MG/ML | | 5 | PA; NM; NDS |
| KALYDECO ORAL GRANULES IN PACKET 13.4MG, 25MG, 50MG, 75MG | | 5 | PA; NM; NDS |
| KALYDECO ORAL TABLET 150MG | | 5 | PA; NM; NDS |
| ORKAMBI ORAL GRANULES IN PACKET 100-125MG, 150-188MG, 75-94MG | | 5 | PA; NM; NDS |
| ORKAMBI ORAL TABLET 100-125MG, 200-125MG | | 5 | PA; NM; NDS |
| PULMOZYME INHALATION SOLUTION 1MG/ML | | 5 | PA BvD; NM; NDS |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150MG (D)/ 150MG (N), 50-75MG (D)/ 75MG (N) | | 5 | PA; NM; NDS |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28MG | | 5 | PA; NM; NDS |
| *tobramycin in 0.225% nacl inhalation solution for nebulization 300mg/5ml* | (Tobi) | 5 | PA BvD; NM; NDS |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75MG (N), 80-40-60MG (D) /59.5MG (N) | | 5 | PA; NM; NDS |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75MG (D) /150MG (N), 50-25-37.5MG (D)/75MG (N) | | 5 | PA; NM; NDS |



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ***Phosphodiesterase Inhibitors, Airways Disease*** | | | |
| *roflumilast oral tablet 250mcg, 500mcg* | (Daliresp) | 3 | QL (30 per 30 days) |
| *theophylline er 300mg tab* | | 2 | GC |
| *theophylline er 450mg tab* | | 2 | GC |
| *theophylline oral tablet extended release 12-hr 300mg, 450mg* | | 2 | GC |
| *theophylline oral tablet extended release 24-hr 400mg, 600mg* | | 2 | GC |
| ***Pulmonary Antihypertensives*** | | | |
| ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG | | 5 | PA; NM; NDS; QL (90 per 30 days) |
| *ambrisentan oral tablet 10mg, 5mg* | (Letairis) | 5 | PA; NM; NDS; QL (30 per 30 days) |
| *bosentan oral tablet 125mg, 62.5mg* | (Tracleer) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10MG | | 5 | PA; NM; NDS; QL (90 per 30 days) |
| *sildenafil (pulm.hypertension) oral tablet 20mg* | (Revatio) | 2 | PA; GC; QL (90 per 30 days) |
| ***Pulmonary Fibrosis Agents*** | | | |
| OFEV ORAL CAPSULE 100MG, 150MG | | 5 | PA; NM; NDS |
| *pirfenidone oral capsule 267mg* | (Esbriet) | 5 | PA; NM; NDS |
| *pirfenidone oral tablet 267mg, 801mg* | (Esbriet) | 5 | PA; NM; NDS |
| *pirfenidone oral tablet 534mg* | | 5 | PA; NM; NDS |
| ***Respiratory Tract Agents, Other*** | | | |
| *acetylcysteine solution 100mg/ml (10%), 200mg/ml (20%)* | | 2 | PA BvD; GC |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21MCG/ACTUATION, 230-21MCG/ACTUATION, 45-21MCG/ACTUATION | (fluticasone propion-salmeterol) | 3 | QL (12 per 30 days) |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25MCG/ACTUATION | | 3 | QL (60 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25MCG/DOSE, 200-25MCG/DOSE | (fluticasone furoate-vilanterol) | 3 | QL (60 per 30 days) |

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



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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *methocarbamol oral tablet 500mg, 750mg* | | 2 | GC |
| *orphenadrine citrate oral tablet extended release 100mg* | | 2 | GC |
| **SLEEP DISORDER AGENTS** | | | |
| ***Sleep Promoting Agents*** | | | |
| BELSOMRA ORAL TABLET 10MG, 15MG, 20MG, 5MG | | 4 | QL (30 per 30 days) |
| *temazepam oral capsule 15mg, 30mg* | (Restoril) | 3 | QL (30 per 30 days) |
| *temazepam oral capsule 22.5mg* | (Restoril) | 4 | QL (30 per 30 days) |
| *temazepam oral capsule 7.5mg* | (Restoril) | 4 | QL (120 per 30 days) |
| *zaleplon oral capsule 10mg, 5mg* | | 2 | GC; QL (30 per 30 days) |
| *zolpidem oral tablet 10mg, 5mg* | (Ambien) | 2 | GC; QL (30 per 30 days) |
| ***Wakefulness Promoting Agents*** | | | |
| *armodafinil oral tablet 150mg, 200mg, 250mg, 50mg* | (Nuvigil) | 3 | PA; QL (30 per 30 days) |
| *modafinil oral tablet 100mg, 200mg* | (Provigil) | 4 | PA; QL (60 per 30 days) |
| *sodium oxybate oral solution 500mg/ml* | (Xyrem) | 5 | PA; NM; NDS; QL (540 per 30 days) |
| *sodium oxybate oral solution 500mg/ml* | (Xyrem) | 5 | PA; NM; NDS; QL (540 per 30 days) |

# Imperial MAPD 2024 5-Tier (Lista de medicamentos cubiertos)

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *anagrelide oral capsule 0.5mg* | (Agrylin) | 2 | GC |
| *anagrelide oral capsule 1mg* | | 2 | GC |
| *betaine oral powder 1gm/scoop* | (Cystadane) | 5 | NM; NDS |
| 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 | | 3 | |
| *cromolyn oral concentrate 100mg/5ml* | (Gastrocrom) | 4 | |
| CYSTAGON ORAL CAPSULE 150MG, 50MG | | 4 | PA |
| ENDARI ORAL POWDER IN PACKET 5GM | | 4 | PA |
| GALAFOLD ORAL CAPSULE 123MG | | 5 | PA; NM; NDS |
| LEUKINE INJECTION RECON SOLN 250MCG | | 5 | PA; NM; NDS |
| *miglustat oral capsule 100mg* | (Zavesca) | 5 | PA; NM; NDS |
| *nitisinone oral capsule 10mg, 2mg, 20mg, 5mg* | (Orfadin) | 5 | PA; NM; NDS |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1, 000MG | | 5 | PA; NM; NDS |
| PROMACTA ORAL POWDER IN PACKET 12.5MG | | 5 | PA; NM; NDS; QL (360 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 25MG | | 5 | PA; NM; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG | | 5 | PA; NM; NDS; QL (60 per 30 days) |
| RAVICTI ORAL LIQUID 1.1GM/ML | | 5 | PA; NM; NDS |
| RETACRIT INJECTION SOLUTION 10, 000UNIT/ML, 20, 000UNIT/2ML, 20, 000UNIT/ML, 4, 000UNIT/ML, 40, 000UNIT/ML | | 4 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 2, 000UNIT/ML | | 4 | PA; QL (23 per 30 days) |
| RETACRIT INJECTION SOLUTION 3, 000UNIT/ML | | 4 | PA; QL (16 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *sapropterin oral powder in packet 100mg, 500mg* | (Javygtor) | 5 | PA; NM; NDS |
| *sapropterin oral tablet, soluble 100mg* | (Javygtor) | 5 | PA; NM; NDS |
| TEGSEDI SUBCUTANEOUS SYRINGE 284MG/1.5ML | | 5 | PA; NM; NDS |
| *tranexamic acid oral tablet 650mg* | | 2 | GC |
| VIJOICE ORAL TABLET 125MG, 250MG/DAY (200MG X1-50MG X1), 50MG | | 5 | PA; NM; NDS |
| VYNDAMAX ORAL CAPSULE 61MG | | 5 | PA; NM; NDS; QL (30 per 30 days) |
| XURIDEN ORAL GRANULES IN PACKET 2GM | | 5 | PA; NM; NDS |
| ZARXIO INJECTION SYRINGE 300MCG/0.5ML, 480MCG/0.8ML | | 5 | PA; NM; NDS |
| 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 | | 3 | |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6MG/0.6ML | | 5 | PA; NM; NDS |
| ZOKINVY ORAL CAPSULE 50MG, 75MG | | 5 | PA; NM; NDS |
| ***Agentes Modificadores De Plaquetas*** | | | |
| *aspirin-dipyridamole oral capsule, er multiphase 12-hr 25-200mg* | | 2 | GC |
| BRILINTA ORAL TABLET 60MG, 90MG | | 3 | |
| CABLIVI INJECTION KIT 11MG | | 5 | PA; NM; NDS |
| *cilostazol oral tablet 100mg, 50mg* | | 2 | GC |
| *clopidogrel oral tablet 75mg* | (Plavix) | 2 | GC |
| *prasugrel oral tablet 10mg, 5mg* | (Effient) | 4 | |
| ***Anticoagulantes*** | | | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5MG (74 TABS) | | 3 | |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ELIQUIS ORAL TABLET 2.5MG, 5MG | | 3 | |
| *enoxaparin subcutaneous syringe 100mg/ml, 150mg/ml* | (Lovenox) | 4 | QL (60 per 30 days) |
| *enoxaparin subcutaneous syringe 120mg/0.8ml, 80mg/0.8ml* | (Lovenox) | 4 | QL (48 per 30 days) |
| *enoxaparin subcutaneous syringe 30mg/0.3ml* | (Lovenox) | 4 | QL (18 per 30 days) |
| *enoxaparin subcutaneous syringe 40mg/0.4ml* | (Lovenox) | 4 | QL (24 per 30 days) |
| *enoxaparin subcutaneous syringe 60mg/0.6ml* | (Lovenox) | 4 | QL (36 per 30 days) |
| *fondaparinux subcutaneous syringe 10mg/0.8ml* | (Arixtra) | 5 | NM; NDS; QL (24 per 30 days) |
| *fondaparinux subcutaneous syringe 2.5mg/0.5ml* | (Arixtra) | 4 | QL (15 per 30 days) |
| *fondaparinux subcutaneous syringe 5mg/0.4ml* | (Arixtra) | 5 | NM; NDS; QL (12 per 30 days) |
| *fondaparinux subcutaneous syringe 7.5mg/0.6ml* | (Arixtra) | 5 | NM; NDS; QL (18 per 30 days) |
| *heparin (porcine) injection solution 1, 000unit/ml, 10, 000unit/ml, 20, 000unit/ml, 5, 000unit/ml* | | 2 | PA BvD; GC |
| *jantoven oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg* | (warfarin) | 1 | GC |
| *warfarin oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg* | (Jantoven) | 1 | GC |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15MG (42)-20MG (9) | | 3 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1MG/ML | | 3 | |
| XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG | | 3 | |
| **AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS** | | | |
| *buprenorphine hcl sublingual tablet 2mg, 8mg* | | 2 | GC |
| *buprenorphine-naloxone sublingual film 12-3mg, 2-0.5mg, 4-1mg, 8-2mg* | (Suboxone) | 1 | GC |
| *buprenorphine-naloxone sublingual tablet 2-0.5mg, 8-2mg* | | 2 | GC |



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 19 de la introducción.

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG | (buprenorphine-naloxone) | 4 | |
| ***Agentes De Abandono Del Tabaquismo*** | | | |
| *bupropion hcl (smoking deter) oral tablet extended release 12-hr 150mg* | | 1 | GC |
| NICOTROL INHALATION CARTRIDGE 10MG | | 4 | |
| *varenicline oral tablet 0.5mg* | | 3 | |
| *varenicline oral tablet 1mg* | (Chantix) | 3 | |
| *varenicline oral tablets, dose pack 0.5mg (11)-1mg (42)* | (Chantix Starting Month Box) | 3 | |
| ***Agentes De Reversión De Opioides*** | | | |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8MG/ACTUATION | | 3 | |
| *naloxone injection solution 0.4mg/ml* | | 2 | GC |
| *naloxone injection syringe 0.4mg/ml, 1mg/ml* | | 2 | GC |
| *naloxone nasal spray, non-aerosol 4mg/actuation* | (Narcan) | 2 | GC |
| NARCAN NASAL SPRAY, NON-AEROSOL 4MG/ACTUATION | (naloxone) | 3 | |
| ZIMHI INJECTION SYRINGE 5MG/0.5ML | | 3 | |
| ***Disuasorios De Alcohol/Anti-Ansiedad*** | | | |
| *acamprosate oral tablet, delayed release (dr/ec) 333mg* | | 2 | GC |
| *disulfiram oral tablet 250mg* | | 2 | GC |
| *naltrexone oral tablet 50mg* | | 2 | GC |
| VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380MG | | 5 | NM; NDS |
| **AGENTES ANTIDEMENCIA** | | | |
| ***Agentes Antidemencia, Otros*** | | | |
| *memantine oral capsule, sprinkle, er 24hr 14mg, 21mg, 28mg, 7mg* | (Namenda XR) | 3 | QL (30 per 30 days) |
| *memantine oral solution 2mg/ml* | | 2 | GC; QL (360 per 30 days) |
| *memantine oral tablet 10mg, 5mg* | (Namenda) | 2 | GC; QL (60 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *memantine oral tablets, dose pack 5-10mg* | (Namenda Titration Pak) | 2 | GC; QL (49 per 28 days) |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28MG-10MG | | 3 | PA |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10MG, 21-10MG, 28-10MG, 7-10MG | | 3 | PA |
| ***Inhibidores De Colinesterasa*** | | | |
| *donepezil oral tablet 10mg* | (Aricept) | 1 | GC; QL (60 per 30 days) |
| *donepezil oral tablet 23mg* | (Aricept) | 2 | GC; QL (30 per 30 days) |
| *donepezil oral tablet 5mg* | (Aricept) | 1 | GC; QL (30 per 30 days) |
| *donepezil oral tablet, disintegrating 10mg* | | 1 | GC; QL (60 per 30 days) |
| *donepezil oral tablet, disintegrating 5mg* | | 1 | GC; QL (30 per 30 days) |
| *galantamine oral capsule, ext rel. pellets 24-hr 16mg, 24mg, 8mg* | | 2 | GC; QL (30 per 30 days) |
| *galantamine oral solution 4mg/ml* | | 2 | GC; QL (200 per 30 days) |
| *galantamine oral tablet 12mg, 4mg, 8mg* | | 2 | GC; QL (60 per 30 days) |
| *rivastigmine tartrate oral capsule 1.5mg, 3mg, 4.5mg, 6mg* | | 2 | GC; QL (60 per 30 days) |
| *rivastigmine transdermal patch 24-hour 13.3mg/24-hour, 4.6mg/24-hour, 9.5mg/24-hour* | (Exelon Patch) | 2 | GC; QL (30 per 30 days) |
| **AGENTES ANTIESPÁSTICOS** | | | |
| ***Agentes Antiespásticos*** | | | |
| *baclofen oral tablet 10mg, 20mg, 5mg* | | 1 | GC |
| *tizanidine oral tablet 2mg* | | 2 | GC |
| *tizanidine oral tablet 4mg* | (Zanaflex) | 2 | GC |
| **AGENTES ANTIGOTA** | | | |
| ***Agentes Antigota*** | | | |
| *allopurinol oral tablet 100mg* | (Zyloprim) | 1 | GC |
| *allopurinol oral tablet 300mg* | | 1 | GC |
| *colchicine (gout) oral capsule 0.6mg* | (Mitigare) | 3 | |
| *colchicine (gout) oral tablet 0.6mg* | (Colcrys) | 3 | |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *febuxostat oral tablet 40mg, 80mg* | (Uloric) | 3 | PA |
| *probenecid oral tablet 500mg* | | 2 | GC |
| *probenecid-colchicine oral tablet 500-0.5mg* | | 3 | |
| **AGENTES ANTIMIASTÉNICOS** | | | |
| ***Parasimpaticomiméticos*** | | | |
| *pyridostigmine bromide oral syrup 60mg/5ml* | (Mestinon) | 2 | GC |
| *pyridostigmine bromide oral tablet 30mg* | | 2 | GC |
| *pyridostigmine bromide oral tablet 60mg* | (Mestinon) | 2 | GC |
| **AGENTES ANTIMIGRAÑA** | | | |
| *naratriptan oral tablet 1mg, 2.5mg* | | 2 | GC; QL (9 per 30 days) |
| *rizatriptan oral tablet 10mg* | (Maxalt) | 2 | GC; QL (12 per 30 days) |
| *rizatriptan oral tablet 5mg* | | 2 | GC; QL (12 per 30 days) |
| *rizatriptan oral tablet, disintegrating 10mg* | (Maxalt-MLT) | 2 | GC; QL (12 per 30 days) |
| *rizatriptan oral tablet, disintegrating 5mg* | | 2 | GC; QL (12 per 30 days) |
| *sumatriptan nasal spray, non-aerosol 20mg/actuation* | (Imitrex) | 4 | QL (12 per 30 days) |
| *sumatriptan nasal spray, non-aerosol 5mg/actuation* | (Imitrex) | 4 | QL (18 per 30 days) |
| *sumatriptan succinate oral tablet 100mg, 25mg, 50mg* | (Imitrex) | 1 | GC; QL (9 per 30 days) |
| *sumatriptan succinate subcutaneous cartridge 4mg/0.5ml, 6mg/0.5ml* | (Imitrex STATdose Refill) | 2 | GC; QL (4 per 30 days) |
| *sumatriptan succinate subcutaneous pen injector 4mg/0.5ml, 6mg/0.5ml* | (Imitrex STATdose Pen) | 2 | GC; QL (4 per 30 days) |
| *sumatriptan succinate subcutaneous solution 6mg/0.5ml* | (Imitrex) | 2 | GC; QL (4 per 30 days) |
| *zolmitriptan oral tablet 2.5mg, 5mg* | (Zomig) | 2 | GC; QL (6 per 30 days) |
| *zolmitriptan oral tablet, disintegrating 2.5mg, 5mg* | | 2 | GC; QL (6 per 30 days) |
| ***Alcaloides De Cornezuelo*** | | | |
| *dihydroergotamine nasal spray, non-aerosol 0.5mg/pump act. (4mg/ml)* | (Migranal) | 5 | NM; NDS |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *ergotamine-caffeine oral tablet 1-100mg* | | 2 | GC; QL (40 per 28 days) |
| ***Profiláctico*** | | | |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120MG/ML | | 3 | PA |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120MG/ML | | 3 | PA |
| EPRONTIA ORAL SOLUTION 25MG/ML | | 3 | |
| *propranolol oral capsule, extended release 24-hr 80mg* | (Inderal LA) | 2 | GC |
| *propranolol oral tablet 80mg* | | 1 | GC |
| *topiramate oral capsule, sprinkle 15mg, 25mg* | (Topamax) | 2 | GC |
| *topiramate oral capsule, sprinkle, er 24hr 100mg, 150mg, 200mg, 25mg, 50mg* | (Qudexy XR) | 4 | |
| *topiramate oral tablet 100mg, 200mg, 25mg, 50mg* | (Topamax) | 1 | GC |
| UBRELVY ORAL TABLET 100MG, 50MG | | 4 | PA; QL (16 per 30 days) |
| **AGENTES ANTIPARKINSON** | | | |
| *carbidopa oral tablet 25mg* | (Lodosyn) | 2 | GC |
| *carbidopa-levodopa oral tablet 10-100mg* | (Sinemet) | 2 | GC |
| *carbidopa-levodopa oral tablet 25-100mg* | (Dhivy) | 2 | GC |
| *carbidopa-levodopa oral tablet 25-250mg* | | 2 | GC |
| *carbidopa-levodopa oral tablet extended release 25-100mg, 50-200mg* | | 2 | GC |
| *carbidopa-levodopa oral tablet, disintegrating 10-100mg, 25-100mg, 25-250mg* | | 2 | GC |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42MG | | 5 | PA; NM; NDS |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95MG, 36.25-145MG, 48.75-195MG, 61.25-245MG | | 4 | ST |



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



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| **AGENTES BIPOLARES** | | | |
| ***Estabilizadores De Ánimo*** | | | |
| *divalproex oral capsule, delayed rel sprinkle 125mg* | (Depakote Sprinkles) | 2 | GC |
| *divalproex oral tablet extended release 24-hr 250mg, 500mg* | (Depakote ER) | 2 | GC |
| *divalproex oral tablet, delayed release (dr/ec) 125mg, 250mg, 500mg* | (Depakote) | 1 | GC |
| *lithium carbonate oral capsule 150mg, 300mg, 600mg* | | 1 | GC |
| *lithium carbonate oral tablet 300mg* | | 1 | GC |
| *lithium carbonate oral tablet extended release 300mg* | (Lithobid) | 1 | GC |
| *lithium carbonate oral tablet extended release 450mg* | | 1 | GC |
| **AGENTES CARDIOVASCULARES** | | | |
| *amlodipine oral tablet 10mg, 2.5mg, 5mg* | (Norvasc) | 1 | GC |
| *cartia xt oral capsule, extended release 24hr 120mg, 180mg, 240mg* | (diltiazem hcl) | 2 | GC; QL (60 per 30 days) |
| *cartia xt oral capsule, extended release 24hr 300mg* | (diltiazem hcl) | 2 | GC; QL (30 per 30 days) |
| *diltiazem hcl oral capsule, extended release 12-hr 120mg, 60mg, 90mg* | | 2 | GC |
| *diltiazem hcl oral capsule, extended release 24-hr 360mg* | (Taztia XT) | 2 | GC; QL (30 per 30 days) |
| *diltiazem hcl oral capsule, extended release 24-hr 420mg* | (Tiadylt ER) | 2 | GC; QL (30 per 30 days) |
| *diltiazem hcl oral capsule, extended release 24hr 120mg, 180mg, 240mg* | (Cartia XT) | 2 | GC; QL (60 per 30 days) |
| *diltiazem hcl oral capsule, extended release 24hr 300mg* | (Cartia XT) | 2 | GC; QL (30 per 30 days) |
| *diltiazem hcl oral tablet 120mg* | (Cardizem) | 2 | GC |
| *diltiazem hcl oral tablet 30mg, 60mg* | (Cardizem) | 1 | GC |
| *diltiazem hcl oral tablet 90mg* | | 2 | GC |
| *diltiazem hcl oral tablet extended release 24-hr 180mg, 240mg, 300mg, 360mg* | (Matzim LA) | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *dilt-xr oral capsule, ext.rel 24h degradable 120mg, 180mg, 240mg* | (diltiazem hcl) | 2 | GC; QL (60 per 30 days) |
| *felodipine oral tablet extended release 24-hr 10mg, 2.5mg, 5mg* | | 1 | GC; QL (30 per 30 days) |
| *isradipine oral capsule 2.5mg, 5mg* | | 2 | GC |
| KATERZIA ORAL SUSPENSION 1MG/ML | | 4 | |
| *matzim la oral tablet extended release 24-hr 180mg, 240mg, 300mg, 360mg, 420mg* | (diltiazem hcl) | 2 | GC |
| *nicardipine oral capsule 20mg, 30mg* | | 2 | GC |
| *nifedipine oral capsule 10mg, 20mg* | | 2 | GC |
| *nifedipine oral tablet extended release 24hr 30mg, 60mg* | (Procardia XL) | 1 | GC; QL (60 per 30 days) |
| *nifedipine oral tablet extended release 24hr 90mg* | (Procardia XL) | 1 | GC; QL (30 per 30 days) |
| *nifedipine oral tablet extended release 30mg, 60mg* | | 1 | GC; QL (60 per 30 days) |
| *nifedipine oral tablet extended release 90mg* | | 1 | GC; QL (30 per 30 days) |
| *taztia xt oral capsule, extended release 24-hr 120mg, 180mg, 240mg* | (diltiazem hcl) | 2 | GC; QL (60 per 30 days) |
| *taztia xt oral capsule, extended release 24-hr 300mg, 360mg* | (diltiazem hcl) | 2 | GC; QL (30 per 30 days) |
| *tiadylt er oral capsule, extended release 24-hr 120mg, 180mg, 240mg* | (diltiazem hcl) | 2 | GC; QL (60 per 30 days) |
| *tiadylt er oral capsule, extended release 24-hr 300mg, 360mg, 420mg* | (diltiazem hcl) | 2 | GC; QL (30 per 30 days) |
| *verapamil oral capsule, 24-hr er pellet ct 100mg, 200mg, 300mg* | (Verelan PM) | 2 | GC |
| *verapamil oral capsule, ext rel. pellets 24-hr 120mg, 180mg, 240mg, 360mg* | | 2 | GC |
| *verapamil oral tablet 120mg, 40mg, 80mg* | | 1 | GC |
| *verapamil oral tablet extended release 120mg* | (Calan SR) | 1 | GC |
| *verapamil oral tablet extended release 180mg, 240mg* | | 1 | GC |
| ***Agentes Bloqueadores Alfa-Adrenérgicos*** | | | |
| *doxazosin oral tablet 1mg, 2mg, 4mg, 8mg* | (Cardura) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *prazosin oral capsule 1mg, 2mg, 5mg* | (Minipress) | 2 | GC |
| *terazosin oral capsule 1mg, 10mg, 2mg, 5mg* | | 1 | GC |
| ***Agentes Bloqueadores Beta-Adrenérgicos*** | | | |
| *acebutolol oral capsule 200mg, 400mg* | | 1 | GC |
| *atenolol oral tablet 100mg, 25mg, 50mg* | (Tenormin) | 1 | GC |
| *betaxolol oral tablet 10mg, 20mg* | | 1 | GC |
| *bisoprolol fumarate oral tablet 10mg, 5mg* | | 1 | GC |
| *carvedilol oral tablet 12.5mg, 25mg, 3.125mg, 6.25mg* | (Coreg) | 1 | GC |
| *carvedilol phosphate oral capsule, er multiphase 24-hr 10mg, 20mg, 40mg, 80mg* | (Coreg CR) | 2 | GC |
| *labetalol oral tablet 100mg, 200mg, 300mg* | | 1 | GC |
| *metoprolol succinate oral tablet extended release 24-hr 100mg, 200mg, 25mg, 50mg* | (Toprol XL) | 1 | GC |
| *metoprolol tartrate oral tablet 100mg, 50mg* | (Lopressor) | 1 | GC |
| *metoprolol tartrate oral tablet 25mg, 37.5mg, 75mg* | | 1 | GC |
| *nadolol oral tablet 20mg, 40mg, 80mg* | (Corgard) | 2 | GC |
| *nebivolol oral tablet 10mg, 2.5mg, 20mg, 5mg* | (Bystolic) | 4 | |
| *pindolol oral tablet 10mg, 5mg* | | 2 | GC |
| *propranolol oral capsule, extended release 24-hr 120mg, 160mg, 60mg* | (Inderal LA) | 2 | GC |
| *propranolol oral solution 20mg/5ml (4mg/ml), 40mg/5ml (8mg/ml)* | | 2 | GC |
| *propranolol oral tablet 10mg, 20mg, 40mg, 60mg* | | 1 | GC |
| *timolol maleate oral tablet 10mg, 20mg, 5mg* | | 1 | GC |
| ***Agentes Cardiovasculares, Otros*** | | | |
| *aliskiren oral tablet 150mg, 300mg* | (Tekturna) | 3 | QL (30 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *amiloride-hydrochlorothiazide oral tablet 5-50mg* | | 1 | GC |
| *amlodipine-atorvastatin oral tablet 10-10mg, 10-20mg, 10-40mg, 10-80mg, 5-10mg, 5-20mg, 5-40mg, 5-80mg* | (Caduet) | 1 | GC; QL (30 per 30 days) |
| *amlodipine-atorvastatin oral tablet 2.5-10mg, 2.5-20mg, 2.5-40mg* | | 1 | GC; QL (30 per 30 days) |
| *amlodipine-benazepril oral capsule 10-20mg, 10-40mg, 5-10mg, 5-20mg* | (Lotrel) | 1 | GC |
| *amlodipine-benazepril oral capsule 2.5-10mg, 5-40mg* | | 1 | GC |
| *amlodipine-olmesartan oral tablet 10-20mg, 10-40mg, 5-20mg, 5-40mg* | (Azor) | 1 | GC |
| *amlodipine-valsartan oral tablet 10-160mg, 10-320mg, 5-160mg, 5-320mg* | (Exforge) | 1 | GC |
| *atenolol-chlorthalidone oral tablet 100-25mg* | (Tenoretic 100) | 1 | GC |
| *atenolol-chlorthalidone oral tablet 50-25mg* | (Tenoretic 50) | 1 | GC |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg* | (Lotensin HCT) | 1 | GC |
| *benazepril-hydrochlorothiazide oral tablet 5-6.25mg* | | 1 | GC |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25mg, 2.5-6.25mg, 5-6.25mg* | | 1 | GC |
| CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG | | 5 | PA; NM; NDS; QL (30 per 30 days) |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5mg, 32-12.5mg, 32-25mg* | (Atacand HCT) | 1 | GC |
| CORLANOR ORAL TABLET 5MG, 7.5MG | | 4 | PA |
| DIGOXIN ORAL SOLUTION 50MCG/ML (0.05MG/ML) | | 2 | GC; QL (255 per 30 days) |
| *digoxin oral tablet 125mcg (0.125mg), 250mcg (0.25mg)* | (Lanoxin) | 1 | GC; QL (30 per 30 days) |
| *digoxin oral tablet 62.5mcg (0.0625mg)* | (Lanoxin) | 4 | QL (60 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *enalapril-hydrochlorothiazide oral tablet 10-25mg* | (Vaseretic) | 1 | GC |
| *enalapril-hydrochlorothiazide oral tablet 5-12.5mg* | | 1 | GC |
| ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG | | 3 | |
| FILSPARI ORAL TABLET 200MG, 400MG | | 5 | PA; NM; NDS; QL (30 per 30 days) |
| *fosinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg* | | 1 | GC |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5mg, 300-12.5mg* | (Avalide) | 1 | GC |
| *isosorbide-hydralazine oral tablet 20-37.5mg* | (BiDil) | 1 | GC |
| LANOXIN ORAL TABLET 125MCG (0.125MG), 250MCG (0.25MG), 62.5MCG (0.0625MG) | (digoxin) | 4 | QL (30 per 30 days) |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg* | (Zestoretic) | 1 | GC |
| *losartan-hydrochlorothiazide oral tablet 100-12.5mg, 100-25mg, 50-12.5mg* | (Hyzaar) | 1 | GC |
| *metoprolol ta-hydrochlorothiaz oral tablet 100-25mg, 100-50mg, 50-25mg* | | 1 | GC |
| *metyrosine oral capsule 250mg* | (Demser) | 5 | NM; NDS |
| *olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5mg, 40-10-12.5mg, 40-10-25mg, 40-5-12.5mg, 40-5-25mg* | (Tribenzor) | 1 | GC |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5mg, 40-12.5mg, 40-25mg* | (Benicar HCT) | 1 | GC |
| *pentoxifylline oral tablet extended release 400mg* | | 1 | GC |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg* | (Accuretic) | 1 | GC |
| *ranolazine oral tablet extended release 12-hr 1, 000mg, 500mg* | | 3 | |
| *spironolacton-hydrochlorothiaz oral tablet 25-25mg* | | 1 | GC |



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 19 de la introducción.

