2024

Drug Formulary

Formulario de Medicamentos

HMO – 1 Tier

Imperial Strong (HMO) 014

IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Strong (HMO)

2024 Formulary
(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 24455, Version Number 16.

This formulary was updated on 05/16/2024. 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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Contents

What is the Imperial Strong (HMO) Formulary? 3
Can the Formulary (drug list) change? 3
How do I use the Formulary? 4
What are generic drugs? 4
Are there any restrictions on my coverage? 4
What if my drug is not on the Formulary? 5
How do I request an exception to Imperial Strong (HMO) 's Formulary? 5
What do I do before I can talk to my doctor about changing my drugs or requesting an exception? 5
For more information 6
Imperial Strong's Formulary 6
Imperial MAPD 2024 1-Tier (List of Covered Drugs) 19
Imperial MAPD 2024 1-Tier (Lista de medicamentos cubiertos) 152
Index of Drugs / Índice de drogas 284

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 05/16/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Imperial Strong (HMO) Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

The enclosed formulary is current as of 05/16/2024. 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 284. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 *hour*s 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 *hour*s for a decision. If your request to expedite is granted, we must give you a decision no later than 24 *hour*s after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your

first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

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

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

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

For more information

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

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

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

Imperial Strong's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Imperial Strong (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 284.

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

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

Imperial Strong (HMO)

Formulario para 2024
(Lista de medicamentos cubiertos)

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

HPMS Approved Formulary File Submission ID 24455, Version Number 16.

Este formulario se actualizó el 16/05/2024. 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.

Contenido

¿Qué es el Formulario de Imperial Health Plan? 9

¿Puede cambiar el Formulario (lista de medicamentos)? 9

¿Cómo utilizo el Formulario? 10

¿Qué son los medicamentos genéricos? 10

¿Hay alguna restricción en mi cobertura? 11

¿Qué pasa si mi medicamento no está en el Formulario? 11

¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Health Plan? 11

¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción? 12

Para obtener más información 13

Formulario de Imperial Health Plan of California 13

Índice de drogas 284

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

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

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 16/05/2024. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

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

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

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

¿Puede cambiar el Formulario (lista de medicamentos)?

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

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

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
    - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Strong (HMO)?”

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

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

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

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

El Formulario adjunto es vigente a partir del 16/05/2024. 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 284. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

¿Hay alguna restricción en mi cobertura?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Para obtener más información

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

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

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

Formulario de Imperial Health Plan of California

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos cubiertos por Imperial Strong (HMO). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 284.

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 1-Tier (List of Covered Drugs)
List of Drugs by Medical Condition

Analgesics 19
Anesthetics 21
Anti-Addiction/ Substance Abuse Treatment Agents 21
Antibacterials 22
Anticonvulsants 29
Antidementia Agents 32
Antidepressants 33
Antiemetics 35
Antifungals 36
Antigout Agents 38
Antimigraine Agents 38
Antimyasthenic Agents 39
Antimycobacterials 39
Antineoplastics 40
Antiparasitics 47
Antiparkinson Agents 47
Antipsychotics 48
Antispasticity Agents 52
Antivirals 52
Anxiolytics 56
Bipolar Agents 57
Blood Glucose Regulators 58
Blood Products And Modifiers 93
Cardiovascular Agents 95
Central Nervous System Agents 104
Dental And Oral Agents 106
Dermatological Agents 106
Electrolytes/Minerals/Metals/Vitamins 110
Gastrointestinal Agents 118
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment 120

Genitourinary Agents **121**
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) **122**
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) **123**
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) **123**
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) **131**
Hormonal Agents, Suppressant (Pituitary) **132**
Hormonal Agents, Suppressant (Thyroid) **133**
Immunological Agents **133**
Inflammatory Bowel Disease Agents **140**
Metabolic Bone Disease Agents **141**
Non-FRF **142**
Ophthalmic Agents **142**
Otic Agents **145**
Respiratory Tract/ Pulmonary Agents **146**
Skeletal Muscle Relaxants **150**
Sleep Disorder Agents **150**

Imperial MAPD 2024 1-Tier (Lista de Medicamentos Cubiertos)

Lista de medicamentos por condición médica

Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias 154
Agentes Antidemencia 155
Agentes Antiespásticos 156
Agentes Antigota 156
Agentes Antimiasténicos 156
Agentes Antimigraña 156
Agentes Antiparkinson 158
Agentes Bipolares 159
Agentes Cardiovasculares 159
Agentes De Enfermedad Intestinal Inflamatoria 168
Agentes De Enfermedad Ósea Metabólica 168
Agentes De Trastorno De Sueño 169
Agentes Del Sistema Nervioso Central 169
Agentes Dentales Y Orales 171
Agentes Dermatológicos 172
Agentes Gastrointestinales 176
Agentes Genitourinarios 178
Agentes Hormonales, Estimulante/Reemplazo/Modificacor (Tiroides) 179
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Hormonas Sexuales/Modificadores) 180
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Pituitario) 188
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Suprarrenal) 188
Agentes Hormonales, Supresores (Pituitario) 189
Agentes Hormonales, Supresores (Tiroides) 190
Agentes Inmunológicos 190
Agentes Oftálmicos 198
Agentes Óticos 201
Analgésicos 201
Anestésicos 204
Ansiolíticos 204
Antibacterianos 205

Anticonvulsivos **211**
Antidepresivos **214**
Antieméticos **217**
Antifúngicos **218**
Antimicobacteriales **219**
Antineoplásicos **220**
Antiparasitarios **227**
Antipsicóticos **228**
Antivirales **231**
Electrolitos/Minerales/Metales/Vitaminas **235**
Non-FRF **242**
Reguladores De Glucosa En Sangre **243**
Relajantes Musculares Esqueléticos **278**
Vía Respiratoria/Agentes Pulmonares **279**

Legend

1: Covered Medications

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

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

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

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

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

La leyenda

1: Medicamentos cubiertos

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

MO: El pedido por correo es elegible.

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

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

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

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

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

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

Drug Name		Requirements / Limits
naproxen sodium oral tablet 275 mg		
naproxen sodium oral tablet 550 mg	*(Anaprox DS)*	
oxaprozin oral tablet 600 mg	*(Daypro)*	
piroxicam oral capsule 10 mg, 20 mg	*(Feldene)*	
sulindac oral tablet 150 mg, 200 mg		
Opioid Analgesics, Long-Acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour		PA NSO; QL (10 per 30 days)
methadone oral tablet 10 mg, 5 mg		QL (240 per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	*(MS Contin)*	QL (90 per 30 days)
oxycodone oral tablet, oral *only*, ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg	*(OxyContin)*	QL (60 per 30 days)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 120-12 mg/5 ml		QL (5000 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg		QL (360 per 30 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg		QL (180 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 600 mcg, 800 mcg		PA; NM; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg		PA; QL (120 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		QL (5500 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg		QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		QL (150 per 30 days)
hydromorphone oral liquid 1 mg/ml	*(Dilaudid)*	QL (1920 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg	*(Dilaudid)*	QL (360 per 30 days)
hydromorphone oral tablet 8 mg	*(Dilaudid)*	QL (240 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		QL (600 per 30 days)
morphine oral solution 10 mg/5 ml		QL (1800 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		QL (1500 per 30 days)

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

Drug Name		Requirements / Limits
MORPHINE ORAL TABLET 15 MG, 30 MG		QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml		QL (180 per 30 days)
oxycodone oral solution 5 mg/5 ml		QL (1080 per 30 days)
oxycodone oral tablet 10 mg, 20 mg, 5 mg		QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	*(Roxicodone)*	QL (180 per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml		QL (1080 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	*(Endocet)*	QL (360 per 30 days)
tramadol oral tablet 100 mg		QL (120 per 30 days)
tramadol oral tablet 50 mg		QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		QL (240 per 30 days)
ANESTHETICS		
Local Anesthetics		
dermacinrx lidocan 5% patch outer	*(lidocaine)*	PA; QL (90 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		QL (50 per 30 days)
lidocaine topical adhesive patch, medicated 5 %	*(DermacinRx Lidocan)*	PA; QL (90 per 30 days)
lidocaine viscous mucous membrane solution 2 %	*(lidocaine hcl)*	
lidocaine-prilocaine topical cream 2.5-2.5 %		QL (30 per 30 days)
lidocan iii topical adhesive patch, medicated 5 %	*(lidocaine)*	PA; QL (90 per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
acamprosate oral tablet, delayed release (dr/ec) 333 mg		
disulfiram oral tablet 250 mg		
naltrexone oral tablet 50 mg		
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG		NM
Opioid Dependence		
buprenorphine hcl sublingual tablet 2 mg, 8 mg		

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

Drug Name		Requirements / Limits
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	*(Suboxone)*	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	(buprenorphine-naloxone)	
Opioid Reversal Agents		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION		
naloxone injection solution 0.4 mg/ml		
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		
naloxone nasal spray, n*on-aerosol 4 mg/actuation*	*(Narcan)*	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	(naloxone)	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION		
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML		
Smoking Cessation Agents		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		
NICOTROL INHALATION CARTRIDGE 10 MG		
varenicline oral tablet 0.5 mg		
varenicline oral tablet 1 mg	*(Chantix)*	
varenicline oral tablets, d*ose pack 0.5 mg (11)- 1 mg (42)*	*(Chantix Starting Month Box)*	
ANTIBACTERIALS		
Aminoglycosides		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		PA
gentamicin 800 mg/20 ml vial muv, outer 40 mg/ml		
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml		
gentamicin injection solution 40 mg/ml		

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

Drug Name		Requirements / Limits
gentamicin topical cream 0.1 %		
gentamicin topical ointment 0.1 %		
neomycin oral tablet 500 mg		
paromomycin oral capsule 250 mg	*(Humatin)*	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML		NM
Antibacterials, Other		
aztreonam injection recon soln 1 gram, 2 gram	*(Azactam)*	
CLINDAMYCIN 600 MG/50 ML-NS OUTER, SINGLE-USE		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	*(Cleocin HCl)*	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml		
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML		
clindamycin pediatric oral recon soln 75 mg/5 ml	*(clindamycin palmitate hcl)*	
clindamycin phosphate injection solution 150 mg/ml	*(Cleocin)*	
clindamycin phosphate vaginal cream 2 %	*(Cleocin)*	
colistin (colistimethate na) injection recon soln 150 mg	*(Coly-Mycin M Parenteral)*	
daptomycin intravenous recon soln 350 mg		
daptomycin intravenous recon soln 500 mg	*(Cubicin RF)*	NM
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	(vancomycin)	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	*(Zyvox)*	PA
linezolid oral tablet 600 mg	*(Zyvox)*	PA
methenamine hippurate oral tablet 1 gram	*(Hiprex)*	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	*(Metro I.V.)*	
metronidazole oral tablet 250 mg, 500 mg		
metronidazole topical cream 0.75 %	*(Rosadan)*	
metronidazole topical gel 0.75 %	*(Rosadan)*	
metronidazole topical gel 1 %	*(Metrogel)*	

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

Drug Name		Requirements / Limits
metronidazole topical lotion 0.75 %	*(MetroLotion)*	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	*(Vandazole)*	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	*(Macrodantin)*	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	*(Macrobid)*	
rosadan topical cream 0.75 %	*(metronidazole)*	
tigecycline intravenous recon soln 50 mg	*(Tygacil)*	NM
tinidazole oral tablet 250 mg, 500 mg		
trimethoprim oral tablet 100 mg		
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg		
vancomycin oral capsule 125 mg, 250 mg	*(Vancocin)*	
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	*(Firvanq)*	
XIFAXAN ORAL TABLET 200 MG, 550 MG		
Beta-Lactam, Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg		
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		
cefaclor oral tablet extended release 12 hr 500 mg		
cefadroxil oral capsule 500 mg		
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		
cefadroxil oral tablet 1 gram		
cefazolin injection recon soln 1 gram, 10 gram, 500 mg		
cefazolin intravenous recon soln 3 gram		
cefdinir oral capsule 300 mg		
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
cefepime injection recon soln 1 gram, 2 gram		
cefixime oral capsule 400 mg		
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml		
cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml		

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

Drug Name		Requirements / Limits
cefotetan injection recon soln 1 gram, 2 gram	*(Cefotan)*	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram		
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml		
cefpodoxime oral tablet 100 mg, 200 mg		
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
cefprozil oral tablet 250 mg, 500 mg		
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	*(Tazicef)*	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg		
cefuroxime axetil oral tablet 250 mg, 500 mg		
cefuroxime sodium injection recon soln 750 mg		
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram		
cephalexin oral capsule 250 mg, 500 mg		
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
cephalexin oral tablet 250 mg, 500 mg		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		NM
Beta-Lactam, Penicillins		
amoxicillin oral capsule 250 mg, 500 mg		
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		
amoxicillin oral tablet 500 mg, 875 mg		
amoxicillin oral tablet, *chewable 125 mg, 250 mg*		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	*(Augmentin)*	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	*(Augmentin ES-600)*	

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

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

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

Drug Name		Requirements / Limits
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram		
Carbapenems		
ertapenem injection recon soln 1 gram		
imipenem-cilastatin intravenous recon soln 250 mg		
imipenem-cilastatin intravenous recon soln 500 mg	*(Primaxin IV)*	
meropenem intravenous recon soln 1 gram, 500 mg		
Macrolides		
azithromycin intravenous recon soln 500 mg	*(Zithromax)*	
azithromycin oral packet 1 gram	*(Zithromax)*	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	*(Zithromax)*	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		
azithromycin oral tablet 250 mg, 500 mg	*(Zithromax)*	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
clarithromycin oral tablet 250 mg, 500 mg		
clarithromycin oral tablet extended release 24 hr 500 mg		
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		PA; NM; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG		PA; NM; QL (20 per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	(erythromycin lactobionate)	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	*(E.E.S. Granules)*	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	*(EryPed 400)*	
erythromycin ethylsuccinate oral tablet 400 mg	*(E.E.S. 400)*	
erythromycin oral capsule, d*elayed release(dr/ec) 250 mg*		
erythromycin oral tablet 250 mg, 500 mg		
erythromycin oral tablet, d*elayed release (dr/ec) 250 mg, 333 mg, 500 mg*	*(Ery-Tab)*	

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

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

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

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Drug Name		Requirements / Limits
lamotrigine oral tablet, disintegrating *100 mg, 200 mg, 25 mg, 50 mg*	*(Lamictal ODT)*	
lamotrigine oral tablets, dose pack *25 mg (35)*	*(Lamictal Starter (Blue) Kit)*	
lamotrigine oral tablets, dose pack *25 mg (42) -100 mg (7)*	*(Lamictal Starter (Orange) Kit)*	
lamotrigine oral tablets, dose pack *25 mg (84) -100 mg (14)*	*(Lamictal Starter (Green) Kit)*	
levetiracetam oral solution 100 mg/ml	*(Keppra)*	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	*(Keppra)*	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	*(Keppra XR)*	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		QL (1500 per 30 days)
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg		QL (90 per 30 days)
phenobarbital oral tablet 15 mg, 60 mg		QL (120 per 30 days)
phenobarbital oral tablet 30 mg		QL (300 per 30 days)
primidone oral tablet 125 mg		
primidone oral tablet 250 mg, 50 mg	*(Mysoline)*	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG		ST; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG		ST; QL (120 per 30 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml		
valproic acid oral capsule 250 mg		
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		QL (28 per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML		PA NSO; NM; QL (1100 per 30 days)
Calcium Channel Modifying Agents		
ethosuximide oral capsule 250 mg	*(Zarontin)*	
ethosuximide oral solution 250 mg/5 ml	*(Zarontin)*	
methsuximide oral capsule 300 mg	*(Celontin)*	

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Drug Name		Requirements / Limits
ZONISADE ORAL SUSPENSION 100 MG/5 ML		QL (900 per 30 days)
zonisamide oral capsule 100 mg, 25 mg	*(Zonegran)*	
zonisamide oral capsule 50 mg		
Gamma-Aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	*(Onfi)*	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	*(Onfi)*	QL (60 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	*(Neurontin)*	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	*(Neurontin)*	
gabapentin oral tablet 600 mg, 800 mg	*(Neurontin)*	QL (180 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)		
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		ST; NM; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		ST
vigabatrin oral powder in packet 500 mg	*(Sabril)*	PA NSO; NM; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	*(Vigadrone)*	PA NSO; NM; QL (180 per 30 days)
vigadrone oral tablet 500 mg	*(vigabatrin)*	PA NSO; NM; QL (180 per 30 days)
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG		ST; NM; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG		ST; NM; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	*(Carbatrol)*	
carbamazepine oral suspension 100 mg/5 ml	*(Tegretol)*	
carbamazepine oral tablet 200 mg	*(Epitol)*	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	*(Tegretol XR)*	
carbamazepine oral tablet, chewable *100 mg*		
DILANTIN ORAL CAPSULE 30 MG		ST
epitol oral tablet 200 mg	*(carbamazepine)*	
lacosamide oral solution 10 mg/ml	*(Vimpat)*	QL (1395 per 30 days)