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *telmisartan-amlodipine oral tablet 40-10mg, 40-5mg, 80-10mg, 80-5mg* | (Twynsta) | 1 | GC |
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5mg, 80-12.5mg, 80-25mg* | (Micardis HCT) | 1 | GC |
| *trandolapril-verapamil oral tablet, ir -er, biphasic 24hr 1-240mg, 2-180mg, 2-240mg, 4-240mg* | | 1 | GC |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25mg* | | 1 | GC |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25mg* | (Maxzide-25mg) | 1 | GC |
| *triamterene-hydrochlorothiazid oral tablet 75-50mg* | (Maxzide) | 1 | GC |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg, 80-12.5mg* | (Diovan HCT) | 1 | GC |
| VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG | | 4 | PA |
| ***Agonistas Alfa-Adrenérgicos*** | | | |
| *clonidine hcl oral tablet 0.1mg, 0.2mg, 0.3mg* | | 1 | GC |
| *clonidine transdermal patch weekly 0.1mg/24-hr* | (Catapres-TTS-1) | 2 | GC; QL (4 per 28 days) |
| *clonidine transdermal patch weekly 0.2mg/24-hr* | (Catapres-TTS-2) | 2 | GC; QL (4 per 28 days) |
| *clonidine transdermal patch weekly 0.3mg/24-hr* | (Catapres-TTS-3) | 2 | GC; QL (4 per 28 days) |
| *droxidopa oral capsule 100mg, 200mg, 300mg* | (Northera) | 5 | PA; NM; NDS; QL (180 per 30 days) |
| *guanfacine oral tablet 1mg, 2mg* | | 1 | GC |
| *midodrine oral tablet 10mg, 2.5mg, 5mg* | | 2 | GC |
| ***Antagonistas De Receptores De Angiotensina II*** | | | |
| *candesartan oral tablet 16mg, 32mg, 4mg, 8mg* | (Atacand) | 1 | GC |
| *irbesartan oral tablet 150mg, 300mg, 75mg* | (Avapro) | 1 | GC |
| *losartan oral tablet 100mg, 25mg, 50mg* | (Cozaar) | 1 | GC |
| *olmesartan oral tablet 20mg, 40mg, 5mg* | (Benicar) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *telmisartan oral tablet 20mg, 40mg, 80mg* | (Micardis) | 1 | GC |
| *valsartan oral tablet 160mg, 320mg, 40mg, 80mg* | (Diovan) | 1 | GC |
| ***Antiarrítmicos*** | | | |
| *amiodarone oral tablet 100mg, 200mg, 400mg* | (Pacerone) | 2 | GC |
| *disopyramide phosphate oral capsule 100mg, 150mg* | (Norpace) | 2 | GC |
| *dofetilide oral capsule 125mcg, 250mcg, 500mcg* | (Tikosyn) | 4 | |
| *flecainide oral tablet 100mg, 150mg, 50mg* | | 1 | GC |
| *mexiletine oral capsule 150mg, 200mg, 250mg* | | 2 | GC |
| MULTAQ ORAL TABLET 400MG | | 3 | |
| *propafenone oral tablet 150mg, 225mg, 300mg* | | 2 | GC |
| *quinidine sulfate oral tablet 200mg, 300mg* | | 1 | GC |
| *sotalol af oral tablet 120mg, 160mg, 80mg* | (sotalol) | 2 | GC |
| *sotalol oral tablet 120mg, 160mg, 80mg* | (Sotalol AF) | 1 | GC |
| *sotalol oral tablet 240mg* | (Betapace) | 1 | GC |
| ***Dislipidémicos, Derivados De Ácido Fíbrico*** | | | |
| *fenofibrate micronized oral capsule 130mg, 134mg, 200mg, 67mg* | | 2 | GC; QL (30 per 30 days) |
| *fenofibrate micronized oral capsule 43mg* | | 2 | GC; QL (60 per 30 days) |
| *fenofibrate nanocrystallized oral tablet 145mg* | (Tricor) | 2 | GC; QL (30 per 30 days) |
| *fenofibrate nanocrystallized oral tablet 48mg* | (Tricor) | 2 | GC; QL (60 per 30 days) |
| *fenofibrate oral capsule 150mg* | (Lipofen) | 2 | GC; QL (30 per 30 days) |
| *fenofibrate oral capsule 50mg* | (Lipofen) | 2 | GC; QL (60 per 30 days) |
| *fenofibrate oral tablet 160mg* | | 2 | GC; QL (30 per 30 days) |
| *fenofibrate oral tablet 54mg* | | 2 | GC; QL (60 per 30 days) |
| *fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135mg, 45mg* | (Trilipix) | 2 | GC; QL (30 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *gemfibrozil oral tablet 600mg* | (Lopid) | 1 | GC; QL (60 per 30 days) |
| ***Dislipidémicos, Inhibidores De Reductasa HMG COA*** | | | |
| *atorvastatin oral tablet 10mg, 20mg, 40mg, 80mg* | (Lipitor) | 1 | GC; QL (30 per 30 days) |
| *fluvastatin oral capsule 20mg, 40mg* | | 1 | GC |
| *fluvastatin oral tablet extended release 24-hr 80mg* | (Lescol XL) | 2 | GC |
| LIVALO ORAL TABLET 1MG, 2MG, 4MG | | 3 | QL (30 per 30 days) |
| *lovastatin oral tablet 10mg* | | 1 | GC; QL (45 per 30 days) |
| *lovastatin oral tablet 20mg* | | 1 | GC; QL (30 per 30 days) |
| *lovastatin oral tablet 40mg* | | 1 | GC; QL (60 per 30 days) |
| *pravastatin oral tablet 10mg, 20mg, 40mg, 80mg* | | 1 | GC; QL (30 per 30 days) |
| *rosuvastatin oral tablet 10mg, 20mg, 40mg, 5mg* | (Crestor) | 1 | GC; QL (30 per 30 days) |
| *simvastatin oral tablet 10mg, 20mg, 40mg* | (Zocor) | 1 | GC; QL (30 per 30 days) |
| *simvastatin oral tablet 5mg, 80mg* | | 1 | GC; QL (30 per 30 days) |
| ***Dislipidémicos, Otros*** | | | |
| *cholestyramine (with sugar) oral powder in packet 4gm* | (Questran) | 2 | GC |
| *cholestyramine light oral powder in packet 4gm* | (cholestyramine-asparta me) | 2 | GC |
| *colestipol oral packet 5gm* | (Colestid) | 2 | GC |
| *colestipol oral tablet 1gm* | (Colestid) | 2 | GC |
| *ezetimibe oral tablet 10mg* | (Zetia) | 1 | GC; QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-10mg* | (Vytorin 10-10) | 2 | GC |
| *ezetimibe-simvastatin oral tablet 10-20mg* | (Vytorin 10-20) | 2 | GC |
| *ezetimibe-simvastatin oral tablet 10-40mg* | (Vytorin 10-40) | 2 | GC |
| *ezetimibe-simvastatin oral tablet 10-80mg* | (Vytorin 10-80) | 2 | GC |
| *icosapent ethyl oral capsule 0.5gm, 1gm* | (Vascepa) | 4 | |
| JUXTAPID ORAL CAPSULE 10MG, 20MG, 30MG, 5MG | | 5 | PA; NM; NDS |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *niacin oral tablet extended release 24-hr 1, 000mg, 500mg, 750mg* | | 2 | GC |
| *omega-3 acid ethyl esters oral capsule 1gm* | (Lovaza) | 2 | GC |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420MG/3.5ML | | 3 | PA |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140MG/ML | | 3 | PA |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140MG/ML | | 3 | PA |
| VASCEPA ORAL CAPSULE 0.5GM, 1GM | (icosapent ethyl) | 3 | |
| ***Diuréticos, Ahorradores De Potasio*** | | | |
| *amiloride oral tablet 5mg* | | 1 | GC |
| *eplerenone oral tablet 25mg, 50mg* | (Inspra) | 2 | GC |
| KERENDIA ORAL TABLET 10MG, 20MG | | 3 | QL (30 per 30 days) |
| *spironolactone oral tablet 100mg, 25mg, 50mg* | (Aldactone) | 1 | GC |
| ***Diuréticos, Ciclo*** | | | |
| *bumetanide injection solution 0.25mg/ml* | | 2 | GC |
| *bumetanide oral tablet 0.5mg, 1mg, 2mg* | | 2 | GC |
| *furosemide injection solution 10mg/ml* | | 2 | PA BvD; GC |
| *furosemide oral solution 10mg/ml, 40mg/5ml (8mg/ml)* | | 1 | GC |
| *furosemide oral tablet 20mg, 40mg, 80mg* | (Lasix) | 1 | GC |
| *torsemide oral tablet 10mg, 100mg, 5mg* | | 1 | GC |
| *torsemide oral tablet 20mg* | (Soaanz) | 1 | GC |
| ***Diuréticos, Tiazidas*** | | | |
| *chlorthalidone oral tablet 25mg, 50mg* | | 1 | GC |
| *hydrochlorothiazide oral capsule 12.5mg* | | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *hydrochlorothiazide oral tablet 12.5mg, 25mg, 50mg* | | 1 | GC |
| *indapamide oral tablet 1.25mg, 2.5mg* | | 1 | GC |
| *metolazone oral tablet 10mg, 2.5mg, 5mg* | | 1 | GC |
| ***Inhibidores De Enzima Convertidora De Angiotensina (ECA)*** | | | |
| *benazepril oral tablet 10mg, 20mg, 40mg* | (Lotensin) | 1 | GC |
| *benazepril oral tablet 5mg* | | 1 | GC |
| *captopril oral tablet 100mg, 12.5mg, 25mg, 50mg* | | 2 | GC |
| *enalapril maleate oral tablet 10mg, 2.5mg, 20mg, 5mg* | (Vasotec) | 1 | GC |
| *fosinopril oral tablet 10mg, 20mg, 40mg* | | 1 | GC |
| *lisinopril oral tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg* | (Zestril) | 1 | GC |
| *moexipril oral tablet 15mg, 7.5mg* | | 1 | GC |
| *perindopril erbumine oral tablet 2mg, 4mg, 8mg* | | 1 | GC |
| *quinapril oral tablet 10mg, 20mg, 40mg, 5mg* | (Accupril) | 1 | GC |
| *ramipril oral capsule 1.25mg, 10mg, 2.5mg, 5mg* | (Altace) | 1 | GC |
| *trandolapril oral tablet 1mg, 2mg, 4mg* | | 1 | GC |
| ***Vasodilatadores, De Acción Directa/Venosa*** | | | |
| *hydralazine oral tablet 10mg, 100mg, 25mg, 50mg* | | 1 | GC |
| *isosorbide dinitrate oral tablet 10mg, 20mg, 30mg* | | 1 | GC |
| *isosorbide dinitrate oral tablet 5mg* | (Isordil Titradose) | 1 | GC |
| *isosorbide mononitrate oral tablet 10mg, 20mg* | | 1 | GC |
| *isosorbide mononitrate oral tablet extended release 24-hr 120mg, 30mg, 60mg* | | 1 | GC |
| *minoxidil oral tablet 10mg, 2.5mg* | | 1 | GC |
| NITRO-BID TRANSDERMAL OINTMENT 2% | (nitroglycerin) | 3 | |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *nitroglycerin sublingual tablet 0.3mg, 0.4mg, 0.6mg* | (Nitrostat) | 1 | GC |
| *nitroglycerin transdermal patch 24-hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr* | (Nitro-Dur) | 1 | GC |
| *nitroglycerin translingual spray, non-aerosol 400mcg/spray* | (Nitrolingual) | 2 | GC |
| RECTIV RECTAL OINTMENT 0.4% (W/W) | | 4 | |
| **AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA** | | | |
| ***Aminosalicilatos*** | | | |
| *balsalazide oral capsule 750mg* | (Colazal) | 2 | GC |
| LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2GM | (mesalamine) | 3 | |
| *mesalamine oral capsule (with del rel tablets) 400mg* | (Delzicol) | 4 | |
| *mesalamine oral capsule, extended release 24hr 0.375gm* | (Apriso) | 4 | |
| *mesalamine oral tablet, delayed release (dr/ec) 800mg* | | 4 | |
| *mesalamine rectal enema 4gm/60ml* | (Rowasa) | 4 | |
| *sulfasalazine oral tablet 500mg* | (Azulfidine) | 1 | GC |
| *sulfasalazine oral tablet, delayed release (dr/ec) 500mg* | (Azulfidine EN-tabs) | 1 | GC |
| ***Glucocorticoides*** | | | |
| *budesonide oral capsule, delayed, extend.release 3mg* | | 4 | |
| *budesonide oral tablet, delayed and ext.release 9mg* | (Uceris) | 5 | NM; NDS |
| *hydrocortisone rectal enema 100mg/60ml* | (Cortenema) | 4 | |
| **AGENTES DE ENFERMEDAD ÓSEA METABÓLICA** | | | |
| ***Agentes De Enfermedad Ósea Metabólica*** | | | |
| *alendronate oral tablet 10mg* | | 1 | GC; QL (30 per 30 days) |
| *alendronate oral tablet 35mg* | | 1 | GC; QL (4 per 28 days) |
| *alendronate oral tablet 70mg* | (Fosamax) | 1 | GC; QL (4 per 28 days) |
| *calcitonin (salmon) nasal spray, non-aerosol 200unit/actuation* | | 2 | PA BvD; GC; QL (4 per 28 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *calcitriol oral capsule 0.25mcg, 0.5mcg* | (Rocaltrol) | 1 | PA BvD; GC |
| *calcitriol oral solution 1mcg/ml* | (Rocaltrol) | 4 | PA BvD |
| *cinacalcet oral tablet 30mg, 60mg* | (Sensipar) | 4 | PA BvD; QL (60 per 30 days) |
| *cinacalcet oral tablet 90mg* | (Sensipar) | 5 | PA BvD; NM; NDS; QL (120 per 30 days) |
| *ibandronate oral tablet 150mg* | | 1 | GC; QL (1 per 30 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100MCG/DOSE, 25MCG/DOSE, 50MCG/DOSE, 75MCG/DOSE | | 5 | PA; NM; NDS |
| *paricalcitol oral capsule 1mcg, 2mcg* | (Zemplar) | 4 | PA BvD |
| *paricalcitol oral capsule 4mcg* | | 4 | PA BvD |
| PROLIA SUBCUTANEOUS SYRINGE 60MG/ML | | 4 | QL (1 per 180 days) |
| *raloxifene oral tablet 60mg* | (Evista) | 2 | GC |
| *risedronate oral tablet 150mg* | (Actonel) | 2 | GC; QL (1 per 28 days) |
| *risedronate oral tablet 30mg, 5mg* | | 2 | GC; QL (30 per 30 days) |
| *risedronate oral tablet 35mg* | (Actonel) | 2 | GC; QL (4 per 28 days) |
| *risedronate oral tablet 35mg (12 pack), 35mg (4 pack)* | | 2 | GC; QL (4 per 28 days) |
| *risedronate oral tablet, delayed release (dr/ec) 35mg* | (Atelvia) | 2 | GC; QL (4 per 28 days) |
| *teriparatide subcutaneous pen injector 20mcg/dose (620mcg/2.48ml)* | | 5 | PA; NM; NDS; QL (2.48 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80MCG (3, 120MCG/1.56ML) | | 5 | PA; NM; NDS; QL (1.56 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML (70MG/ML) | | 5 | PA; NM; NDS; QL (2 per 28 days) |
| **AGENTES DE TRASTORNO DE SUEÑO** | | | |
| *armodafinil oral tablet 150mg, 200mg, 250mg, 50mg* | (Nuvigil) | 3 | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10MG, 15MG, 20MG, 5MG | | 4 | QL (30 per 30 days) |
| *modafinil oral tablet 100mg, 200mg* | (Provigil) | 4 | PA; QL (60 per 30 days) |
| *sodium oxybate oral solution 500mg/ml* | (Xyrem) | 5 | PA; NM; NDS; QL (540 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *temazepam oral capsule 15mg, 30mg* | (Restoril) | 3 | QL (30 per 30 days) |
| *temazepam oral capsule 22.5mg* | (Restoril) | 4 | QL (30 per 30 days) |
| *temazepam oral capsule 7.5mg* | (Restoril) | 4 | QL (120 per 30 days) |
| *zaleplon oral capsule 10mg, 5mg* | | 2 | GC; QL (30 per 30 days) |
| *zolpidem oral tablet 10mg, 5mg* | (Ambien) | 2 | GC; QL (30 per 30 days) |
| **AGENTES DEL SISTEMA NERVIOSO CENTRAL** | | | |
| ***Agentes De Esclerosis Múltiple*** | | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30MCG/0.5ML | | 5 | PA; NM; NDS |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30MCG/0.5ML | | 5 | PA; NM; NDS |
| BETASERON SUBCUTANEOUS KIT 0.3MG | | 5 | PA; NM; NDS |
| COPAXONE SUBCUTANEOUS SYRINGE 20MG/ML, 40MG/ML | (glatiramer) | 5 | PA; NM; NDS |
| *dalfampridine oral tablet extended release 12-hr 10mg* | (Ampyra) | 3 | PA; QL (60 per 30 days) |
| *dimethyl fumarate oral capsule, delayed release (dr/ec) 120mg, 120mg (14)-240mg (46), 240mg* | (Tecfidera) | 5 | PA; NM; NDS |
| *fingolimod oral capsule 0.5mg* | (Gilenya) | 5 | PA; NM; NDS |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20MG/0.4ML | | 5 | PA; NM; NDS |
| MAYZENT ORAL TABLET 0.25MG, 1MG, 2MG | | 5 | PA; NM; NDS |
| MAYZENT STARTER (FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25MG (7 TABS) | | 4 | PA |
| MAYZENT STARTER (FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25MG (12 TABS) | | 5 | PA; NM; NDS |
| ***Agentes De Fibromialgia*** | | | |
| *pregabalin oral capsule 100mg, 150mg, 200mg, 25mg, 50mg* | (Lyrica) | 2 | GC; QL (90 per 30 days) |
| *pregabalin oral capsule 225mg, 300mg* | (Lyrica) | 2 | GC; QL (60 per 30 days) |
| *pregabalin oral capsule 75mg* | (Lyrica) | 2 | GC; QL (120 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *pregabalin oral solution 20mg/ml* | (Lyrica) | 2 | GC; QL (900 per 30 days) |
| SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG | | 3 | QL (60 per 30 days) |
| SAVELLA ORAL TABLETS, DOSE PACK 12.5MG (5)-25MG (8)-50MG (42) | | 3 | QL (55 per 28 days) |
| ***Agentes De Trastorno Por Déficit De Atención Con Hiperactividad, Anfetaminas*** | | | |
| *dextroamphetamine sulfate oral capsule, extended release 10mg* | (Dexedrine Spansule) | 4 | QL (180 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 15mg* | | 4 | QL (120 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 5mg* | | 4 | QL (360 per 30 days) |
| *dextroamphetamine sulfate oral solution 5mg/5ml* | (ProCentra) | 4 | QL (1800 per 30 days) |
| *dextroamphetamine sulfate oral tablet 10mg* | (Zenzedi) | 4 | QL (180 per 30 days) |
| *dextroamphetamine sulfate oral tablet 15mg* | (Zenzedi) | 4 | QL (120 per 30 days) |
| *dextroamphetamine sulfate oral tablet 20mg* | (Zenzedi) | 4 | QL (90 per 30 days) |
| *dextroamphetamine sulfate oral tablet 30mg* | (Zenzedi) | 4 | QL (60 per 30 days) |
| *dextroamphetamine sulfate oral tablet 5mg* | (Zenzedi) | 4 | QL (150 per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 10mg, 12.5mg, 15mg, 20mg, 5mg, 7.5mg* | (Adderall) | 2 | GC; QL (90 per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 30mg* | (Adderall) | 2 | GC; 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) | 4 | QL (30 per 30 days) |
| *dexmethylphenidate oral tablet 10mg* | (Focalin) | 1 | GC; QL (60 per 30 days) |
| *dexmethylphenidate oral tablet 2.5mg* | (Focalin) | 1 | GC; QL (240 per 30 days) |
| *dexmethylphenidate oral tablet 5mg* | (Focalin) | 1 | GC; QL (120 per 30 days) |
| *guanfacine oral tablet extended release 24-hr 1mg, 2mg, 3mg, 4mg* | (Intuniv ER) | 4 | QL (30 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *methylphenidate hcl oral tablet 10mg, 20mg, 5mg* | (Ritalin) | 2 | GC; QL (90 per 30 days) |
| ***Sistema Nervioso Central, Otros*** | | | |
| AUSTEDO ORAL TABLET 12MG, 6MG, 9MG | | 5 | PA; NM; NDS; QL (120 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12MG, 6MG | | 5 | PA; NM; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24MG | | 5 | PA; NM; NDS; QL (60 per 30 days) |
| EVRYSDI ORAL RECON SOLN 0.75MG/ML | | 5 | PA; NM; NDS |
| NUEDEXTA ORAL CAPSULE 20-10MG | | 4 | PA |
| *riluzole oral tablet 50mg* | (Rilutek) | 4 | PA |
| *tetrabenazine oral tablet 12.5mg* | (Xenazine) | 5 | PA; NM; NDS; QL (240 per 30 days) |
| *tetrabenazine oral tablet 25mg* | (Xenazine) | 5 | PA; NM; NDS; QL (120 per 30 days) |
| **AGENTES DENTALES Y ORALES** | | | |
| ***Agentes Dentales Y Orales*** | | | |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12%* | (Periogard) | 1 | GC |
| *periogard mucous membrane mouthwash 0.12%* | (chlorhexidine gluconate) | 1 | GC |
| *pilocarpine hcl oral tablet 5mg, 7.5mg* | (Salagen (pilocarpine)) | 2 | GC |
| *triamcinolone acetonide dental paste 0.1%* | (Kourzeq) | 2 | GC |
| **AGENTES DERMATOLÓGICOS** | | | |
| *accutane oral capsule 10mg, 20mg, 30mg, 40mg* | (isotretinoin) | 3 | |
| *acitretin oral capsule 10mg, 17.5mg, 25mg* | | 4 | PA |
| *alclometasone topical cream 0.05%* | | 2 | GC |
| *alclometasone topical ointment 0.05%* | | 2 | GC |
| *ammonium lactate topical cream 12%* | | 1 | GC |
| *ammonium lactate topical lotion 12%* | (Skin Treatment) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *amnesteem oral capsule 10mg, 20mg, 40mg* | (isotretinoin) | 4 | |
| *betamethasone dipropionate topical cream 0.05%* | | 2 | GC |
| *betamethasone dipropionate topical lotion 0.05%* | | 2 | GC |
| *betamethasone dipropionate topical ointment 0.05%* | | 2 | GC |
| *betamethasone valerate topical cream 0.1%* | | 2 | GC |
| *betamethasone valerate topical lotion 0.1%* | | 2 | GC |
| *betamethasone valerate topical ointment 0.1%* | | 2 | GC |
| *betamethasone, augmented topical cream 0.05%* | | 1 | GC |
| *betamethasone, augmented topical lotion 0.05%* | | 2 | GC |
| *betamethasone, augmented topical ointment 0.05%* | (Diprolene (augmented)) | 2 | GC |
| *ciclopirox topical gel 0.77%* | | 2 | GC |
| *ciclopirox topical shampoo 1%* | | 2 | GC |
| *ciclopirox topical solution 8%* | (Ciclodan) | 2 | GC |
| *claravis oral capsule 10mg, 20mg, 30mg, 40mg* | (isotretinoin) | 4 | |
| *clindamycin phosphate topical gel 1%* | | 2 | GC |
| *clindamycin phosphate topical lotion 1%* | (Cleocin T) | 2 | GC |
| *clindamycin phosphate topical solution 1%* | (Cleocin T) | 2 | GC |
| *clindamycin-benzoyl peroxide topical gel 1.2% (1% base) -5%* | (Neuac) | 2 | GC |
| *clobetasol scalp solution 0.05%* | | 2 | GC |
| *clobetasol topical cream 0.05%* | | 4 | |
| *clobetasol topical gel 0.05%* | | 4 | |
| *clobetasol topical ointment 0.05%* | (Temovate) | 4 | |
| *clobetasol-emollient topical cream 0.05%* | | 4 | |
| *desonide topical cream 0.05%* | (DesOwen) | 4 | |
| *desonide topical lotion 0.05%* | | 4 | |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *desonide topical ointment 0.05%* | | 2 | GC |
| *desoximetasone topical cream 0.05%, 0.25%* | (Topicort) | 4 | |
| *desoximetasone topical gel 0.05%* | (Topicort) | 4 | |
| *desoximetasone topical ointment 0.05%, 0.25%* | (Topicort) | 4 | |
| *ery pads topical swab 2%* | (erythromycin with ethanol) | 3 | |
| *erythromycin with ethanol topical gel 2%* | (Erygel) | 2 | GC |
| *erythromycin with ethanol topical solution 2%* | | 2 | GC |
| *erythromycin-benzoyl peroxide topical gel 3-5%* | (Benzamycin) | 2 | GC |
| EUCRISA TOPICAL OINTMENT 2% | | 4 | |
| *fluocinolone topical cream 0.01%* | | 2 | GC |
| *fluocinolone topical cream 0.025%* | (Synalar) | 2 | GC |
| *fluocinolone topical ointment 0.025%* | (Synalar) | 2 | GC |
| *fluocinolone topical solution 0.01%* | (Synalar) | 4 | |
| *fluocinonide topical gel 0.05%* | | 4 | |
| *fluocinonide topical ointment 0.05%* | | 2 | GC |
| *fluocinonide topical solution 0.05%* | | 2 | GC |
| *fluocinonide-emollient topical cream 0.05%* | (Fluocinonide-E) | 2 | GC |
| *fluticasone propionate topical cream 0.05%* | | 1 | GC |
| *fluticasone propionate topical ointment 0.005%* | | 1 | GC |
| *halobetasol propionate topical cream 0.05%* | | 4 | |
| *halobetasol propionate topical ointment 0.05%* | | 2 | GC |
| *hydrocortisone topical cream 1%* | (Ala-Cort) | 1 | GC |
| *hydrocortisone topical cream with perineal applicator 2.5%* | (Proctozone-HC) | 1 | GC |
| *hydrocortisone topical lotion 2.5%* | | 1 | GC |
| *hydrocortisone topical ointment 1%* | (Anti-Itch (HC)) | 2 | GC |
| *hydrocortisone topical ointment 2.5%* | | 1 | GC |
| *hydrocortisone valerate topical cream 0.2%* | | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *hydrocortisone valerate topical ointment 0.2%* | | 2 | GC |
| HYFTOR TOPICAL GEL 0.2% | | 5 | PA; NM; NDS |
| *isotretinoin oral capsule 10mg, 20mg, 30mg, 40mg* | (Accutane) | 4 | |
| *mometasone topical cream 0.1%* | | 2 | GC |
| *mometasone topical ointment 0.1%* | | 2 | GC |
| *mometasone topical solution 0.1%* | | 2 | GC |
| *mupirocin calcium topical cream 2%* | | 4 | |
| *mupirocin topical ointment 2%* | (Centany) | 1 | GC |
| *pimecrolimus topical cream 1%* | (Elidel) | 4 | |
| *procto-med hc topical cream with perineal applicator 2.5%* | (hydrocortisone) | 4 | |
| *proctosol hc topical cream with perineal applicator 2.5%* | (hydrocortisone) | 4 | |
| *proctozone-hc topical cream with perineal applicator 2.5%* | (hydrocortisone) | 3 | |
| *selenium sulfide topical lotion 2.5%* | | 1 | GC |
| *tacrolimus topical ointment 0.03%, 0.1%* | | 4 | |
| *tazarotene topical cream 0.1%* | (Tazorac) | 2 | PA; GC |
| *tazarotene topical gel 0.05%, 0.1%* | (Tazorac) | 4 | PA |
| TAZORAC TOPICAL CREAM 0.05% | | 4 | PA |
| *tretinoin topical cream 0.025%* | (Avita) | 2 | PA; GC |
| *tretinoin topical cream 0.05%, 0.1%* | (Retin-A) | 2 | PA; GC |
| *tretinoin topical gel 0.01%* | (Retin-A) | 2 | PA; GC |
| *tretinoin topical gel 0.025%* | (Avita) | 2 | PA; GC |
| *tretinoin topical gel 0.05%* | (Atralin) | 2 | PA; GC |
| *triamcinolone acetonide topical cream 0.025%* | | 1 | GC |
| *triamcinolone acetonide topical cream 0.1%, 0.5%* | (Triderm) | 1 | GC |
| *triamcinolone acetonide topical lotion 0.025%, 0.1%* | | 2 | GC |
| *triamcinolone acetonide topical ointment 0.025%, 0.1%, 0.5%* | | 1 | GC |
| ***Agentes Dermatológicos, Otros*** | | | |
| ALCOHOL 70% SWABS | (Alcohol Pads) | 1 | GC |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED | (alcohol swabs) | 1 | GC |
| BD SINGLE USE SWAB | (alcohol swabs) | 1 | GC |
| *calcipotriene scalp solution 0.005%* | | 4 | |
| CARETOUCH ALCOHOL 70% PREP PAD | (alcohol swabs) | 1 | GC |
| *clotrimazole-betamethasone topical cream 1-0.05%* | | 2 | GC |
| *clotrimazole-betamethasone topical lotion 1-0.05%* | | 2 | GC |
| CURITY ALCOHOL PREPS 2 PLY, MEDIUM | (alcohol swabs) | 1 | GC |
| *diclofenac sodium topical gel 3%* | | 4 | PA |
| DROPSAFE ALCOHOL 70% PREP PADS | (alcohol swabs) | 1 | GC |
| EASY COMFORT ALCOHOL 70% PAD | (alcohol swabs) | 1 | GC |
| EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED | (alcohol swabs) | 1 | GC |
| *fluorouracil topical cream 5%* | (Efudex) | 3 | |
| *fluorouracil topical solution 2%, 5%* | | 2 | GC |
| HEB INCONTROL ALCOHOL 70% PADS | (alcohol swabs) | 1 | GC |
| *hydrocortisone-pramoxine rectal cream 1-1%* | (Analpram-HC) | 2 | GC |
| *imiquimod topical cream in packet 5%* | | 2 | GC |
| IV ANTISEPTIC WIPES | (alcohol swabs) | 1 | GC |
| KENDALL ALCOHOL 70% PREP PAD | (alcohol swabs) | 1 | GC |
| *nystatin-triamcinolone topical cream 100, 000-0.1unit/g-%* | | 2 | GC |
| *nystatin-triamcinolone topical ointment 100, 000-0.1unit/gram-%* | | 2 | GC |
| PANRETIN TOPICAL GEL 0.1% | | 5 | PA NSO; NM; NDS |
| *podofilox topical solution 0.5%* | | 2 | GC |
| PRO COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | GC |
| PURE COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | GC |
| RA ISOPROPYL ALCOHOL 70% WIPES | (alcohol swabs) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| REGRANEX TOPICAL GEL 0.01% | | 5 | PA; NM; NDS |
| SANTYL TOPICAL OINTMENT 250UNIT/GRAM | | 4 | |
| *silver sulfadiazine topical cream 1%* | (SSD) | 2 | GC |
| *ssd topical cream 1%* | (silver sulfadiazine) | 1 | GC |
| SURE COMFORT ALCOHOL PREP PADS | (alcohol swabs) | 1 | GC |
| SURE-PREP ALCOHOL PREP PADS | (alcohol swabs) | 1 | GC |
| TRUE COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | GC |
| TRUE COMFORT PRO ALCOHOL PADS | (alcohol swabs) | 1 | GC |
| ULTILET ALCOHOL STERL SWAB | (alcohol swabs) | 1 | GC |
| WEBCOL ALCOHOL PREPS 20'S, LARGE | (alcohol swabs) | 1 | GC |
| ***Non-FRF*** | | | |
| *hydrocortisone 2.5% cream* | | 1 | GC |
| ***Pediculicidas/Escabicidas*** | | | |
| *malathion topical lotion 0.5%* | (Ovide) | 4 | |
| *permethrin topical cream 5%* | (Elimite) | 2 | GC |
| **AGENTES GASTROINTESTINALES** | | | |
| *alosetron oral tablet 0.5mg, 1mg* | (Lotronex) | 5 | NM; NDS; QL (60 per 30 days) |
| *constulose oral solution 10gm/15ml* | (lactulose) | 1 | GC |
| *diphenoxylate-atropine oral liquid 2.5-0.025mg/5ml* | | 4 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025mg* | (Lomotil) | 2 | GC |
| *enulose oral solution 10gm/15ml* | (lactulose) | 1 | GC |
| *generlac oral solution 10gm/15ml* | (lactulose) | 1 | GC |
| *lactulose oral solution 10gm/15ml* | (Constulose) | 1 | GC |
| LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG | | 3 | QL (30 per 30 days) |
| *loperamide oral capsule 2mg* | (Anti-Diarrheal (loperamide)) | 1 | GC |
| *lubiprostone oral capsule 24mcg, 8mcg* | (Amitiza) | 3 | QL (60 per 30 days) |
| MOVANTIK ORAL TABLET 12.5MG, 25MG | | 3 | QL (30 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| XERMELO ORAL TABLET 250MG | | 5 | NM; NDS; QL (90 per 30 days) |
| ***Agentes Gastrointestinales, Otros*** | | | |
| BYLVAY ORAL CAPSULE 1, 200MCG, 400MCG | | 5 | PA; NM; NDS |
| BYLVAY ORAL PELLET 200MCG, 600MCG | | 5 | PA; NM; NDS |
| CLENPIQ ORAL SOLUTION 10MG-3.5GM-12GM/160ML, 10MG-3.5GM-12GM/175ML | | 4 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5MG | | 5 | PA; NM; NDS |
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84gm* | (peg 3350-electrolytes) | 1 | GC |
| *gavilyte-g oral recon soln 236-22.74-6.74 -5.86gm* | (peg 3350-electrolytes) | 1 | GC |
| LIVMARLI ORAL SOLUTION 9.5MG/ML | | 5 | PA; NM; NDS |
| *metoclopramide hcl oral solution 5mg/5ml* | | 1 | GC |
| *metoclopramide hcl oral tablet 10mg, 5mg* | (Reglan) | 1 | GC |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86gm* | (GaviLyte-G) | 2 | GC |
| *peg-electrolyte soln oral recon soln 420gm* | | 2 | GC |
| *sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6gm* | (Suprep Bowel Prep Kit) | 4 | |
| SUTAB ORAL TABLET 1.479-0.188-0.225GM | | 4 | |
| *ursodiol oral capsule 300mg* | | 2 | GC |
| *ursodiol oral tablet 250mg* | (URSO 250) | 2 | GC |
| *ursodiol oral tablet 500mg* | (URSO Forte) | 2 | GC |
| ***Antagonistas De Receptores De Histamina2 (H2)*** | | | |
| *famotidine oral suspension 40mg/5ml (8mg/ml)* | | 2 | GC |
| *famotidine oral tablet 20mg* | (Acid Controller) | 1 | GC |
| *famotidine oral tablet 40mg* | (Pepcid) | 1 | GC |
| *nizatidine oral capsule 150mg, 300mg* | | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ***Antiespasmódicos, Gastrointestinales*** | | | |
| *dicyclomine oral capsule 10mg* | | 1 | GC |
| *dicyclomine oral solution 10mg/5ml* | | 2 | GC |
| *dicyclomine oral tablet 20mg* | | 1 | GC |
| *glycopyrrolate oral tablet 1mg* | (Robinul) | 2 | GC |
| *glycopyrrolate oral tablet 2mg* | (Robinul Forte) | 2 | GC |
| ***Inhibidores De Bomba De Protones*** | | | |
| *dexlansoprazole oral capsule, biphase delayed releas 30mg, 60mg* | (Dexilant) | 3 | |
| *esomeprazole magnesium oral capsule, delayed release (dr/ec) 20mg, 40mg* | (Nexium) | 2 | GC |
| *lansoprazole oral capsule, delayed release (dr/ec) 15mg* | (Prevacid 24Hr) | 2 | GC |
| *lansoprazole oral capsule, delayed release (dr/ec) 30mg* | (Prevacid) | 2 | GC |
| *omeprazole oral capsule, delayed release (dr/ec) 10mg, 20mg, 40mg* | | 1 | GC |
| *pantoprazole oral tablet, delayed release (dr/ec) 20mg, 40mg* | (Protonix) | 1 | GC |
| ***Protectores*** | | | |
| *misoprostol oral tablet 100mcg, 200mcg* | (Cytotec) | 2 | GC |
| *sucralfate oral suspension 100mg/ml* | (Carafate) | 4 | |
| *sucralfate oral tablet 1gm* | (Carafate) | 1 | GC |
| **AGENTES GENITOURINARIOS** | | | |
| ***Agentes De Hipertrofia Prostática Benigna*** | | | |
| *alfuzosin oral tablet extended release 24-hr 10mg* | (Uroxatral) | 1 | GC; QL (30 per 30 days) |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4MG, 8MG | | 3 | |
| *dutasteride oral capsule 0.5mg* | (Avodart) | 1 | GC; QL (30 per 30 days) |
| *dutasteride-tamsulosin oral capsule, er multiphase 24-hr 0.5-0.4mg* | (Jalyn) | 2 | GC; QL (30 per 30 days) |
| *finasteride oral tablet 5mg* | (Proscar) | 1 | GC; QL (30 per 30 days) |
| *silodosin oral capsule 4mg, 8mg* | (Rapaflo) | 4 | QL (30 per 30 days) |
| *tamsulosin oral capsule 0.4mg* | (Flomax) | 1 | GC; QL (60 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ***Agentes Genitourinarios, Otros*** | | | |
| *bethanechol chloride oral tablet 10mg, 25mg, 5mg, 50mg* | | 2 | GC |
| ELMIRON ORAL CAPSULE 100MG | | 4 | |
| *penicillamine oral tablet 250mg* | (Depen Titratabs) | 5 | NM; NDS |
| ***Antiespasmódicos, Urinario*** | | | |
| *darifenacin oral tablet extended release 24-hr 15mg, 7.5mg* | | 4 | |
| *fesoterodine oral tablet extended release 24-hr 4mg, 8mg* | (Toviaz) | 4 | QL (30 per 30 days) |
| MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8MG/ML | | 3 | QL (300 per 30 days) |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25MG, 50MG | | 3 | QL (30 per 30 days) |
| *oxybutynin chloride oral syrup 5mg/5ml* | | 2 | GC; QL (600 per 30 days) |
| *oxybutynin chloride oral tablet 5mg* | | 1 | GC; QL (120 per 30 days) |
| *oxybutynin chloride oral tablet extended release 24hr 10mg, 15mg, 5mg* | | 2 | GC; QL (60 per 30 days) |
| *solifenacin oral tablet 10mg, 5mg* | (Vesicare) | 2 | GC; QL (30 per 30 days) |
| *tolterodine oral capsule, extended release 24hr 2mg, 4mg* | (Detrol LA) | 2 | GC; QL (30 per 30 days) |
| *tolterodine oral tablet 1mg, 2mg* | (Detrol) | 2 | GC; QL (60 per 30 days) |
| *trospium oral capsule, extended release 24hr 60mg* | | 2 | GC; QL (30 per 30 days) |
| *trospium oral tablet 20mg* | | 2 | GC; 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) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| LEVO-T ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG | (levothyroxine) | 1 | GC |
| *levothyroxine oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg* | (Euthyrox) | 1 | GC |
| *levothyroxine oral tablet 300mcg* | (Levo-T) | 1 | GC |
| LEVOXYL ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG | (levothyroxine) | 1 | GC |
| *liothyronine oral tablet 25mcg, 5mcg, 50mcg* | (Cytomel) | 1 | GC |
| SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG | (levothyroxine) | 3 | |
| UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG | (levothyroxine) | 3 | |
| **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) | 1 | GC |
| *alyacen 1/35 (28) oral tablet 1-35mg-mcg* | (norethindrone-ethin estradiol) | 1 | GC |
| *apri oral tablet 0.15-0.03mg* | (desogestrel-ethinyl estradiol) | 1 | GC |
| *aranelle (28) oral tablet 0.5/1/0.5-35mg-mcg* | | 2 | GC |
| *aubra eq oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *aviane oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *balziva (28) oral tablet 0.4-35mg-mcg* | | 2 | GC |
| *blisovi fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *briellyn oral tablet 0.4-35mg-mcg* | | 2 | GC |
| *cryselle (28) oral tablet 0.3-30mg-mcg* | (norgestrel-ethinyl estradiol) | 2 | GC |
| *cyred eq oral tablet 0.15-0.03mg* | (desogestrel-ethinyl estradiol) | 1 | GC |
| *desog-e.estradiol/e.estradiol oral tablet 0.15-0.02mgx21 /0.01mg x 5* | (Kariva (28)) | 2 | GC |
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.03mg* | (Apri) | 1 | GC |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02mg* | (Jasmiel (28)) | 2 | GC |
| *drospirenone-ethinyl estradiol oral tablet 3-0.03mg* | (Ocella) | 2 | GC |
| *eluryng vaginal ring 0.12-0.015mg/24-hr* | (etonogestrel-ethinyl estradiol) | 4 | |
| *enpresse oral tablet 50-30 (6)/75-40 (5)/125-30 (10)* | (levonorg-eth estrad triphasic) | 1 | GC |
| *enskyce oral tablet 0.15-0.03mg* | (desogestrel-ethinyl estradiol) | 1 | GC |
| *estarylla oral tablet 0.25-35mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *ethynodiol diac-eth estradiol oral tablet 1-35mg-mcg* | (Kelnor 1/35 (28)) | 2 | GC |
| *ethynodiol diac-eth estradiol oral tablet 1-50mg-mcg* | (Kelnor 1-50 (28)) | 2 | GC |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015mg/24-hr* | (EluRyng) | 4 | |
| *falmina (28) oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *iclevia oral tablets, dose pack, 3 month 0.15mg-30mcg (91)* | (levonorgestrel-ethinyl estrad) | 2 | GC |
| INTRAROSA VAGINAL INSERT 6.5MG | | 3 | PA |
| *introvale oral tablets, dose pack, 3 month 0.15mg-30mcg (91)* | (levonorgestrel-ethinyl estrad) | 2 | GC |
| *isibloom oral tablet 0.15-0.03mg* | (desogestrel-ethinyl estradiol) | 1 | GC |



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 19 de la introducción.

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *jasmiel (28) oral tablet 3-0.02mg* | (drospirenone-ethinyl estradiol) | 2 | GC |
| *juleber oral tablet 0.15-0.03mg* | (desogestrel-ethinyl estradiol) | 1 | GC |
| *junel 1.5/30 (21) oral tablet 1.5-30mg-mcg* | (norethindrone ac-eth estradiol) | 2 | GC |
| *junel 1/20 (21) oral tablet 1-20mg-mcg* | (norethindrone ac-eth estradiol) | 1 | GC |
| *junel fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *junel fe 1/20 (28) oral tablet 1mg-20mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *kariva (28) oral tablet 0.15-0.02mgx21 /0.01mg x 5* | (desog-e.estradiol/e.estradiol) | 2 | GC |
| *kelnor 1/35 (28) oral tablet 1-35mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | GC |
| *kelnor 1-50 (28) oral tablet 1-50mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | GC |
| *kurvelo (28) oral tablet 0.15-0.03mg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *larin 1.5/30 (21) oral tablet 1.5-30mg-mcg* | (norethindrone ac-eth estradiol) | 2 | GC |
| *larin 1/20 (21) oral tablet 1-20mg-mcg* | (norethindrone ac-eth estradiol) | 1 | GC |
| *larin fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *larin fe 1/20 (28) oral tablet 1mg-20mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *leena 28 oral tablet 0.5/1/0.5-35mg-mcg* | | 2 | GC |
| *lessina oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30 (10)* | (levonorg-eth estrad triphasic) | 1 | GC |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20mg-mcg* | (Aubra EQ) | 1 | GC |
| *levonorgestrel-ethinyl estrad oral tablet 0.15-0.03mg* | (Altavera (28)) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15mg-30mcg (91)* | (Iclevia) | 2 | GC |
| *levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)* | (Enpresse) | 1 | GC |
| *levora-28 oral tablet 0.15-0.03mg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *loryna (28) oral tablet 3-0.02mg* | (drospirenone-ethinyl estradiol) | 2 | GC |
| *low-ogestrel (28) oral tablet 0.3-30mg-mcg* | (norgestrel-ethinyl estradiol) | 2 | GC |
| *lutera (28) oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *marlissa (28) oral tablet 0.15-0.03mg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *microgestin 1.5/30 (21) oral tablet 1.5-30mg-mcg* | (norethindrone ac-eth estradiol) | 2 | GC |
| *microgestin 1/20 (21) oral tablet 1-20mg-mcg* | (norethindrone ac-eth estradiol) | 1 | GC |
| *microgestin fe 1.5/30 (28) oral tablet 1.5mg-30mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 2 | GC |
| *microgestin fe 1/20 (28) oral tablet 1mg-20mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *mili oral tablet 0.25-35mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *necon 0.5/35 (28) oral tablet 0.5-35mg-mcg* | | 2 | GC |
| *nikki (28) oral tablet 3-0.02mg* | (drospirenone-ethinyl estradiol) | 2 | GC |
| *norethindrone ac-eth estradiol oral tablet 1-20mg-mcg* | (Junel 1/20 (21)) | 2 | GC |
| *norethindrone ac-eth estradiol oral tablet 1-5mg-mcg* | (Fyavolv) | 2 | GC |
| *norethindrone-e.estradiol-iron oral tablet 1mg-20mcg (21)/75mg (7)* | (Junel FE 1/20 (28)) | 1 | GC |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25mg-35mcg (28)* | (Tri-Estarylla) | 1 | GC |
| *norgestimate-ethinyl estradiol oral tablet 0.25-35mg-mcg* | (Estarylla) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *nortrel 0.5/35 (28) oral tablet 0.5-35mg-mcg* | | 2 | GC |
| *nortrel 1/35 (21) oral tablet 1-35mg-mcg (21)* | | 1 | GC |
| *nortrel 1/35 (28) oral tablet 1-35mg-mcg* | (norethindrone-ethin estradiol) | 1 | GC |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1mg-35mcg* | | 1 | GC |
| *nylia 1/35 (28) oral tablet 1-35mg-mcg* | (norethindrone-ethin estradiol) | 1 | GC |
| *nylia 7/7/7 (28) oral tablet 0.5/0.75/1mg-35mcg* | | 1 | GC |
| *nymyo oral tablet 0.25-35mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *ocella oral tablet 3-0.03mg* | (drospirenone-ethinyl estradiol) | 2 | GC |
| OSPHENA ORAL TABLET 60MG | | 3 | PA |
| *pimtrea (28) oral tablet 0.15-0.02mgx21 /0.01mg x 5* | (desog-e.estradiol/e.estradiol) | 2 | GC |
| *portia 28 oral tablet 0.15-0.03mg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| PREMPHASE ORAL TABLET 0.625MG (14)/ 0.625MG-5MG (14) | | 3 | |
| PREMPRO ORAL TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5MG, 0.625-5MG | | 3 | |
| *reclipsen (28) oral tablet 0.15-0.03mg* | (desogestrel-ethinyl estradiol) | 1 | GC |
| *setlakin oral tablets, dose pack, 3 month 0.15mg-30mcg (91)* | (levonorgestrel-ethinyl estrad) | 2 | GC |
| *sprintec (28) oral tablet 0.25-35mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *sronyx oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *syeda oral tablet 3-0.03mg* | (drospirenone-ethinyl estradiol) | 2 | GC |
| *tarina fe 1-20 eq (28) oral tablet 1mg-20mcg (21)/75mg (7)* | (norethindrone-e.estradiol-iron) | 1 | GC |
| *tri-estarylla oral tablet 0.18/0.215/0.25mg-35mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *tri-mili oral tablet 0.18/0.215/0.25mg-35mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *tri-nymyo oral tablet 0.18/0.215/0.25mg-35mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25mg-35mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30 (10)* | (levonorg-eth estrad triphasic) | 1 | GC |
| *tri-vylibra oral tablet 0.18/0.215/0.25mg-35mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25mg-mcg* | | 2 | GC |
| *vestura (28) oral tablet 3-0.02mg* | (drospirenone-ethinyl estradiol) | 2 | GC |
| *vienva oral tablet 0.1-20mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | GC |
| *vyfemla (28) oral tablet 0.4-35mg-mcg* | | 2 | GC |
| *vylibra oral tablet 0.25-35mg-mcg* | (norgestimate-ethinyl estradiol) | 1 | GC |
| *zovia 1-35 (28) oral tablet 1-35mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | GC |
| ***Andrógenos*** | | | |
| *danazol oral capsule 100mg, 50mg* | | 2 | GC |
| *danazol oral capsule 200mg* | | 4 | |
| *testosterone cypionate intramuscular oil 100mg/ml, 200mg/ml* | (Depo-Testosterone) | 2 | GC |
| *testosterone cypionate intramuscular oil 200mg/ml (1ml)* | | 2 | GC |
| *testosterone enanthate intramuscular oil 200mg/ml* | | 2 | GC |
| *testosterone transdermal gel in metered-dose pump 10mg/0.5gm /actuation* | (Fortesta) | 3 | |
| *testosterone transdermal gel in metered-dose pump 12.5mg/ 1.25gm (1%)* | (Vogelxo) | 3 | |
| *testosterone transdermal gel in metered-dose pump 20.25mg/1.25gm (1.62%)* | (AndroGel) | 3 | |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *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) | 3 | |
| *testosterone transdermal solution in metered pump w/app 30mg/actuation (1.5ml)* | | 3 | |
| ***Estrógenos*** | | | |
| DUAVEE ORAL TABLET 0.45-20MG | | 3 | |
| *estradiol oral tablet 0.5mg, 1mg, 2mg* | (Estrace) | 1 | GC |
| *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) | 2 | GC |
| *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) | 2 | GC |
| *estradiol vaginal cream 0.01% (0.1mg/gram)* | (Estrace) | 4 | |
| *estradiol vaginal tablet 10mcg* | (Vagifem) | 4 | |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10MCG, 4MCG | | 4 | |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10MCG, 4MCG | | 4 | |
| MENEST ORAL TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG | | 4 | |
| PREMARIN ORAL TABLET 0.3MG, 0.45MG, 0.9MG | | 3 | |
| PREMARIN ORAL TABLET 0.625MG, 1.25MG | (conjugated estrogens) | 3 | |
| PREMARIN VAGINAL CREAM 0.625MG/GRAM | | 3 | |
| ***Progestinas*** | | | |
| *camila oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| *deblitane oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104MG/0.65ML | | 2 | GC |
| *errin oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| *incassia oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| *lyleq oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| *lyza oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| *medroxyprogesterone intramuscular suspension 150mg/ml* | (Depo-Provera) | 2 | GC |
| *medroxyprogesterone intramuscular syringe 150mg/ml* | (Depo-Provera) | 2 | GC |
| *medroxyprogesterone oral tablet 10mg, 2.5mg, 5mg* | (Provera) | 1 | GC |
| *megestrol oral suspension 400mg/10ml (40mg/ml)* | | 2 | GC |
| *megestrol oral suspension 625mg/5ml (125mg/ml)* | | 4 | |
| *megestrol oral tablet 20mg, 40mg* | | 1 | GC |
| *nora-be oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| *norethindrone (contraceptive) oral tablet 0.35mg* | (Camila) | 1 | GC |
| *norethindrone acetate oral tablet 5mg* | | 2 | GC |
| *progesterone micronized oral capsule 100mg, 200mg* | (Prometrium) | 2 | GC |
| *sharobel oral tablet 0.35mg* | (norethindrone (contraceptive)) | 1 | GC |
| **AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (PITUITARIO)** | | | |
| ***Agentes Hormonales, Estimulante/Reemplazo/Modificador (Pituitario)*** | | | |
| *desmopressin 10mcg/0.1ml spr 10mcg/spray (0.1ml)* | | 2 | GC |
| *desmopressin nasal spray, non-aerosol 10mcg/spray (0.1ml)* | | 2 | GC |
| *desmopressin oral tablet 0.1mg, 0.2mg* | (DDAVP) | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| INCRELEX SUBCUTANEOUS SOLUTION 10MG/ML | | 5 | PA; NM; NDS |
| NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3MCG | | 4 | |
| NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7MCG | | 4 | |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10MG/1.5ML (6.7MG/ML), 5MG/1.5ML (3.3MG/ML) | | 5 | PA; NM; NDS |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8MG | | 5 | PA; NM; NDS |
| **AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (SUPRARRENAL)** | | | |
| ***Agentes Hormonales, Estimulante/Reemplazo/Modificador (Suprarrenal)*** | | | |
| *dexamethasone oral solution 0.5mg/5ml* | | 2 | GC |
| *dexamethasone oral tablet 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg* | | 1 | GC |
| *fludrocortisone oral tablet 0.1mg* | | 1 | GC |
| *hydrocortisone oral tablet 10mg, 20mg, 5mg* | (Cortef) | 1 | GC |
| ISTURISA ORAL TABLET 1MG | | 5 | PA; NM; NDS; QL (240 per 30 days) |
| ISTURISA ORAL TABLET 10MG | | 5 | PA; NM; NDS; QL (180 per 30 days) |
| ISTURISA ORAL TABLET 5MG | | 5 | PA; NM; NDS; QL (120 per 30 days) |
| *methylprednisolone oral tablet 16mg, 4mg, 8mg* | (Medrol) | 2 | PA BvD; GC |
| *methylprednisolone oral tablet 32mg* | | 2 | PA BvD; GC |
| *methylprednisolone oral tablets, dose pack 4mg* | (Medrol (Pak)) | 2 | GC |
| *prednisolone 15mg/5ml soln d/f 15mg/5ml (3mg/ml)* | | 2 | PA BvD; GC |
| *prednisolone oral solution 15mg/5ml* | | 2 | PA BvD; GC |
| *prednisolone sodium phosphate oral solution 10mg/5ml, 25mg/5ml (5mg/ml)* | | 4 | PA BvD |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *prednisolone sodium phosphate oral solution 20mg/5ml (4mg/ml)* | (Veripred 20) | 4 | PA BvD |
| *prednisolone sodium phosphate oral solution 5mg base/5ml (6.7mg/5ml)* | (Pediapred) | 4 | PA BvD |
| *prednisolone sodium phosphate oral tablet, disintegrating 10mg, 15mg, 30mg* | (Orapred ODT) | 2 | PA BvD; GC |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5MG/ML | | 2 | PA BvD; GC |
| *prednisone oral solution 5mg/5ml* | | 2 | PA BvD; GC |
| *prednisone oral tablet 1mg, 10mg, 2.5mg, 20mg, 5mg, 50mg* | | 1 | PA BvD; GC |
| *prednisone oral tablets, dose pack 10mg, 10mg (48 pack), 5mg, 5mg (48 pack)* | | 1 | GC |
| **AGENTES HORMONALES, SUPRESORES (PITUITARIO)** | | | |
| ***Agentes Hormonales, Supresores (Pituitario)*** | | | |
| *cabergoline oral tablet 0.5mg* | | 2 | GC |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5MG | | 4 | PA NSO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30MG | | 4 | PA NSO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45MG | | 4 | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5MG (1 MONTH) | | 4 | PA NSO |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120MG | | 5 | PA NSO; NM; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80MG | | 4 | PA NSO |
| *leuprolide (3 month) intramuscular suspension for reconstitution 22.5mg* | | 4 | PA NSO |
| *leuprolide subcutaneous kit 1mg/0.2ml* | | 4 | PA NSO |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25MG, 22.5MG | | 5 | PA NSO; NM; NDS |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30MG | | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45MG | | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75MG, 7.5MG | | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25MG | | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5MG (PED) | | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45MG | | 5 | PA NSO; NM; NDS |
| *octreotide acetate injection solution 1, 000mcg/ml* | | 5 | PA; NM; NDS |
| *octreotide acetate injection solution 100mcg/ml, 50mcg/ml* | (Sandostatin) | 2 | PA; GC |
| *octreotide acetate injection solution 200mcg/ml* | | 4 | PA |
| *octreotide acetate injection solution 500mcg/ml* | (Sandostatin) | 5 | PA; NM; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML (1ML), 0.6MG/ML (1ML), 0.9MG/ML (1ML) | | 5 | PA; NM; NDS; QL (60 per 30 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10MG, 15MG, 20MG, 25MG, 30MG | | 5 | PA; NM; NDS; QL (60 per 30 days) |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2MG/ML | | 5 | PA; NM; NDS |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25MG, 22.5MG, 3.75MG | | 4 | PA NSO |
| **AGENTES HORMONALES, SUPRESORES (TIROIDES)** | | | |
| ***Agentes Antitiroideos*** | | | |
| *methimazole oral tablet 10mg, 5mg* | | 1 | GC |
| *propylthiouracil oral tablet 50mg* | | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| **AGENTES INMUNOLÓGICOS** | | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100MCG/0.5ML | | 5 | PA NSO; NM; NDS |
| ARCALYST SUBCUTANEOUS RECON SOLN 220MG | | 5 | PA; NM; NDS |
| *azathioprine oral tablet 100mg, 75mg* | (Azasan) | 3 | PA BvD |
| *azathioprine oral tablet 50mg* | (Imuran) | 2 | PA BvD; GC |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200MG/ML | | 5 | PA; NM; NDS |
| BENLYSTA SUBCUTANEOUS SYRINGE 200MG/ML | | 5 | PA; NM; NDS |
| BESREMI SUBCUTANEOUS SYRINGE 500MCG/ML | | 5 | PA NSO; NM; NDS |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150MG/ML | | 5 | PA; NM; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150MG/ML | | 5 | PA; NM; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75MG/0.5ML | | 5 | PA; NM; NDS |
| *cyclosporine modified oral capsule 100mg, 25mg* | (Gengraf) | 2 | PA BvD; GC |
| *cyclosporine modified oral capsule 50mg* | | 2 | PA BvD; GC |
| *cyclosporine modified oral solution 100mg/ml* | (Gengraf) | 2 | PA BvD; GC |
| *cyclosporine oral capsule 100mg, 25mg* | (Sandimmune) | 2 | PA BvD; GC |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200MG/1.14ML, 300MG/2ML | | 5 | PA; NM; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML | | 5 | PA; NM; NDS |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50MG/ML (1ML) | | 5 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25MG/0.5ML | | 5 | PA; NM; NDS |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ENBREL SUBCUTANEOUS SYRINGE 25MG/0.5ML (0.5), 50MG/ML (1ML) | | 5 | PA; NM; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50MG/ML (1ML) | | 5 | PA; NM; NDS |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120MG/ML | | 5 | PA NSO; NM; NDS |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75MG, 1MG, 4MG | | 4 | PA BvD |
| *everolimus (immunosuppressive) oral tablet 0.25mg, 0.75mg, 1mg* | (Zortress) | 5 | PA BvD; NM; NDS; QL (60 per 30 days) |
| *everolimus (immunosuppressive) oral tablet 0.5mg* | (Zortress) | 5 | PA BvD; NM; NDS; QL (120 per 30 days) |
| *gengraf oral capsule 100mg, 25mg* | (cyclosporine modified) | 2 | PA BvD; GC |
| *gengraf oral solution 100mg/ml* | (cyclosporine modified) | 2 | PA BvD; GC |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.8ML | | 5 | PA; NM; NDS |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.8ML | | 5 | PA; NM; NDS |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.8ML | | 5 | PA; NM; NDS |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40MG/0.8ML | | 5 | PA; NM; NDS |
| HUMIRA (CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80MG/0.8ML, 80MG/0.8ML-40MG/0.4ML | | 5 | PA; NM; NDS |
| HUMIRA (CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80MG/0.8ML | | 5 | PA; NM; NDS |
| HUMIRA (CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80MG/0.8ML | | 5 | PA; NM; NDS |
| HUMIRA (CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80MG/0.8ML-40MG/0.4ML | | 5 | PA; NM; NDS |
| HUMIRA (CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40MG/0.4ML, 80MG/0.8ML | | 5 | PA; NM; NDS |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| HUMIRA (CF) SUBCUTANEOUS SYRINGE KIT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | | 5 | PA; NM; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100MG/0.67ML | | 5 | PA; NM; NDS |
| *leflunomide oral tablet 10mg, 20mg* | (Arava) | 2 | GC |
| LUPKYNIS ORAL CAPSULE 7.9MG | | 5 | PA; NM; NDS; QL (180 per 30 days) |
| *methotrexate sodium (pf) injection solution 25mg/ml* | | 1 | PA BvD; GC |
| *methotrexate sodium injection solution 25mg/ml* | | 1 | PA BvD; GC |
| *methotrexate sodium oral tablet 2.5mg* | | 2 | PA BvD; GC |
| *mycophenolate mofetil oral capsule 250mg* | (CellCept) | 4 | PA BvD |
| *mycophenolate mofetil oral suspension for reconstitution 200mg/ml* | (CellCept) | 5 | PA BvD; NM; NDS |
| *mycophenolate mofetil oral tablet 500mg* | (CellCept) | 2 | PA BvD; GC |
| *mycophenolate sodium oral tablet, delayed release (dr/ec) 180mg, 360mg* | (Myfortic) | 2 | PA BvD; GC |
| OTEZLA ORAL TABLET 30MG | | 5 | PA; NM; NDS |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10MG (4)-20MG (4)-30MG (47) | | 5 | PA; NM; NDS |
| PANZYGA INTRAVENOUS SOLUTION 10%, 10% (100ML), 10% (200ML), 10% (25ML), 10% (300ML), 10% (50ML) | | 5 | PA BvD; NM; NDS |
| PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML | | 5 | PA; NM; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180MCG/0.5ML | | 5 | PA; NM; NDS |
| PRIVIGEN INTRAVENOUS SOLUTION 10% | | 5 | PA BvD; NM; NDS |
| PROGRAF ORAL GRANULES IN PACKET 0.2MG, 1MG | | 4 | PA BvD |
| REZUROCK ORAL TABLET 200MG | | 5 | PA; NM; NDS |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15MG, 30MG, 45MG | | 5 | PA; NM; NDS |
| *sirolimus oral solution 1mg/ml* | (Rapamune) | 5 | PA BvD; NM; NDS |
| *sirolimus oral tablet 0.5mg, 1mg, 2mg* | (Rapamune) | 4 | PA BvD |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150MG/ML | | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE 150MG/ML | | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180MG/1.2ML (150MG/ML), 360MG/2.4ML (150MG/ML) | | 5 | PA; NM; NDS |
| STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML | | 5 | PA; NM; NDS |
| STELARA SUBCUTANEOUS SYRINGE 45MG/0.5ML, 90MG/ML | | 5 | PA; NM; NDS |
| *tacrolimus oral capsule 0.5mg* | (Prograf) | 2 | PA BvD; GC |
| *tacrolimus oral capsule 1mg, 5mg* | (Prograf) | 4 | PA BvD |
| TAVNEOS ORAL CAPSULE 10MG | | 5 | PA; NM; NDS |
| TREXALL ORAL TABLET 10MG, 15MG, 5MG, 7.5MG | | 4 | PA BvD |
| XOLAIR SUBCUTANEOUS RECON SOLN 150MG | | 5 | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150MG/ML, 75MG/0.5ML | | 5 | PA; NM; NDS |
| ***Agentes De Angioedema*** | | | |
| *icatibant subcutaneous syringe 30mg/3ml* | (Firazyr) | 5 | PA; NM; NDS |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML (150MG/ML) | | 5 | PA; NM; NDS |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150MG/ML, 300MG/2ML (150MG/ML) | | 5 | PA; NM; NDS |
| ***Vacunas*** | | | |
| ABRYSVO INTRAMUSCULAR RECON SOLN 120MCG/0.5ML | | 3 | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10MCG/0.5ML | | 3 | |