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Drug Name		Requirements / Limits
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	*(Vimpat)*	QL (60 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	*(Trileptal)*	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	*(Trileptal)*	
phenytoin oral suspension 125 mg/5 ml	*(Dilantin-125)*	
phenytoin oral tablet, chewable 50 mg	*(Dilantin Infatabs)*	
phenytoin sodium extended oral capsule 100 mg	*(Dilantin Extended)*	
phenytoin sodium extended oral capsule 200 mg, 300 mg	*(Phenytek)*	
rufinamide oral suspension 40 mg/ml	*(Banzel)*	NM; QL (2760 per 30 days)
rufinamide oral tablet 200 mg	*(Banzel)*	QL (480 per 30 days)
rufinamide oral tablet 400 mg	*(Banzel)*	NM; QL (240 per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents, Other		
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg	*(Namenda XR)*	QL (30 per 30 days)
memantine oral solution 2 mg/ml		QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg		QL (60 per 30 days)
memantine oral tablets, dose pack 5-10 mg	*(Namenda Titration Pak)*	QL (49 per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG		PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		PA
Cholinesterase Inhibitors		
donepezil oral tablet 10 mg	*(Aricept)*	QL (60 per 30 days)
donepezil oral tablet 23 mg, 5 mg	*(Aricept)*	QL (30 per 30 days)
donepezil oral tablet, disintegrating 10 mg		QL (60 per 30 days)
donepezil oral tablet, disintegrating 5 mg		QL (30 per 30 days)
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		QL (30 per 30 days)
galantamine oral solution 4 mg/ml		QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		QL (60 per 30 days)

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Drug Name		Requirements / Limits
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	*(Exelon Patch)*	QL (30 per 30 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		ST; QL (60 per 30 days)
bupropion hcl oral tablet 100 mg		QL (180 per 30 days)
bupropion hcl oral tablet 75 mg		QL (120 per 30 days)
bupropion hcl oral tablet extended release 24 hr 150 mg	*(Wellbutrin XL)*	QL (60 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	*(Wellbutrin XL)*	QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 450 mg	*(Forfivo XL)*	QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg	*(Wellbutrin SR)*	QL (120 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 150 mg	*(Wellbutrin SR)*	QL (90 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 200 mg	*(Wellbutrin SR)*	QL (60 per 30 days)
mirtazapine oral tablet 15 mg, 30 mg	*(Remeron)*	QL (30 per 30 days)
mirtazapine oral tablet 45 mg		QL (30 per 30 days)
mirtazapine oral tablet 7.5 mg		QL (45 per 30 days)
mirtazapine oral tablet, d*isintegrating 15 mg, 30 mg, 45 mg*	*(Remeron SolTab)*	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg		QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-50 mg	*(Symbyax)*	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg	*(Symbyax)*	QL (90 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		PA NSO; NM; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		PA NSO; NM; QL (14 per 14 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		ST; NM; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG		ST; QL (180 per 30 days)
phenelzine oral tablet 15 mg	*(Nardil)*	
tranylcypromine oral tablet 10 mg	*(Parnate)*	

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Drug Name		Requirements / Limits
SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
citalopram oral capsule 30 mg		QL (30 per 30 days)
citalopram oral solution 10 mg/5 ml		QL (600 per 30 days)
citalopram oral tablet 10 mg, 40 mg	*(Celexa)*	QL (30 per 30 days)
citalopram oral tablet 20 mg	*(Celexa)*	QL (60 per 30 days)
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		QL (30 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	*(Pristiq)*	QL (30 per 30 days)
duloxetine oral capsule, d*elayed release(dr/ec) 20 mg, 30 mg, 60 mg*	*(Cymbalta)*	QL (60 per 30 days)
duloxetine oral capsule, d*elayed release(dr/ec) 40 mg*		QL (60 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml		QL (600 per 30 days)
escitalopram oxalate oral tablet 10 mg	*(Lexapro)*	QL (45 per 30 days)
escitalopram oxalate oral tablet 20 mg	*(Lexapro)*	QL (60 per 30 days)
escitalopram oxalate oral tablet 5 mg	*(Lexapro)*	QL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	*(Prozac)*	QL (60 per 30 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		QL (600 per 30 days)
fluoxetine oral tablet 10 mg		QL (60 per 30 days)
fluoxetine oral tablet 20 mg		QL (120 per 30 days)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		QL (90 per 30 days)
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		
paroxetine hcl oral suspension 10 mg/5 ml	*(Paxil)*	QL (900 per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg	*(Paxil)*	QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg, 40 mg	*(Paxil)*	QL (60 per 30 days)
sertraline oral capsule 150 mg, 200 mg		QL (30 per 30 days)
sertraline oral concentrate 20 mg/ml	*(Zoloft)*	QL (300 per 30 days)
sertraline oral tablet 100 mg	*(Zoloft)*	QL (60 per 30 days)
sertraline oral tablet 25 mg, 50 mg	*(Zoloft)*	QL (90 per 30 days)

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Drug Name		Requirements / Limits
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		ST; QL (30 per 30 days)
venlafaxine besylate oral tablet extended release 24hr 112.5 mg		QL (30 per 30 days)
venlafaxine oral capsule, *extended release 24hr 150 mg, 37.5 mg, 75 mg*	*(Effexor XR)*	QL (60 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)		QL (30 per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	*(Viibryd)*	QL (30 per 30 days)
Tricyclics		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		
clomipramine oral capsule 25 mg, 50 mg, 75 mg	*(Anafranil)*	
desipramine oral tablet 10 mg, 25 mg	*(Norpramin)*	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		
doxepin oral concentrate 10 mg/ml		
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	*(Pamelor)*	
nortriptyline oral solution 10 mg/5 ml		
protriptyline oral tablet 10 mg, 5 mg		
trimipramine oral capsule 100 mg, 25 mg, 50 mg		
ANTIEMETICS		
Antiemetics, Other		
meclizine oral tablet 12.5 mg		
meclizine oral tablet 25 mg	*(Dramamine (meclizine))*	

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Drug Name		Requirements / Limits
prochlorperazine maleate oral tablet 10 mg, 5 mg	*(Compazine)*	
prochlorperazine rectal suppository 25 mg	*(Compazine)*	
promethazine oral syrup 6.25 mg/5 ml		
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	*(Promethegan)*	
promethegan rectal suppository 12.5 mg	*(promethazine)*	
scopolamine base transdermal patch 3 day 1 mg over 3 days	*(Transderm-Scop)*	
Emetogenic Therapy Adjuncts		
aprepitant oral capsule 125 mg, 40 mg		PA BvD; QL (30 per 30 days)
aprepitant oral capsule 80 mg	*(Emend)*	PA BvD; QL (30 per 30 days)
aprepitant oral capsule, d*ose pack 125 mg (1)- 80 mg (2)*	*(Emend)*	PA BvD; QL (12 per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	*(Marinol)*	PA; QL (60 per 30 days)
granisetron hcl oral tablet 1 mg		PA BvD; QL (60 per 30 days)
ondansetron hcl oral solution 4 mg/5 ml		PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg		PA BvD
ondansetron oral tablet, d*isintegrating 4 mg, 8 mg*		PA BvD
VARUBI ORAL TABLET 90 MG		PA BvD
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		PA BvD
amphotericin b injection recon soln 50 mg		PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	*(AmBisome)*	PA BvD; NM
caspofungin intravenous recon soln 50 mg	*(Cancidas)*	NM
caspofungin intravenous recon soln 70 mg	*(Cancidas)*	
ciclopirox topical cream 0.77 %	*(Ciclodan)*	
ciclopirox topical suspension 0.77 %	*(Loprox (as olamine))*	
clotrimazole mucous membrane troche 10 mg		
clotrimazole topical cream 1 %	*(Antifungal (clotrimazole))*	
clotrimazole topical solution 1 %		
econazole topical cream 1 %		

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Drug Name		Requirements / Limits
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG		NM
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG		
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml		
fluconazole oral suspension for reconstitution 10 mg/ml		
fluconazole oral suspension for reconstitution 40 mg/ml	*(Diflucan)*	
fluconazole oral tablet 100 mg, 200 mg	*(Diflucan)*	
fluconazole oral tablet 150 mg, 50 mg		
flucytosine oral capsule 250 mg, 500 mg	*(Ancobon)*	NM
griseofulvin microsize oral suspension 125 mg/5 ml		
griseofulvin microsize oral tablet 500 mg		
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		
itraconazole oral capsule 100 mg	*(Sporanox)*	PA
itraconazole oral solution 10 mg/ml	*(Sporanox)*	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %		
ketoconazole oral tablet 200 mg		
ketoconazole topical cream 2 %		
ketoconazole topical shampoo 2 %		
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG		PA; NM
nyamyc topical powder 100,000 unit/gram	*(nystatin)*	
nystatin oral suspension 100,000 unit/ml		
nystatin oral tablet 500,000 unit		
nystatin topical cream 100,000 unit/gram		
nystatin topical ointment 100,000 unit/gram		
nystatin topical powder 100,000 unit/gram	*(Nyamyc)*	
nystop topical powder 100,000 unit/gram	*(nystatin)*	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	*(Noxafil)*	PA; NM
posaconazole oral tablet, d*elayed release (dr/ec) 100 mg*	*(Noxafil)*	PA
terbinafine hcl oral tablet 250 mg		
terconazole vaginal cream 0.4 %, 0.8 %		
terconazole vaginal suppository 80 mg		

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Drug Name		Requirements / Limits
voriconazole intravenous recon soln 200 mg	*(Vfend IV)*	PA; NM
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	*(Vfend)*	PA; NM
voriconazole oral tablet 200 mg, 50 mg	*(Vfend)*	PA
ANTIGOUT AGENTS		
Antigout Agents		
allopurinol oral tablet 100 mg	*(Zyloprim)*	
allopurinol oral tablet 300 mg		
colchicine oral capsule 0.6 mg	*(Mitigare)*	
colchicine oral tablet 0.6 mg	*(Colcrys)*	
febuxostat oral tablet 40 mg, 80 mg	*(Uloric)*	PA
probenecid oral tablet 500 mg		
probenecid-colchicine oral tablet 500-0.5 mg		
ANTIMIGRAINE AGENTS		
Ergot Alkaloids		
dihydroergotamine nasal spray, *non-aerosol 0.5 mg/pump act. (4 mg/ml)*	*(Migranal)*	NM
ergotamine-caffeine oral tablet 1-100 mg		QL (40 per 28 days)
Prophylactic		
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		PA
EPRONTIA ORAL SOLUTION 25 MG/ML		
propranolol oral capsule, *extended release 24 hr 80 mg*	*(Inderal LA)*	
propranolol oral tablet 80 mg		
topiramate oral capsule, sprinkle 15 mg, 25 mg	*(Topamax)*	
topiramate oral capsule, *sprinkle*, *er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg*	*(Qudexy XR)*	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	*(Topamax)*	
UBRELVY ORAL TABLET 100 MG, 50 MG		PA; QL (16 per 30 days)
Serotonin (5-HT) Receptor Agonist		
naratriptan oral tablet 1 mg, 2.5 mg		QL (9 per 30 days)
rizatriptan oral tablet 10 mg	*(Maxalt)*	QL (12 per 30 days)

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

Drug Name		Requirements / Limits
rizatriptan oral tablet 5 mg		QL (12 per 30 days)
rizatriptan oral tablet, d*isintegrating 10 mg*	*(Maxalt-MLT)*	QL (12 per 30 days)
rizatriptan oral tablet, d*isintegrating 5 mg*		QL (12 per 30 days)
sumatriptan nasal spray, n*on-aerosol 20 mg/actuation*		QL (12 per 30 days)
sumatriptan nasal spray, n*on-aerosol 5 mg/actuation*		QL (18 per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	*(Imitrex)*	QL (9 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	*(Imitrex STATdose Refill)*	QL (4 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	*(Imitrex STATdose Pen)*	QL (4 per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	*(Imitrex STATdose Pen)*	QL (4 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	*(Imitrex)*	QL (4 per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		QL (4 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	*(Zomig)*	QL (6 per 30 days)
zolmitriptan oral tablet, d*isintegrating 2.5 mg, 5 mg*		QL (6 per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
pyridostigmine bromide oral syrup 60 mg/5 ml	*(Mestinon)*	
pyridostigmine bromide oral tablet 30 mg		
pyridostigmine bromide oral tablet 60 mg	*(Mestinon)*	
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
dapsone oral tablet 100 mg, 25 mg		
PRIFTIN ORAL TABLET 150 MG		
rifabutin oral capsule 150 mg	*(Mycobutin)*	
Antituberculars		
ethambutol oral tablet 100 mg		
ethambutol oral tablet 400 mg	*(Myambutol)*	
isoniazid oral solution 50 mg/5 ml		
isoniazid oral tablet 100 mg, 300 mg		
pyrazinamide oral tablet 500 mg		
rifampin intravenous recon soln 600 mg	*(Rifadin)*	
rifampin oral capsule 150 mg, 300 mg		

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

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Drug Name	Requirements / Limits
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	PA NSO
tamoxifen oral tablet 10 mg, 20 mg	
toremifene oral tablet 60 mg (Fareston)	PA NSO; NM
Antimetabolites	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	
hydroxyurea oral capsule 500 mg (Hydrea)	
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM
mercaptopurine oral tablet 50 mg	
ONUREG ORAL TABLET 200 MG, 300 MG	PA NSO; NM
PURIXAN ORAL SUSPENSION 20 MG/ML	NM
TABLOID ORAL TABLET 40 MG (thioguanine)	PA NSO
Antineoplastics, Other	
ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML	PA NSO; NM
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	PA NSO; NM; QL (9.5 per 28 days)
IDHIFA ORAL TABLET 100 MG	PA NSO; NM; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	PA NSO; NM; QL (60 per 30 days)
IWILFIN ORAL TABLET 192 MG	PA NSO; NM; QL (240 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	PA NSO; NM
KRAZATI ORAL TABLET 200 MG	PA NSO; NM; QL (180 per 30 days)
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	PA NSO; NM
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	PA NSO; NM
LUMAKRAS ORAL TABLET 120 MG	PA NSO; NM; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	PA NSO; NM; QL (90 per 30 days)
LYNPARZA ORAL TABLET 100 MG	PA NSO; NM; QL (180 per 30 days)
LYNPARZA ORAL TABLET 150 MG	PA NSO; NM; QL (120 per 30 days)
MESNEX ORAL TABLET 400 MG	NM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA NSO; NM

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Drug Name	Requirements / Limits
OGSIVEO ORAL TABLET 100 MG, 150 MG	PA NSO; NM; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	PA NSO; NM; QL (180 per 30 days)
ORGOVYX ORAL TABLET 120 MG	PA NSO; NM; QL (60 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	PA NSO; NM
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	PA NSO; NM
WELIREG ORAL TABLET 40 MG	PA NSO; NM; QL (90 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	PA BvD
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	PA NSO; NM
ZOLINZA ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
Aromatase Inhibitors, 3rd Generation	
anastrozole oral tablet 1 mg (Arimidex)	
exemestane oral tablet 25 mg (Aromasin)	
letrozole oral tablet 2.5 mg (Femara)	
Molecular Target Inhibitors	
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	PA NSO; NM; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	PA NSO; NM
ALUNBRIG ORAL TABLET 180 MG	PA NSO; NM; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	PA NSO; NM; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	PA NSO; NM; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	PA NSO; NM; QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	PA NSO; NM; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	PA NSO; NM; QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG	PA NSO; NM; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	PA NSO; NM; QL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	PA NSO; NM; QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG	PA NSO; NM; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	PA NSO; NM; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	PA NSO; NM; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	PA NSO; NM; QL (30 per 30 days)

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Drug Name		Requirements / Limits
BRAFTOVI ORAL CAPSULE 75 MG		PA NSO; NM; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		PA NSO; NM; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA NSO; NM
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG		PA NSO; NM; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG		PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	(vandetanib)	PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	(vandetanib)	PA NSO; NM; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)		PA NSO; NM; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)		PA NSO; NM; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)		PA NSO; NM; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		PA NSO; NM; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG		PA NSO; NM; QL (63 per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG		PA NSO; NM
ERIVEDGE ORAL CAPSULE 150 MG		PA NSO; NM
erlotinib oral tablet 100 mg, 150 mg	*(Tarceva)*	PA NSO; NM; QL (30 per 30 days)
erlotinib oral tablet 25 mg	*(Tarceva)*	PA NSO; NM; QL (90 per 30 days)
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	*(Afinitor)*	PA NSO; NM; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg	*(Afinitor Disperz)*	PA NSO; NM; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	*(Afinitor Disperz)*	PA NSO; NM; QL (60 per 30 days)
EXKIVITY ORAL CAPSULE 40 MG		PA NSO; NM
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		PA NSO; NM; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		PA NSO; NM; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG		PA NSO; NM; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG		PA NSO; NM; QL (120 per 30 days)
gefitinib oral tablet 250 mg	*(Iressa)*	PA NSO; NM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA NSO; NM; QL (30 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		PA NSO; NM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		PA NSO; NM
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG		PA NSO; NM; QL (30 per 30 days)

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Drug Name	Requirements / Limits
ICLUSIG ORAL TABLET 15 MG	PA NSO; NM; QL (60 per 30 days)
imatinib oral tablet 100 mg (Gleevec)	PA NSO; NM; QL (90 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	PA NSO; NM; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	PA NSO; NM; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	PA NSO; NM; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PA NSO; NM; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	PA NSO; NM; QL (28 per 28 days)
INLYTA ORAL TABLET 1 MG	PA NSO; NM; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	PA NSO; NM; QL (60 per 30 days)
INREBIC ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	PA NSO; NM; QL (30 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	PA NSO; NM
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	PA NSO; NM
KOSELUGO ORAL CAPSULE 10 MG	PA NSO; NM; QL (240 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	PA NSO; NM; QL (120 per 30 days)
lapatinib oral tablet 250 mg (Tykerb)	PA NSO; NM; QL (180 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	PA NSO; NM
LORBRENA ORAL TABLET 100 MG	PA NSO; NM; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	PA NSO; NM; QL (120 per 30 days)
LYTGOBI ORAL TABLET 4 MG	PA NSO; NM; QL (84 per 28 days)
LYTGOBI ORAL TABLET 4 MG (4X 4 MG TB)	PA NSO; NM; QL (112 per 28 days)
LYTGOBI ORAL TABLET 4 MG (5X 4 MG TB)	PA NSO; NM; QL (140 per 28 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	PA NSO; NM; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	PA NSO; NM; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	PA NSO; NM; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	PA NSO; NM; QL (180 per 30 days)
NERLYNX ORAL TABLET 40 MG	PA NSO; NM; QL (180 per 30 days)

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Drug Name	Requirements / Limits
ODOMZO ORAL CAPSULE 200 MG	PA NSO; NM
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	PA NSO; NM; QL (30 per 30 days)
pazopanib oral tablet 200 mg (Votrient)	PA NSO; NM; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	PA NSO; NM; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	PA NSO; NM
QINLOCK ORAL TABLET 50 MG	PA NSO; NM; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	PA NSO; NM; QL (120 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	PA NSO; NM; QL (180 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	PA NSO; NM; QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	PA NSO; NM; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	PA NSO; NM; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	PA NSO; NM; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA NSO; NM
RYDAPT ORAL CAPSULE 25 MG	PA NSO; NM; QL (240 per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	PA NSO; NM
sorafenib oral tablet 200 mg (Nexavar)	PA NSO; NM; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	PA NSO; NM; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140 MG	PA NSO; NM; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	PA NSO; NM; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	PA NSO; NM; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	PA NSO; NM; QL (28 per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	PA NSO; NM; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	PA NSO; NM; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	PA NSO; NM
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	PA NSO; NM; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	PA NSO; NM; QL (120 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	PA NSO; NM; QL (60 per 30 days)

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Drug Name	Requirements / Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	PA NSO; NM; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	PA NSO; NM; QL (240 per 30 days)
TEPMETKO ORAL TABLET 225 MG	PA NSO; NM; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	PA NSO; NM; QL (60 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	PA NSO; NM; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	PA NSO; NM; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	PA NSO; NM; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	PA NSO; NM
VENCLEXTA ORAL TABLET 10 MG, 50 MG	PA NSO
VENCLEXTA ORAL TABLET 100 MG	PA NSO; NM
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM
VITRAKVI ORAL CAPSULE 100 MG	PA NSO; NM; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	PA NSO; NM; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA NSO; NM; QL (310 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA NSO; NM; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA NSO; NM; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	PA NSO; NM; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	PA NSO; NM; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	PA NSO; NM; QL (120 per 30 days)
XOSPATA ORAL TABLET 40 MG	PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	PA NSO; NM; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	PA NSO; NM; QL (240 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	PA NSO; NM; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	PA NSO; NM; QL (150 per 30 days)
Retinoids	
bexarotene oral capsule 75 mg (Targretin)	PA NSO; NM; QL (300 per 30 days)
bexarotene topical gel 1 % (Targretin)	PA NSO; NM

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Drug Name		Requirements / Limits
tretinoin (antineoplastic) oral capsule 10 mg		NM
ANTIPARASITICS		
Anthelmintics		
albendazole oral tablet 200 mg		
EMVERM ORAL TABLET, CHEWABLE 100 MG	(mebendazole)	NM
ivermectin oral tablet 3 mg	*(Stromectol)*	PA
Antiprotozoals		
atovaquone oral suspension 750 mg/5 ml	*(Mepron)*	NM
atovaquone-proguanil oral tablet 250-100 mg	*(Malarone)*	
atovaquone-proguanil oral tablet 62.5-25 mg	*(Malarone Pediatric)*	
benznidazole oral tablet 100 mg, 12.5 mg		
chloroquine phosphate oral tablet 250 mg, 500 mg		
COARTEM ORAL TABLET 20-120 MG		
hydroxychloroquine oral tablet 100 mg, 400 mg		
hydroxychloroquine oral tablet 200 mg	*(Plaquenil)*	
hydroxychloroquine oral tablet 300 mg	*(Sovuna)*	
LAMPIT ORAL TABLET 120 MG, 30 MG		
mefloquine oral tablet 250 mg		
nitazoxanide oral tablet 500 mg	*(Alinia)*	QL (40 per 30 days)
pentamidine inhalation recon soln 300 mg	*(Nebupent)*	PA BvD
pentamidine injection recon soln 300 mg	*(Pentam)*	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		
quinine sulfate oral capsule 324 mg	*(Qualaquin)*	PA
ANTIPARKINSON AGENTS		
Anticholinergics		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		
trihexyphenidyl oral elixir 0.4 mg/ml		
trihexyphenidyl oral tablet 2 mg, 5 mg		
Antiparkinson Agents, Other		
amantadine hcl oral capsule 100 mg		
amantadine hcl oral solution 50 mg/5 ml		
amantadine hcl oral tablet 100 mg		

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Drug Name	Requirements / Limits
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	
entacapone oral tablet 200 mg	
Dopamine Agonists	
bromocriptine oral capsule 5 mg (Parlodel)	
bromocriptine oral tablet 2.5 mg (Parlodel)	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors	
carbidopa oral tablet 25 mg (Lodosyn)	
carbidopa-levodopa oral tablet 10-100 mg (Sinemet)	
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	
carbidopa-levodopa oral tablet 25-250 mg	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	
carbidopa-levodopa oral tablet, d*isintegrating 10-100 mg, 25-100 mg, 25-250 mg*	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	PA; NM
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	ST
Monoamine Oxidase B (MAO-B) Inhibitors	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	
selegiline hcl oral capsule 5 mg	
selegiline hcl oral tablet 5 mg	
ANTIPSYCHOTICS	
1st Generation/Typical	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	

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

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

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Drug Name		Requirements / Limits
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	*(Invega)*	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	*(Invega)*	QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	*(Seroquel)*	QL (60 per 30 days)
quetiapine oral tablet 150 mg		QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg	*(Seroquel XR)*	QL (90 per 30 days)
quetiapine oral tablet extended release 24 hr 200 mg, 300 mg, 400 mg	*(Seroquel XR)*	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 50 mg	*(Seroquel XR)*	QL (120 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		NM
risperidone microspheres intramuscular suspension, *extended rel recon 12.5 mg/2 ml*	*(Risperdal Consta)*	
risperidone microspheres intramuscular suspension, *extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml*	*(Risperdal Consta)*	NM
risperidone oral solution 1 mg/ml	*(Risperdal)*	QL (480 per 30 days)
risperidone oral tablet 0.25 mg		QL (60 per 30 days)
risperidone oral tablet 0.5 mg	*(Risperdal)*	QL (120 per 30 days)
risperidone oral tablet 1 mg, 2 mg, 3 mg, 4 mg	*(Risperdal)*	QL (60 per 30 days)
risperidone oral tablet, *disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg*		QL (60 per 30 days)
risperidone oral tablet, *disintegrating 0.5 mg, 4 mg*		QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG		ST; NM; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG		ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)		ST; QL (7 per 28 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	*(Geodon)*	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	*(Geodon)*	QL (6 per 3 days)

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Drug Name		Requirements / Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG		ST
Treatment-Resistant		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	*(Clozaril)*	QL (120 per 30 days)
clozapine oral tablet, d*isintegrating 100 mg, 12.5 mg, 150 mg, 25 mg*		QL (120 per 30 days)
clozapine oral tablet, d*isintegrating 200 mg*		NM; QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML		ST; NM; QL (540 per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		
tizanidine oral tablet 2 mg		
tizanidine oral tablet 4 mg	*(Zanaflex)*	
ANTIVIRALS		
Anti-Cytomegalovirus (CMV) Agents		
LIVTENCITY ORAL TABLET 200 MG		PA; NM
PREVYMIS ORAL TABLET 240 MG, 480 MG		PA; NM; QL (28 per 28 days)
valganciclovir oral recon soln 50 mg/ml	*(Valcyte)*	
valganciclovir oral tablet 450 mg	*(Valcyte)*	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		
Anti-Hepatitis B (HBV) Agents		
adefovir oral tablet 10 mg	*(Hepsera)*	QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		NM; QL (600 per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	*(Baraclude)*	QL (30 per 30 days)
lamivudine oral tablet 100 mg		QL (90 per 30 days)
VEMLIDY ORAL TABLET 25 MG		NM; QL (30 per 30 days)
Anti-Hepatitis C (HCV) Agents		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		PA; NM
MAVYRET ORAL TABLET 100-40 MG		PA; NM
ribavirin oral capsule 200 mg		

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Drug Name	Requirements / Limits
ribavirin oral tablet 200 mg	
sofosbuvir-velpatasvir oral tablet 400-100 mg (Epclusa)	PA; NM
VOSEVI ORAL TABLET 400-100-100 MG	PA; NM
Antiherpetic Agents	
acyclovir oral capsule 200 mg	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	
acyclovir oral tablet 400 mg, 800 mg	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	PA BvD
acyclovir sodium intravenous solution 50 mg/ml	PA BvD
famciclovir oral tablet 125 mg, 250 mg, 500 mg	
trifluridine ophthalmic (eye) drops 1 %	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	NM; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	NM; QL (30 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	NM; QL (30 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	NM; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	NM; QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	QL (180 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	NM; QL (30 per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	NM; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	NM; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	QL (360 per 30 days)
Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
COMPLERA ORAL TABLET 200-25-300 MG	NM; QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	NM; QL (30 per 30 days)
efavirenz oral capsule 200 mg	QL (120 per 30 days)
efavirenz oral capsule 50 mg	QL (360 per 30 days)

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Drug Name		Requirements / Limits
efavirenz oral tablet 600 mg		QL (30 per 30 days)
etravirine oral tablet 100 mg	*(Intelence)*	NM; QL (120 per 30 days)
etravirine oral tablet 200 mg	*(Intelence)*	NM; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG		QL (120 per 30 days)
nevirapine oral suspension 50 mg/5 ml		QL (1200 per 30 days)
nevirapine oral tablet 200 mg		QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg		QL (120 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg		QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG		NM; QL (30 per 30 days)
Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir oral solution 20 mg/ml	*(Ziagen)*	QL (960 per 30 days)
abacavir oral tablet 300 mg		QL (60 per 30 days)
abacavir-lamivudine oral tablet 600-300 mg		QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG		NM; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG		NM; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		NM; QL (30 per 30 days)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	*(Atripla)*	NM; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	*(Symfi Lo)*	NM; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	*(Symfi)*	NM; QL (30 per 30 days)
emtricitabine oral capsule 200 mg	*(Emtriva)*	QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	*(Truvada)*	NM; QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	*(Truvada)*	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML		QL (680 per 28 days)
JULUCA ORAL TABLET 50-25 MG		NM; QL (30 per 30 days)
lamivudine oral solution 10 mg/ml	*(Epivir)*	QL (900 per 30 days)
lamivudine oral tablet 150 mg	*(Epivir)*	QL (60 per 30 days)
lamivudine oral tablet 300 mg	*(Epivir)*	QL (30 per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg		QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG		NM; QL (30 per 30 days)
tenofovir disoproxil fumarate oral tablet 300 mg	*(Viread)*	QL (30 per 30 days)

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Drug Name		Requirements / Limits
TRIZIVIR ORAL TABLET 300-150-300 MG		NM; QL (60 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		NM; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		NM; QL (30 per 30 days)
zidovudine oral capsule 100 mg	*(Retrovir)*	QL (180 per 30 days)
zidovudine oral syrup 10 mg/ml	*(Retrovir)*	QL (1680 per 28 days)
zidovudine oral tablet 300 mg		QL (60 per 30 days)
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		NM; QL (60 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	*(Selzentry)*	NM; QL (120 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG		NM; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML		NM; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 25 MG		QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG		NM; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300 MG		NM; QL (5 per 180 days)
SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)		NM; QL (4 per 180 days)
TRIUMEQ ORAL TABLET 600-50-300 MG		NM; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		NM; QL (180 per 30 days)
TYBOST ORAL TABLET 150 MG		QL (30 per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250 MG		NM; QL (120 per 30 days)
atazanavir oral capsule 150 mg		QL (60 per 30 days)
atazanavir oral capsule 200 mg	*(Reyataz)*	QL (60 per 30 days)
atazanavir oral capsule 300 mg	*(Reyataz)*	QL (30 per 30 days)
darunavir oral tablet 600 mg	*(Prezista)*	NM; QL (60 per 30 days)
darunavir oral tablet 800 mg	*(Prezista)*	NM; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG		NM; QL (30 per 30 days)
fosamprenavir oral tablet 700 mg		NM; QL (120 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML		QL (1575 per 28 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	*(Kaletra)*	QL (400 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	*(Kaletra)*	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	*(Kaletra)*	QL (150 per 30 days)

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Drug Name	Requirements / Limits
NORVIR ORAL POWDER IN PACKET 100 MG	QL (360 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	NM; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	NM; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG	QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	QL (180 per 30 days)
ritonavir oral tablet 100 mg (Norvir)	QL (360 per 30 days)
VIRACEPT ORAL TABLET 250 MG	NM; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	NM; QL (120 per 30 days)
Anti-Influenza Agents	
oseltamivir oral capsule 30 mg, 45 mg, 75 mg (Tamiflu)	
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	
rimantadine oral tablet 100 mg (Flumadine)	
XOFLUZA ORAL TABLET 20 MG, 80 MG	
XOFLUZA ORAL TABLET 40 MG	
Antivirals, Other	
lagevrio (eua) oral capsule 200 mg	QL (40 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG	$0 copay; QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	$0 copay; QL (30 per 5 days)
ANXIOLYTICS	
Anxiolytics, Other	
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	
hydroxyzine hcl oral solution 10 mg/5 ml	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	
hydroxyzine pamoate oral capsule 100 mg, 50 mg	
hydroxyzine pamoate oral capsule 25 mg (Vistaril)	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	QL (120 per 30 days)