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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5MCG)-5LF/0.5ML | 4 | |
| ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5MCG)-5LF/0.5ML | 4 | |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120MCG/0.5ML | 3 | |
| AREXVY ANTIGEN COMPONENT 120MCG | 3 | |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50MG | 4 | |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25MCG/0.5ML | 3 | |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 3 | |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 3 | |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 4 | |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20MCG/ML | 3 | PA BvD |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20MCG/ML | 3 | PA BvD |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10MCG/0.5ML | 3 | PA BvD |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5ML | 3 | |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5ML | 3 | |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISAUNIT/ML, 720 ELISAUNIT/0.5ML | 3 | |



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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20MCG/0.5ML | 3 | PA BvD |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10MCG/0.5ML | 3 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5UNIT | 3 | PA BvD |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 4 | |
| IPOL INJECTION SUSPENSION 40-8-32UNIT/0.5ML | 3 | |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6MCG/0.5ML | 3 | |
| JYNNEOS (PF) (STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8UNIT/0.5 | 3 | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58MCG-10 LF/0.5ML | 4 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4MCG/0.5ML | 3 | |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10MCG/0.5ML | 3 | |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5MCG/0.5ML | 3 | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1, 000-12, 500 TCID50/0.5ML | 3 | |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10MCG-25LF-25MCG-10LF/0.5ML | 4 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5MCG/0.5ML | 3 | |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10MCG/0.5ML | 4 | |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10MCG/ML | | 3 | PA BvD |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML | | 3 | |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5 | | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48MCG-5 LFUNIT/0.5ML, 15 LF-48MCG-5 LFUNIT/0.5ML (58 UNT/ML) | | 4 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48MCG-5 LFUNIT/0.5ML | | 4 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5UNIT | | 3 | PA BvD |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML | | 3 | PA BvD |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10MCG/ML, 5MCG/0.5ML | | 3 | PA BvD |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5ML | | 3 | |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | | 3 | |
| ROTATEQ VACCINE ORAL SOLUTION 2ML | | 3 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50MCG/0.5ML | | 3 | |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LFUNIT/0.5ML | (tetanus-diphtheria toxoids-td) | 3 | PA BvD |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LFUNIT-2 LFUNIT/0.5ML | | 3 | PA BvD |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LFUNIT/0.5ML | | 3 | PA BvD |
| TETANUS, DIPHTHERIA TOX PED (PF) INTRAMUSCULAR SUSPENSION 5-25 LFUNIT/0.5ML | | 4 | PA BvD |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2MCG/0.25ML, 2.4MCG/0.5ML | | 3 | |
| TRUMENBA INTRAMUSCULAR SYRINGE 120MCG/0.5ML | | 3 | |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISAUNIT-20MCG/ML | | 3 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25MCG/0.5ML | | 3 | |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25MCG/0.5ML | (typhoid vi polysacch vaccine) | 3 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25UNIT/0.5ML, 50UNIT/ML | | 3 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25UNIT/0.5ML, 50UNIT/ML | | 3 | |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1, 350UNIT/0.5ML | | 3 | |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74UNIT/0.5ML, 10 EXP4.74UNIT/0.5ML (2.5ML IN 1 VIAL) | | 3 | |
| **AGENTES OFTÁLMICOS** | | | |
| *acetazolamide oral capsule, extended release 500mg* | | 2 | GC |
| *acetazolamide oral tablet 125mg, 250mg* | | 2 | GC |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1% | (brimonidine) | 3 | |
| *apraclonidine ophthalmic (eye) drops 0.5%* | | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1% | (brinzolamide) | 3 | |
| *betaxolol ophthalmic (eye) drops 0.5%* | | 2 | GC |
| *brimonidine ophthalmic (eye) drops 0.15%* | (Alphagan P) | 2 | GC |
| *brimonidine ophthalmic (eye) drops 0.2%* | | 2 | GC |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5%* | (Combigan) | 3 | |
| *carteolol ophthalmic (eye) drops 1%* | | 1 | GC |
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5% | (brimonidine-timolol) | 4 | |
| *dorzolamide ophthalmic (eye) drops 2%* | | 1 | GC |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5%* | (Cosopt (PF)) | 2 | GC |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8mg/ml* | (Cosopt) | 2 | GC |
| *levobunolol ophthalmic (eye) drops 0.5%* | | 1 | GC |
| *methazolamide oral tablet 25mg, 50mg* | | 4 | |
| *pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%* | | 2 | GC |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02% | | 4 | |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005% | | 4 | |
| SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2% | | 4 | |
| *timolol maleate ophthalmic (eye) drops 0.25%, 0.5%* | | 1 | GC |
| *timolol maleate ophthalmic (eye) drops, once daily 0.5%* | (Istalol) | 2 | GC |
| *timolol maleate ophthalmic (eye) gel forming solution 0.25%, 0.5%* | | 2 | GC |
| ***Agentes Anti-Alérgicos Oftálmicos*** | | | |
| *azelastine ophthalmic (eye) drops 0.05%* | | 2 | GC |
| *cromolyn ophthalmic (eye) drops 4%* | | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *olopatadine ophthalmic (eye) drops 0.1%* | (Eye Allergy Itch-Redness Rlf) | 3 | |
| ***Agentes Oftálmicos, Otros*** | | | |
| *atropine ophthalmic (eye) drops 1%* | (Isopto Atropine) | 2 | GC |
| *cyclosporine ophthalmic (eye) dropperette 0.05%* | (Restasis) | 2 | GC; QL (60 per 30 days) |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37% | | 5 | PA; NM; NDS |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44% | | 5 | PA; NM; NDS |
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10, 000mg-unit/g-1%* | (Neo-Polycin HC) | 2 | GC |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10, 000unit/ml-0.1%* | (Maxitrol) | 1 | GC |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5mg/g-10, 000unit/g-0.1%* | (Maxitrol) | 2 | GC |
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75mg-10, 000unit-0.025mg/ml* | | 2 | GC |
| *neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10, 000-10mg-unit-mg/ml* | | 2 | GC |
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10, 000unit-1mg/ml* | (Polytrim) | 1 | GC |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10%-0.23% (0.25%)* | | 2 | GC |
| *tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1%* | | 2 | GC |
| ***Análogos De Prostaglandina Oftálmica Y Prostamida*** | | | |
| *latanoprost ophthalmic (eye) drops 0.005%* | (Xalatan) | 2 | GC |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01% | | 3 | |
| *travoprost ophthalmic (eye) drops 0.004%* | (Travatan Z) | 3 | |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024% | | 4 | |
| ***Antiinflamatorios Oftálmicos*** | | | |
| *bromfenac ophthalmic (eye) drops 0.09%* | | 2 | GC |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075% | | 4 | |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1%* | | 2 | GC |
| *diclofenac sodium ophthalmic (eye) drops 0.1%* | | 2 | GC |
| DUREZOL OPHTHALMIC (EYE) DROPS 0.05% | (difluprednate) | 3 | |
| *fluorometholone ophthalmic (eye) drops, suspension 0.1%* | (FML Liquifilm) | 2 | GC |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03%* | | 1 | GC |
| ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3% | | 3 | |
| *ketorolac ophthalmic (eye) drops 0.4%* | (Acular LS) | 2 | GC |
| *ketorolac ophthalmic (eye) drops 0.5%* | (Acular) | 2 | GC |
| *loteprednol etabonate ophthalmic (eye) drops, suspension 0.5%* | (Lotemax) | 2 | GC |
| *prednisolone acetate ophthalmic (eye) drops, suspension 1%* | (Pred Forte) | 2 | GC |
| *prednisolone sodium phosphate ophthalmic (eye) drops 1%* | | 2 | GC |
| ***Oftálmicos Antiinfecciosos*** | | | |
| AZASITE OPHTHALMIC (EYE) DROPS 1% | | 4 | |
| *bacitracin ophthalmic (eye) ointment 500unit/gram* | | 2 | GC |
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10, 000unit/gram* | (Polycin) | 2 | GC |
| *erythromycin ophthalmic (eye) ointment 5mg/gram (0.5%)* | | 1 | GC |
| *gatifloxacin ophthalmic (eye) drops 0.5%* | (Zymaxid) | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *gentamicin ophthalmic (eye) drops 0.3%* | | 1 | GC |
| *moxifloxacin ophthalmic (eye) drops 0.5%* | (Vigamox) | 2 | GC |
| NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5% | | 4 | |
| *neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10, 000mg-unit-unit/g* | (Neo-Polycin) | 2 | GC |
| *ofloxacin ophthalmic (eye) drops 0.3%* | (Ocuflox) | 2 | GC |
| *sulfacetamide sodium ophthalmic (eye) drops 10%* | | 2 | GC |
| *tobramycin ophthalmic (eye) drops 0.3%* | | 1 | GC |
| **AGENTES ÓTICOS** | | | |
| ***Agentes Óticos*** | | | |
| *acetic acid otic (ear) solution 2%* | | 1 | GC |
| *ciprofloxacin hcl otic (ear) dropperette 0.2%* | (Cetraxal) | 4 | |
| *ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1%* | | 3 | |
| *ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025% (0.25ml)* | (Otovel) | 4 | |
| *fluocinolone acetonide oil otic (ear) drops 0.01%* | (DermOtic Oil) | 2 | GC |
| *neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10, 000-1mg/ml-unit/ml-%* | | 2 | GC |
| *neomycin-polymyxin-hc otic (ear) solution 3.5-10, 000-1mg/ml-unit/ml-%* | | 2 | GC |
| *ofloxacin otic (ear) drops 0.3%* | | 4 | |
| **ANALGÉSICOS** | | | |
| ***Analgésicos*** | | | |
| *butalbital-acetaminophen-caff oral tablet 50-325-40mg* | (Esgic) | 2 | GC; QL (180 per 30 days) |
| *butalbital-aspirin-caffeine oral capsule 50-325-40mg* | | 2 | GC; QL (180 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *codeine-butalbital-asa-caff oral capsule 30-50-325-40mg* | (Ascomp with Codeine) | 4 | QL (180 per 30 days) |
| ***Analgésicos Opiáceos, De Acción Corta*** | | | |
| *acetaminophen-codeine 120-12mg/5ml cup outer 120mg-12mg /5ml (5ml)* | | 2 | GC; QL (5000 per 30 days) |
| *acetaminophen-codeine oral solution 120-12mg/5ml* | | 2 | GC; QL (5000 per 30 days) |
| *acetaminophen-codeine oral tablet 300-15mg, 300-30mg, 300-60mg* | | 2 | GC; QL (360 per 30 days) |
| *codeine sulfate oral tablet 15mg, 30mg, 60mg* | | 2 | GC; QL (180 per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 1, 200mcg, 1, 600mcg, 600mcg, 800mcg* | | 5 | PA; NM; NDS; QL (120 per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 200mcg, 400mcg* | | 4 | PA; QL (120 per 30 days) |
| *hydrocodone-acetaminophen oral solution 7.5-325mg/15ml* | | 2 | GC; QL (5500 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325mg, 5-325mg, 7.5-325mg* | | 2 | GC; QL (360 per 30 days) |
| *hydrocodone-ibuprofen oral tablet 10-200mg, 5-200mg, 7.5-200mg* | | 2 | GC; QL (150 per 30 days) |
| *hydromorphone oral liquid 1mg/ml* | (Dilaudid) | 4 | QL (1920 per 30 days) |
| *hydromorphone oral tablet 2mg, 4mg* | (Dilaudid) | 2 | GC; QL (360 per 30 days) |
| *hydromorphone oral tablet 8mg* | (Dilaudid) | 2 | GC; QL (240 per 30 days) |
| *morphine concentrate oral solution 100mg/5ml (20mg/ml)* | | 2 | GC; QL (600 per 30 days) |
| *morphine oral solution 10mg/5ml* | | 2 | GC; QL (1800 per 30 days) |
| *morphine oral solution 20mg/5ml (4mg/ml)* | | 2 | GC; QL (1500 per 30 days) |
| MORPHINE ORAL TABLET 15MG, 30MG | | 2 | GC; QL (180 per 30 days) |
| *oxycodone oral concentrate 20mg/ml* | | 4 | QL (180 per 30 days) |
| *oxycodone oral solution 5mg/5ml* | | 4 | QL (1080 per 30 days) |
| *oxycodone oral tablet 10mg, 20mg, 5mg* | | 2 | GC; QL (180 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *oxycodone oral tablet 15mg, 30mg* | (Roxicodone) | 2 | GC; QL (180 per 30 days) |
| *oxycodone-acetaminophen oral solution 5-325mg/5ml* | | 2 | GC; QL (1080 per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg* | (Endocet) | 2 | GC; QL (360 per 30 days) |
| *tramadol oral tablet 100mg* | | 1 | GC; QL (120 per 30 days) |
| *tramadol oral tablet 50mg* | | 1 | GC; QL (240 per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325mg* | | 2 | GC; 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* | | 4 | PA NSO; QL (10 per 30 days) |
| *methadone oral tablet 10mg, 5mg* | | 2 | GC; QL (240 per 30 days) |
| *morphine oral tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg* | (MS Contin) | 2 | GC; QL (90 per 30 days) |
| *oxycodone oral tablet, oral only, ext.rel.12-hr 10mg, 20mg* | (OxyContin) | 4 | QL (60 per 30 days) |
| ***Medicamentos No-Esteroideos Antiinflamatorios*** | | | |
| *celecoxib oral capsule 100mg, 200mg, 400mg, 50mg* | (Celebrex) | 2 | GC |
| *diclofenac potassium oral tablet 50mg* | | 2 | GC |
| *diclofenac sodium oral tablet extended release 24-hr 100mg* | | 1 | GC |
| *diclofenac sodium oral tablet, delayed release (dr/ec) 25mg, 50mg, 75mg* | | 1 | GC |
| *diclofenac sodium topical gel 1%* | (Arthritis Pain (diclofenac)) | 2 | GC |
| *diflunisal oral tablet 500mg* | | 2 | GC |
| *ec-naproxen dr 500mg tablet* | (naproxen) | 2 | GC |
| *etodolac oral capsule 200mg, 300mg* | | 2 | GC |
| *etodolac oral tablet 400mg* | (Lodine) | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *etodolac oral tablet 500mg* | | 2 | GC |
| *flurbiprofen oral tablet 100mg* | | 1 | GC |
| *ibu oral tablet 600mg, 800mg* | (ibuprofen) | 1 | GC |
| *ibuprofen oral suspension 100mg/5ml* | (Children's Advil) | 1 | GC |
| *ibuprofen oral tablet 400mg, 600mg, 800mg* | (IBU) | 1 | GC |
| *indomethacin oral capsule 25mg, 50mg* | | 1 | GC |
| *indomethacin oral capsule, extended release 75mg* | | 2 | GC |
| *ketorolac oral tablet 10mg* | | 1 | GC |
| *meloxicam oral tablet 15mg, 7.5mg* | | 1 | GC |
| *nabumetone oral tablet 500mg, 750mg* | | 1 | GC |
| *naproxen oral suspension 125mg/5ml* | (Naprosyn) | 2 | GC |
| *naproxen oral tablet 250mg, 375mg* | | 1 | GC |
| *naproxen oral tablet 500mg* | (Naprosyn) | 1 | GC |
| *naproxen oral tablet, delayed release (dr/ec) 375mg* | (EC-Naprosyn) | 2 | GC |
| *naproxen oral tablet, delayed release (dr/ec) 500mg* | (EC-Naproxen) | 2 | GC |
| *naproxen sodium oral tablet 275mg* | | 2 | GC |
| *naproxen sodium oral tablet 550mg* | (Anaprox DS) | 2 | GC |
| *oxaprozin oral tablet 600mg* | (Daypro) | 2 | GC |
| *piroxicam oral capsule 10mg, 20mg* | (Feldene) | 2 | GC |
| *sulindac oral tablet 150mg, 200mg* | | 1 | GC |
| **ANESTÉSICOS** | | | |
| ***Anestesia Local*** | | | |
| *lidocaine hcl mucous membrane solution 4% (40mg/ml)* | | 2 | GC; QL (50 per 30 days) |
| *lidocaine topical adhesive patch, medicated 5%* | (DermacinRx Lidocan) | 4 | PA; QL (90 per 30 days) |
| *lidocaine viscous mucous membrane solution 2%* | (lidocaine hcl) | 4 | |
| *lidocaine-prilocaine topical cream 2.5-2.5%* | | 2 | GC; QL (30 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| **ANSIOLÍTICOS** | | | |
| ***Ansiolíticos, Otros*** | | | |
| *buspirone oral tablet 10mg, 15mg, 30mg, 5mg, 7.5mg* | | 1 | GC |
| *hydroxyzine hcl oral solution 10mg/5ml* | | 4 | |
| *hydroxyzine hcl oral tablet 10mg, 25mg* | | 1 | GC |
| *hydroxyzine hcl oral tablet 50mg* | | 2 | GC |
| *hydroxyzine pamoate oral capsule 100mg* | | 2 | GC |
| *hydroxyzine pamoate oral capsule 25mg, 50mg* | (Vistaril) | 2 | GC |
| *oxazepam oral capsule 10mg, 15mg, 30mg* | | 2 | GC; QL (120 per 30 days) |
| ***Benzodiacepinas*** | | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML | | 2 | GC; QL (300 per 30 days) |
| *alprazolam oral tablet 0.25mg, 0.5mg* | (Xanax) | 2 | GC; QL (120 per 30 days) |
| *alprazolam oral tablet 1mg* | (Xanax) | 2 | GC; QL (240 per 30 days) |
| *alprazolam oral tablet 2mg* | (Xanax) | 2 | GC; QL (150 per 30 days) |
| *chlordiazepoxide hcl oral capsule 10mg, 25mg, 5mg* | | 2 | GC; QL (120 per 30 days) |
| *clonazepam oral tablet 0.5mg, 1mg* | (Klonopin) | 1 | GC; QL (90 per 30 days) |
| *clonazepam oral tablet 2mg* | (Klonopin) | 1 | GC; QL (300 per 30 days) |
| *clonazepam oral tablet, disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg* | | 2 | GC; QL (90 per 30 days) |
| *clonazepam oral tablet, disintegrating 2mg* | | 2 | GC; QL (300 per 30 days) |
| *clorazepate dipotassium oral tablet 15mg, 3.75mg, 7.5mg* | | 2 | GC; QL (180 per 30 days) |
| *diazepam intensol oral concentrate 5mg/ml* | (diazepam) | 2 | GC; QL (240 per 30 days) |
| *diazepam oral solution 5mg/5ml (1mg/ml)* | | 2 | GC; QL (1200 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *diazepam oral tablet 10mg, 2mg* | (Valium) | 1 | GC; QL (120 per 30 days) |
| *diazepam oral tablet 5mg* | (Valium) | 1 | GC; QL (240 per 30 days) |
| *lorazepam 2mg/ml oral concent* | (Lorazepam Intensol) | 2 | GC; QL (240 per 30 days) |
| *lorazepam intensol oral concentrate 2mg/ml* | (lorazepam) | 2 | GC; QL (240 per 30 days) |
| *lorazepam oral tablet 0.5mg, 1mg, 2mg* | (Ativan) | 2 | GC; QL (150 per 30 days) |
| **ANTIBACTERIANOS** | | | |
| ***Aminoglicósidos*** | | | |
| *amikacin injection solution 500mg/2ml* | | 4 | PA BvD |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590MG/8.4ML | | 4 | PA |
| *gentamicin in nacl (iso-osm) intravenous piggyback 100mg/100ml, 60mg/50ml, 80mg/100ml, 80mg/50ml* | | 2 | GC |
| *gentamicin injection solution 40mg/ml* | | 2 | GC |
| *gentamicin topical cream 0.1%* | | 2 | GC |
| *gentamicin topical ointment 0.1%* | | 2 | GC |
| *neomycin oral tablet 500mg* | | 2 | GC |
| *paromomycin oral capsule 250mg* | (Humatin) | 4 | |
| *tobramycin sulfate injection solution 10mg/ml, 40mg/ml* | | 4 | PA BvD |
| ZEMDRI INTRAVENOUS SOLUTION 50MG/ML | | 5 | NM; NDS |
| ***Antibacterianos, Otros*** | | | |
| *aztreonam injection recon soln 1gm* | (Azactam) | 2 | PA BvD; GC |
| *aztreonam injection recon soln 2gm* | (Azactam) | 4 | PA BvD |
| CLINDAMYCIN 600MG/50ML-NS OUTER, SINGLE-USE | | 4 | |
| *clindamycin hcl oral capsule 150mg, 75mg* | (Cleocin HCl) | 1 | GC |
| *clindamycin hcl oral capsule 300mg* | (Cleocin HCl) | 2 | GC |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *clindamycin in 5% dextrose intravenous piggyback 300mg/50ml, 900mg/50ml* | | 4 | |
| CLINDAMYCIN IN 5% DEXTROSE INTRAVENOUS PIGGYBACK 600MG/50ML | | 4 | |
| *clindamycin pediatric oral recon soln 75mg/5ml* | (clindamycin palmitate hcl) | 4 | |
| *clindamycin phosphate injection solution 150 (mg/ml) (6ml)* | | 4 | PA BvD |
| *clindamycin phosphate injection solution 150mg/ml* | (Cleocin) | 4 | PA BvD |
| *clindamycin phosphate intravenous solution 600mg/4ml* | | 4 | PA BvD |
| *clindamycin phosphate vaginal cream 2%* | (Cleocin) | 2 | GC |
| *colistin (colistimethate na) injection recon soln 150mg* | (Coly-Mycin M Parenteral) | 4 | PA BvD |
| *daptomycin intravenous recon soln 350mg* | | 4 | |
| *daptomycin intravenous recon soln 500mg* | (Cubicin RF) | 5 | NM; NDS |
| FIRVANQ ORAL RECON SOLN 25MG/ML, 50MG/ML | (vancomycin) | 4 | |
| *linezolid in dextrose 5% intravenous piggyback 600mg/300ml* | (Zyvox) | 4 | PA |
| *linezolid oral tablet 600mg* | (Zyvox) | 4 | PA |
| *methenamine hippurate oral tablet 1gm* | (Hiprex) | 2 | GC |
| *metronidazole in nacl (iso-os) intravenous piggyback 500mg/100ml* | (Metro I.V.) | 2 | PA BvD; GC |
| *metronidazole oral tablet 250mg, 500mg* | | 2 | GC |
| *metronidazole topical cream 0.75%* | (MetroCream) | 2 | GC |
| *metronidazole topical gel 0.75%* | (Rosadan) | 2 | GC |
| *metronidazole topical gel 1%* | (Metrogel) | 2 | GC |
| *metronidazole topical lotion 0.75%* | (MetroLotion) | 2 | GC |
| *metronidazole vaginal gel 0.75% (37.5mg/5gm)* | (Vandazole) | 3 | |
| *nitrofurantoin macrocrystal oral capsule 100mg, 25mg, 50mg* | (Macrodantin) | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *nitrofurantoin monohyd/m-cryst oral capsule 100mg* | (Macrobid) | 2 | GC |
| *tigecycline intravenous recon soln 50mg* | (Tygacil) | 5 | PA BvD; NM; NDS |
| *tinidazole oral tablet 250mg, 500mg* | | 2 | GC |
| *trimethoprim oral tablet 100mg* | | 1 | GC |
| *vancomycin intravenous recon soln 1, 000mg, 10gm, 500mg, 750mg* | | 4 | |
| *vancomycin oral capsule 125mg, 250mg* | (Vancocin) | 4 | |
| *vancomycin oral recon soln 25mg/ml, 50mg/ml* | (Firvanq) | 4 | |
| XIFAXAN ORAL TABLET 200MG, 550MG | | 4 | |
| ***Betalactámico, Cefalosporinas*** | | | |
| *cefaclor oral capsule 250mg, 500mg* | | 2 | GC |
| *cefaclor oral suspension for reconstitution 125mg/5ml, 250mg/5ml, 375mg/5ml* | | 4 | |
| *cefaclor oral tablet extended release 12-hr 500mg* | | 4 | |
| *cefadroxil oral capsule 500mg* | | 1 | GC |
| *cefadroxil oral suspension for reconstitution 250mg/5ml, 500mg/5ml* | | 2 | GC |
| *cefadroxil oral tablet 1gm* | | 2 | GC |
| *cefazolin injection recon soln 1gm, 10gm, 500mg* | | 4 | |
| *cefdinir oral capsule 300mg* | | 2 | GC |
| *cefdinir oral suspension for reconstitution 125mg/5ml, 250mg/5ml* | | 2 | GC |
| *cefepime injection recon soln 1gm, 2gm* | | 4 | |
| *cefixime oral capsule 400mg* | (Suprax) | 4 | |
| *cefixime oral suspension for reconstitution 100mg/5ml, 200mg/5ml* | (Suprax) | 4 | |
| *cefotetan injection recon soln 1gm, 2gm* | (Cefotan) | 4 | PA BvD |
| *cefoxitin intravenous recon soln 1gm, 10gm, 2gm* | | 4 | PA BvD |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *cefpodoxime oral suspension for reconstitution 100mg/5ml, 50mg/5ml* | | 4 | |
| *cefpodoxime oral tablet 100mg, 200mg* | | 4 | |
| *cefprozil oral suspension for reconstitution 125mg/5ml, 250mg/5ml* | | 2 | GC |
| *cefprozil oral tablet 250mg, 500mg* | | 2 | GC |
| *ceftazidime injection recon soln 1gm, 2gm, 6gm* | (Tazicef) | 4 | |
| *ceftriaxone injection recon soln 1gm, 10gm, 2gm, 250mg, 500mg* | | 4 | |
| *cefuroxime axetil oral tablet 250mg, 500mg* | | 2 | GC |
| *cefuroxime sodium injection recon soln 750mg* | | 4 | PA BvD |
| *cefuroxime sodium intravenous recon soln 1.5gm* | | 4 | PA BvD |
| *cephalexin oral capsule 250mg, 500mg* | | 1 | GC |
| *cephalexin oral suspension for reconstitution 125mg/5ml, 250mg/5ml* | | 2 | GC |
| *cephalexin oral tablet 250mg, 500mg* | | 2 | GC |
| TEFLARO INTRAVENOUS RECON SOLN 400MG, 600MG | | 5 | PA BvD; NM; NDS |
| ***Betalactámico, Penicilinas*** | | | |
| *amoxicillin oral capsule 250mg, 500mg* | | 1 | GC |
| *amoxicillin oral suspension for reconstitution 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml* | | 1 | GC |
| *amoxicillin oral tablet 500mg, 875mg* | | 1 | GC |