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Drug Name		Requirements / Limits
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		QL (300 per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg	*(Xanax)*	QL (120 per 30 days)
alprazolam oral tablet 1 mg	*(Xanax)*	QL (240 per 30 days)
alprazolam oral tablet 2 mg	*(Xanax)*	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	*(Klonopin)*	QL (90 per 30 days)
clonazepam oral tablet 2 mg	*(Klonopin)*	QL (300 per 30 days)
clonazepam oral tablet, d*isintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg*		QL (90 per 30 days)
clonazepam oral tablet, d*isintegrating 2 mg*		QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		QL (180 per 30 days)
diazepam intensol oral concentrate 5 mg/ml	*(diazepam)*	QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg	*(Valium)*	QL (120 per 30 days)
diazepam oral tablet 5 mg	*(Valium)*	QL (240 per 30 days)
lorazepam 2 mg/ml oral concent	*(Lorazepam Intensol)*	QL (240 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	*(lorazepam)*	QL (240 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	*(Ativan)*	QL (150 per 30 days)
BIPOLAR AGENTS		
Mood Stabilizers		
divalproex oral capsule, delayed rel sprinkle 125 mg	*(Depakote Sprinkles)*	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	*(Depakote ER)*	
divalproex oral tablet, d*elayed release (dr/ec) 125 mg, 250 mg, 500 mg*	*(Depakote)*	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		
lithium carbonate oral tablet 300 mg		
lithium carbonate oral tablet extended release 300 mg	*(Lithobid)*	
lithium carbonate oral tablet extended release 450 mg		
lithium citrate oral solution 8 meq/5 ml		

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Drug Name	Requirements / Limits
BLOOD GLUCOSE REGULATORS	
Antidiabetic Agents	
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg (Glucotrol XL)	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	
INVOKANA ORAL TABLET 100 MG, 300 MG	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	
JARDIANCE ORAL TABLET 10 MG, 25 MG	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	
miglitol oral tablet 100 mg, 25 mg, 50 mg	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	PA; QL (2 per 28 days)

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Drug Name		Requirements / Limits
nateglinide oral tablet 120 mg, 60 mg		
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)		PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	*(Actos)*	
pioglitazone-metformin oral tablet 15-500 mg		
pioglitazone-metformin oral tablet 15-850 mg	*(Actoplus MET)*	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg		
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG		PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML		PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML		PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG		
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		PA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)		PA; QL (9 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		
Glycemic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION		
diazoxide oral suspension 50 mg/ml	*(Proglycem)*	NM
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG		
mifepristone oral tablet 300 mg	*(Korlym)*	PA; NM

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

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Drug Name		Requirements / Limits
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "		
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		

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Drug Name		Requirements / Limits
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"		
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"		
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"		
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	
BD INSULIN SYRINGE 1 ML W/O NEEDLE	(insulin syringe needleless)	
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"		
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	

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Drug Name		Requirements / Limits
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	

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Drug Name		Requirements / Limits
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	

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

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

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Drug Name		Requirements / Limits
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	

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Drug Name		Requirements / Limits
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"		
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"		
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"		
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"		
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		

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Drug Name		Requirements / Limits
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	

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Drug Name		Requirements / Limits
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	

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

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

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

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

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

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Drug Name		Requirements / Limits
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		

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Drug Name		Requirements / Limits
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"		
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)	
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	

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Drug Name		Requirements / Limits
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
NOVOFINE 30 NEEDLE		
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	

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Drug Name		Requirements / Limits
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"		
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	

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

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Drug Name		Requirements / Limits
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Ultilet Insulin Syringe)	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"		
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"		
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort EZ PRO Safety Pen Ndl)	
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	

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Drug Name		Requirements / Limits
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"		
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"		
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"		
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"		
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		
STERILE PADS 2" X 2" 2 X 2 "	(gauze bandage)	
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	

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

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Drug Name		Requirements / Limits
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	

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Drug Name		Requirements / Limits
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	

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Drug Name		Requirements / Limits
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	

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Drug Name		Requirements / Limits
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	

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

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

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

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

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

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

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Drug Name		Requirements / Limits
enoxaparin subcutaneous syringe 60 mg/0.6 ml	*(Lovenox)*	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	*(Arixtra)*	NM; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	*(Arixtra)*	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	*(Arixtra)*	NM; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	*(Arixtra)*	NM; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	*(warfarin)*	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	*(Jantoven)*	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)		
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML		
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG		
Blood Products And Modifiers, Other		
anagrelide oral capsule 0.5 mg	*(Agrylin)*	
anagrelide oral capsule 1 mg		
LEUKINE INJECTION RECON SOLN 250 MCG		PA; NM
PROMACTA ORAL POWDER IN PACKET 12.5 MG		PA; NM; QL (360 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG		PA; NM; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		PA; NM; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML		PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML		PA; QL (23 per 30 days)
RETACRIT INJECTION SOLUTION 3,000 UNIT/ML		PA; QL (16 per 30 days)
tranexamic acid oral tablet 650 mg		

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Drug Name		Requirements / Limits
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		PA; NM
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		PA; NM
Platelet Modifying Agents		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		
BRILINTA ORAL TABLET 60 MG, 90 MG		
CABLIVI INJECTION KIT 11 MG		PA; NM
cilostazol oral tablet 100 mg, 50 mg		
clopidogrel oral tablet 75 mg	*(Plavix)*	
prasugrel oral tablet 10 mg, 5 mg	*(Effient)*	
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		
clonidine transdermal patch weekly 0.1 mg/24 hr	*(Catapres-TTS-1)*	QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24 hr	*(Catapres-TTS-2)*	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	*(Catapres-TTS-3)*	QL (4 per 28 days)
droxidopa oral capsule 100 mg, 200 mg, 300 mg	*(Northera)*	PA; NM; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		
Alpha-Adrenergic Blocking Agents		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	*(Cardura)*	
prazosin oral capsule 1 mg, 2 mg, 5 mg		
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		
Angiotensin II Receptor Antagonists		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	*(Atacand)*	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	*(Avapro)*	
losartan oral tablet 100 mg, 25 mg, 50 mg	*(Cozaar)*	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	*(Benicar)*	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	*(Micardis)*	

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Drug Name		Requirements / Limits
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	*(Diovan)*	
Angiotensin-Converting Enzyme (ACE) Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg	*(Lotensin)*	
benazepril oral tablet 5 mg		
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	*(Vasotec)*	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	*(Zestril)*	
moexipril oral tablet 15 mg, 7.5 mg		
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	*(Accupril)*	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	*(Altace)*	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		
Antiarrhythmics		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	*(Pacerone)*	
disopyramide phosphate oral capsule 100 mg, 150 mg	*(Norpace)*	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	*(Tikosyn)*	
flecainide oral tablet 100 mg, 150 mg, 50 mg		
mexiletine oral capsule 150 mg, 200 mg, 250 mg		
MULTAQ ORAL TABLET 400 MG		
propafenone oral tablet 150 mg, 225 mg, 300 mg		
quinidine sulfate oral tablet 200 mg, 300 mg		
sotalol af oral tablet 120 mg, 160 mg, 80 mg	*(sotalol)*	
sotalol oral tablet 120 mg, 160 mg, 80 mg	*(Sotalol AF)*	
sotalol oral tablet 240 mg	*(Betapace)*	

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Drug Name		Requirements / Limits
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg		
atenolol oral tablet 100 mg, 25 mg, 50 mg	*(Tenormin)*	
betaxolol oral tablet 10 mg, 20 mg		
bisoprolol fumarate oral tablet 10 mg, 5 mg		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	*(Coreg)*	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	*(Coreg CR)*	
labetalol oral tablet 100 mg, 200 mg, 300 mg		
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	*(Toprol XL)*	
metoprolol tartrate oral tablet 100 mg, 50 mg	*(Lopressor)*	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		
nadolol oral tablet 20 mg, 40 mg, 80 mg	*(Corgard)*	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	*(Bystolic)*	
pindolol oral tablet 10 mg, 5 mg		
propranolol oral capsule, *extended release 24 hr 120 mg, 160 mg, 60 mg*	*(Inderal LA)*	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg		
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	*(Norvasc)*	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		QL (30 per 30 days)
isradipine oral capsule 2.5 mg, 5 mg		
KATERZIA ORAL SUSPENSION 1 MG/ML		
nicardipine oral capsule 20 mg, 30 mg		
nifedipine oral capsule 10 mg, 20 mg		

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

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Drug Name		Requirements / Limits
verapamil oral capsule, e*xt rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg*		
verapamil oral tablet 120 mg, 40 mg, 80 mg		
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		
Cardiovascular Agents, Other		
aliskiren oral tablet 150 mg, 300 mg	*(Tekturna)*	QL (30 per 30 days)
amiloride-hydrochlorothiazide oral tablet 5-50 mg		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	*(Caduet)*	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		QL (30 per 30 days)
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	*(Lotrel)*	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	*(Azor)*	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	*(Exforge)*	
atenolol-chlorthalidone oral tablet 100-25 mg	*(Tenoretic 100)*	
atenolol-chlorthalidone oral tablet 50-25 mg	*(Tenoretic 50)*	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	*(Lotensin HCT)*	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		PA; NM; QL (30 per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	*(Atacand HCT)*	
CORLANOR ORAL TABLET 5 MG, 7.5 MG		PA
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	*(digoxin)*	QL (30 per 30 days)
digox oral tablet 125 mcg (0.125 mg)	*(digoxin)*	QL (30 per 30 days)
digoxin 250 mcg tablet 250 mcg (0.25 mg)	*(Digitek)*	QL (30 per 30 days)

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Drug Name		Requirements / Limits
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)		QL (255 per 30 days)
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	*(Digitek)*	QL (30 per 30 days)
digoxin oral tablet 62.5 mcg (0.0625 mg)	*(Lanoxin)*	QL (60 per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg	*(Vaseretic)*	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		
FILSPARI ORAL TABLET 200 MG, 400 MG		PA; NM; QL (30 per 30 days)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	*(Avalide)*	
isosorbide-hydralazine oral tablet 20-37.5 mg	*(BiDil)*	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	(digoxin)	QL (30 per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	*(Zestoretic)*	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	*(Hyzaar)*	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		
metyrosine oral capsule 250 mg	*(Demser)*	NM
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	*(Tribenzor)*	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	*(Benicar HCT)*	
pentoxifylline oral tablet extended release 400 mg		
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	*(Accuretic)*	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg		
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		

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Drug Name		Requirements / Limits
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	*(Micardis HCT)*	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	*(Diovan HCT)*	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		PA
Diuretics, Loop		
bumetanide injection solution 0.25 mg/ml		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		
furosemide injection solution 10 mg/ml		
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		
furosemide oral tablet 20 mg, 40 mg, 80 mg	*(Lasix)*	
torsemide oral tablet 10 mg, 100 mg, 5 mg		
torsemide oral tablet 20 mg	*(Soaanz)*	
Diuretics, Potassium-Sparing		
amiloride oral tablet 5 mg		
eplerenone oral tablet 25 mg, 50 mg	*(Inspra)*	
KERENDIA ORAL TABLET 10 MG, 20 MG		QL (30 per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	*(Aldactone)*	
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg		
hydrochlorothiazide oral capsule 12.5 mg		
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		
indapamide oral tablet 1.25 mg, 2.5 mg		
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg		QL (30 per 30 days)

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Drug Name		Requirements / Limits
fenofibrate micronized oral capsule 43 mg		QL (60 per 30 days)
fenofibrate nanocrystallized oral tablet 145 mg	*(Tricor)*	QL (30 per 30 days)
fenofibrate nanocrystallized oral tablet 48 mg	*(Tricor)*	QL (60 per 30 days)
fenofibrate oral capsule 150 mg	*(Lipofen)*	QL (30 per 30 days)
fenofibrate oral capsule 50 mg	*(Lipofen)*	QL (60 per 30 days)
fenofibrate oral tablet 160 mg		QL (30 per 30 days)
fenofibrate oral tablet 54 mg		QL (60 per 30 days)
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	*(Trilipix)*	QL (30 per 30 days)
gemfibrozil oral tablet 600 mg	*(Lopid)*	QL (60 per 30 days)
Dyslipidemics, HMG COA Reductase Inhibitors		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	*(Lipitor)*	QL (30 per 30 days)
fluvastatin oral capsule 20 mg, 40 mg		
fluvastatin oral tablet extended release 24 hr 80 mg	*(Lescol XL)*	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	(pitavastatin calcium)	QL (30 per 30 days)
lovastatin oral tablet 10 mg		QL (45 per 30 days)
lovastatin oral tablet 20 mg		QL (30 per 30 days)
lovastatin oral tablet 40 mg		QL (60 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		QL (30 per 30 days)
rosuvastatin oral tablet 10 mg, 20 mg, 5 mg		QL (30 per 30 days)
rosuvastatin oral tablet 40 mg	*(Crestor)*	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	*(Zocor)*	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		QL (30 per 30 days)
Dyslipidemics, Other		
cholestyramine (with sugar) oral powder in packet 4 gram	*(Questran)*	
cholestyramine light oral powder in packet 4 gram	*(cholestyramine-aspartame)*	
colestipol oral packet 5 gram		
colestipol oral tablet 1 gram	*(Colestid)*	
ezetimibe oral tablet 10 mg	*(Zetia)*	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	*(Vytorin 10-10)*	
ezetimibe-simvastatin oral tablet 10-20 mg	*(Vytorin 10-20)*	
ezetimibe-simvastatin oral tablet 10-40 mg	*(Vytorin 10-40)*	

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Drug Name		Requirements / Limits
ezetimibe-simvastatin oral tablet 10-80 mg	*(Vytorin 10-80)*	
icosapent ethyl oral capsule 0.5 gram, 1 gram	*(Vascepa)*	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG		PA; NM
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		
omega-3 acid ethyl esters oral capsule 1 gram	*(Lovaza)*	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		PA
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	(icosapent ethyl)	
Vasodilators, Direct-Acting Arterial/ Venous		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		
isosorbide dinitrate oral tablet 5 mg	*(Isordil Titradose)*	
isosorbide mononitrate oral tablet 10 mg, 20 mg		
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		
minoxidil oral tablet 10 mg, 2.5 mg		
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	
nitroglycerin rectal ointment 0.4 % (w/w)	*(Rectiv)*	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	*(Nitrostat)*	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	*(Nitro-Dur)*	
nitroglycerin translingual spray, *non-aerosol 400 mcg/spray*	*(Nitrolingual)*	

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Drug Name		Requirements / Limits
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
dextroamphetamine sulfate oral capsule, extended release 10 mg	*(Dexedrine Spansule)*	QL (180 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg		QL (120 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		QL (360 per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	*(ProCentra)*	QL (1800 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	*(Zenzedi)*	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	*(Zenzedi)*	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 2.5 mg, 20 mg, 7.5 mg	*(Zenzedi)*	QL (90 per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	*(Zenzedi)*	QL (60 per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	*(Zenzedi)*	QL (150 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	*(Adderall)*	QL (90 per 30 days)
dextroamphetamine-amphetamine oral tablet 30 mg	*(Adderall)*	QL (60 per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	*(Strattera)*	QL (30 per 30 days)
dexmethylphenidate oral tablet 10 mg	*(Focalin)*	QL (60 per 30 days)
dexmethylphenidate oral tablet 2.5 mg	*(Focalin)*	QL (240 per 30 days)
dexmethylphenidate oral tablet 5 mg	*(Focalin)*	QL (120 per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	*(Intuniv ER)*	QL (30 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	*(Ritalin)*	QL (90 per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		PA; NM; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG		PA; NM; QL (90 per 30 days)

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Drug Name		Requirements / Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG		PA; NM; QL (60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)		PA; NM
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		PA; NM
NUEDEXTA ORAL CAPSULE 20-10 MG		PA
riluzole oral tablet 50 mg	*(Rilutek)*	PA
tetrabenazine oral tablet 12.5 mg	*(Xenazine)*	PA; NM; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	*(Xenazine)*	PA; NM; QL (120 per 30 days)
Fibromyalgia Agents		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	*(Lyrica)*	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	*(Lyrica)*	QL (60 per 30 days)
pregabalin oral capsule 75 mg	*(Lyrica)*	QL (120 per 30 days)
pregabalin oral solution 20 mg/ml	*(Lyrica)*	QL (900 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		QL (55 per 28 days)
Multiple Sclerosis Agents		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		PA; NM
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		PA; NM
BETASERON SUBCUTANEOUS KIT 0.3 MG		PA; NM
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	PA; NM
dalfampridine oral tablet extended release 12 hr 10 mg	*(Ampyra)*	PA; QL (60 per 30 days)
dimethyl fumarate oral capsule, d*elayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg*	*(Tecfidera)*	PA; NM
fingolimod oral capsule 0.5 mg	*(Gilenya)*	PA; NM
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		PA; NM
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG		PA; NM
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)		PA