| *amoxicillin oral tablet, chewable 125mg, 250mg* | | 1 | GC |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5mg/5ml, 400-57mg/5ml* | | 2 | GC |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5mg/5ml* | (Augmentin) | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9mg/5ml* | (Augmentin ES-600) | 2 | GC |
| *amoxicillin-pot clavulanate oral tablet 250-125mg, 875-125mg* | | 2 | GC |
| *amoxicillin-pot clavulanate oral tablet 500-125mg* | (Augmentin) | 2 | GC |
| *amoxicillin-pot clavulanate oral tablet extended release 12-hr 1, 000-62.5mg* | (Augmentin XR) | 4 | |
| *amoxicillin-pot clavulanate oral tablet, chewable 200-28.5mg, 400-57mg* | | 2 | GC |
| *ampicillin oral capsule 500mg* | | 1 | GC |
| *ampicillin sodium injection recon soln 1gm, 10gm, 125mg* | | 4 | PA BvD |
| *ampicillin-sulbactam injection recon soln 1.5gm, 15gm, 3gm* | (Unasyn) | 4 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1, 200, 000UNIT/2ML, 2, 400, 000UNIT/4ML, 600, 000UNIT/ML | | 4 | |
| *dicloxacillin oral capsule 250mg, 500mg* | | 2 | GC |
| *nafcillin 1gm/ 50ml inj 1gm/50ml* | | 4 | PA BvD |
| *nafcillin injection recon soln 1gm* | | 4 | PA BvD |
| *nafcillin injection recon soln 10gm, 2gm* | | 4 | PA BvD |
| *oxacillin in dextrose (iso-osm) intravenous piggyback 1gm/50ml, 2gm/50ml* | | 4 | PA BvD |
| *oxacillin injection recon soln 1gm, 10gm, 2gm* | | 4 | PA BvD |
| *penicillin g pot in dextrose intravenous piggyback 2 millionunit/50ml, 3 millionunit/50ml* | | 4 | |
| *penicillin g potassium injection recon soln 20 millionunit* | (Pfizerpen-G) | 4 | PA BvD |
| *penicillin g procaine intramuscular syringe 1.2 millionunit/2ml* | | 4 | |
| *penicillin g sodium injection recon soln 5 millionunit* | | 4 | PA BvD |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *penicillin v potassium oral recon soln 125mg/5ml, 250mg/5ml* | | 2 | GC |
| *penicillin v potassium oral tablet 250mg, 500mg* | | 1 | GC |
| *piperacillin-tazobactam intravenous recon soln 2.25gm, 3.375gm, 4.5gm* | | 4 | |
| ***Carbapenemasas*** | | | |
| *ertapenem injection recon soln 1gm* | | 4 | |
| *imipenem-cilastatin intravenous recon soln 250mg* | | 4 | |
| *imipenem-cilastatin intravenous recon soln 500mg* | (Primaxin IV) | 4 | |
| *meropenem intravenous recon soln 1gm, 500mg* | | 4 | |
| ***Macrólidos*** | | | |
| *azithromycin intravenous recon soln 500mg* | (Zithromax) | 2 | PA BvD; GC |
| *azithromycin oral packet 1gm* | (Zithromax) | 2 | GC |
| *azithromycin oral suspension for reconstitution 100mg/5ml, 200mg/5ml* | (Zithromax) | 2 | GC |
| *azithromycin oral tablet 250mg* | (Zithromax) | 1 | GC |
| *azithromycin oral tablet 250mg (6 pack)* | | 1 | GC |
| *azithromycin oral tablet 500mg* | (Zithromax) | 2 | GC |
| *azithromycin oral tablet 500mg (3 pack), 600mg* | | 2 | GC |
| *clarithromycin oral suspension for reconstitution 125mg/5ml, 250mg/5ml* | | 2 | GC |
| *clarithromycin oral tablet 250mg, 500mg* | | 2 | GC |
| *clarithromycin oral tablet extended release 24-hr 500mg* | | 2 | GC |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40MG/ML | | 5 | PA; NM; NDS; QL (136 per 10 days) |
| DIFICID ORAL TABLET 200MG | | 5 | PA; NM; NDS; QL (20 per 10 days) |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500MG | (erythromycin lactobionate) | 4 | PA BvD |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *erythromycin ethylsuccinate oral suspension for reconstitution 200mg/5ml* | (E.E.S. Granules) | 4 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 400mg/5ml* | (EryPed 400) | 4 | |
| *erythromycin ethylsuccinate oral tablet 400mg* | (E.E.S. 400) | 4 | |
| *erythromycin oral capsule, delayed release (dr/ec) 250mg* | | 4 | |
| *erythromycin oral tablet 250mg, 500mg* | | 4 | |
| *erythromycin oral tablet, delayed release (dr/ec) 250mg, 333mg, 500mg* | (Ery-Tab) | 4 | |
| ***Quinolonas*** | | | |
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3%* | | 1 | GC |
| *ciprofloxacin hcl oral tablet 100mg, 750mg* | | 2 | GC |
| *ciprofloxacin hcl oral tablet 250mg, 500mg* | (Cipro) | 1 | GC |
| *ciprofloxacin in 5% dextrose intravenous piggyback 200mg/100ml* | | 4 | PA BvD |
| *levofloxacin in d5w intravenous piggyback 500mg/100ml, 750mg/150ml* | | 4 | |
| *levofloxacin oral solution 250mg/10ml* | | 4 | |
| *levofloxacin oral tablet 250mg, 500mg, 750mg* | | 2 | GC |
| *moxifloxacin 400mg/250ml bag* | | 4 | PA BvD |
| *moxifloxacin oral tablet 400mg* | | 4 | |
| *moxifloxacin-sod.chloride (iso) intravenous piggyback 400mg/250ml* | (Avelox in NaCl (iso-osmotic)) | 4 | PA BvD |
| *ofloxacin oral tablet 300mg, 400mg* | | 2 | GC |
| ***Sulfonamidas*** | | | |
| *sulfacetamide sodium (acne) topical suspension 10%* | (Klaron) | 2 | GC |
| *sulfadiazine oral tablet 500mg* | | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *sulfamethoxazole-trimethoprim oral suspension 200-40mg/5ml* | (Sulfatrim) | 2 | GC |
| *sulfamethoxazole-trimethoprim oral tablet 400-80mg* | (Bactrim) | 1 | GC |
| *sulfamethoxazole-trimethoprim oral tablet 800-160mg* | (Bactrim DS) | 1 | GC |
| ***Tetraciclinas*** | | | |
| *doxy-100 intravenous recon soln 100mg* | (doxycycline hyclate) | 4 | PA BvD |
| *doxycycline hyclate oral capsule 100mg, 50mg* | (Morgidox) | 2 | GC |
| *doxycycline hyclate oral tablet 100mg* | (LymePak) | 2 | GC |
| *doxycycline hyclate oral tablet 20mg* | | 2 | GC |
| *doxycycline monohydrate oral capsule 100mg* | (Mondoxyne NL) | 1 | GC |
| *doxycycline monohydrate oral capsule 50mg* | (Monodox) | 1 | GC |
| *doxycycline monohydrate oral tablet 100mg* | (Avidoxy) | 2 | GC |
| *doxycycline monohydrate oral tablet 50mg, 75mg* | | 2 | GC |
| *minocycline oral capsule 100mg, 50mg, 75mg* | | 2 | GC |
| *minocycline oral tablet 100mg, 50mg, 75mg* | | 2 | GC |
| *tetracycline oral capsule 250mg, 500mg* | | 2 | GC |
| **ANTICONVULSIVOS** | | | |
| ***Agentes De Aumento De Ácido Gamma-Aminobutírico (GABA)*** | | | |
| *clobazam oral suspension 2.5mg/ml* | (Onfi) | 4 | QL (480 per 30 days) |
| *clobazam oral tablet 10mg, 20mg* | (Onfi) | 4 | QL (60 per 30 days) |
| *diazepam rectal kit 12.5-15-17.5-20mg, 5-7.5-10mg* | (Diastat AcuDial) | 4 | |
| *diazepam rectal kit 2.5mg* | (Diastat) | 4 | |
| *gabapentin oral capsule 100mg, 300mg, 400mg* | (Neurontin) | 1 | GC; QL (270 per 30 days) |
| *gabapentin oral solution 250mg/5ml* | (Neurontin) | 2 | GC |
| *gabapentin oral tablet 600mg, 800mg* | (Neurontin) | 1 | GC; QL (180 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5MG/SPRAY (0.1ML) | | 4 | |
| SYMPAZAN ORAL FILM 10MG, 20MG, 5MG | | 5 | ST; NM; NDS; QL (60 per 30 days) |
| *tiagabine oral tablet 12mg, 16mg, 2mg, 4mg* | | 4 | |
| 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) | | 4 | ST |
| *vigabatrin oral powder in packet 500mg* | (Sabril) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| *vigabatrin oral tablet 500mg* | (Vigadrone) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| *vigadrone oral tablet 500mg* | (vigabatrin) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| ***Agentes De Canal De Sodio*** | | | |
| APTIOM ORAL TABLET 200MG, 400MG | | 5 | ST; NM; NDS; QL (30 per 30 days) |
| APTIOM ORAL TABLET 600MG, 800MG | | 5 | ST; NM; NDS; QL (60 per 30 days) |
| *carbamazepine oral capsule, er multiphase 12-hr 100mg, 200mg, 300mg* | (Carbatrol) | 2 | GC |
| *carbamazepine oral suspension 100mg/5ml* | (Tegretol) | 2 | GC |
| *carbamazepine oral tablet 200mg* | (Epitol) | 2 | GC |
| *carbamazepine oral tablet extended release 12-hr 100mg, 200mg, 400mg* | (Tegretol XR) | 2 | GC |
| *carbamazepine oral tablet, chewable 100mg* | | 1 | GC |
| DILANTIN ORAL CAPSULE 30MG | | 4 | ST |
| *epitol oral tablet 200mg* | (carbamazepine) | 2 | GC |
| *lacosamide oral solution 10mg/ml* | (Vimpat) | 4 | QL (1395 per 30 days) |
| *lacosamide oral tablet 100mg, 150mg, 200mg, 50mg* | (Vimpat) | 4 | QL (60 per 30 days) |
| *oxcarbazepine oral suspension 300mg/5ml (60mg/ml)* | (Trileptal) | 4 | |
| *oxcarbazepine oral tablet 150mg, 300mg, 600mg* | (Trileptal) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *phenytoin oral suspension 125mg/5ml* | (Dilantin-125) | 1 | GC |
| *phenytoin oral tablet, chewable 50mg* | (Dilantin Infatabs) | 1 | GC |
| *phenytoin sodium extended oral capsule 100mg* | (Dilantin Extended) | 1 | GC |
| *phenytoin sodium extended oral capsule 200mg, 300mg* | (Phenytek) | 1 | GC |
| *rufinamide oral suspension 40mg/ml* | (Banzel) | 5 | NM; NDS; QL (2760 per 30 days) |
| *rufinamide oral tablet 200mg* | (Banzel) | 4 | QL (480 per 30 days) |
| *rufinamide oral tablet 400mg* | (Banzel) | 5 | NM; NDS; QL (240 per 30 days) |
| ***Agentes Modificadores De Canal De Calcio*** | | | |
| *ethosuximide oral capsule 250mg* | (Zarontin) | 2 | GC |
| *ethosuximide oral solution 250mg/5ml* | (Zarontin) | 2 | GC |
| *methsuximide oral capsule 300mg* | (Celontin) | 4 | |
| ZONISADE ORAL SUSPENSION 100MG/5ML | | 4 | QL (900 per 30 days) |
| *zonisamide oral capsule 100mg, 25mg* | (Zonegran) | 2 | GC |
| *zonisamide oral capsule 50mg* | | 2 | GC |
| ***Anticonvulsivos, Otros*** | | | |
| BRIVIACT ORAL SOLUTION 10MG/ML | | 4 | QL (600 per 30 days) |
| BRIVIACT ORAL TABLET 10MG, 100MG, 25MG, 50MG, 75MG | | 4 | QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250MG, 500MG | | 4 | PA NSO |
| DIACOMIT ORAL POWDER IN PACKET 250MG, 500MG | | 4 | PA NSO |
| EPIDIOLEX ORAL SOLUTION 100MG/ML | | 4 | PA NSO |
| *felbamate oral suspension 600mg/5ml* | (Felbatol) | 5 | NM; NDS |
| *felbamate oral tablet 400mg, 600mg* | (Felbatol) | 4 | |
| FINTEPLA ORAL SOLUTION 2.2MG/ML | | 4 | PA NSO |
| FYCOMPA ORAL SUSPENSION 0.5MG/ML | | 4 | ST; QL (720 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG, 8MG | | 5 | ST; NM; NDS; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 2MG | | 4 | ST; QL (30 per 30 days) |
| *lamotrigine oral tablet 100mg, 150mg, 200mg, 25mg* | (Lamictal) | 1 | GC |
| *lamotrigine oral tablet disintegrating, dose pk 25mg (21) -50mg (7)* | (Lamictal ODT Starter (Blue)) | 2 | GC |
| *lamotrigine oral tablet disintegrating, dose pk 25mg (14)-50mg (14)-100mg (7)* | (Lamictal ODT Starter (Orange)) | 2 | GC |
| *lamotrigine oral tablet disintegrating, dose pk 50mg (42) -100mg (14)* | (Lamictal ODT Starter (Green)) | 2 | GC |
| *lamotrigine oral tablet extended release 24hr 100mg, 200mg, 25mg, 250mg, 300mg, 50mg* | (Lamictal XR) | 4 | |
| *lamotrigine oral tablet, chewable dispersible 25mg, 5mg* | (Lamictal) | 2 | GC |
| *lamotrigine oral tablet, disintegrating 100mg, 200mg, 25mg, 50mg* | (Lamictal ODT) | 4 | |
| *lamotrigine oral tablets, dose pack 25mg (35)* | (Lamictal Starter (Blue) Kit) | 2 | GC |
| *lamotrigine oral tablets, dose pack 25mg (42) -100mg (7)* | (Lamictal Starter (Orange) Kit) | 2 | GC |
| *lamotrigine oral tablets, dose pack 25mg (84) -100mg (14)* | (Lamictal Starter (Green) Kit) | 2 | GC |
| *levetiracetam oral solution 100mg/ml* | (Keppra) | 2 | GC |
| *levetiracetam oral tablet 1, 000mg, 250mg, 500mg, 750mg* | (Keppra) | 1 | GC |
| *levetiracetam oral tablet extended release 24-hr 500mg, 750mg* | (Keppra XR) | 2 | GC |
| *phenobarbital oral elixir 20mg/5ml (4mg/ml)* | | 2 | GC; QL (1500 per 30 days) |
| *phenobarbital oral tablet 100mg, 16.2mg, 32.4mg, 64.8mg, 97.2mg* | | 2 | GC; QL (90 per 30 days) |
| *phenobarbital oral tablet 15mg, 60mg* | | 2 | GC; QL (120 per 30 days) |
| *phenobarbital oral tablet 30mg* | | 2 | GC; QL (300 per 30 days) |
| *primidone oral tablet 125mg* | | 1 | GC |
| *primidone oral tablet 250mg, 50mg* | (Mysoline) | 1 | GC |
| SPRITAM ORAL TABLET FOR SUSPENSION 1, 000MG | | 4 | ST; QL (90 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| SPRITAM ORAL TABLET FOR SUSPENSION 250MG, 500MG, 750MG | | 4 | ST; QL (120 per 30 days) |
| *valproic acid (as sodium salt) oral solution 250mg/5ml* | | 2 | GC |
| *valproic acid oral capsule 250mg* | | 2 | GC |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150MG X1-100MG X1), 350MG/DAY (200MG X1-150MG X1) | | 4 | QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100MG, 150MG, 200MG, 50MG | | 4 | 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) | | 4 | QL (28 per 28 days) |
| ZTALMY ORAL SUSPENSION 50MG/ML | | 5 | PA NSO; NM; NDS; QL (1100 per 30 days) |
| **ANTIDEPRESIVOS** | | | |
| *citalopram oral capsule 30mg* | | 1 | GC; QL (30 per 30 days) |
| *citalopram oral solution 10mg/5ml* | | 2 | GC; QL (600 per 30 days) |
| *citalopram oral tablet 10mg, 40mg* | (Celexa) | 1 | GC; QL (30 per 30 days) |
| *citalopram oral tablet 20mg* | (Celexa) | 1 | GC; QL (60 per 30 days) |
| *desvenlafaxine oral tablet extended release 24-hr 100mg, 50mg* | | 4 | QL (30 per 30 days) |
| *desvenlafaxine succinate oral tablet extended release 24-hr 100mg, 25mg, 50mg* | (Pristiq) | 4 | QL (30 per 30 days) |
| *duloxetine oral capsule, delayed release (dr/ec) 20mg, 30mg, 60mg* | (Cymbalta) | 2 | GC; QL (60 per 30 days) |
| *duloxetine oral capsule, delayed release (dr/ec) 40mg* | | 2 | GC; QL (60 per 30 days) |
| *escitalopram oxalate oral solution 5mg/5ml* | | 2 | GC; QL (600 per 30 days) |
| *escitalopram oxalate oral tablet 10mg* | (Lexapro) | 1 | GC; QL (45 per 30 days) |
| *escitalopram oxalate oral tablet 20mg* | (Lexapro) | 1 | GC; QL (60 per 30 days) |
| *escitalopram oxalate oral tablet 5mg* | (Lexapro) | 1 | GC; QL (30 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20MG (2)-40MG (26) | | 3 | QL (28 per 28 days) |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120MG, 20MG, 40MG, 80MG | | 3 | QL (30 per 30 days) |
| *fluoxetine oral capsule 10mg, 20mg, 40mg* | (Prozac) | 1 | GC; QL (60 per 30 days) |
| *fluoxetine oral solution 20mg/5ml (4mg/ml)* | | 2 | GC; QL (600 per 30 days) |
| *fluoxetine oral tablet 10mg* | | 2 | GC; QL (60 per 30 days) |
| *fluoxetine oral tablet 20mg* | | 2 | GC; QL (120 per 30 days) |
| *fluvoxamine oral tablet 100mg, 25mg, 50mg* | | 2 | GC; QL (90 per 30 days) |
| *nefazodone oral tablet 100mg, 150mg, 200mg, 250mg, 50mg* | | 4 | |
| *paroxetine hcl oral suspension 10mg/5ml* | (Paxil) | 4 | QL (900 per 30 days) |
| *paroxetine hcl oral tablet 10mg, 20mg* | (Paxil) | 1 | GC; QL (30 per 30 days) |
| *paroxetine hcl oral tablet 30mg, 40mg* | (Paxil) | 1 | GC; QL (60 per 30 days) |
| *sertraline oral capsule 150mg, 200mg* | | 2 | GC; QL (30 per 30 days) |
| *sertraline oral concentrate 20mg/ml* | (Zoloft) | 1 | GC; QL (300 per 30 days) |
| *sertraline oral tablet 100mg* | (Zoloft) | 1 | GC; QL (60 per 30 days) |
| *sertraline oral tablet 25mg, 50mg* | (Zoloft) | 1 | GC; QL (90 per 30 days) |
| *trazodone oral tablet 100mg, 150mg, 50mg* | | 1 | GC |
| *trazodone oral tablet 300mg* | | 2 | GC |
| TRINTELLIX ORAL TABLET 10MG, 20MG, 5MG | | 4 | ST; QL (30 per 30 days) |
| *venlafaxine besylate oral tablet extended release 24hr 112.5mg* | | 2 | GC; QL (30 per 30 days) |
| *venlafaxine oral capsule, extended release 24hr 150mg, 37.5mg, 75mg* | (Effexor XR) | 1 | GC; QL (60 per 30 days) |
| *venlafaxine oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg* | | 1 | GC; QL (90 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *venlafaxine oral tablet extended release 24hr 150mg, 225mg, 37.5mg, 75mg* | | 2 | GC; QL (30 per 30 days) |
| VIIBRYD ORAL TABLETS, DOSE PACK 10MG (7)-20MG (23) | | 3 | QL (30 per 30 days) |
| *vilazodone oral tablet 10mg, 20mg, 40mg* | (Viibryd) | 3 | QL (30 per 30 days) |
| ***Antidepresivos, Otros*** | | | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105MG | | 4 | ST; QL (60 per 30 days) |
| *bupropion hcl oral tablet 100mg* | | 1 | GC; QL (180 per 30 days) |
| *bupropion hcl oral tablet 75mg* | | 1 | GC; QL (120 per 30 days) |
| *bupropion hcl oral tablet extended release 24-hr 150mg* | (Wellbutrin XL) | 2 | GC; QL (60 per 30 days) |
| *bupropion hcl oral tablet extended release 24-hr 300mg* | (Wellbutrin XL) | 2 | GC; QL (90 per 30 days) |
| *bupropion hcl oral tablet extended release 24-hr 450mg* | (Forfivo XL) | 3 | QL (30 per 30 days) |
| *bupropion hcl oral tablet sustained-release 12-hr 100mg* | (Wellbutrin SR) | 1 | GC; QL (120 per 30 days) |
| *bupropion hcl oral tablet sustained-release 12-hr 150mg* | (Wellbutrin SR) | 1 | GC; QL (90 per 30 days) |
| *bupropion hcl oral tablet sustained-release 12-hr 200mg* | (Wellbutrin SR) | 1 | GC; QL (60 per 30 days) |
| *mirtazapine oral tablet 15mg, 30mg* | (Remeron) | 1 | GC; QL (30 per 30 days) |
| *mirtazapine oral tablet 45mg* | | 1 | GC; QL (30 per 30 days) |
| *mirtazapine oral tablet 7.5mg* | | 1 | GC; QL (45 per 30 days) |
| *mirtazapine oral tablet, disintegrating 15mg, 30mg, 45mg* | (Remeron SolTab) | 2 | GC; QL (30 per 30 days) |
| *olanzapine-fluoxetine oral capsule 12-25mg, 6-50mg* | | 4 | QL (30 per 30 days) |
| *olanzapine-fluoxetine oral capsule 12-50mg* | (Symbyax) | 4 | QL (30 per 30 days) |
| *olanzapine-fluoxetine oral capsule 3-25mg, 6-25mg* | (Symbyax) | 4 | QL (90 per 30 days) |
| ***Inhibidores De Monoamino Oxidasa*** | | | |
| EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24 HR, 6MG/24 HR, 9MG/24 HR | | 5 | ST; NM; NDS; QL (30 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| MARPLAN ORAL TABLET 10MG | | 4 | ST; QL (180 per 30 days) |
| *phenelzine oral tablet 15mg* | (Nardil) | 2 | GC |
| *tranylcypromine oral tablet 10mg* | (Parnate) | 4 | |
| ***Tricíclicos*** | | | |
| *amitriptyline oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg* | | 2 | GC |
| *amoxapine oral tablet 100mg, 150mg, 25mg, 50mg* | | 2 | GC |
| *clomipramine oral capsule 25mg, 50mg, 75mg* | (Anafranil) | 4 | |
| *desipramine oral tablet 10mg, 25mg* | (Norpramin) | 2 | GC |
| *desipramine oral tablet 100mg, 150mg, 50mg, 75mg* | | 2 | GC |
| *doxepin oral capsule 10mg, 100mg, 150mg, 25mg, 50mg, 75mg* | | 2 | GC |
| *doxepin oral concentrate 10mg/ml* | | 2 | GC |
| *imipramine hcl oral tablet 10mg, 25mg, 50mg* | | 2 | GC |
| *nortriptyline oral capsule 10mg, 25mg, 50mg, 75mg* | (Pamelor) | 1 | GC |
| *nortriptyline oral solution 10mg/5ml* | | 2 | GC |
| *protriptyline oral tablet 10mg, 5mg* | | 4 | |
| *trimipramine oral capsule 100mg, 25mg, 50mg* | | 4 | |
| **ANTIEMÉTICOS** | | | |
| ***Antieméticos, Otros*** | | | |
| *meclizine oral tablet 12.5mg* | | 1 | GC |
| *meclizine oral tablet 25mg* | (Dramamine (meclizine)) | 1 | GC |
| *prochlorperazine maleate oral tablet 10mg, 5mg* | (Compazine) | 1 | PA BvD; GC |
| *prochlorperazine rectal suppository 25mg* | (Compazine) | 4 | |
| *promethazine oral syrup 6.25mg/5ml* | | 2 | GC |
| *promethazine oral tablet 12.5mg, 25mg, 50mg* | | 1 | GC |
| *promethazine rectal suppository 12.5mg, 25mg* | (Promethegan) | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *scopolamine base transdermal patch 3 day 1mg over 3 days* | (Transderm-Scop) | 4 | |
| ***Complementos De Terapia Emetógena*** | | | |
| *aprepitant oral capsule 125mg, 40mg* | | 4 | PA BvD; QL (30 per 30 days) |
| *aprepitant oral capsule 80mg* | (Emend) | 4 | PA BvD; QL (30 per 30 days) |
| *aprepitant oral capsule, dose pack 125mg (1)-80mg (2)* | (Emend) | 4 | PA BvD; QL (12 per 30 days) |
| *dronabinol oral capsule 10mg, 2.5mg, 5mg* | (Marinol) | 4 | PA; QL (60 per 30 days) |
| *granisetron hcl oral tablet 1mg* | | 4 | PA BvD; QL (60 per 30 days) |
| *ondansetron hcl oral solution 4mg/5ml* | | 2 | PA BvD; GC |
| *ondansetron hcl oral tablet 4mg, 8mg* | | 1 | PA BvD; GC |
| *ondansetron oral tablet, disintegrating 4mg, 8mg* | | 2 | PA BvD; GC |
| VARUBI ORAL TABLET 90MG | | 3 | PA BvD |
| **ANTIFÚNGICOS** | | | |
| ***Antifúngicos*** | | | |
| ABELCET INTRAVENOUS SUSPENSION 5MG/ML | | 4 | PA BvD |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50MG | (amphotericin b liposome) | 5 | PA BvD; NM; NDS |
| *amphotericin b injection recon soln 50mg* | | 4 | PA BvD |
| *caspofungin intravenous recon soln 50mg* | (Cancidas) | 5 | NM; NDS |
| *caspofungin intravenous recon soln 70mg* | (Cancidas) | 4 | |
| *ciclopirox topical cream 0.77%* | (Ciclodan) | 2 | GC |
| *ciclopirox topical suspension 0.77%* | (Loprox (as olamine)) | 2 | GC |
| *clotrimazole mucous membrane troche 10mg* | | 2 | GC |
| *clotrimazole topical cream 1%* | (Antifungal (clotrimazole)) | 1 | GC |
| *clotrimazole topical solution 1%* | | 2 | GC |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *econazole topical cream 1%* | | 2 | GC |
| ERAXIS (WATER DILUENT) INTRAVENOUS RECON SOLN 100MG | | 5 | PA BvD; NM; NDS |
| ERAXIS (WATER DILUENT) INTRAVENOUS RECON SOLN 50MG | | 4 | PA BvD |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200mg/100ml, 400mg/200ml* | | 2 | PA BvD; GC |
| *fluconazole oral suspension for reconstitution 10mg/ml, 40mg/ml* | (Diflucan) | 2 | GC |
| *fluconazole oral tablet 100mg, 200mg* | (Diflucan) | 2 | GC |
| *fluconazole oral tablet 150mg, 50mg* | | 2 | GC |
| *flucytosine oral capsule 250mg, 500mg* | (Ancobon) | 5 | NM; NDS |
| *griseofulvin microsize oral suspension 125mg/5ml* | | 2 | GC |
| *griseofulvin microsize oral tablet 500mg* | | 2 | GC |
| *griseofulvin ultramicrosize oral tablet 125mg, 250mg* | | 2 | GC |
| *itraconazole oral capsule 100mg* | (Sporanox) | 4 | PA |
| *itraconazole oral solution 10mg/ml* | (Sporanox) | 4 | PA |
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10% | | 4 | |
| *ketoconazole oral tablet 200mg* | | 1 | GC |
| *ketoconazole topical cream 2%* | | 2 | GC |
| *ketoconazole topical shampoo 2%* | | 1 | GC |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300MG | | 5 | PA; NM; NDS |
| *nyamyc topical powder 100, 000unit/gram* | (nystatin) | 3 | |
| *nystatin oral suspension 100, 000unit/ml* | | 2 | GC |
| *nystatin oral tablet 500, 000unit* | | 2 | GC |
| *nystatin topical cream 100, 000unit/gram* | | 1 | GC |
| *nystatin topical ointment 100, 000unit/gram* | | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *nystatin topical powder 100, 000unit/gram* | (Nyamyc) | 2 | GC |
| *nystop topical powder 100, 000unit/gram* | (nystatin) | 3 | |
| *posaconazole oral suspension 200mg/5ml (40mg/ml)* | (Noxafil) | 5 | PA; NM; NDS |
| *posaconazole oral tablet, delayed release (dr/ec) 100mg* | (Noxafil) | 4 | PA |
| *terbinafine hcl oral tablet 250mg* | | 2 | GC |
| *terconazole vaginal cream 0.4%, 0.8%* | | 2 | GC |
| *terconazole vaginal suppository 80mg* | | 2 | GC |
| *voriconazole intravenous recon soln 200mg* | (Vfend IV) | 5 | PA; NM; NDS |
| *voriconazole oral suspension for reconstitution 200mg/5ml (40mg/ml)* | (Vfend) | 5 | PA; NM; NDS |
| *voriconazole oral tablet 200mg, 50mg* | (Vfend) | 4 | PA |
| **ANTIMICOBACTERIALES** | | | |
| ***Antimicobacterianos, Otros*** | | | |
| *dapsone oral tablet 100mg, 25mg* | | 2 | GC |
| PRIFTIN ORAL TABLET 150MG | | 4 | |
| *rifabutin oral capsule 150mg* | (Mycobutin) | 4 | |
| ***Antituberculosos*** | | | |
| *ethambutol oral tablet 100mg* | | 2 | GC |
| *ethambutol oral tablet 400mg* | (Myambutol) | 2 | GC |
| *isoniazid oral solution 50mg/5ml* | | 1 | GC |
| *isoniazid oral tablet 100mg, 300mg* | | 1 | GC |
| *pyrazinamide oral tablet 500mg* | | 2 | GC |
| *rifampin intravenous recon soln 600mg* | (Rifadin) | 4 | |
| *rifampin oral capsule 150mg, 300mg* | | 2 | GC |
| SIRTURO ORAL TABLET 100MG, 20MG | | 5 | PA; NM; NDS |
| TRECATOR ORAL TABLET 250MG | | 4 | |