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

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Drug Name		Requirements / Limits
tretinoin topical gel 0.05 %	*(Atralin)*	PA
Dermatitis And Pruitus Agents		
alclometasone topical cream 0.05 %		
alclometasone topical ointment 0.05 %		
amcinonide topical ointment 0.1 %		
ammonium lactate topical cream 12 %		
ammonium lactate topical lotion 12 %	*(Skin Treatment)*	
betamethasone dipropionate topical cream 0.05 %		
betamethasone dipropionate topical lotion 0.05 %		
betamethasone dipropionate topical ointment 0.05 %		
betamethasone valerate topical cream 0.1 %		
betamethasone valerate topical lotion 0.1 %		
betamethasone valerate topical ointment 0.1 %		
betamethasone, augmented topical cream 0.05 %		
betamethasone, augmented topical lotion 0.05 %		
betamethasone, augmented topical ointment 0.05 %	*(Diprolene (augmented))*	
clobetasol scalp solution 0.05 %		
clobetasol topical cream 0.05 %		
clobetasol topical gel 0.05 %		
clobetasol topical ointment 0.05 %		
clobetasol-emollient topical cream 0.05 %		
desonide topical cream 0.05 %	*(DesOwen)*	
desonide topical lotion 0.05 %		
desonide topical ointment 0.05 %		
desoximetasone topical cream 0.05 %, 0.25 %	*(Topicort)*	
desoximetasone topical gel 0.05 %	*(Topicort)*	
desoximetasone topical ointment 0.05 %, 0.25 %	*(Topicort)*	
EUCRISA TOPICAL OINTMENT 2 %		
fluocinolone topical cream 0.01 %		
fluocinolone topical cream 0.025 %	*(Synalar)*	
fluocinolone topical ointment 0.025 %	*(Synalar)*	
fluocinolone topical solution 0.01 %	*(Synalar)*	

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Drug Name		Requirements / Limits
fluocinonide topical gel 0.05 %		
fluocinonide topical ointment 0.05 %		
fluocinonide topical solution 0.05 %		
fluocinonide-emollient topical cream 0.05 %	*(Fluocinonide-E)*	
fluticasone propionate topical cream 0.05 %		
fluticasone propionate topical ointment 0.005 %		
halobetasol propionate topical cream 0.05 %		
halobetasol propionate topical ointment 0.05 %		
hydrocortisone 2.5% cream		
hydrocortisone topical cream 1 %	*(Ala-Cort)*	
hydrocortisone topical cream with perineal applicator 2.5 %	*(Procto-Med HC)*	
hydrocortisone topical lotion 2.5 %		
hydrocortisone topical ointment 1 %	*(Anti-Itch (HC))*	
hydrocortisone topical ointment 2.5 %		
hydrocortisone valerate topical cream 0.2 %		
hydrocortisone valerate topical ointment 0.2 %		
HYFTOR TOPICAL GEL 0.2 %		PA; NM
mometasone topical cream 0.1 %		
mometasone topical ointment 0.1 %		
mometasone topical solution 0.1 %		
pimecrolimus topical cream 1 %	*(Elidel)*	
procto-med hc topical cream with perineal applicator 2.5 %	*(hydrocortisone)*	
proctosol hc topical cream with perineal applicator 2.5 %	*(hydrocortisone)*	
proctozone-hc topical cream with perineal applicator 2.5 %	*(hydrocortisone)*	
selenium sulfide topical lotion 2.5 %		
tacrolimus topical ointment 0.03 %, 0.1 %		
triamcinolone acetonide topical cream 0.025 %		
triamcinolone acetonide topical cream 0.1 %, 0.5 %	*(Triderm)*	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		

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Drug Name		Requirements / Limits
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		
Dermatological Agents, Other		
ALCOH-GLOVE TOWELETTE 70 %		
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	
ALCOHOL SWABS TOPICAL PADS, MEDICATED	(Alcohol Pads)	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	
ALCOH-WIPE TOWELETTE 70 %		
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	
calcipotriene scalp solution 0.005 %		
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	
clotrimazole-betamethasone topical cream 1-0.05 %		
clotrimazole-betamethasone topical lotion 1-0.05 %		
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	
diclofenac sodium topical gel 3 %		PA
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	
fluorouracil topical cream 5 %	*(Efudex)*	
fluorouracil topical solution 2 %, 5 %		
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	
hydrocortisone-pramoxine rectal cream 1-1 %	*(Analpram-HC)*	
imiquimod topical cream in packet 5 %		
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %		
IV PREP WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		

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Drug Name		Requirements / Limits
PANRETIN TOPICAL GEL 0.1 %		PA NSO; NM
podofilox topical solution 0.5 %		
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	
REGRANEX TOPICAL GEL 0.01 %		PA; NM
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		
silver sulfadiazine topical cream 1 %	*(SSD)*	
ssd topical cream 1 %	*(silver sulfadiazine)*	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	
WEBCOL ALCOHOL PREPS 20'S, LARGE	(alcohol swabs)	
Pediculicides/Scabicides		
malathion topical lotion 0.5 %	*(Ovide)*	
permethrin topical cream 5 %	*(Elimite)*	
Topical Anti-Infectives		
ciclopirox topical gel 0.77 %		
ciclopirox topical shampoo 1 %		
ciclopirox topical solution 8 %	*(Ciclodan)*	
clindamycin phosphate topical gel 1 %		
clindamycin phosphate topical gel, once daily 1 %	*(Clindagel)*	
clindamycin phosphate topical lotion 1 %	*(Cleocin T)*	
clindamycin phosphate topical solution 1 %		
ery pads topical swab 2 %	*(erythromycin with ethanol)*	
erythromycin with ethanol topical gel 2 %	*(Erygel)*	
erythromycin with ethanol topical solution 2 %		
mupirocin calcium topical cream 2 %		
mupirocin topical ointment 2 %	*(Centany)*	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/ Mineral Replacement		
carglumic acid oral tablet, dispersible 200 mg	*(Carbaglu)*	PA; NM

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Drug Name		Requirements / Limits
electrolyte-148 intravenous parenteral solution	*(Plasma-Lyte 148)*	
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)		
fluoride (sodium) oral tablet, *chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)*	*(Ludent Fluoride)*	
fluoritab oral tablet, *chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)*	*(fluoride (sodium))*	
flura-drops oral drops 0.25 mg(0.55 mg sod.fluor)/drop		
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE		
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	(potassium chloride)	
klor-con m10 oral tablet, *er particles/crystals 10 meq*	*(potassium chloride)*	
klor-con m15 oral tablet, *er particles/crystals 15 meq*	*(potassium chloride)*	
klor-con m20 oral tablet, *er particles/crystals 20 meq*	*(potassium chloride)*	
KLOR-CON ORAL PACKET 20 MEQ	(potassium chloride)	
ludent fluoride 0.25 mg tb chw d/f, chewable (rx) 0.25 mg(0.55 mg sod. fluoride)	*(fluoride (sodium))*	
ludent fluoride 0.5 mg tb chew d/f, chewable (rx) 0.5 mg (1.1 mg sodium fluorid)	*(fluoride (sodium))*	
ludent fluoride 1 mg tab chew d/f, chewable (rx) 1 mg (2.2 mg sod. fluoride)	*(fluoride (sodium))*	
magnesium sulfate injection solution 500 mg/ml (50 %)		
magnesium sulfate injection syringe 500 mg/ml (50 %)		
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-a)	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l		PA BvD

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Drug Name		Requirements / Limits
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		PA BvD
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l		PA BvD
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l		
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml		PA BvD
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)		PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		
potassium chloride oral packet 20 meq	*(Klor-Con)*	
potassium chloride oral tablet extended release 10 meq	*(Klor-Con 10)*	
potassium chloride oral tablet extended release 20 meq	*(K-Tab)*	
potassium chloride oral tablet extended release 8 meq	*(Klor-Con 8)*	
potassium chloride oral tablet, er *particles/crystals 10 meq*	*(Klor-Con M10)*	
potassium chloride oral tablet, er *particles/crystals 15 meq*	*(Klor-Con M15)*	
potassium chloride oral tablet, er *particles/crystals 20 meq*	*(Klor-Con M20)*	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l		
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		
potassium citrate oral tablet extended release 10 meq (1,080 mg)	*(Urocit-K 10)*	
potassium citrate oral tablet extended release 15 meq	*(Urocit-K 15)*	
potassium citrate oral tablet extended release 5 meq (540 mg)	*(Urocit-K 5)*	

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

Drug Name		Requirements / Limits
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		
sodium chloride 0.9 % intravenous parenteral solution		
sodium chloride 0.9% solution mini-bag, single use		
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %		
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %		
sodium chloride irrigation solution 0.9 %	*(Sterile Saline)*	
sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml		
Electrolyte/Mineral/Metal Modifiers		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	*(Jadenu Sprinkle)*	PA; NM
deferasirox oral tablet 180 mg, 360 mg	*(Jadenu)*	PA; NM
deferasirox oral tablet 90 mg	*(Jadenu)*	PA
deferasirox oral tablet, dispersible 125 mg	*(Exjade)*	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	*(Exjade)*	PA; NM
deferiprone oral tablet 1,000 mg, 500 mg	*(Ferriprox)*	PA; NM
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG		PA; NM
FERRIPROX ORAL SOLUTION 100 MG/ML		PA; NM
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		
sodium polystyrene sulfonate oral powder		
sps (with sorbitol) oral suspension 15-20 gram/60 ml		
tolvaptan oral tablet 15 mg	*(Samsca)*	PA; NM; QL (120 per 30 days)
tolvaptan oral tablet 30 mg	*(Samsca)*	PA; NM; QL (60 per 30 days)
trientine oral capsule 250 mg	*(Syprine)*	PA; NM
Electrolytes/Minerals/Metals/Vitamins		
bal-care dha combo pack 27-1-430 mg		
bal-care dha essential pack 27 mg iron-1 mg -374 mg		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %		PA BvD

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

Drug Name	Requirements / Limits
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	PA BvD
c-nate dha softgel 28 mg iron-1 mg -200 mg	
completenate tablet chew 29 mg iron- 1 mg	
d10 %-0.45 % sodium chloride intravenous parenteral solution	

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Drug Name		Requirements / Limits
d2.5 %-0.45 % sodium chloride intravenous parenteral solution		
d5 % and 0.9 % sodium chloride intravenous parenteral solution		
d5 %-0.45 % sodium chloride intravenous parenteral solution		
dextrose 10 % and 0.2 % nacl intravenous parenteral solution		
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %		PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution		
dextrose 5 % in water (d5w) intravenous piggyback 5 %		
dextrose 5%-0.2 % sod chloride intravenous parenteral solution		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML		PA; NM
folivane-ob capsule 85-1 mg		
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %		PA BvD
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		
kosher prenatal plus iron tab 30 mg iron- 1 mg		
levocarnitine (with sugar) oral solution 100 mg/ml	*(Carnitor)*	
levocarnitine oral tablet 330 mg	*(Carnitor)*	
marnatal-f capsule 60 mg iron-1 mg		
m-natal plus tablet 27 mg iron- 1 mg	*(pnv, calcium 72-iron-folic acid)*	
mynatal advance oral tablet 90-1-50 mg		
mynatal capsule 65 mg iron- 1 mg		
mynatal oral tablet 90-1-50 mg		
mynatal plus captab 65 mg iron- 1 mg		
mynatal-z captab 65 mg iron- 1 mg		
mynate 90 plus oral tablet extended release 90 mg iron-1 mg		
newgen tablet 32-1,000 mg-mcg		
niva-plus tablet 27 mg iron- 1 mg		
NUTRILIPID INTRAVENOUS EMULSION 20 %		PA BvD
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe		

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Drug Name	Requirements / Limits
obstetrix dha oral combo pack, t*ablet and cap*, dr *29 mg iron-1 mg -50 mg*	
o-cal prenatal tablet 15 mg iron- 1,000 mcg	
pnv 29-1 tablet (rx) 29 mg iron- 1 mg	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg *(pnv, calcium 72-iron-folic acid)*	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	
pnv-omega softgel 28-1-300 mg	
pr natal 400 combo pack 29-1-400 mg	
pr natal 400 ec combo pack 29-1-400 mg	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg	
pr natal 430 ec combo pack 29-1-430 mg	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	PA BvD
prena1 true combo pack 30 mg iron- 1.4 mg-300 mg	
prenaissance oral capsule 29-1.25-55-325 mg	
prenaissance plus oral capsule 28-1-50-250 mg	
prenatabs fa tablet 29-1 mg	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg	
prenatal 19 chewable tablet 29 mg iron- 1 mg	
prenatal low iron tablet (rx) 27 mg iron- 1 mg	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg *(pnv, calcium 72-iron, carb-folic)*	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg *(pnv, calcium 72-iron-folic acid)*	
prenatal-u capsule 106.5-1 mg	
preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg *(pnv, calcium 72-iron-folic acid)*	
pretab 29 mg-1 mg tablet (rx) 29-1 mg	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	PA BvD
r-natal ob softgel 20 mg iron- 1 mg-320 mg	
select-ob chewable caplet 29 mg iron- 1 mg	

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Drug Name	Requirements / Limits
select-ob chewable caplet 29 mg iron- 1 mg	
se-natal 19 chewable tablet 29 mg iron- 1 mg	
taron-c dha capsule 35-1-200 mg	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	
TPN ELECTROLYTES II INTRAVENOUS SOLUTION 18-18-5-4.5-35 MEQ/20 ML	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	PA BvD
triveen-duo dha combo pack 29-1-400 mg	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	PA BvD
vinate care oral tablet, *chewable 40 mg iron- 1 mg*	
virt-c dha softgel (rx) 35-1-200 mg	
virt-nate dha softgel 28 mg iron-1 mg -200 mg	
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg	
virt-pn plus softgel (rx) 28-1-300 mg	
vitafol gummies 3.33 mg iron- 0.33 mg	
vitafol nano tablet 18 mg iron- 1 mg	
vitafol-ob+dha combo pack 65-1-250 mg	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	
vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	
zatean-pn plus softgel 28-1-300 mg	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	
Phosphate Binders	
AURYXIA ORAL TABLET 210 MG IRON	PA
calcium acetate(phosphat bind) oral capsule 667 mg	
calcium acetate(phosphat bind) oral tablet 667 mg	

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Drug Name		Requirements / Limits
sevelamer carbonate oral powder in packet 0.8 gram	*(Renvela)*	QL (540 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	*(Renvela)*	QL (180 per 30 days)
sevelamer carbonate oral tablet 800 mg	*(Renvela)*	QL (540 per 30 days)
VELPHORO ORAL TABLET, CHEWABLE 500 MG		
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
constulose oral solution 10 gram/15 ml	*(lactulose)*	
enulose oral solution 10 gram/15 ml	*(lactulose)*	
generlac oral solution 10 gram/15 ml	*(lactulose)*	
lactulose oral solution 10 gram/15 ml	*(Constulose)*	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		QL (30 per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	*(Amitiza)*	QL (60 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		QL (30 per 30 days)
Anti-Diarrheal Agents		
alosetron oral tablet 0.5 mg, 1 mg	*(Lotronex)*	NM; QL (60 per 30 days)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		
diphenoxylate-atropine oral tablet 2.5-0.025 mg	*(Lomotil)*	
loperamide oral capsule 2 mg	*(Anti-Diarrheal (loperamide))*	
XERMELO ORAL TABLET 250 MG		NM; QL (90 per 30 days)
Antispasmodics, Gastrointestinal		
dicyclomine oral capsule 10 mg		
dicyclomine oral solution 10 mg/5 ml		
dicyclomine oral tablet 20 mg		
glycopyrrolate oral tablet 1 mg	*(Robinul)*	
glycopyrrolate oral tablet 2 mg	*(Robinul Forte)*	
Gastrointestinal Agents, Other		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG		PA; NM
BYLVAY ORAL PELLET 200 MCG, 600 MCG		PA; NM
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML		

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Drug Name		Requirements / Limits
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		PA; NM
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	*(peg 3350-electrolytes)*	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	*(peg 3350-electrolytes)*	
LIVMARLI ORAL SOLUTION 9.5 MG/ML		PA; NM
metoclopramide hcl oral solution 5 mg/5 ml		
metoclopramide hcl oral tablet 10 mg, 5 mg	*(Reglan)*	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	*(GaviLyte-G)*	
peg-electrolyte soln oral recon soln 420 gram		
sodium, p*otassium*, m*ag sulfates oral recon soln 17.5-3.13-1.6 gram*	*(Suprep Bowel Prep Kit)*	
sodium, p*otassium*, m*ag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)*		
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		
ursodiol oral capsule 300 mg		
ursodiol oral tablet 250 mg	*(URSO 250)*	
ursodiol oral tablet 500 mg	*(URSO Forte)*	
Histamine2 (H2) Receptor Antagonists		
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		
famotidine oral tablet 20 mg	*(Acid Controller)*	
famotidine oral tablet 40 mg	*(Pepcid)*	
nizatidine oral capsule 150 mg, 300 mg		
Protectants		
misoprostol oral tablet 100 mcg, 200 mcg	*(Cytotec)*	
sucralfate oral suspension 100 mg/ml	*(Carafate)*	
sucralfate oral tablet 1 gram	*(Carafate)*	
Proton Pump Inhibitors		
dexlansoprazole oral capsule, b*iphase delayed releas 30 mg, 60 mg*	*(Dexilant)*	
esomeprazole magnesium oral capsule, d*elayed release(dr/ec) 20 mg, 40 mg*	*(Nexium)*	
lansoprazole oral capsule, d*elayed release(dr/ec) 15 mg*	*(Acid Reducer (lansoprazole))*	