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 19 de la introducción.

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



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| YONSA ORAL TABLET 125MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ***Antiestrógenos/Modificadores*** | | | |
| EMCYT ORAL CAPSULE 140MG | | 3 | |
| ORSERDU ORAL TABLET 345MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20MG/10ML | | 4 | PA NSO |
| *tamoxifen oral tablet 10mg, 20mg* | | 1 | GC |
| *toremifene oral tablet 60mg* | (Fareston) | 5 | PA NSO; NM; NDS |
| ***Antimetabolitos*** | | | |
| DROXIA ORAL CAPSULE 200MG, 300MG, 400MG | | 4 | |
| *hydroxyurea oral capsule 500mg* | (Hydrea) | 1 | GC |
| INQOVI ORAL TABLET 35-100MG | | 5 | PA NSO; NM; NDS |
| *mercaptopurine oral tablet 50mg* | | 2 | GC |
| ONUREG ORAL TABLET 200MG, 300MG | | 5 | PA NSO; NM; NDS |
| PURIXAN ORAL SUSPENSION 20MG/ML | | 5 | NM; NDS |
| TABLOID ORAL TABLET 40MG | (thioguanine) | 4 | PA NSO |
| ***Antineoplásicos, Otros*** | | | |
| IDHIFA ORAL TABLET 100MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 50MG | | 5 | PA NSO; NM; NDS; 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 | | 5 | PA NSO; NM; NDS |
| KRAZATI ORAL TABLET 200MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| *leucovorin calcium oral tablet 10mg, 15mg, 25mg, 5mg* | | 2 | GC |
| LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG | | 5 | PA NSO; NM; NDS |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| LUMAKRAS ORAL TABLET 120MG | | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 320MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| LYNPARZA ORAL TABLET 100MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| LYNPARZA ORAL TABLET 150MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| MESNEX ORAL TABLET 400MG | | 5 | NM; NDS |
| NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG | | 5 | PA NSO; NM; NDS |
| ORGOVYX ORAL TABLET 120MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5MG | | 5 | PA NSO; NM; NDS |
| WELIREG ORAL TABLET 40MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| XATMEP ORAL SOLUTION 2.5MG/ML | | 4 | 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) | | 5 | PA NSO; NM; NDS |
| ZOLINZA ORAL CAPSULE 100MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ***Inhibidores De Aromatasa, 3ra Generación*** | | | |
| *anastrozole oral tablet 1mg* | (Arimidex) | 1 | GC |
| *exemestane oral tablet 25mg* | (Aromasin) | 4 | |
| *letrozole oral tablet 2.5mg* | (Femara) | 1 | GC |
| ***Inhibidores De Objetivo Molecular*** | | | |
| ALECENSA ORAL CAPSULE 150MG | | 5 | PA NSO; NM; NDS |
| ALUNBRIG ORAL TABLET 180MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| ALUNBRIG ORAL TABLET 90MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ALUNBRIG ORAL TABLETS, DOSE PACK 90MG (7)-180MG (23) | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| AYVAKIT ORAL TABLET 100MG, 200MG, 25MG, 300MG, 50MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BALVERSA ORAL TABLET 3MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| BALVERSA ORAL TABLET 4MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| BALVERSA ORAL TABLET 5MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| BOSULIF ORAL TABLET 400MG, 500MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20MG, 40MG, 60MG | | 5 | PA NSO; NM; NDS |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CALQUENCE ORAL CAPSULE 100MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100MG | (vandetanib) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300MG | (vandetanib) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| COMETRIQ ORAL CAPSULE 100MG/DAY (80MG X1-20MG X1) | | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| COMETRIQ ORAL CAPSULE 140MG/DAY (80MG X1-20MG X3) | | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| COMETRIQ ORAL CAPSULE 60MG/DAY (20MG X 3/DAY) | | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| COPIKTRA ORAL CAPSULE 15MG, 25MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| COTELLIC ORAL TABLET 20MG | | 5 | PA NSO; NM; NDS; QL (63 per 28 days) |
| DAURISMO ORAL TABLET 100MG, 25MG | | 5 | PA NSO; NM; NDS |
| ERIVEDGE ORAL CAPSULE 150MG | | 5 | PA NSO; NM; NDS |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *erlotinib oral tablet 100mg, 150mg* | (Tarceva) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| *erlotinib oral tablet 25mg* | (Tarceva) | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| *everolimus (antineoplastic) oral tablet 10mg, 2.5mg, 5mg, 7.5mg* | (Afinitor) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 2mg, 3mg* | (Afinitor Disperz) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 5mg* | (Afinitor Disperz) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| EXKIVITY ORAL CAPSULE 40MG | | 5 | PA NSO; NM; NDS |
| FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG | | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| GAVRETO ORAL CAPSULE 100MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| *gefitinib oral tablet 250mg* | (Iressa) | 5 | PA NSO; NM; NDS |
| GILOTRIF ORAL TABLET 20MG, 30MG, 40MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG | | 5 | PA NSO; NM; NDS |
| IBRANCE ORAL TABLET 100MG, 125MG, 75MG | | 5 | PA NSO; NM; NDS |
| ICLUSIG ORAL TABLET 10MG, 30MG, 45MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ICLUSIG ORAL TABLET 15MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| *imatinib oral tablet 100mg* | (Gleevec) | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| *imatinib oral tablet 400mg* | (Gleevec) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70MG | | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70MG/ML | | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG, 560MG | | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| INLYTA ORAL TABLET 1MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |



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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| INREBIC ORAL CAPSULE 100MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| KISQALI ORAL TABLET 200MG/DAY (200MG X 1), 400MG/DAY (200MG X 2), 600MG/DAY (200MG X 3) | 5 | PA NSO; NM; NDS |
| KOSELUGO ORAL CAPSULE 10MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| KOSELUGO ORAL CAPSULE 25MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| *lapatinib oral tablet 250mg* (Tykerb) | 5 | PA NSO; NM; NDS; 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) | 5 | PA NSO; NM; NDS |
| LORBRENA ORAL TABLET 100MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| LYTGOBI ORAL TABLET 4MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| LYTGOBI ORAL TABLET 4MG (4X 4MG TB) | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| LYTGOBI ORAL TABLET 4MG (5X 4MG TB) | 5 | PA NSO; NM; NDS; QL (140 per 28 days) |
| MEKINIST ORAL RECON SOLN 0.05MG/ML | 5 | PA NSO; NM; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| MEKINIST ORAL TABLET 2MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| NERLYNX ORAL TABLET 40MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| ODOMZO ORAL CAPSULE 200MG | | 5 | PA NSO; NM; NDS |
| PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG | | 5 | PA NSO; NM; NDS; QL (14 per 21 days) |
| PIQRAY ORAL TABLET 200MG/DAY (200MG X 1), 250MG/DAY (200MG X1-50MG X1), 300MG/DAY (150MG X 2) | | 5 | PA NSO; NM; NDS |
| QINLOCK ORAL TABLET 50MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| RETEVMO ORAL CAPSULE 80MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ROZLYTREK ORAL CAPSULE 100MG | | 5 | PA NSO; NM; NDS; QL (150 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| RUBRACA ORAL TABLET 200MG, 250MG, 300MG | | 5 | PA NSO; NM; NDS |
| RYDAPT ORAL CAPSULE 25MG | | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| SCEMBLIX ORAL TABLET 20MG, 40MG | | 5 | PA NSO; NM; NDS |
| *sorafenib oral tablet 200mg* | (Nexavar) | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| SPRYCEL ORAL TABLET 140MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| STIVARGA ORAL TABLET 40MG | | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| *sunitinib malate oral capsule 12.5mg, 25mg, 37.5mg, 50mg* | (Sutent) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| TABRECTA ORAL TABLET 150MG, 200MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL CAPSULE 50MG | | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |



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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| TAFINLAR ORAL CAPSULE 75MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10MG | 5 | PA NSO; NM; NDS; QL (900 per 30 days) |
| TAGRISSO ORAL TABLET 40MG, 80MG | 5 | PA NSO; NM; NDS |
| TALZENNA ORAL CAPSULE 0.1MG, 0.35MG, 0.75MG, 1MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| TALZENNA ORAL CAPSULE 0.25MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TALZENNA ORAL CAPSULE 0.5MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| TEPMETKO ORAL TABLET 225MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TIBSOVO ORAL TABLET 250MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TUKYSA ORAL TABLET 150MG, 50MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TURALIO ORAL CAPSULE 125MG, 200MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| VENCLEXTA ORAL TABLET 10MG, 50MG | 4 | PA NSO |
| VENCLEXTA ORAL TABLET 100MG | 5 | PA NSO; NM; NDS |
| VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10MG-50MG-100MG | 3 | PA NSO |
| VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG | 5 | PA NSO; NM; NDS |
| VITRAKVI ORAL CAPSULE 100MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20MG/ML | 5 | PA NSO; NM; NDS; QL (310 per 30 days) |
| VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| VOTRIENT ORAL TABLET 200MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XALKORI ORAL CAPSULE 200MG, 250MG | | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XOSPATA ORAL TABLET 40MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ZEJULA ORAL CAPSULE 100MG | | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100MG, 200MG, 300MG | | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240MG | | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| ZYDELIG ORAL TABLET 100MG, 150MG | | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150MG | | 5 | PA NSO; NM; NDS; QL (150 per 30 days) |
| ***Retinoides*** | | | |
| *bexarotene oral capsule 75mg* | (Targretin) | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| *bexarotene topical gel 1%* | (Targretin) | 5 | PA NSO; NM; NDS |
| *tretinoin (antineoplastic) oral capsule 10mg* | | 5 | NM; NDS |
| **ANTIPARASITARIOS** | | | |
| ***Antihelmínticos*** | | | |
| *albendazole oral tablet 200mg* | | 4 | |
| EMVERM ORAL TABLET, CHEWABLE 100MG | (mebendazole) | 5 | NM; NDS |
| *ivermectin oral tablet 3mg* | (Stromectol) | 2 | PA; GC |
| ***Antiprotozoarios*** | | | |
| *atovaquone oral suspension 750mg/5ml* | (Mepron) | 5 | NM; NDS |
| *atovaquone-proguanil oral tablet 250-100mg* | (Malarone) | 2 | GC |
| *atovaquone-proguanil oral tablet 62.5-25mg* | (Malarone Pediatric) | 2 | GC |
| *benznidazole oral tablet 100mg, 12.5mg* | | 2 | GC |
| *chloroquine phosphate oral tablet 250mg, 500mg* | | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| COARTEM ORAL TABLET 20-120MG | | 4 | |
| *hydroxychloroquine oral tablet 100mg, 300mg, 400mg* | | 2 | GC |
| *hydroxychloroquine oral tablet 200mg* | (Plaquenil) | 2 | GC |
| LAMPIT ORAL TABLET 120MG, 30MG | | 4 | |
| *mefloquine oral tablet 250mg* | | 2 | GC |
| *nitazoxanide oral tablet 500mg* | (Alinia) | 4 | QL (40 per 30 days) |
| *pentamidine inhalation recon soln 300mg* | (Nebupent) | 4 | PA BvD |
| *pentamidine injection recon soln 300mg* | (Pentam) | 4 | PA BvD |
| PRIMAQUINE ORAL TABLET 26.3MG | | 4 | |
| *quinine sulfate oral capsule 324mg* | (Qualaquin) | 2 | PA; GC |
| **ANTIPSICÓTICOS** | | | |
| ***1ra Generación/Típico*** | | | |
| *chlorpromazine oral concentrate 100mg/ml, 30mg/ml* | | 4 | PA BvD |
| *chlorpromazine oral tablet 10mg, 100mg, 200mg, 25mg, 50mg* | | 4 | PA BvD |
| *fluphenazine decanoate injection solution 25mg/ml* | | 4 | |
| *fluphenazine hcl injection solution 2.5mg/ml* | | 4 | |
| *fluphenazine hcl oral concentrate 5mg/ml* | | 2 | GC |
| *fluphenazine hcl oral elixir 2.5mg/5ml* | | 2 | GC |
| *fluphenazine hcl oral tablet 1mg, 10mg, 2.5mg, 5mg* | | 2 | GC |
| *haloperidol decanoate intramuscular solution 100mg/ml (1ml), 50mg/ml (1ml)* | | 2 | GC |
| *haloperidol decanoate intramuscular solution 100mg/ml, 50mg/ml* | (Haldol Decanoate) | 2 | GC |
| *haloperidol lactate injection solution 5mg/ml* | | 4 | |
| *haloperidol lactate oral concentrate 2mg/ml* | | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *haloperidol oral tablet 0.5mg, 1mg, 10mg, 2mg, 20mg, 5mg* | | 1 | GC |
| *loxapine succinate oral capsule 10mg, 25mg, 5mg, 50mg* | | 2 | GC |
| *molindone oral tablet 10mg, 25mg, 5mg* | | 2 | GC |
| *perphenazine oral tablet 16mg, 2mg* | | 2 | GC |
| *perphenazine oral tablet 4mg, 8mg* | | 2 | PA BvD; GC |
| *pimozide oral tablet 1mg, 2mg* | | 2 | GC |
| *thioridazine oral tablet 10mg, 100mg, 25mg, 50mg* | | 2 | GC |
| *thiothixene oral capsule 1mg, 10mg, 2mg, 5mg* | | 2 | GC |
| *trifluoperazine oral tablet 1mg, 10mg, 2mg, 5mg* | | 1 | GC |
| ***2da Generación/Atípico*** | | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720MG/2.4ML, 960MG/3.2ML | | 5 | NM; NDS |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300MG, 400MG | | 5 | NM; NDS |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300MG, 400MG | | 5 | NM; NDS |
| *aripiprazole oral solution 1mg/ml* | | 4 | QL (750 per 30 days) |
| *aripiprazole oral tablet 10mg, 15mg, 2mg, 20mg, 30mg, 5mg* | (Abilify) | 4 | QL (30 per 30 days) |
| *aripiprazole oral tablet, disintegrating 10mg* | | 5 | NM; NDS; QL (90 per 30 days) |
| *aripiprazole oral tablet, disintegrating 15mg* | | 5 | NM; NDS; QL (60 per 30 days) |
| *asenapine maleate sublingual tablet 10mg, 2.5mg, 5mg* | (Saphris) | 4 | QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5MG, 21MG, 42MG | | 5 | NM; NDS |
| FANAPT ORAL TABLET 1MG, 10MG, 12MG, 2MG, 4MG, 6MG, 8MG | | 5 | ST; NM; NDS; QL (60 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| FANAPT ORAL TABLETS, DOSE PACK 1MG (2)-2MG (2)-4MG (2)-6MG (2) | | 4 | ST; QL (60 per 30 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1, 092MG/3.5ML, 1, 560MG/5ML | | 5 | NM; NDS |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML | | 5 | NM; NDS |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39MG/0.25ML | | 4 | |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML | | 5 | NM; NDS |
| *lurasidone oral tablet 120mg, 20mg, 40mg, 60mg, 80mg* | (Latuda) | 5 | NM; NDS |
| LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG | | 5 | ST; NM; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL CAPSULE 34MG | | 5 | PA NSO; NM; NDS |
| NUPLAZID ORAL TABLET 10MG | | 5 | PA NSO; NM; NDS |
| *olanzapine intramuscular recon soln 10mg* | (Zyprexa) | 4 | QL (60 per 30 days) |
| *olanzapine oral tablet 10mg, 15mg, 2.5mg, 5mg, 7.5mg* | (Zyprexa) | 1 | GC; QL (30 per 30 days) |
| *olanzapine oral tablet 20mg* | (Zyprexa) | 1 | GC; QL (60 per 30 days) |
| *olanzapine oral tablet, disintegrating 10mg, 5mg* | (Zyprexa Zydis) | 4 | QL (60 per 30 days) |
| *olanzapine oral tablet, disintegrating 15mg, 20mg* | (Zyprexa Zydis) | 4 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 1.5mg, 3mg, 9mg* | (Invega) | 4 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 6mg* | (Invega) | 4 | QL (60 per 30 days) |
| *quetiapine oral tablet 100mg, 200mg, 25mg, 300mg, 400mg, 50mg* | (Seroquel) | 1 | GC; QL (60 per 30 days) |
| *quetiapine oral tablet 150mg* | | 1 | GC; QL (60 per 30 days) |
| *quetiapine oral tablet extended release 24-hr 150mg* | (Seroquel XR) | 4 | QL (90 per 30 days) |
| *quetiapine oral tablet extended release 24-hr 200mg, 300mg, 400mg* | (Seroquel XR) | 4 | QL (60 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *quetiapine oral tablet extended release 24-hr 50mg* | (Seroquel XR) | 4 | QL (120 per 30 days) |
| REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG | | 5 | NM; NDS |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5MG/2ML | | 4 | |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25MG/2ML, 37.5MG/2ML, 50MG/2ML | | 5 | NM; NDS |
| *risperidone oral solution 1mg/ml* | (Risperdal) | 2 | GC; QL (480 per 30 days) |
| *risperidone oral tablet 0.25mg* | | 1 | GC; QL (60 per 30 days) |
| *risperidone oral tablet 0.5mg* | (Risperdal) | 1 | GC; QL (120 per 30 days) |
| *risperidone oral tablet 1mg, 2mg, 3mg, 4mg* | (Risperdal) | 1 | GC; QL (60 per 30 days) |
| *risperidone oral tablet, disintegrating 0.25mg, 1mg, 2mg* | | 2 | GC; QL (60 per 30 days) |
| *risperidone oral tablet, disintegrating 0.5mg* | | 2 | GC; QL (120 per 30 days) |
| *risperidone oral tablet, disintegrating 3mg* | | 4 | QL (60 per 30 days) |
| *risperidone oral tablet, disintegrating 4mg* | | 4 | QL (120 per 30 days) |
| SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24-HOUR, 5.7MG/24-HOUR, 7.6MG/24-HOUR | | 5 | ST; NM; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5MG | | 5 | ST; NM; NDS; QL (60 per 30 days) |
| VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG | | 5 | ST; NM; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE, DOSE PACK 1.5MG (1)-3MG (6) | | 4 | ST; QL (7 per 28 days) |
| *ziprasidone hcl oral capsule 20mg, 40mg, 60mg, 80mg* | (Geodon) | 2 | GC; QL (60 per 30 days) |
| *ziprasidone mesylate intramuscular recon soln 20mg/ml (final conc.)* | (Geodon) | 4 | QL (6 per 3 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210MG | | 4 | ST |
| ***Resistente-Tratamiento*** | | | |
| *clozapine oral tablet 100mg, 200mg, 25mg, 50mg* | (Clozaril) | 2 | GC; QL (120 per 30 days) |
| *clozapine oral tablet, disintegrating 100mg, 12.5mg, 150mg, 25mg* | | 4 | QL (120 per 30 days) |
| *clozapine oral tablet, disintegrating 200mg* | | 5 | NM; NDS; QL (120 per 30 days) |
| VERSACLOZ ORAL SUSPENSION 50MG/ML | | 5 | ST; NM; NDS; QL (540 per 30 days) |
| **ANTIVIRALES** | | | |
| APTIVUS ORAL CAPSULE 250MG | | 5 | NM; NDS; QL (120 per 30 days) |
| *atazanavir oral capsule 150mg* | | 4 | QL (60 per 30 days) |
| *atazanavir oral capsule 200mg* | (Reyataz) | 4 | QL (60 per 30 days) |
| *atazanavir oral capsule 300mg* | (Reyataz) | 4 | QL (30 per 30 days) |
| *darunavir ethanolate oral tablet 600mg* | (Prezista) | 5 | NM; NDS; QL (60 per 30 days) |
| *darunavir ethanolate oral tablet 800mg* | (Prezista) | 5 | NM; NDS; QL (30 per 30 days) |
| EVOTAZ ORAL TABLET 300-150MG | | 5 | NM; NDS; QL (30 per 30 days) |
| *fosamprenavir oral tablet 700mg* | (Lexiva) | 5 | NM; NDS; QL (120 per 30 days) |
| LEXIVA ORAL SUSPENSION 50MG/ML | | 4 | QL (1575 per 28 days) |
| *lopinavir-ritonavir oral solution 400-100mg/5ml* | (Kaletra) | 4 | QL (400 per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25mg* | (Kaletra) | 4 | QL (300 per 30 days) |
| *lopinavir-ritonavir oral tablet 200-50mg* | (Kaletra) | 4 | QL (150 per 30 days) |
| NORVIR ORAL POWDER IN PACKET 100MG | | 4 | QL (360 per 30 days) |
| PREZCOBIX ORAL TABLET 800-150MG-MG | | 5 | NM; NDS; QL (30 per 30 days) |
| PREZISTA ORAL SUSPENSION 100MG/ML | | 5 | NM; NDS; QL (360 per 30 days) |
| PREZISTA ORAL TABLET 150MG | | 4 | QL (240 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| PREZISTA ORAL TABLET 75MG | | 4 | QL (480 per 30 days) |
| REYATAZ ORAL POWDER IN PACKET 50MG | | 4 | QL (180 per 30 days) |
| *ritonavir oral tablet 100mg* | (Norvir) | 3 | QL (360 per 30 days) |
| VIRACEPT ORAL TABLET 250MG | | 5 | NM; NDS; QL (300 per 30 days) |
| VIRACEPT ORAL TABLET 625MG | | 5 | NM; NDS; QL (120 per 30 days) |
| ***Agentes Anti-Citomegalovirus (CMV)*** | | | |
| LIVTENCITY ORAL TABLET 200MG | | 5 | PA; NM; NDS |
| PREVYMIS ORAL TABLET 240MG, 480MG | | 5 | PA; NM; NDS; QL (28 per 28 days) |
| *valganciclovir oral recon soln 50mg/ml* | (Valcyte) | 4 | |
| *valganciclovir oral tablet 450mg* | (Valcyte) | 3 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15% | | 4 | |
| ***Agentes Anti-Hepatitis B (HBV)*** | | | |
| *adefovir oral tablet 10mg* | (Hepsera) | 4 | QL (30 per 30 days) |
| BARACLUDE ORAL SOLUTION 0.05MG/ML | | 5 | NM; NDS; QL (600 per 30 days) |
| *entecavir oral tablet 0.5mg, 1mg* | (Baraclude) | 4 | QL (30 per 30 days) |
| *lamivudine oral tablet 100mg* | | 2 | GC; QL (90 per 30 days) |
| VEMLIDY ORAL TABLET 25MG | | 5 | NM; NDS; QL (30 per 30 days) |
| ***Agentes Anti-Hepatitis C (HCV)*** | | | |
| MAVYRET ORAL PELLETS IN PACKET 50-20MG | | 5 | PA; NM; NDS |
| MAVYRET ORAL TABLET 100-40MG | | 5 | PA; NM; NDS |
| *ribavirin oral capsule 200mg* | | 4 | |
| *ribavirin oral tablet 200mg* | | 2 | GC |
| *sofosbuvir-velpatasvir oral tablet 400-100mg* | (Epclusa) | 5 | PA; NM; NDS |
| VOSEVI ORAL TABLET 400-100-100MG | | 5 | PA; NM; NDS |
| ***Agentes Antiherpéticos*** | | | |
| *acyclovir oral capsule 200mg* | | 1 | GC |
| *acyclovir oral suspension 200mg/5ml* | (Zovirax) | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *acyclovir oral tablet 400mg, 800mg* | | 1 | GC |
| *acyclovir sodium intravenous solution 50mg/ml* | | 2 | PA BvD; GC |
| *famciclovir oral tablet 125mg, 250mg, 500mg* | | 2 | GC |
| *trifluridine ophthalmic (eye) drops 1%* | | 2 | GC |
| *valacyclovir oral tablet 1gm, 500mg* | (Valtrex) | 2 | GC |
| ***Agentes Anti-Influenza*** | | | |
| *oseltamivir oral capsule 30mg, 45mg, 75mg* | (Tamiflu) | 2 | GC |
| *oseltamivir oral suspension for reconstitution 6mg/ml* | (Tamiflu) | 2 | GC |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5MG/ACTUATION | | 4 | |
| *rimantadine oral tablet 100mg* | (Flumadine) | 2 | GC |
| XOFLUZA ORAL TABLET 40MG, 80MG | | 3 | |
| ***Agentes Anti-VIH, Inhibidores De Integrasa (INSTI)*** | | | |
| BIKTARVY ORAL TABLET 30-120-15MG, 50-200-25MG | | 5 | NM; NDS; QL (30 per 30 days) |
| DOVATO ORAL TABLET 50-300MG | | 5 | NM; NDS; QL (30 per 30 days) |
| GENVOYA ORAL TABLET 150-150-200-10MG | | 5 | NM; NDS; QL (30 per 30 days) |
| ISENTRESS HD ORAL TABLET 600MG | | 5 | NM; NDS; QL (60 per 30 days) |
| ISENTRESS ORAL POWDER IN PACKET 100MG | | 4 | QL (60 per 30 days) |
| ISENTRESS ORAL TABLET 400MG | | 5 | NM; NDS; QL (60 per 30 days) |
| ISENTRESS ORAL TABLET, CHEWABLE 100MG, 25MG | | 4 | QL (180 per 30 days) |
| STRIBILD ORAL TABLET 150-150-200-300MG | | 5 | NM; NDS; QL (30 per 30 days) |
| SYMTUZA ORAL TABLET 800-150-200-10MG | | 5 | NM; NDS; QL (30 per 30 days) |
| TIVICAY ORAL TABLET 10MG | | 4 | QL (60 per 30 days) |
| TIVICAY ORAL TABLET 25MG, 50MG | | 5 | NM; NDS; QL (60 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5MG | | 4 | QL (360 per 30 days) |
| ***Agentes Anti-VIH, Inhibidores De Transcriptasa Inversa No-Nucleósido (NNRTI)*** | | | |
| COMPLERA ORAL TABLET 200-25-300MG | | 5 | NM; NDS; QL (30 per 30 days) |
| EDURANT ORAL TABLET 25MG | | 5 | NM; NDS; QL (30 per 30 days) |
| *efavirenz oral capsule 200mg* | | 4 | QL (120 per 30 days) |
| *efavirenz oral capsule 50mg* | | 4 | QL (360 per 30 days) |
| *efavirenz oral tablet 600mg* | | 4 | QL (30 per 30 days) |
| *etravirine oral tablet 100mg* | (Intelence) | 5 | NM; NDS; QL (120 per 30 days) |
| *etravirine oral tablet 200mg* | (Intelence) | 5 | NM; NDS; QL (60 per 30 days) |
| INTELENCE ORAL TABLET 25MG | | 4 | QL (120 per 30 days) |
| *nevirapine oral suspension 50mg/5ml* | | 4 | QL (1200 per 30 days) |
| *nevirapine oral tablet 200mg* | | 2 | GC; QL (60 per 30 days) |
| *nevirapine oral tablet extended release 24-hr 100mg* | | 4 | QL (120 per 30 days) |
| *nevirapine oral tablet extended release 24-hr 400mg* | | 4 | QL (30 per 30 days) |
| PIFELTRO ORAL TABLET 100MG | | 5 | NM; NDS; QL (30 per 30 days) |
| ***Agentes Anti-VIH, Inhibidores De Transcriptasa Inversa Nucleósido Y Nucleótido (NRTI)*** | | | |
| *abacavir oral solution 20mg/ml* | (Ziagen) | 4 | QL (960 per 30 days) |
| *abacavir oral tablet 300mg* | (Ziagen) | 4 | QL (60 per 30 days) |
| *abacavir-lamivudine oral tablet 600-300mg* | (Epzicom) | 4 | QL (30 per 30 days) |
| CIMDUO ORAL TABLET 300-300MG | | 5 | NM; NDS; QL (30 per 30 days) |
| DELSTRIGO ORAL TABLET 100-300-300MG | | 5 | NM; NDS; QL (30 per 30 days) |
| DESCOVY ORAL TABLET 120-15MG, 200-25MG | | 5 | NM; NDS; QL (30 per 30 days) |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300mg* | (Atripla) | 5 | NM; NDS; QL (30 per 30 days) |
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300mg* | (Symfi Lo) | 5 | NM; NDS; QL (30 per 30 days) |
| *efavirenz-lamivu-tenofov disop oral tablet 600-300-300mg* | (Symfi) | 5 | NM; NDS; QL (30 per 30 days) |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *emtricitabine oral capsule 200mg* | (Emtriva) | 4 | QL (30 per 30 days) |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150mg, 133-200mg, 167-250mg* | (Truvada) | 5 | NM; NDS; QL (30 per 30 days) |
| *emtricitabine-tenofovir (tdf) oral tablet 200-300mg* | (Truvada) | 4 | QL (30 per 30 days) |
| EMTRIVA ORAL SOLUTION 10MG/ML | | 4 | QL (680 per 28 days) |
| JULUCA ORAL TABLET 50-25MG | | 5 | NM; NDS; QL (30 per 30 days) |
| *lamivudine oral solution 10mg/ml* | (Epivir) | 4 | QL (900 per 30 days) |
| *lamivudine oral tablet 150mg* | (Epivir) | 3 | QL (60 per 30 days) |
| *lamivudine oral tablet 300mg* | (Epivir) | 3 | QL (30 per 30 days) |
| *lamivudine-zidovudine oral tablet 150-300mg* | (Combivir) | 4 | QL (60 per 30 days) |
| ODEFSEY ORAL TABLET 200-25-25MG | | 5 | NM; NDS; QL (30 per 30 days) |
| *tenofovir disoproxil fumarate oral tablet 300mg* | (Viread) | 4 | QL (30 per 30 days) |
| TRIZIVIR ORAL TABLET 300-150-300MG | (abacavir-lamivudine-zidovudine) | 5 | NM; NDS; QL (60 per 30 days) |
| VIREAD ORAL POWDER 40MG/SCOOP (40MG/GRAM) | | 5 | NM; NDS; QL (240 per 30 days) |
| VIREAD ORAL TABLET 150MG, 200MG, 250MG | | 5 | NM; NDS; QL (30 per 30 days) |
| *zidovudine oral capsule 100mg* | (Retrovir) | 2 | GC; QL (180 per 30 days) |
| *zidovudine oral syrup 10mg/ml* | (Retrovir) | 2 | GC; QL (1680 per 28 days) |
| *zidovudine oral tablet 300mg* | | 2 | GC; QL (60 per 30 days) |
| ***Agentes Anti-VIH, Otros*** | | | |
| FUZEON SUBCUTANEOUS RECON SOLN 90MG | | 5 | NM; NDS; QL (60 per 30 days) |
| *maraviroc oral tablet 150mg, 300mg* | (Selzentry) | 5 | NM; NDS; QL (120 per 30 days) |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600MG | | 5 | NM; NDS; QL (60 per 30 days) |
| SELZENTRY ORAL SOLUTION 20MG/ML | | 5 | NM; NDS; QL (1800 per 30 days) |
| SELZENTRY ORAL TABLET 25MG | | 3 | QL (240 per 30 days) |