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Drug Name		Requirements / Limits
lansoprazole oral capsule, d*elayed release(dr/ec) 30 mg*	*(Prevacid)*	
omeprazole oral capsule, d*elayed release(dr/ec) 10 mg, 20 mg, 40 mg*		
pantoprazole oral tablet, d*elayed release (dr/ec) 20 mg, 40 mg*	*(Protonix)*	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
betaine oral powder 1 gram/scoop	*(Cystadane)*	NM
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		
cromolyn oral concentrate 100 mg/5 ml	*(Gastrocrom)*	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		PA
ENDARI ORAL POWDER IN PACKET 5 GRAM		PA
GALAFOLD ORAL CAPSULE 123 MG		PA; NM
miglustat oral capsule 100 mg	*(Yargesa)*	PA; NM
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	*(Orfadin)*	PA; NM
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG, SUV		PA; NM
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG		PA; NM
RAVICTI ORAL LIQUID 1.1 GRAM/ML		PA; NM
sapropterin oral powder in packet 100 mg, 500 mg	*(Javygtor)*	PA; NM
sapropterin oral tablet, *soluble 100 mg*	*(Javygtor)*	PA; NM
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML		PA; NM
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG		PA; NM
VYNDAMAX ORAL CAPSULE 61 MG		PA; NM; QL (30 per 30 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM		PA; NM
yargesa oral capsule 100 mg	*(miglustat)*	PA; NM

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Drug Name		Requirements / Limits
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG		PA; NM
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	*(Toviaz)*	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML		QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	QL (30 per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml		QL (600 per 30 days)
oxybutynin chloride oral tablet 5 mg		QL (120 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		QL (60 per 30 days)
solifenacin oral tablet 10 mg, 5 mg	*(Vesicare)*	QL (30 per 30 days)
tolterodine oral capsule, *extended release 24hr 2 mg, 4 mg*	*(Detrol LA)*	QL (30 per 30 days)
tolterodine oral tablet 1 mg, 2 mg	*(Detrol)*	QL (60 per 30 days)
trospium oral capsule, *extended release 24hr 60 mg*		QL (30 per 30 days)
trospium oral tablet 20 mg		QL (60 per 30 days)
Benign Prostatic Hypertrophy Agents		
alfuzosin oral tablet extended release 24 hr 10 mg	*(Uroxatral)*	QL (30 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG		
dutasteride oral capsule 0.5 mg	*(Avodart)*	QL (30 per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	*(Jalyn)*	QL (30 per 30 days)
finasteride oral tablet 5 mg	*(Proscar)*	QL (30 per 30 days)

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Drug Name		Requirements / Limits
silodosin oral capsule 4 mg, 8 mg	*(Rapaflo)*	QL (30 per 30 days)
tamsulosin oral capsule 0.4 mg	*(Flomax)*	QL (60 per 30 days)
Genitourinary Agents, Other		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		
ELMIRON ORAL CAPSULE 100 MG		
penicillamine oral tablet 250 mg	*(Depen Titratabs)*	NM
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
dexamethasone oral solution 0.5 mg/5 ml		
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		
fludrocortisone oral tablet 0.1 mg		
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	*(Cortef)*	
ISTURISA ORAL TABLET 1 MG		PA; NM; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG		PA; NM; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG		PA; NM; QL (120 per 30 days)
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	*(Medrol)*	
methylprednisolone oral tablet 32 mg		
methylprednisolone oral tablets, dose *pack 4 mg*	*(Medrol (Pak))*	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		PA BvD
prednisolone oral solution 15 mg/5 ml		PA BvD
prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)		PA BvD
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	*(Veripred 20)*	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	*(Pediapred)*	PA BvD
prednisolone sodium phosphate oral tablet, d*isintegrating 10 mg, 15 mg, 30 mg*	*(Orapred ODT)*	PA BvD
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		PA BvD
prednisone oral solution 5 mg/5 ml		PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		PA BvD
prednisone oral tablets, d*ose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)*		

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Drug Name	Requirements / Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	
desmopressin nasal spray, n*on-aerosol 10 mcg/spray (0.1 ml)*	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	PA; NM
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PA; NM
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	PA; NM
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	
Androgens	
danazol oral capsule 100 mg, 200 mg, 50 mg	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml (Depo-Testosterone)	
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	
testosterone enanthate intramuscular oil 200 mg/ml	
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation (Fortesta)	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Vogelxo)	
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)	

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Drug Name		Requirements / Limits
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	*(AndroGel)*	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		
Estrogens		
DUAVEE ORAL TABLET 0.45-20 MG		
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	*(Estrace)*	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	*(Dotti)*	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	*(Climara)*	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	*(Estrace)*	
estradiol vaginal tablet 10 mcg	*(Vagifem)*	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG		
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG		
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
afirmelle oral tablet 0.1-20 mg-mcg	*(levonorgestrel-ethinyl estrad)*	
altavera (28) oral tablet 0.15-0.03 mg	*(levonorgestrel-ethinyl estrad)*	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	*(norethindrone-ethin estradiol)*	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		

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Drug Name		Requirements / Limits
apri oral tablet 0.15-0.03 mg	*(desogestrel-ethinyl estradiol)*	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		
aubra eq oral tablet 0.1-20 mg-mcg	*(levonorgestrel-ethinyl estrad)*	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	*(norethindrone ac-eth estradiol)*	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	*(norethindrone ac-eth estradiol)*	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	*(norethindrone-e.estradiol-iron)*	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	*(norethindrone-e.estradiol-iron)*	
aviane oral tablet 0.1-20 mg-mcg	*(levonorgestrel-ethinyl estrad)*	
ayuna oral tablet 0.15-0.03 mg	*(levonorgestrel-ethinyl estrad)*	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	*(desog-e.estradiol/e.estradiol)*	
balziva (28) oral tablet 0.4-35 mg-mcg		
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	*(norethindrone-e.estradiol-iron)*	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	*(norethindrone-e.estradiol-iron)*	
briellyn oral tablet 0.4-35 mg-mcg		
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg		
chateal eq (28) oral tablet 0.15-0.03 mg	*(levonorgestrel-ethinyl estrad)*	
cryselle (28) oral tablet 0.3-30 mg-mcg	*(norgestrel-ethinyl estradiol)*	
cyred eq oral tablet 0.15-0.03 mg	*(desogestrel-ethinyl estradiol)*	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	*(norethindrone-ethin estradiol)*	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	*(Azurette (28))*	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	*(Apri)*	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	*(Jasmiel (28))*	

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Drug Name		Requirements / Limits
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	*(Ocella)*	
elinest oral tablet 0.3-30 mg-mcg	*(norgestrel-ethinyl estradiol)*	
eluryng vaginal ring 0.12-0.015 mg/24 hr	*(etonogestrel-ethinyl estradiol)*	
enilloring vaginal ring 0.12-0.015 mg/24 hr	*(etonogestrel-ethinyl estradiol)*	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	*(levonorg-eth estrad triphasic)*	
enskyce oral tablet 0.15-0.03 mg	*(desogestrel-ethinyl estradiol)*	
estarylla oral tablet 0.25-35 mg-mcg	*(norgestimate-ethinyl estradiol)*	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	*(Kelnor 1/35 (28))*	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	*(Kelnor 1-50 (28))*	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	*(EluRyng)*	
falmina (28) oral tablet 0.1-20 mg-mcg	*(levonorgestrel-ethinyl estrad)*	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	*(norethindrone-e.estradiol-iron)*	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	*(norethindrone-e.estradiol-iron)*	
hailey oral tablet 1.5-30 mg-mcg	*(norethindrone ac-eth estradiol)*	
haloette vaginal ring 0.12-0.015 mg/24 hr	*(etonogestrel-ethinyl estradiol)*	
iclevia oral tablets, d*ose pack,3 month 0.15 mg-30 mcg (91)*	*(levonorgestrel-ethinyl estrad)*	
INTRAROSA VAGINAL INSERT 6.5 MG		PA
isibloom oral tablet 0.15-0.03 mg	*(desogestrel-ethinyl estradiol)*	
jasmiel (28) oral tablet 3-0.02 mg	*(drospirenone-ethinyl estradiol)*	
jolessa oral tablets, d*ose pack,3 month 0.15 mg-30 mcg (91)*	*(levonorgestrel-ethinyl estrad)*	
juleber oral tablet 0.15-0.03 mg	*(desogestrel-ethinyl estradiol)*	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	*(norethindrone ac-eth estradiol)*	

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

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

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Drug Name		Requirements / Limits
nylia 1/35 (28) oral tablet 1-35 mg-mcg	*(norethindrone-ethin estradiol)*	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
nymyo oral tablet 0.25-35 mg-mcg	*(norgestimate-ethinyl estradiol)*	
ocella oral tablet 3-0.03 mg	*(drospirenone-ethinyl estradiol)*	
OSPHENA ORAL TABLET 60 MG		PA
philith oral tablet 0.4-35 mg-mcg		
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	*(desog-e.estradiol/e.estradiol)*	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg		
pirmella oral tablet 1-35 mg-mcg	*(norethindrone-ethin estradiol)*	
portia 28 oral tablet 0.15-0.03 mg	*(levonorgestrel-ethinyl estrad)*	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		
reclipsen (28) oral tablet 0.15-0.03 mg	*(desogestrel-ethinyl estradiol)*	
setlakin oral tablets, d*ose pack,3 month 0.15 mg-30 mcg (91)*	*(levonorgestrel-ethinyl estrad)*	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	*(desog-e.estradiol/e.estradiol)*	
sprintec (28) oral tablet 0.25-35 mg-mcg	*(norgestimate-ethinyl estradiol)*	
sronyx oral tablet 0.1-20 mg-mcg	*(levonorgestrel-ethinyl estrad)*	
syeda oral tablet 3-0.03 mg	*(drospirenone-ethinyl estradiol)*	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	*(norethindrone-e.estradiol-iron)*	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(norgestimate-ethinyl estradiol)*	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(norgestimate-ethinyl estradiol)*	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(norgestimate-ethinyl estradiol)*	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(norgestimate-ethinyl estradiol)*	

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Drug Name		Requirements / Limits
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(norgestimate-ethinyl estradiol)*	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	*(levonorg-eth estrad triphasic)*	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(norgestimate-ethinyl estradiol)*	
turqoz (28) oral tablet 0.3-30 mg-mcg	*(norgestrel-ethinyl estradiol)*	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		
vestura (28) oral tablet 3-0.02 mg	*(drospirenone-ethinyl estradiol)*	
vienva oral tablet 0.1-20 mg-mcg	*(levonorgestrel-ethinyl estrad)*	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	*(desog-e.estradiol/e.estradiol)*	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	*(desog-e.estradiol/e.estradiol)*	
vyfemla (28) oral tablet 0.4-35 mg-mcg		
vylibra oral tablet 0.25-35 mg-mcg	*(norgestimate-ethinyl estradiol)*	
wera (28) oral tablet 0.5-35 mg-mcg		
zarah oral tablet 3-0.03 mg	*(drospirenone-ethinyl estradiol)*	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	*(ethynodiol diac-eth estradiol)*	
zumandimine (28) oral tablet 3-0.03 mg	*(drospirenone-ethinyl estradiol)*	
Progestins		
camila oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
deblitane oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		
errin oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
heather oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
incassia oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
jencycla oral tablet 0.35 mg	*(norethindrone (contraceptive))*	

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Drug Name		Requirements / Limits
lyleq oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
lyza oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
medroxyprogesterone intramuscular suspension 150 mg/ml	*(Depo-Provera)*	
medroxyprogesterone intramuscular syringe 150 mg/ml	*(Depo-Provera)*	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	*(Provera)*	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		
megestrol oral tablet 20 mg, 40 mg		
nora-be oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
norethindrone (contraceptive) oral tablet 0.35 mg	*(Camila)*	
norethindrone acetate oral tablet 5 mg		
progesterone micronized oral capsule 100 mg, 200 mg	*(Prometrium)*	
sharobel oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
tulana oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	*(levothyroxine)*	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	*(Euthyrox)*	
levothyroxine oral tablet 300 mcg	*(Levo-T)*	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	

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Drug Name		Requirements / Limits
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	*(Cytomel)*	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline oral tablet 0.5 mg		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		PA NSO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		PA NSO; NM
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		PA NSO
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg		PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml		PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG		PA NSO; NM
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		PA NSO; NM
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG		PA NSO; NM
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG		PA NSO; NM
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG		PA NSO; NM

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

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Drug Name	Requirements / Limits
PRIVIGEN INTRAVENOUS SOLUTION 10 %	PA BvD; NM
Immunological Agents, Other	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	PA; NM
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	PA; NM
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	PA; NM
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	PA; NM
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	PA; NM
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PA; NM
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	PA; NM
leflunomide oral tablet 10 mg, 20 mg (Arava)	
OTEZLA ORAL TABLET 30 MG	PA; NM
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	PA; NM
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PA; NM
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PA; NM
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PA; NM
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PA; NM
TAVNEOS ORAL CAPSULE 10 MG	PA; NM

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Drug Name		Requirements / Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		PA; NM
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		PA; NM
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		PA; NM
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		PA NSO; NM
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		PA NSO; NM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA; NM
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		PA; NM
Immunosuppressants		
azathioprine oral tablet 100 mg, 75 mg	*(Azasan)*	PA BvD
azathioprine oral tablet 50 mg	*(Imuran)*	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		PA; NM
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		PA; NM
cyclosporine modified oral capsule 100 mg, 25 mg	*(Gengraf)*	PA BvD
cyclosporine modified oral capsule 50 mg		PA BvD
cyclosporine modified oral solution 100 mg/ml	*(Gengraf)*	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	*(Sandimmune)*	PA BvD
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		PA; NM
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		PA; NM
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		PA; NM
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		PA; NM
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		PA NSO; NM
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG		PA BvD

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Drug Name		Requirements / Limits
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg, 1 mg	*(Zortress)*	PA BvD; NM; QL (60 per 30 days)
everolimus (immunosuppressive) oral tablet 0.5 mg	*(Zortress)*	PA BvD; NM; QL (120 per 30 days)
gengraf oral capsule 100 mg, 25 mg	*(cyclosporine modified)*	PA BvD
gengraf oral solution 100 mg/ml	*(cyclosporine modified)*	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		PA; NM; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		PA; NM
LUPKYNIS ORAL CAPSULE 7.9 MG		PA; NM; QL (180 per 30 days)
methotrexate sodium (pf) injection solution 25 mg/ml		
methotrexate sodium injection solution 25 mg/ml		
methotrexate sodium oral tablet 2.5 mg		PA BvD
mycophenolate mofetil oral capsule 250 mg	*(CellCept)*	PA BvD

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Drug Name		Requirements / Limits
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	*(CellCept)*	PA BvD; NM
mycophenolate mofetil oral tablet 500 mg	*(CellCept)*	PA BvD
mycophenolate sodium oral tablet, d*elayed release (dr/ec) 180 mg, 360 mg*	*(Myfortic)*	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		PA BvD
REZUROCK ORAL TABLET 200 MG		PA; NM
sirolimus oral solution 1 mg/ml	*(Rapamune)*	PA BvD; NM
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	*(Rapamune)*	PA BvD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	*(Prograf)*	PA BvD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		PA BvD
Vaccines		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML		
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML		
AREXVY ANTIGEN COMPONENT 120 MCG		
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML		
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML		
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML		
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML		PA BvD

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Drug Name	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	
IXCHIQ INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	

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Drug Name	Requirements / Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PA BvD
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	

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Drug Name		Requirements / Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML		
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(tetanus-diphtheria toxoids-td)	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML		
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML		
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML		
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML		
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML		
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML		
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML		
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML		
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)		
INFLAMMATORY BOWEL DISEASE AGENTS		
Aminosalicylates		
balsalazide oral capsule 750 mg	*(Colazal)*	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	(mesalamine)	
mesalamine oral capsule (with del rel tablets) 400 mg	*(Delzicol)*	

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Drug Name		Requirements / Limits
mesalamine oral capsule, *extended release 24hr 0.375 gram*	*(Apriso)*	
mesalamine oral tablet, *delayed release (dr/ec) 800 mg*		
mesalamine rectal enema 4 gram/60 ml	*(Rowasa)*	
sulfasalazine oral tablet 500 mg	*(Azulfidine)*	
sulfasalazine oral tablet, *delayed release (dr/ec) 500 mg*	*(Azulfidine EN-tabs)*	
Glucocorticoids		
budesonide oral capsule, *delayed*, *extend.release 3 mg*		
budesonide oral tablet, *delayed and ext.release 9 mg*	*(Uceris)*	NM
hydrocortisone rectal enema 100 mg/60 ml	*(Cortenema)*	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
alendronate oral tablet 10 mg, 5 mg		QL (30 per 30 days)
alendronate oral tablet 35 mg		QL (4 per 28 days)
alendronate oral tablet 70 mg	*(Fosamax)*	QL (4 per 28 days)
calcitonin (salmon) nasal spray, *non-aerosol 200 unit/actuation*		QL (4 per 28 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	*(Rocaltrol)*	
calcitriol oral solution 1 mcg/ml	*(Rocaltrol)*	
cinacalcet oral tablet 30 mg, 60 mg	*(Sensipar)*	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	*(Sensipar)*	NM; QL (120 per 30 days)
ibandronate oral tablet 150 mg		QL (1 per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		PA; NM
paricalcitol oral capsule 1 mcg, 2 mcg	*(Zemplar)*	
paricalcitol oral capsule 4 mcg		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		QL (1 per 180 days)
raloxifene oral tablet 60 mg	*(Evista)*	
risedronate oral tablet 150 mg	*(Actonel)*	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg		QL (30 per 30 days)
risedronate oral tablet 35 mg	*(Actonel)*	QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		QL (4 per 28 days)

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Drug Name		Requirements / Limits
risedronate oral tablet, *delayed release (dr/ec) 35 mg*	*(Atelvia)*	QL (4 per 28 days)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)		PA; NM; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		PA; NM; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		PA; NM; QL (2 per 28 days)
NON-FRF		
Non-FRF		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML		PA; NM
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		
atropine ophthalmic (eye) drops 1 %	*(Isopto Atropine)*	
cyclosporine ophthalmic (eye) dropperette 0.05 %	*(Restasis)*	QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %		PA; NM
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		PA; NM
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %		QL (8.3 per 14 days)
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	*(Neo-Polycin HC)*	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops, *suspension 3.5mg/ml-10,000 unit/ml-0.1 %*	*(Maxitrol)*	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	*(Maxitrol)*	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		
neomycin-polymyxin-hc ophthalmic (eye) drops, *suspension 3.5-10,000-10 mg-unit-mg/ml*		
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		

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Drug Name		Requirements / Limits
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	QL (60 per 30 days)
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		QL (60 per 30 days)
Ophthalmic Anti-Allergy Agents		
azelastine ophthalmic (eye) drops 0.05 %		
cromolyn ophthalmic (eye) drops 4 %		
olopatadine ophthalmic (eye) drops 0.1 %	*(Eye Allergy Itch-Redness Rlf)*	
olopatadine ophthalmic (eye) drops 0.2 %	*(Eye Allergy Itch Relief)*	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC (EYE) DROPS 1 %		
bacitracin ophthalmic (eye) ointment 500 unit/gram		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	*(Polycin)*	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		
gatifloxacin ophthalmic (eye) drops 0.5 %		
gentamicin ophthalmic (eye) drops 0.3 %		
moxifloxacin ophthalmic (eye) drops 0.5 %	*(Vigamox)*	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %		
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	*(Neo-Polycin)*	
ofloxacin ophthalmic (eye) drops 0.3 %	*(Ocuflox)*	
sulfacetamide sodium ophthalmic (eye) drops 10 %		
tobramycin ophthalmic (eye) drops 0.3 %		
Ophthalmic Anti-Inflammatories		
bromfenac ophthalmic (eye) drops 0.075 %	*(BromSite)*	
bromfenac ophthalmic (eye) drops 0.09 %		

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Drug Name		Requirements / Limits
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		
diclofenac sodium ophthalmic (eye) drops 0.1 %		
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	(difluprednate)	
fluorometholone ophthalmic (eye) drops, suspension 0.1 %	*(FML Liquifilm)*	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %		
ketorolac ophthalmic (eye) drops 0.4 %	*(Acular LS)*	
ketorolac ophthalmic (eye) drops 0.5 %	*(Acular)*	
loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %	*(Lotemax)*	
prednisolone acetate ophthalmic (eye) drops, suspension 1 %	*(Pred Forte)*	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol ophthalmic (eye) drops 0.5 %		
carteolol ophthalmic (eye) drops 1 %		
levobunolol ophthalmic (eye) drops 0.5 %		
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	*(Istalol)*	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide oral capsule, extended release 500 mg		
acetazolamide oral tablet 125 mg, 250 mg		
apraclonidine ophthalmic (eye) drops 0.5 %		
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	(brinzolamide)	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	*(Alphagan P)*	
brimonidine ophthalmic (eye) drops 0.2 %		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	*(Combigan)*	

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Drug Name		Requirements / Limits
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	(brimonidine-timolol)	
dorzolamide ophthalmic (eye) drops 2 %		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	*(Cosopt (PF))*	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	*(Cosopt)*	
methazolamide oral tablet 25 mg, 50 mg		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %		
Ophthalmic Prostaglandin And Prostamide Analogs		
latanoprost ophthalmic (eye) drops 0.005 %	*(Xalatan)*	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		
travoprost ophthalmic (eye) drops 0.004 %	*(Travatan Z)*	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		
OTIC AGENTS		
Otic Agents		
acetic acid otic (ear) solution 2 %		
ciprofloxacin hcl otic (ear) dropperette 0.2 %	*(Cetraxal)*	
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %		
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	*(Otovel)*	
fluocinolone acetonide oil otic (ear) drops 0.01 %	*(DermOtic Oil)*	
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%		
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		
ofloxacin otic (ear) drops 0.3 %		

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Drug Name		Requirements / Limits
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
azelastine nasal aerosol, *spray 137 mcg (0.1 %)*		QL (30 per 25 days)
azelastine nasal spray, n*on-aerosol 205.5 mcg (0.15 %)*	*(Astepro Allergy)*	QL (30 per 25 days)
cetirizine oral solution 1 mg/ml	*(All Day Allergy (cetirizine))*	
cyproheptadine oral syrup 2 mg/5 ml		
cyproheptadine oral tablet 4 mg		
levocetirizine oral solution 2.5 mg/5 ml	*(Xyzal)*	
levocetirizine oral tablet 5 mg	*(24HR Allergy Relief)*	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		QL (26 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)		QL (2 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	*(Pulmicort)*	PA BvD
flunisolide nasal spray, n*on-aerosol 25 mcg (0.025 %)*		QL (50 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation		QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		QL (10.6 per 30 days)
fluticasone propionate nasal spray, *suspension 50 mcg/actuation*	*(24 Hour Allergy Relief)*	QL (16 per 30 days)

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Drug Name		Requirements / Limits
mometasone nasal spray, n*on-aerosol 50 mcg/actuation*	*(Allergy Nasal (mometasone))*	QL (34 per 30 days)
Antileukotrienes		
montelukast oral granules in packet 4 mg	*(Singulair)*	QL (30 per 30 days)
montelukast oral tablet 10 mg	*(Singulair)*	QL (30 per 30 days)
montelukast oral tablet, c*hewable 4 mg, 5 mg*	*(Singulair)*	QL (30 per 30 days)
zafirlukast oral tablet 10 mg, 20 mg	*(Accolate)*	QL (60 per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		QL (26 per 30 days)
ipratropium bromide inhalation solution 0.02 %		PA BvD
ipratropium bromide nasal spray, n*on-aerosol 21 mcg (0.03 %)*		QL (60 per 30 days)
ipratropium bromide nasal spray, n*on-aerosol 42 mcg (0.06 %)*		QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide)	QL (30 per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	*(Ventolin HFA)*	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		PA BvD
albuterol sulfate oral syrup 2 mg/5 ml		
albuterol sulfate oral tablet 2 mg, 4 mg		
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	*(Auvi-Q)*	
epinephrine injection auto-injector 0.15 mg/0.3 ml	*(EpiPen Jr)*	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		QL (60 per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg		

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Drug Name	Requirements / Limits
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	QL (36 per 30 days)
Cystic Fibrosis Agents	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	PA; NM
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PA; NM
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	PA; NM
KALYDECO ORAL TABLET 150 MG	PA; NM
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	PA; NM
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA; NM
PULMOZYME INHALATION SOLUTION 1 MG/ML	PA BvD; NM
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	PA; NM
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	PA; NM
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml (Tobi)	PA BvD; NM
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	PA; NM
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	PA; NM
Phosphodiesterase Inhibitors, Airways Disease	
roflumilast oral tablet 250 mcg, 500 mcg (Daliresp)	QL (30 per 30 days)
theophylline oral tablet extended release 12 hr 100 mg, 200 mg	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	

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Drug Name		Requirements / Limits
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		PA; NM; QL (90 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	*(Letairis)*	PA; NM; QL (30 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	*(Tracleer)*	PA; NM; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		PA; NM; QL (90 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	*(Revatio)*	PA; QL (90 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG		PA; NM; QL (1 per 21 days)
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG		PA; NM
pirfenidone oral capsule 267 mg	*(Esbriet)*	PA; NM
pirfenidone oral tablet 267 mg, 801 mg	*(Esbriet)*	PA; NM
pirfenidone oral tablet 534 mg		PA; NM
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		PA BvD
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	QL (12 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION		QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	*(budesonide-formoterol)*	QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		QL (10.7 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	*(Breyna)*	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		QL (4 per 20 days)

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Drug Name		Requirements / Limits
cromolyn inhalation solution for nebulization 20 mg/2 ml		PA BvD
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	*(AirDuo RespiClick)*	QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	*(Advair Diskus)*	QL (60 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		PA BvD
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		PA; NM
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		PA; NM
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML		PA; NM
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG		QL (60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
chlorzoxazone oral tablet 250 mg, 500 mg		
chlorzoxazone oral tablet 375 mg, 750 mg	*(Lorzone)*	
cyclobenzaprine oral tablet 10 mg, 5 mg		
cyclobenzaprine oral tablet 7.5 mg	*(Fexmid)*	
methocarbamol oral tablet 500 mg, 750 mg		
orphenadrine citrate oral tablet extended release 100 mg		
SLEEP DISORDER AGENTS		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		QL (30 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	*(Restoril)*	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	*(Restoril)*	QL (120 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	*(Ambien)*	QL (30 per 30 days)

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Drug Name		Requirements / Limits
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	*(Nuvigil)*	PA; QL (30 per 30 days)
modafinil oral tablet 100 mg, 200 mg	*(Provigil)*	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	*(Xyrem)*	PA; NM; QL (540 per 30 days)

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

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

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Nombre del Medicamento	Requerimientos / Límites
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	PA; NM
tranexamic acid oral tablet 650 mg	
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	PA; NM
VYNDAMAX ORAL CAPSULE 61 MG	PA; NM; QL (30 per 30 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	PA; NM
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PA; NM
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PA; NM
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	PA; NM
Agentes Modificadores De Plaquetas	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	
BRILINTA ORAL TABLET 60 MG, 90 MG	
CABLIVI INJECTION KIT 11 MG	PA; NM
cilostazol oral tablet 100 mg, 50 mg	
clopidogrel oral tablet 75 mg (Plavix)	
prasugrel oral tablet 10 mg, 5 mg (Effient)	
Anticoagulantes	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml (Lovenox)	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml (Lovenox)	QL (48 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
enoxaparin subcutaneous syringe 30 mg/0.3 ml	*(Lovenox)*	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	*(Lovenox)*	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	*(Lovenox)*	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	*(Arixtra)*	NM; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	*(Arixtra)*	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	*(Arixtra)*	NM; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	*(Arixtra)*	NM; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	*(warfarin)*	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	*(Jantoven)*	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)		
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML		
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG		
AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS		
buprenorphine hcl sublingual tablet 2 mg, 8 mg		
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	*(Suboxone)*	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	(buprenorphine-naloxone)	
Agentes De Abandono Del Tabaquismo		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		
NICOTROL INHALATION CARTRIDGE 10 MG		
varenicline oral tablet 0.5 mg		

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Nombre del Medicamento		Requerimientos / Límites
varenicline oral tablet 1 mg	*(Chantix)*	
varenicline oral tablets, dose *pack 0.5 mg (11)- 1 mg (42)*	*(Chantix Starting Month Box)*	
Agentes De Reversión De Opioides		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION		
naloxone injection solution 0.4 mg/ml		
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		
naloxone nasal spray, non-*aerosol 4 mg/actuation*	*(Narcan)*	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	(naloxone)	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION		
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML		
Disuasorios De Alcohol/Anti-Ansiedad		
acamprosate oral tablet, delayed *release (dr/ec) 333 mg*		
disulfiram oral tablet 250 mg		
naltrexone oral tablet 50 mg		
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG		NM
AGENTES ANTIDEMENCIA		
Agentes Antidemencia, Otros		
memantine oral capsule, sprinkle, er *24hr 14 mg, 21 mg, 28 mg, 7 mg*	*(Namenda XR)*	QL (30 per 30 days)
memantine oral solution 2 mg/ml		QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg		QL (60 per 30 days)
memantine oral tablets, dose *pack 5-10 mg*	*(Namenda Titration Pak)*	QL (49 per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG		PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		PA
Inhibidores De Colinesterasa		
donepezil oral tablet 10 mg	*(Aricept)*	QL (60 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
donepezil oral tablet 23 mg, 5 mg	*(Aricept)*	QL (30 per 30 days)
donepezil oral tablet, d*isintegrating 10 mg*		QL (60 per 30 days)
donepezil oral tablet, d*isintegrating 5 mg*		QL (30 per 30 days)
galantamine oral capsule, e*xt rel. pellets 24 hr 16 mg, 24 mg, 8 mg*		QL (30 per 30 days)
galantamine oral solution 4 mg/ml		QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	*(Exelon Patch)*	QL (30 per 30 days)
AGENTES ANTIESPÁSTICOS		
Agentes Antiespásticos		
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		
tizanidine oral tablet 2 mg		
tizanidine oral tablet 4 mg	*(Zanaflex)*	
AGENTES ANTIGOTA		
Agentes Antigota		
allopurinol oral tablet 100 mg	*(Zyloprim)*	
allopurinol oral tablet 300 mg		
colchicine oral capsule 0.6 mg	*(Mitigare)*	
colchicine oral tablet 0.6 mg	*(Colcrys)*	
febuxostat oral tablet 40 mg, 80 mg	*(Uloric)*	PA
probenecid oral tablet 500 mg		
probenecid-colchicine oral tablet 500-0.5 mg		
AGENTES ANTIMIASTÉNICOS		
Parasimpaticomiméticos		
pyridostigmine bromide oral syrup 60 mg/5 ml	*(Mestinon)*	
pyridostigmine bromide oral tablet 30 mg		
pyridostigmine bromide oral tablet 60 mg	*(Mestinon)*	
AGENTES ANTIMIGRAÑA		
naratriptan oral tablet 1 mg, 2.5 mg		QL (9 per 30 days)
rizatriptan oral tablet 10 mg	*(Maxalt)*	QL (12 per 30 days)
rizatriptan oral tablet 5 mg		QL (12 per 30 days)
rizatriptan oral tablet, d*isintegrating 10 mg*	*(Maxalt-MLT)*	QL (12 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
rizatriptan oral tablet, d*isintegrating 5 mg*		QL (12 per 30 days)
sumatriptan nasal spray, n*on-aerosol 20 mg/actuation*		QL (12 per 30 days)
sumatriptan nasal spray, n*on-aerosol 5 mg/actuation*		QL (18 per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	*(Imitrex)*	QL (9 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	*(Imitrex STATdose Refill)*	QL (4 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	*(Imitrex STATdose Pen)*	QL (4 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	*(Imitrex)*	QL (4 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	*(Zomig)*	QL (6 per 30 days)
zolmitriptan oral tablet, d*isintegrating 2.5 mg, 5 mg*		QL (6 per 30 days)
Alcaloides De Cornezuelo		
dihydroergotamine nasal spray, n*on-aerosol 0.5 mg/pump act. (4 mg/ml)*	*(Migranal)*	NM
ergotamine-caffeine oral tablet 1-100 mg		QL (40 per 28 days)
Non-FRF		
sumatriptan 4 mg/0.5 ml inject outer, suv	*(Imitrex STATdose Pen)*	QL (4 per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		QL (4 per 30 days)
Profiláctico		
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		PA
EPRONTIA ORAL SOLUTION 25 MG/ML		
propranolol oral capsule, e*xtended release 24 hr 80 mg*	*(Inderal LA)*	
propranolol oral tablet 80 mg		
topiramate oral capsule, sprinkle 15 mg, 25 mg	*(Topamax)*	
topiramate oral capsule, s*prinkle*, e*r 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg*	*(Qudexy XR)*	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	*(Topamax)*	
UBRELVY ORAL TABLET 100 MG, 50 MG		PA; QL (16 per 30 days)