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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|
| SELZENTRY ORAL TABLET 75MG | 5 | NM; NDS; QL (60 per 30 days) |
| SUNLENCA ORAL TABLET 300MG | 5 | NM; NDS; QL (5 per 180 days) |
| SUNLENCA ORAL TABLET 300MG (4-TABLET PACK) | 5 | NM; NDS; QL (4 per 180 days) |
| TRIUMEQ ORAL TABLET 600-50-300MG | 5 | NM; NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30MG | 5 | NM; NDS; QL (180 per 30 days) |
| TYBOST ORAL TABLET 150MG | 3 | QL (30 per 30 days) |
| **ELECTROLITOS/MINERALES/METALES/VITAMINAS** | | |
| ***Electrolitos/Minerales/Metales/Vitaminas*** | | |
| *bal-care dha combo pack 27-1-430mg* | 2 | GC |
| *bal-care dha essential pack 27mg iron-1mg -374mg* | 2 | GC |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5% | 4 | PA BvD |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25% | 4 | PA BvD |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25% | 4 | PA BvD |
| CLINIMIX 5%-D20W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5% | 4 | PA BvD |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75% | 3 | PA BvD |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25% | 3 | PA BvD |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25% | 3 | PA BvD |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5% | 3 | PA BvD |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5% | | 3 | PA BvD |
| *c-nate dha softgel 28mg iron-1mg -200mg* | | 2 | GC |
| *completenate tablet chew 29mg iron-1mg* | | 2 | GC |
| *d10%-0.45% sodium chloride intravenous parenteral solution* | | 3 | PA BvD |
| *d2.5%-0.45% sodium chloride intravenous parenteral solution* | | 3 | PA BvD |
| *d5% and 0.9% sodium chloride intravenous parenteral solution* | | 3 | PA BvD |
| *d5%-0.45% sodium chloride intravenous parenteral solution* | | 3 | PA BvD |
| *dextrose 10% and 0.2% nacl intravenous parenteral solution* | | 3 | PA BvD |
| *dextrose 10% in water (d10w) intravenous parenteral solution 10%* | | 2 | PA BvD; GC |
| *dextrose 5% in water (d5w) intravenous piggyback 5%* | | 2 | PA BvD; GC |
| *dextrose 5%-0.2% sod chloride intravenous parenteral solution* | | 3 | PA BvD |
| *dextrose 5%-water iv soln single use* | | 2 | PA BvD; GC |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML | | 5 | PA; NM; NDS |
| *folivane-ob capsule 85-1mg* | | 2 | GC |
| INTRALIPID INTRAVENOUS EMULSION 20%, 30% | | 4 | PA BvD |
| ISOLYTE-P IN 5% DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5% | | 4 | PA BvD |
| *kosher prenatal plus iron tab 30mg iron-1mg* | | 2 | GC |
| *levocarnitine (with sugar) oral solution 100mg/ml* | (Carnitor) | 2 | GC |
| *levocarnitine oral tablet 330mg* | (Carnitor) | 2 | GC |
| *marnatal-f capsule 60mg iron-1mg* | | 2 | GC |
| *m-natal plus tablet 27mg iron-1mg* | (pnv, calcium 72-iron-folic acid) | 2 | GC |
| *mynatal advance oral tablet 90-1-50mg* | | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *mynatal capsule 65mg iron-1mg* | | 2 | GC |
| *mynatal oral tablet 90-1-50mg* | | 2 | GC |
| *mynatal plus captab 65mg iron-1mg* | | 2 | GC |
| *mynatal-z captab 65mg iron-1mg* | | 2 | GC |
| *mynate 90 plus oral tablet extended release 90mg iron-1mg* | | 2 | GC |
| *newgen tablet 32-1, 000mg-mcg* | | 2 | GC |
| *niva-plus tablet 27mg iron-1mg* | | 2 | GC |
| NUTRILIPID INTRAVENOUS EMULSION 20% | | 4 | PA BvD |
| *obstetrix dha combo pack 29mg iron-1, 700mcg dfe* | | 2 | GC |
| *obstetrix dha oral combo pack, tablet and cap, dr 29mg iron-1mg -50mg* | | 2 | GC |
| *o-cal prenatal tablet 15mg iron-1, 000mcg* | | 2 | GC |
| *pnv 29-1 tablet (rx) 29mg iron-1mg* | | 2 | GC |
| *pnv prenatal plus multivit tab gluten-free (rx) 27mg iron-1mg* | (pnv, calcium 72-iron-folic acid) | 2 | GC |
| *pnv-dha + docusate oral capsule 27-1.25-55-300mg* | | 2 | GC |
| *pnv-omega softgel 28-1-300mg* | | 2 | GC |
| *pnv-vp-u oral capsule 106.5-1mg* | | 2 | GC |
| *pr natal 400 combo pack 29-1-400mg* | | 2 | GC |
| *pr natal 400 ec combo pack 29-1-400mg* | | 2 | GC |
| *pr natal 430 combo pack 29mg iron-1mg -430mg* | | 2 | GC |
| *pr natal 430 ec combo pack 29-1-430mg* | | 2 | GC |
| PREMASOL 10% INTRAVENOUS PARENTERAL SOLUTION 10% | | 4 | PA BvD |
| *prena1 true combo pack 30mg iron-1.4mg-300mg* | | 2 | GC |
| *prenaissance oral capsule 29-1.25-55-325mg* | | 2 | GC |
| *prenaissance plus oral capsule 28-1-50-250mg* | | 2 | GC |
| *prenatabs fa tablet 29-1mg* | | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *prenatal 19 (with docusate) oral tablet 29mg iron-1mg-25mg* | | 2 | GC |
| *prenatal 19 chewable tablet 29mg iron-1mg* | | 2 | GC |
| *prenatal low iron tablet (rx) 27mg iron-1mg* | | 2 | GC |
| *prenatal plus iron tablet (rx) 29mg iron-1mg* | (pnv, calcium 72-iron, carb-folic) | 2 | GC |
| *prenatal vitamin plus low iron oral tablet 27mg iron-1mg* | (pnv, calcium 72-iron-folic acid) | 2 | GC |
| *prenatal-u capsule 106.5-1mg* | | 2 | GC |
| *preplus ca-fe 27mg-fa 1mg tb (rx) 27mg iron-1mg* | (pnv, calcium 72-iron-folic acid) | 2 | GC |
| *pretab 29mg-1mg tablet (rx) 29-1mg* | | 2 | GC |
| PROSOL 20% INTRAVENOUS PARENTERAL SOLUTION | | 4 | PA BvD |
| *r-natal ob softgel 20mg iron-1mg-320mg* | | 2 | GC |
| *select-ob chewable caplet 29mg iron-1mg* | | 2 | GC |
| *select-ob chewable caplet 29mg iron-1mg* | | 2 | GC |
| *se-natal 19 chewable tablet 29mg iron-1mg* | | 2 | GC |
| *taron-c dha capsule 35-1-200mg* | | 2 | GC |
| *taron-prex prenatal-dha oral capsule 30mg iron-1.2mg-55mg-265mg* | | 2 | GC |
| TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20ML | | 2 | PA BvD; GC |
| TRAVASOL 10% INTRAVENOUS PARENTERAL SOLUTION 10% | | 4 | PA BvD |
| *triveen-duo dha combo pack 29-1-400mg* | | 2 | GC |
| TROPHAMINE 10% INTRAVENOUS PARENTERAL SOLUTION 10% | | 4 | PA BvD |
| *vinate care chewable tablet 40mg iron-1mg* | | 2 | GC |
| *virt-c dha softgel (rx) 35-1-200mg* | | 2 | GC |
| *virt-nate dha softgel 28mg iron-1mg -200mg* | | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *virt-pn dha softgel (rx) 27mg iron-1mg -300mg* | | 2 | GC |
| *virt-pn plus softgel (rx) 28-1-300mg* | | 2 | GC |
| *vitafol gummies 3.33mg iron-0.33mg* | | 2 | GC |
| *vitafol nano tablet 18mg iron-1mg* | | 2 | GC |
| *vitafol-ob+dha combo pack 65-1-250mg* | | 2 | GC |
| *vp-ch-pnv oral capsule 30mg iron-1mg -50mg-260mg* | | 2 | GC |
| *vp-pnv-dha softgel (rx) 28mg iron-1mg-200mg* | | 2 | GC |
| *zatean-pn dha capsule 27mg iron-1mg -300mg* | | 2 | GC |
| *zatean-pn plus softgel 28-1-300mg* | | 2 | GC |
| *zingiber tablet 1.2mg-40mg-124.1mg-100mg* | | 2 | GC |
| ***Enlaces De Fosfato*** | | | |
| AURYXIA ORAL TABLET 210MG IRON | | 4 | PA |
| *calcium acetate (phosphat bind) oral capsule 667mg* | | 2 | GC |
| *calcium acetate (phosphat bind) oral tablet 667mg* | | 2 | GC |
| *sevelamer carbonate oral powder in packet 0.8gm* | (Renvela) | 4 | QL (540 per 30 days) |
| *sevelamer carbonate oral powder in packet 2.4gm* | (Renvela) | 4 | QL (180 per 30 days) |
| *sevelamer carbonate oral tablet 800mg* | (Renvela) | 4 | QL (540 per 30 days) |
| VELPHORO ORAL TABLET, CHEWABLE 500MG | | 4 | |
| ***Modificadores De Electrolitos/Minerales/Metales*** | | | |
| *deferasirox oral granules in packet 180mg, 360mg, 90mg* | (Jadenu Sprinkle) | 5 | PA; NM; NDS |
| *deferasirox oral tablet 180mg, 360mg* | (Jadenu) | 5 | PA; NM; NDS |
| *deferasirox oral tablet 90mg* | (Jadenu) | 4 | PA |
| *deferasirox oral tablet, dispersible 125mg* | (Exjade) | 4 | PA |
| *deferasirox oral tablet, dispersible 250mg, 500mg* | (Exjade) | 5 | PA; NM; NDS |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *deferiprone oral tablet 1, 000mg, 500mg* | (Ferriprox) | 5 | PA; NM; NDS |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1, 000MG | | 5 | PA; NM; NDS |
| FERRIPROX ORAL SOLUTION 100MG/ML | | 5 | PA; NM; NDS |
| LOKELMA ORAL POWDER IN PACKET 10GM, 5GM | | 4 | |
| *sodium polystyrene sulfonate oral powder* | | 2 | GC |
| *sps (with sorbitol) oral suspension 15-20gm/60ml* | | 3 | |
| *tolvaptan oral tablet 15mg* | (Samsca) | 5 | PA; NM; NDS; QL (120 per 30 days) |
| *tolvaptan oral tablet 30mg* | (Samsca) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| *trientine oral capsule 250mg* | (Syprine) | 5 | PA; NM; NDS |
| ***Sustituto De Electrolitos/Minerales*** | | | |
| *carglumic acid oral tablet, dispersible 200mg* | (Carbaglu) | 5 | PA; NM; NDS |
| *fluoride (sodium) oral tablet 1mg (2.2mg sod. fluoride)* | | 2 | GC |
| *fluoride 0.25mg tablet chew cherry flavor (rx) 0.25mg (0.55mg sod. fluoride)* | (Ludent Fluoride) | 2 | GC |
| *fluoride 0.5mg tablet chew grape flavor (rx) 0.5mg (1.1mg sodium fluorid)* | (Ludent Fluoride) | 2 | GC |
| *fluoride 1mg tablet chewable (rx) 1mg (2.2mg sod. fluoride)* | (Ludent Fluoride) | 2 | GC |
| *fluoritab 0.5mg tablet chew (rx) 0.5mg (1.1mg sodium fluorid)* | (fluoride (sodium)) | 2 | GC |
| *fluoritab 1mg tablet chew (rx) 1mg (2.2mg sod. fluoride)* | (fluoride (sodium)) | 2 | GC |
| *flura-drops oral drops 0.25mg (0.55mg sod.fluor)/drop* | | 2 | GC |
| ISOLYTE S IV SOLUTION-EXCEL SINGLE USE | | 4 | PA BvD |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | | 4 | PA BvD |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | (potassium chloride) | 1 | GC |
| KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ | (potassium chloride) | 1 | GC |
| *klor-con m10 oral tablet, er particles/crystals 10 meq* | (potassium chloride) | 1 | GC |
| *klor-con m15 oral tablet, er particles/crystals 15 meq* | (potassium chloride) | 1 | GC |
| *klor-con m20 oral tablet, er particles/crystals 20 meq* | (potassium chloride) | 1 | GC |
| KLOR-CON ORAL PACKET 20 MEQ | (potassium chloride) | 2 | GC |
| *ludent fluoride 0.25mg tb chw d/f, chewable (rx) 0.25mg (0.55mg sod. fluoride)* | (fluoride (sodium)) | 2 | GC |
| *ludent fluoride 0.5mg tb chew d/f, chewable (rx) 0.5mg (1.1mg sodium fluorid)* | (fluoride (sodium)) | 2 | GC |
| *ludent fluoride 1mg tab chew d/f, chewable (rx) 1mg (2.2mg sod. fluoride)* | (fluoride (sodium)) | 2 | GC |
| *magnesium sulfate injection solution 4 meq/ml (50%)* | | 2 | GC |
| *magnesium sulfate injection syringe 4 meq/ml* | | 2 | GC |
| PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION | (electrolyte-148) | 3 | PA BvD |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION | (electrolyte-a) | 3 | PA BvD |
| *potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l* | | 2 | PA BvD; GC |
| *potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | | 3 | PA BvD |
| *potassium chloride in 5% dex intravenous parenteral solution 20 meq/l* | | 2 | PA BvD; GC |
| *potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l* | | 2 | PA BvD; GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *potassium chloride in water intravenous piggyback 10 meq/100ml, 20 meq/100ml, 40 meq/100ml* | | 2 | PA BvD; GC |
| *potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20ml)* | | 2 | PA BvD; GC |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | | 2 | GC |
| *potassium chloride oral liquid 20 meq/15ml, 40 meq/15ml* | | 2 | GC |
| *potassium chloride oral packet 20 meq* | (Klor-Con) | 2 | GC |
| *potassium chloride oral tablet extended release 10 meq* | (Klor-Con 10) | 1 | GC |
| *potassium chloride oral tablet extended release 20 meq* | (K-Tab) | 1 | GC |
| *potassium chloride oral tablet extended release 8 meq* | (Klor-Con 8) | 1 | GC |
| *potassium chloride oral tablet, er particles/crystals 10 meq* | (Klor-Con M10) | 1 | GC |
| *potassium chloride oral tablet, er particles/crystals 15 meq* | (Klor-Con M15) | 1 | GC |
| *potassium chloride oral tablet, er particles/crystals 20 meq* | (Klor-Con M20) | 1 | GC |
| *potassium chloride-0.45% nacl intravenous parenteral solution 20 meq/l* | | 3 | PA BvD |
| *potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l* | | 2 | PA BvD; GC |
| *potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | | 2 | PA BvD; GC |
| *potassium citrate oral tablet extended release 10 meq (1, 080mg)* | (Urocit-K 10) | 2 | GC |
| *potassium citrate oral tablet extended release 15 meq* | (Urocit-K 15) | 2 | GC |
| *potassium citrate oral tablet extended release 5 meq (540mg)* | (Urocit-K 5) | 2 | GC |
| *sodium chloride 0.45% intravenous parenteral solution 0.45%* | | 2 | GC |
| *sodium chloride 0.9% intravenous piggyback* | | 2 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *sodium chloride 3% hypertonic intravenous parenteral solution 3%* | | 2 | GC |
| *sodium chloride 5% hypertonic intravenous parenteral solution 5%* | | 2 | GC |
| *sodium chloride irrigation solution 0.9%* | (Sterile Saline) | 1 | GC |
| *sodium fluoride 0.5mg/ml drop (rx) 0.5mg (1.1mg sod.fluorid)/ml* | | 2 | GC |
| **EXCLUDED DRUG** | | | |
| ***Excluded Drug*** | | | |
| *sildenafil oral tablet 100mg, 25mg, 50mg* | (Viagra) | 2 | GC; EX; QL (6 per 30 days) |
| **NON-FRF** | | | |
| ***Non-FRF*** | | | |
| PROLASTIN C 1, 000MG/20ML VL PRICE/ONEMG, SUV | | 5 | PA; NM; NDS |
| **REGULADORES DE GLUCOSA EN SANGRE** | | | |
| ***Agentes Antidiabetico*** | | | |
| *acarbose oral tablet 100mg, 25mg, 50mg* | (Precose) | 2 | GC |
| *glimepiride oral tablet 1mg, 2mg, 4mg* | | 1 | GC |
| *glipizide oral tablet 10mg, 5mg* | | 1 | GC |
| *glipizide oral tablet extended release 24hr 10mg, 2.5mg, 5mg* | (Glucotrol XL) | 1 | GC |
| *glipizide-metformin oral tablet 2.5-250mg, 2.5-500mg, 5-500mg* | | 1 | GC |
| *glyburide micronized oral tablet 1.5mg, 3mg, 6mg* | (Glynase) | 1 | GC |
| *glyburide oral tablet 1.25mg, 2.5mg, 5mg* | | 1 | GC |
| *glyburide-metformin oral tablet 1.25-250mg, 2.5-500mg, 5-500mg* | | 1 | GC |
| INVOKAMET ORAL TABLET 150-1, 000MG, 150-500MG, 50-1, 000MG, 50-500MG | | 3 | |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| INVOKAMET XR ORAL TABLET, IR -ER, BIPHASIC 24HR 150-1, 000MG, 150-500MG, 50-1, 000MG, 50-500MG | | 3 | |
| INVOKANA ORAL TABLET 100MG, 300MG | | 3 | |
| JANUMET ORAL TABLET 50-1, 000MG, 50-500MG | | 3 | |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1, 000MG, 50-1, 000MG, 50-500MG | | 3 | |
| JANUVIA ORAL TABLET 100MG, 25MG, 50MG | | 3 | |
| JARDIANCE ORAL TABLET 10MG, 25MG | | 3 | |
| *metformin oral tablet 1, 000mg, 500mg, 850mg* | | 1 | GC |
| *metformin oral tablet extended release 24-hr 500mg, 750mg* | | 1 | GC |
| *miglitol oral tablet 100mg, 25mg, 50mg* | | 1 | GC |
| 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 | | 3 | PA; QL (2 per 28 days) |
| *nateglinide oral tablet 120mg, 60mg* | | 1 | GC |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25MG OR 0.5MG (2MG/3ML), 1MG/DOSE (4MG/3ML), 2MG/DOSE (8MG/3ML) | | 3 | PA; QL (3 per 28 days) |
| *pioglitazone oral tablet 15mg, 30mg, 45mg* | (Actos) | 1 | GC |
| *pioglitazone-metformin oral tablet 15-500mg* | | 1 | GC |
| *pioglitazone-metformin oral tablet 15-850mg* | (Actoplus MET) | 1 | GC |
| *repaglinide oral tablet 0.5mg, 1mg, 2mg* | | 1 | GC |
| RYBELSUS ORAL TABLET 14MG, 3MG, 7MG | | 3 | PA; QL (30 per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2, 700MCG/2.7ML | | 4 | PA |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1, 500MCG/1.5ML | | 4 | PA |
| SYNJARDY ORAL TABLET 12.5-1, 000MG, 12.5-500MG, 5-1, 000MG, 5-500MG | | 3 | |
| SYNJARDY XR ORAL TABLET, IR -ER, BIPHASIC 24HR 10-1, 000MG, 12.5-1, 000MG, 25-1, 000MG, 5-1, 000MG | | 3 | |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML | | 3 | PA; QL (2 per 28 days) |
| VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6MG/0.1ML (18MG/3ML) | | 4 | PA; QL (9 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100UNIT-3.6MG /ML (3ML) | | 3 | |
| ***Agentes Glucémicos*** | | | |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3MG/ACTUATION | | 3 | |
| *diazoxide oral suspension 50mg/ml* | (Proglycem) | 5 | NM; NDS |
| GLUCAGEN HYPOKIT INJECTION RECON SOLN 1MG | | 3 | |
| KORLYM ORAL TABLET 300MG | | 5 | PA; NM; NDS |
| ***Insulinas*** | | | |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| 1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| 1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| 1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| ADVOCATE INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ADVOCATE INS 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ADVOCATE INS 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ADVOCATE INS 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| ADVOCATE INS 1ML 31GX5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| ADVOCATE INS SYR 0.3ML 29GX1/2 0.3ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| ADVOCATE INS SYR 0.5ML 29GX1/2 0.5ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| ADVOCATE INS SYR 1ML 29GX1/2" 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| ADVOCATE INS SYR 1ML 30GX5/16 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16" | | 1 | GC |
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16" | | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ASSURE ID INSULIN SAFETY SYRINGE 1ML 29 GAUGE X 1/2" | | 1 | GC |
| ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16" | | 1 | GC |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | | 1 | GC |
| ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | GC |
| ASSURE ID SYR 0.5ML 29GX1/2" (RX) 0.5ML 29 GAUGE X 1/2" | | 1 | GC |
| ASSURE ID SYR 0.5ML 31GX15/64" 0.5ML 31 GAUGE X 15/64" | | 1 | GC |
| ASSURE ID SYR 1ML 31GX15/64" 1ML 31 GAUGE X 15/64" | | 1 | GC |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | | 1 | GC |
| BD ECLIPSE 30GX1/2" SYRINGE 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| BD INS SYR 0.3ML 8MMX31G (1/2) 0.3ML 31 GAUGE X 5/16" | | 1 | GC |
| BD INS SYRINGE 1/2ML 6MMX31G (ONLY FOR 500UNIT/ML INSULIN) 1/2ML 31 GAUGE X 15/64" | | 1 | GC |
| BD INS SYRN UF 1ML 12.7MMX30G NOT FOR RETAIL SALE 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| BD INSULIN SYR 1ML 25GX1" 1ML 25 X 1" | | 1 | GC |
| BD INSULIN SYR 1ML 25GX5/8" 1ML 25 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | GC |
| BD INSULIN SYR 1ML 26GX1/2" 1ML 26 X 1/2" | | 1 | GC |
| BD INSULIN SYR 1ML 27GX5/8" MICRO-FINE 1ML 27 GAUGE X 5/8" | | 1 | GC |
| BD INSULIN SYR 1ML 28GX1/2" (OTC) 1ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | GC |
| BD INSULIN SYRINGE 1ML W/O NEEDLE | (insulin syringe needleless) | 1 | GC |
| BD LUER-LOK SYRINGE 1ML | (Easy Touch Luer Lock Insulin) | 1 | GC |
| BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |



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 19 de la introducción.

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



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



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



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



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| CURAD GAUZE PADS 2" X 2" 2 X 2 " | (gauze bandage) | 1 | GC |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 " | | 1 | GC |
| CURITY GUAZE PADS 1'S (12 PLY) 2 X 2 " | (gauze bandage) | 1 | GC |
| DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " | (gauze bandage) | 1 | GC |
| DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 " | | 1 | GC |
| DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 " | | 1 | GC |
| DROPLET 0.5ML 29GX12.5MM (1/2) 0.5ML 29 GAUGE X 1/2" | | 1 | GC |
| DROPLET 0.5ML 30GX12.5MM (1/2) 0.5ML 30 GAUGE X 1/2" | | 1 | GC |
| DROPLET INS 0.3ML 29GX12.5MM 0.3ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS 0.3ML 30GX12.5MM 0.3ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS 0.5ML 30GX6MM (1/2) 0.5ML 30 GAUGE X 15/64" | | 1 | GC |
| DROPLET INS 0.5ML 30GX8MM (1/2) 0.5ML 30 GAUGE X 5/16" | | 1 | GC |
| DROPLET INS 0.5ML 31GX6MM (1/2) 0.5ML 31 GAUGE X 15/64" | | 1 | GC |
| DROPLET INS 0.5ML 31GX8MM (1/2) 0.5ML 31 GAUGE X 5/16" | | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| DROPLET INS SYR 0.3ML 30GX6MM 0.3ML 30 GAUGE X 15/64" | | 1 | GC |
| DROPLET INS SYR 0.3ML 30GX8MM 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 0.3ML 31GX6MM 0.3ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 0.3ML 31GX8MM 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 1ML 29GX12.5MM 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 1ML 30GX12.5MM 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 1ML 30GX6MM 1ML 30 GAUGE X 15/64" | | 1 | GC |
| DROPLET INS SYR 1ML 30GX8MM 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 1ML 31GX6MM 1ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET INS SYR 1ML 31GX8MM 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | | 1 | GC |
| DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | | 1 | GC |
| DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |



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 19 de la introducción.

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



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| EASY COMFORT 1ML 32GX5/16" 1ML 32 GAUGE X 5/16" | | 1 | GC |
| EASY COMFORT INSULIN 1ML SYR 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| EASY COMFORT SYR 1ML 30GX1/2" 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| EASY GLIDE INS 0.3ML 31GX6MM 0.3ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | GC |
| EASY GLIDE INS 0.5ML 31GX6MM 1/2ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | GC |
| EASY GLIDE INS 1ML 31GX6MM 1ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | GC |
| EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| EASY TOUCH 0.3ML SYR 30GX1/2" 0.3ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| EASY TOUCH 0.5ML SYR 27GX1/2" 1/2ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| EASY TOUCH 0.5ML SYR 29GX1/2" 0.5ML 29 GAUGE X 1/2" | | 1 | GC |
| EASY TOUCH 0.5ML SYR 30GX1/2" 0.5ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| EASY TOUCH 0.5ML SYR 30GX5/16 0.5ML 30 GAUGE X 5/16" | | 1 | GC |
| EASY TOUCH 1ML SYR 27GX1/2" 1ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| EASY TOUCH 1ML SYR 29GX1/2" 1ML 29 GAUGE X 1/2" | | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| EASY TOUCH 1ML SYR 30GX1/2" 1ML 30 GAUGE X 1/2" | | 1 | GC |
| EASY TOUCH FLIPLOK 1ML 27GX0.5 1ML 27 GAUGE X 1/2" | | 1 | GC |
| EASY TOUCH INSULIN 1ML 29GX1/2 1ML 29 GAUGE X 1/2" | | 1 | GC |
| EASY TOUCH INSULIN 1ML 30GX1/2 1ML 30 GAUGE X 1/2" | | 1 | GC |
| 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) | 1 | GC |
| 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) | 1 | GC |
| EASY TOUCH INSULIN SYR 1ML 1ML 30 GAUGE X 5/16, 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| EASY TOUCH INSULIN SYR 1ML RETRACTABLE 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| EASY TOUCH INSULN 1ML 29GX1/2" 1ML 29 GAUGE X 1/2" | | 1 | GC |
| EASY TOUCH INSULN 1ML 30GX1/2" 1ML 30 GAUGE X 1/2" | | 1 | GC |
| EASY TOUCH INSULN 1ML 30GX5/16 1ML 30 GAUGE X 5/16" | | 1 | GC |
| EASY TOUCH INSULN 1ML 30GX5/16 1ML 30 GAUGE X 5/16" | | 1 | GC |
| EASY TOUCH INSULN 1ML 31GX5/16 1ML 31 GAUGE X 5/16" | | 1 | GC |
| EASY TOUCH INSULN 1ML 31GX5/16 1ML 31 GAUGE X 5/16" | | 1 | GC |
| EASY TOUCH LUER LOK INSUL 1ML | (insulin syringe needleless) | 1 | GC |
| EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |



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



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



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| GNP ULTRA COMFORT 0.5ML SYR 1/2ML 29 , 1/2ML 30 GAUGE | (insulin syringe-needle u-100) | 1 | GC |
| GNP ULTRA COMFORT 1ML SYRINGE 1ML 28 GAUGE, 1ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 1 | GC |
| GNP ULTRA COMFORT 1ML SYRINGE 1ML 29 GAUGE | | 1 | GC |
| GNP ULTRA COMFORT 3/10ML SYR 0.3ML 30 | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE INS 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE INS 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE INS 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE INS 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE INS 1ML 30GX5/16" 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE INS 1ML 31GX5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2" | | 1 | GC |
| INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |



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



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



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

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



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



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



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | (1st Tier Unifine Pentips Plus) | 1 | GC |
| PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4" | (1st Tier Unifine Pentips) | 1 | GC |
| PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | 1 | GC |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | | 1 | GC |
| PRO COMFORT 0.5ML 30GX1/2" 0.5ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| PRO COMFORT 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| PRO COMFORT 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| PRO COMFORT 1ML 30GX1/2" 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| PRO COMFORT 1ML 30GX5/16" 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |



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



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| RELION INS SYR 0.3ML 31GX6MM 0.3ML 31 GAUGE X 15/64" | (BD Veo Insulin Syringe UF) | 1 | GC |
| RELION INS SYR 0.5ML 31GX6MM 1/2ML 31 GAUGE X 15/64" | (BD Veo Insulin Syringe UF) | 1 | GC |
| RELION INS SYR 1ML 31GX15/64" 1ML 31 GAUGE X 15/64" | (BD Veo Insulin Syringe UF) | 1 | GC |
| RELI-ON INSULIN 0.5ML SYR 1/2ML 29 | (Lite Touch Insulin Syringe) | 1 | GC |
| RELI-ON INSULIN 1ML SYR 1ML 29 GAUGE X 7/16" | | 1 | GC |
| RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| SAFESNAP INS SYRUNITS-100 0.3ML 30GX5/16", 10X10 0.3ML 30 GAUGE X 5/16" | | 1 | GC |
| SAFESNAP INS SYRUNITS-100 0.5ML 29GX1/2", 10X10 0.5ML 29 GAUGE X 1/2" | | 1 | GC |
| SAFESNAP INS SYRUNITS-100 0.5ML 30GX5/16", 10X10 0.5ML 30 GAUGE X 5/16" | | 1 | GC |
| SAFESNAP INS SYRUNITS-100 1ML 28GX1/2", 10X10 1ML 28 GAUGE X 1/2" | | 1 | GC |
| SAFESNAP INS SYRUNITS-100 1ML 29GX1/2", 10X10 1ML 29 GAUGE X 1/2" | | 1 | GC |
| SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (Comfort EZ PRO Safety Pen Ndl) | 1 | GC |
| SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | GC |
| SAFETY SYRINGE 0.5ML 30G 1/2" 0.5ML 30 GAUGE X 1/2" | | 1 | GC |
| SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | | 1 | GC |
| SECURESAFE SYR 0.5ML 29G 1/2" OUTER 0.5ML 29 GAUGE X 1/2" | | 1 | GC |
| SECURESAFE SYRNG 1ML 29G 1/2" OUTER 1ML 29 GAUGE X 1/2" | | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | | 1 | GC |
| SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | | 1 | GC |
| SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 " | (gauze bandage) | 1 | GC |
| SM ULT CFT 0.3ML 31GX5/16 (1/2) 0.3ML 31 GAUGE X 5/16" | | 1 | GC |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100UNIT-33MCG/ML | | 3 | |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | GC |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | GC |
| NEEDLES, INSULIN DISP., SAFETY | (insulin syringe-needle u-100) | 1 | GC |
| 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) | 1 | GC |
| 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) | 1 | GC |
| 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) | 1 | GC |
| SURE COMFORT 3/10ML SYRINGE INSULIN SYRINGE 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| SURE COMFORT INS 0.3ML 31GX1/4 0.3ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | GC |
| SURE COMFORT INS 0.5ML 31GX1/4 1/2ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | GC |
| SURE COMFORT INS 1ML 31GX1/4" 1ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | GC |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |



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 19 de la introducción.

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| 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) | 1 | GC |
| 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) | 1 | GC |
| SURE-JECT INSU SYR U100 1ML 1ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| SURE-JECT INSUL SYR U100 1ML 1ML 29 GAUGE X 1/2", 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| SURE-JECT INSULIN SYRINGE 1ML 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| TECHLITE 0.3ML 29GX12MM (1/2) 0.3ML 29 GAUGE X 1/2" | | 1 | GC |
| TECHLITE 0.3ML 30GX12MM (1/2) 0.3ML 30 GAUGE X 1/2" | | 1 | GC |
| TECHLITE 0.3ML 30GX8MM (1/2) 0.3ML 30 GAUGE X 5/16" | | 1 | GC |
| TECHLITE 0.3ML 31GX6MM (1/2) 0.3ML 31 GAUGE X 15/64" | | 1 | GC |
| TECHLITE 0.3ML 31GX8MM (1/2) 0.3ML 31 GAUGE X 5/16" | | 1 | GC |
| TECHLITE 0.5ML 29GX12MM (1/2) 0.5ML 29 GAUGE X 1/2" | | 1 | GC |
| TECHLITE 0.5ML 30GX12MM (1/2) 0.5ML 30 GAUGE X 1/2" | | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| TECHLITE 0.5ML 30GX8MM (1/2) 0.5ML 30 GAUGE X 5/16" | | 1 | GC |
| TECHLITE 0.5ML 31GX6MM (1/2) 0.5ML 31 GAUGE X 15/64" | | 1 | GC |
| TECHLITE 0.5ML 31GX8MM (1/2) 0.5ML 31 GAUGE X 5/16" | | 1 | GC |
| TECHLITE INS SYR 1ML 29GX12MM 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| TECHLITE INS SYR 1ML 30GX12MM 1ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| TECHLITE INS SYR 1ML 30GX8MM 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| TECHLITE INS SYR 1ML 31GX6MM 1ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | GC |
| TECHLITE INS SYR 1ML 31GX8MM 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | | 1 | GC |
| TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| TERUMO INS SYR 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | GC |
| 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) | 1 | GC |
| TERUMO INS SYRINGE U100-1ML 1ML 30 GAUGE X 3/8" | (Thinpro Insulin Syringe) | 1 | GC |
| TERUMO INS SYRINGE U100-1/2ML 1/2ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| TERUMO INS SYRINGE U100-1/3ML 0.3ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | GC |
| 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) | 1 | GC |
| THINPRO INS SYRIN U100-0.3ML 0.3ML 29 GAUGE X 1/2", 0.3ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | GC |
| THINPRO INS SYRIN U100-0.3ML 0.3ML 31 X 3/8" | | 1 | GC |
| 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) | 1 | GC |
| THINPRO INS SYRIN U100-0.5ML 0.5ML 31 X 3/8" | | 1 | GC |
| 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) | 1 | GC |
| THINPRO INS SYRIN U100-1ML 1ML 31 X 3/8" | | 1 | GC |
| TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| 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) | 1 | GC |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300UNIT/ML (3ML) | | 3 | |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300UNIT/ML (1.5ML) | | 3 | |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100UNIT/ML (3ML) | (insulin degludec) | 3 | |



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 19 de la introducción.

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



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| TRUE COMFORT PRO 1ML 30G 5/16" 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| TRUE COMFORT PRO 1ML 31G 5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| TRUE COMFORT PRO 1ML 32G 5/16" 1ML 32 GAUGE X 5/16" | | 1 | GC |
| TRUE COMFRT PRO 0.5ML 30G 1/2" 0.5ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| TRUEPLUS SYR 0.3ML 29GX1/2" 0.3ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| TRUEPLUS SYR 0.3ML 30GX5/16" 0.3ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| TRUEPLUS SYR 0.3ML 31GX5/16" 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| TRUEPLUS SYR 0.5ML 28GX1/2" 1/2ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| TRUEPLUS SYR 0.5ML 29GX1/2" 0.5ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| TRUEPLUS SYR 0.5ML 30GX5/16" 0.5ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| TRUEPLUS SYR 0.5ML 31GX5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| TRUEPLUS SYR 1ML 28GX1/2" 1ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| TRUEPLUS SYR 1ML 29GX1/2" 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| TRUEPLUS SYR 1ML 30GX5/16" 1ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| TRUEPLUS SYR 1ML 31GX5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| ULTICAR INS 0.3ML 31GX1/4 (1/2) 0.3ML 31 GAUGE X 1/4" | (insulin syr/ndl u100 half mark) | 1 | GC |



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



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



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



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



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| UNIFINE PENTIPS 31GX3/16" 31GX5MM, STRL, MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS NEEDLES 29G 29 GAUGE | | 1 | GC |
| UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16" | | 1 | GC |
| UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16" | | 1 | GC |
| UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32" | | 1 | GC |
| UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| VANISHPOINT 0.5ML 30GX1/2" SY OUTER 0.5ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| VANISHPOINT INS 1ML 30GX3/16" 1ML 30 GAUGE X 3/16" | | 1 | GC |
| VANISHPOINT U-100 29X1/2 SYR 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| VERIFINE INS SYR 1ML 29G 1/2" 1ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | GC |
| VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | GC |
| VERIFINE SYRING 0.5ML 29G 1/2" 0.5ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | GC |
| VERIFINE SYRING 1ML 31G 5/16" 1ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | GC |
| VERIFINE SYRNG 0.3ML 31G 5/16" 0.3ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| VERIFINE SYRNG 0.5ML 31G 5/16" 0.5ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | GC |
| VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE, 3PLY 2 X 2 " | | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| **RELAJANTES MUSCULARES ESQUELÉTICOS** | | | |
| ***Relajantes Musculares Esqueléticos*** | | | |
| *chlorzoxazone oral tablet 250mg, 500mg* | | 2 | GC |
| *chlorzoxazone oral tablet 375mg, 750mg* | (Lorzone) | 2 | GC |
| *cyclobenzaprine oral tablet 10mg, 5mg* | | 2 | GC |
| *cyclobenzaprine oral tablet 7.5mg* | (Fexmid) | 4 | |
| *methocarbamol oral tablet 500mg, 750mg* | | 2 | GC |
| *orphenadrine citrate oral tablet extended release 100mg* | | 2 | GC |
| **VÍA RESPIRATORIA/AGENTES PULMONARES** | | | |
| ***Agentes De Fibrosis Pulmonar*** | | | |
| OFEV ORAL CAPSULE 100MG, 150MG | | 5 | PA; NM; NDS |
| *pirfenidone oral capsule 267mg* | (Esbriet) | 5 | PA; NM; NDS |
| *pirfenidone oral tablet 267mg, 801mg* | (Esbriet) | 5 | PA; NM; NDS |
| *pirfenidone oral tablet 534mg* | | 5 | PA; NM; NDS |
| ***Agentes De Fibrosis Quística*** | | | |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40MG | | 5 | PA; NM; NDS |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75MG/ML | | 5 | PA; NM; NDS |
| KALYDECO ORAL GRANULES IN PACKET 13.4MG, 25MG, 50MG, 75MG | | 5 | PA; NM; NDS |
| KALYDECO ORAL TABLET 150MG | | 5 | PA; NM; NDS |
| ORKAMBI ORAL GRANULES IN PACKET 100-125MG, 150-188MG, 75-94MG | | 5 | PA; NM; NDS |
| ORKAMBI ORAL TABLET 100-125MG, 200-125MG | | 5 | PA; NM; NDS |
| PULMOZYME INHALATION SOLUTION 1MG/ML | | 5 | PA BvD; NM; NDS |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150MG (D)/ 150MG (N), 50-75MG (D)/ 75MG (N) | | 5 | PA; NM; NDS |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28MG | | 5 | PA; NM; NDS |
| *tobramycin in 0.225% nacl inhalation solution for nebulization 300mg/5ml* | (Tobi) | 5 | PA BvD; NM; NDS |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75MG (N), 80-40-60MG (D) /59.5MG (N) | | 5 | PA; NM; NDS |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75MG (D) /150MG (N), 50-25-37.5MG (D)/75MG (N) | | 5 | PA; NM; NDS |
| ***Agentes Del Tracto Respiratorio, Otros*** | | | |
| *acetylcysteine solution 100mg/ml (10%), 200mg/ml (20%)* | | 2 | PA BvD; GC |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21MCG/ACTUATION, 230-21MCG/ACTUATION, 45-21MCG/ACTUATION | (fluticasone propion-salmeterol) | 3 | QL (12 per 30 days) |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25MCG/ACTUATION | | 3 | QL (60 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25MCG/DOSE, 200-25MCG/DOSE | (fluticasone furoate-vilanterol) | 3 | QL (60 per 30 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8MCG/ACTUATION | | 3 | QL (10.7 per 30 days) |
| *budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5mcg/actuation, 80-4.5mcg/actuation* | (Breyna) | 3 | QL (10.2 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100MCG/ACTUATION | | 4 | QL (4 per 20 days) |
| *cromolyn inhalation solution for nebulization 20mg/2ml* | | 2 | PA BvD; GC |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| *fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14mcg/actuation, 232-14mcg/actuation, 55-14mcg/actuation* | (AirDuo RespiClick) | 3 | QL (1 per 30 days) |
| *fluticasone propion-salmeterol inhalation blister with device 100-50mcg/dose, 250-50mcg/dose, 500-50mcg/dose* | (Advair Diskus) | 3 | QL (60 per 30 days) |
| *ipratropium-albuterol inhalation solution for nebulization 0.5mg-3mg (2.5mg base)/3ml* | | 2 | PA BvD; GC |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100MG/ML | | 5 | PA; NM; NDS |
| NUCALA SUBCUTANEOUS RECON SOLN 100MG | | 5 | PA; NM; NDS |
| NUCALA SUBCUTANEOUS SYRINGE 100MG/ML, 40MG/0.4ML | | 5 | PA; NM; NDS |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25MCG, 200-62.5-25MCG | | 3 | QL (60 per 30 days) |
| ***Antihipertensivos Pulmonares*** | | | |
| ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG | | 5 | PA; NM; NDS; QL (90 per 30 days) |
| *ambrisentan oral tablet 10mg, 5mg* | (Letairis) | 5 | PA; NM; NDS; QL (30 per 30 days) |
| *bosentan oral tablet 125mg, 62.5mg* | (Tracleer) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10MG | | 5 | PA; NM; NDS; QL (90 per 30 days) |
| *sildenafil (pulm.hypertension) oral tablet 20mg* | (Revatio) | 2 | PA; GC; QL (90 per 30 days) |
| ***Antihistamínicos*** | | | |
| *azelastine nasal aerosol, spray 137mcg (0.1%)* | | 2 | GC; QL (30 per 25 days) |
| *cetirizine oral solution 1mg/ml* | (All Day Allergy (cetirizine)) | 1 | GC |
| *cyproheptadine oral syrup 2mg/5ml* | | 4 | |
| *cyproheptadine oral tablet 4mg* | | 4 | |
| *levocetirizine oral solution 2.5mg/5ml* | (Xyzal) | 2 | GC |
| *levocetirizine oral tablet 5mg* | (24HR Allergy Relief) | 1 | GC |



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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ***Antiinflamatorios, Corticoesteroides Inhalados*** | | | |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100MCG/ACTUATION, 200MCG/ACTUATION, 50MCG/ACTUATION | | 3 | QL (30 per 30 days) |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100MCG/ACTUATION, 200MCG/ACTUATION, 50MCG/ACTUATION | | 3 | QL (26 per 30 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110MCG/ ACTUATION (30), 220MCG/ ACTUATION (120), 220MCG/ ACTUATION (30), 220MCG/ ACTUATION (60) | | 3 | QL (2 per 30 days) |
| *budesonide inhalation suspension for nebulization 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml* | (Pulmicort) | 4 | PA BvD |
| *flunisolide nasal spray, non-aerosol 25mcg (0.025%)* | | 2 | GC; QL (50 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 110mcg/actuation, 220mcg/actuation* | (Flovent HFA) | 3 | QL (24 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 44mcg/actuation* | (Flovent HFA) | 3 | QL (10.6 per 30 days) |
| *fluticasone propionate nasal spray, suspension 50mcg/actuation* | (24 Hour Allergy Relief) | 1 | GC; QL (16 per 30 days) |
| *mometasone nasal spray, non-aerosol 50mcg/actuation* | (Nasonex 24hr Allergy) | 2 | GC; QL (34 per 30 days) |
| ***Antileucotrinos*** | | | |
| *montelukast oral granules in packet 4mg* | (Singulair) | 2 | GC; QL (30 per 30 days) |
| *montelukast oral tablet 10mg* | (Singulair) | 1 | GC; QL (30 per 30 days) |
| *montelukast oral tablet, chewable 4mg, 5mg* | (Singulair) | 1 | GC; QL (30 per 30 days) |
| *zafirlukast oral tablet 10mg, 20mg* | (Accolate) | 2 | GC; QL (60 per 30 days) |

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ***Broncodilatadores, Anticolinérgicos*** | | | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17MCG/ACTUATION | | 4 | QL (26 per 30 days) |
| *ipratropium bromide inhalation solution 0.02%* | | 2 | PA BvD; GC |
| *ipratropium bromide nasal spray, non-aerosol 21mcg (0.03%)* | | 2 | GC; QL (60 per 30 days) |
| *ipratropium bromide nasal spray, non-aerosol 42mcg (0.06%)* | | 2 | GC; QL (30 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25MCG/ACTUATION, 2.5MCG/ACTUATION | | 3 | QL (4 per 30 days) |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18MCG | (tiotropium bromide) | 3 | QL (30 per 30 days) |
| ***Broncodilatadores, Simpaticomiméticos*** | | | |
| *albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation* | (Ventolin HFA) | 2 | GC; QL (17 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation (nda020503)* | | 2 | GC; QL (13.4 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90mcg/actuation (nda020983)* | | 2 | GC; 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* | | 2 | PA BvD; GC |
| *albuterol sulfate oral syrup 2mg/5ml* | | 2 | GC |
| *albuterol sulfate oral tablet 2mg, 4mg* | | 2 | GC |
| *epinephrine injection auto-injector 0.15mg/0.15ml, 0.3mg/0.3ml* | (Auvi-Q) | 2 | GC |
| *epinephrine injection auto-injector 0.15mg/0.3ml* | (EpiPen Jr) | 2 | GC |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50MCG/DOSE | | 3 | QL (60 per 30 days) |
| *terbutaline oral tablet 2.5mg, 5mg* | | 4 | |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90MCG/ACTUATION | (albuterol sulfate) | 3 | QL (36 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 19 de la introducción.

| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|---|---|---|
| ***Inhibidores De Fosfodiesterasa, Enfermedad Pulmonar*** | | | |
| *roflumilast oral tablet 250mcg, 500mcg* | (Daliresp) | 3 | QL (30 per 30 days) |
| *theophylline er 300mg tab* | | 2 | GC |
| *theophylline er 450mg tab* | | 2 | GC |
| *theophylline oral tablet extended release 12-hr 300mg, 450mg* | | 2 | GC |
| *theophylline oral tablet extended release 24-hr 400mg, 600mg* | | 2 | GC |

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

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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