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Nombre del Medicamento	Requerimientos / Límites
AGENTES ANTIPARKINSON	
carbidopa oral tablet 25 mg (Lodosyn)	
carbidopa-levodopa oral tablet 10-100 mg (Sinemet)	
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	
carbidopa-levodopa oral tablet 25-250 mg	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	PA; NM
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	ST
Agentes Antiparkinson, Otros	
amantadine hcl oral capsule 100 mg	
amantadine hcl oral solution 50 mg/5 ml	
amantadine hcl oral tablet 100 mg	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	
entacapone oral tablet 200 mg	
Agonistas De Dopamina	
bromocriptine oral capsule 5 mg (Parlodel)	
bromocriptine oral tablet 2.5 mg (Parlodel)	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	
Anticolinérgicos	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	
trihexyphenidyl oral elixir 0.4 mg/ml	
trihexyphenidyl oral tablet 2 mg, 5 mg	

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Nombre del Medicamento		Requerimientos / Límites
Inhibidores De Monoamino Oxidasa B (MAO-B)		
rasagiline oral tablet 0.5 mg, 1 mg	*(Azilect)*	
selegiline hcl oral capsule 5 mg		
selegiline hcl oral tablet 5 mg		
AGENTES BIPOLARES		
Estabilizadores De Ánimo		
divalproex oral capsule, delayed rel sprinkle 125 mg	*(Depakote Sprinkles)*	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	*(Depakote ER)*	
divalproex oral tablet, *delayed release (dr/ec) 125 mg, 250 mg, 500 mg*	*(Depakote)*	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		
lithium carbonate oral tablet 300 mg		
lithium carbonate oral tablet extended release 300 mg	*(Lithobid)*	
lithium carbonate oral tablet extended release 450 mg		
lithium citrate oral solution 8 meq/5 ml		
AGENTES CARDIOVASCULARES		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	*(Norvasc)*	
cartia xt oral capsule, *extended release 24hr 120 mg, 180 mg, 240 mg*	*(diltiazem hcl)*	QL (60 per 30 days)
cartia xt oral capsule, *extended release 24hr 300 mg*	*(diltiazem hcl)*	QL (30 per 30 days)
diltiazem hcl oral capsule, *extended release 12 hr 120 mg, 60 mg, 90 mg*		
diltiazem hcl oral capsule, *extended release 24 hr 360 mg*	*(Taztia XT)*	QL (30 per 30 days)
diltiazem hcl oral capsule, *extended release 24 hr 420 mg*	*(Tiadylt ER)*	QL (30 per 30 days)
diltiazem hcl oral capsule, *extended release 24hr 120 mg, 180 mg, 240 mg*	*(Cartia XT)*	QL (60 per 30 days)
diltiazem hcl oral capsule, *extended release 24hr 300 mg*	*(Cartia XT)*	QL (30 per 30 days)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	*(Cardizem)*	
diltiazem hcl oral tablet 90 mg		
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg	*(Matzim LA)*	

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

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

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

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Nombre del Medicamento		Requerimientos / Límites
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	*(Azor)*	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	*(Exforge)*	
atenolol-chlorthalidone oral tablet 100-25 mg	*(Tenoretic 100)*	
atenolol-chlorthalidone oral tablet 50-25 mg	*(Tenoretic 50)*	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	*(Lotensin HCT)*	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		PA; NM; QL (30 per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	*(Atacand HCT)*	
CORLANOR ORAL TABLET 5 MG, 7.5 MG		PA
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	*(digoxin)*	QL (30 per 30 days)
digox oral tablet 125 mcg (0.125 mg)	*(digoxin)*	QL (30 per 30 days)
digoxin 250 mcg tablet 250 mcg (0.25 mg)	*(Digitek)*	QL (30 per 30 days)
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)		QL (255 per 30 days)
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	*(Digitek)*	QL (30 per 30 days)
digoxin oral tablet 62.5 mcg (0.0625 mg)	*(Lanoxin)*	QL (60 per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg	*(Vaseretic)*	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		
FILSPARI ORAL TABLET 200 MG, 400 MG		PA; NM; QL (30 per 30 days)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	*(Avalide)*	

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Nombre del Medicamento		Requerimientos / Límites
isosorbide-hydralazine oral tablet 20-37.5 mg	*(BiDil)*	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	(digoxin)	QL (30 per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	*(Zestoretic)*	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	*(Hyzaar)*	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		
metyrosine oral capsule 250 mg	*(Demser)*	NM
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	*(Tribenzor)*	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	*(Benicar HCT)*	
pentoxifylline oral tablet extended release 400 mg		
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	*(Accuretic)*	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg		
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	*(Micardis HCT)*	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	*(Diovan HCT)*	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		PA
Agonistas Alfa-Adrenérgicos		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		

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Nombre del Medicamento		Requerimientos / Límites
clonidine transdermal patch weekly 0.1 mg/24 hr	*(Catapres-TTS-1)*	QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24 hr	*(Catapres-TTS-2)*	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	*(Catapres-TTS-3)*	QL (4 per 28 days)
droxidopa oral capsule 100 mg, 200 mg, 300 mg	*(Northera)*	PA; NM; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		
Antagonistas De Receptores De Angiotensina II		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	*(Atacand)*	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	*(Avapro)*	
losartan oral tablet 100 mg, 25 mg, 50 mg	*(Cozaar)*	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	*(Benicar)*	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	*(Micardis)*	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	*(Diovan)*	
Antiarrítmicos		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	*(Pacerone)*	
disopyramide phosphate oral capsule 100 mg, 150 mg	*(Norpace)*	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	*(Tikosyn)*	
flecainide oral tablet 100 mg, 150 mg, 50 mg		
mexiletine oral capsule 150 mg, 200 mg, 250 mg		
MULTAQ ORAL TABLET 400 MG		
propafenone oral tablet 150 mg, 225 mg, 300 mg		
quinidine sulfate oral tablet 200 mg, 300 mg		
sotalol af oral tablet 120 mg, 160 mg, 80 mg	*(sotalol)*	
sotalol oral tablet 120 mg, 160 mg, 80 mg	*(Sotalol AF)*	
sotalol oral tablet 240 mg	*(Betapace)*	

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Nombre del Medicamento		Requerimientos / Límites
Dislipidémicos, Derivados De Ácido Fíbrico		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg		QL (30 per 30 days)
fenofibrate micronized oral capsule 43 mg		QL (60 per 30 days)
fenofibrate nanocrystallized oral tablet 145 mg	*(Tricor)*	QL (30 per 30 days)
fenofibrate nanocrystallized oral tablet 48 mg	*(Tricor)*	QL (60 per 30 days)
fenofibrate oral capsule 150 mg	*(Lipofen)*	QL (30 per 30 days)
fenofibrate oral capsule 50 mg	*(Lipofen)*	QL (60 per 30 days)
fenofibrate oral tablet 160 mg		QL (30 per 30 days)
fenofibrate oral tablet 54 mg		QL (60 per 30 days)
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	*(Trilipix)*	QL (30 per 30 days)
gemfibrozil oral tablet 600 mg	*(Lopid)*	QL (60 per 30 days)
Dislipidémicos, Inhibidores De Reductasa HMG COA		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	*(Lipitor)*	QL (30 per 30 days)
fluvastatin oral capsule 20 mg, 40 mg		
fluvastatin oral tablet extended release 24 hr 80 mg	*(Lescol XL)*	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	(pitavastatin calcium)	QL (30 per 30 days)
lovastatin oral tablet 10 mg		QL (45 per 30 days)
lovastatin oral tablet 20 mg		QL (30 per 30 days)
lovastatin oral tablet 40 mg		QL (60 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		QL (30 per 30 days)
rosuvastatin oral tablet 10 mg, 20 mg, 5 mg		QL (30 per 30 days)
rosuvastatin oral tablet 40 mg	*(Crestor)*	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	*(Zocor)*	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		QL (30 per 30 days)
Dislipidémicos, Otros		
cholestyramine (with sugar) oral powder in packet 4 gram	*(Questran)*	
cholestyramine light oral powder in packet 4 gram	*(cholestyramine-aspartame)*	
colestipol oral packet 5 gram		
colestipol oral tablet 1 gram	*(Colestid)*	
ezetimibe oral tablet 10 mg	*(Zetia)*	QL (30 per 30 days)

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

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Nombre del Medicamento		Requerimientos / Límites
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		
indapamide oral tablet 1.25 mg, 2.5 mg		
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		
Inhibidores De Enzima Convertidora De Angiotensina (ECA)		
benazepril oral tablet 10 mg, 20 mg, 40 mg	*(Lotensin)*	
benazepril oral tablet 5 mg		
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	*(Vasotec)*	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	*(Zestril)*	
moexipril oral tablet 15 mg, 7.5 mg		
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	*(Accupril)*	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	*(Altace)*	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		
Vasodilatadores, De Acción Directa/Venosa		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		
isosorbide dinitrate oral tablet 5 mg	*(Isordil Titradose)*	
isosorbide mononitrate oral tablet 10 mg, 20 mg		
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		
minoxidil oral tablet 10 mg, 2.5 mg		
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	
nitroglycerin rectal ointment 0.4 % (w/w)	*(Rectiv)*	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	*(Nitrostat)*	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	*(Nitro-Dur)*	

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Nombre del Medicamento		Requerimientos / Límites
nitroglycerin translingual spray, non-aerosol 400 mcg/spray	*(Nitrolingual)*	
AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA		
Aminosalicilatos		
balsalazide oral capsule 750 mg	*(Colazal)*	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	(mesalamine)	
mesalamine oral capsule (with del rel tablets) 400 mg	*(Delzicol)*	
mesalamine oral capsule, extended release 24hr 0.375 gram	*(Apriso)*	
mesalamine oral tablet, delayed release (dr/ec) 800 mg		
mesalamine rectal enema 4 gram/60 ml	*(Rowasa)*	
sulfasalazine oral tablet 500 mg	*(Azulfidine)*	
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg	*(Azulfidine EN-tabs)*	
Glucocorticoides		
budesonide oral capsule, delayed, extend.release 3 mg		
budesonide oral tablet, delayed and ext.release 9 mg	*(Uceris)*	NM
hydrocortisone rectal enema 100 mg/60 ml	*(Cortenema)*	
AGENTES DE ENFERMEDAD ÓSEA METABÓLICA		
Agentes De Enfermedad Ósea Metabólica		
alendronate oral tablet 10 mg, 5 mg		QL (30 per 30 days)
alendronate oral tablet 35 mg		QL (4 per 28 days)
alendronate oral tablet 70 mg	*(Fosamax)*	QL (4 per 28 days)
calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation		QL (4 per 28 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	*(Rocaltrol)*	
calcitriol oral solution 1 mcg/ml	*(Rocaltrol)*	
cinacalcet oral tablet 30 mg, 60 mg	*(Sensipar)*	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	*(Sensipar)*	NM; QL (120 per 30 days)
ibandronate oral tablet 150 mg		QL (1 per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		PA; NM
paricalcitol oral capsule 1 mcg, 2 mcg	*(Zemplar)*	

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Nombre del Medicamento		Requerimientos / Límites
paricalcitol oral capsule 4 mcg		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		QL (1 per 180 days)
raloxifene oral tablet 60 mg	*(Evista)*	
risedronate oral tablet 150 mg	*(Actonel)*	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg		QL (30 per 30 days)
risedronate oral tablet 35 mg	*(Actonel)*	QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		QL (4 per 28 days)
risedronate oral tablet, d*elayed release (dr/ec) 35 mg*	*(Atelvia)*	QL (4 per 28 days)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)		PA; NM; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		PA; NM; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		PA; NM; QL (2 per 28 days)
AGENTES DE TRASTORNO DE SUEÑO		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	*(Nuvigil)*	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		QL (30 per 30 days)
modafinil oral tablet 100 mg, 200 mg	*(Provigil)*	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	*(Xyrem)*	PA; NM; QL (540 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	*(Restoril)*	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	*(Restoril)*	QL (120 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	*(Ambien)*	QL (30 per 30 days)
AGENTES DEL SISTEMA NERVIOSO CENTRAL		
Agentes De Esclerosis Múltiple		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		PA; NM
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		PA; NM
BETASERON SUBCUTANEOUS KIT 0.3 MG		PA; NM
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	PA; NM
dalfampridine oral tablet extended release 12 hr 10 mg	*(Ampyra)*	PA; QL (60 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
dimethyl fumarate oral capsule, d*elayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg*	*(Tecfidera)*	PA; NM
fingolimod oral capsule 0.5 mg	*(Gilenya)*	PA; NM
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		PA; NM
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG		PA; NM
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)		PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)		PA; NM
Agentes De Fibromialgia		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	*(Lyrica)*	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	*(Lyrica)*	QL (60 per 30 days)
pregabalin oral capsule 75 mg	*(Lyrica)*	QL (120 per 30 days)
pregabalin oral solution 20 mg/ml	*(Lyrica)*	QL (900 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		QL (55 per 28 days)
Agentes De Trastorno Por Déficit De Atención Con Hiperactividad, Anfetaminas		
dextroamphetamine sulfate oral capsule, extended release 10 mg	*(Dexedrine Spansule)*	QL (180 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg		QL (120 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		QL (360 per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	*(ProCentra)*	QL (1800 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	*(Zenzedi)*	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	*(Zenzedi)*	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 2.5 mg, 20 mg, 7.5 mg	*(Zenzedi)*	QL (90 per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	*(Zenzedi)*	QL (60 per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	*(Zenzedi)*	QL (150 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	*(Adderall)*	QL (90 per 30 days)
dextroamphetamine-amphetamine oral tablet 30 mg	*(Adderall)*	QL (60 per 30 days)
Agentes De Trastorno Por Déficit De Atención Con Hiperactividad, No-Anfetaminas		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	*(Strattera)*	QL (30 per 30 days)
dexmethylphenidate oral tablet 10 mg	*(Focalin)*	QL (60 per 30 days)
dexmethylphenidate oral tablet 2.5 mg	*(Focalin)*	QL (240 per 30 days)
dexmethylphenidate oral tablet 5 mg	*(Focalin)*	QL (120 per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	*(Intuniv ER)*	QL (30 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	*(Ritalin)*	QL (90 per 30 days)
Sistema Nervioso Central, Otros		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		PA; NM; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG		PA; NM; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG		PA; NM; QL (60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)		PA; NM
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		PA; NM
NUEDEXTA ORAL CAPSULE 20-10 MG		PA
riluzole oral tablet 50 mg	*(Rilutek)*	PA
tetrabenazine oral tablet 12.5 mg	*(Xenazine)*	PA; NM; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	*(Xenazine)*	PA; NM; QL (120 per 30 days)
AGENTES DENTALES Y ORALES		
Agentes Dentales Y Orales		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	*(Paroex Oral Rinse)*	
KOURZEQ DENTAL PASTE 0.1 %	(triamcinolone acetonide)	
oralone dental paste 0.1 %	*(triamcinolone acetonide)*	
paroex oral rinse mucous membrane mouthwash 0.12 %	*(chlorhexidine gluconate)*	

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Nombre del Medicamento		Requerimientos / Límites
periogard mucous membrane mouthwash 0.12 %	*(chlorhexidine gluconate)*	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	*(Salagen (pilocarpine))*	
triamcinolone acetonide dental paste 0.1 %	*(Kourzeq)*	
AGENTES DERMATOLÓGICOS		
accutane oral capsule 10 mg, 20 mg, 40 mg	*(isotretinoin)*	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		PA
alclometasone topical cream 0.05 %		
alclometasone topical ointment 0.05 %		
amcinonide topical ointment 0.1 %		
ammonium lactate topical cream 12 %		
ammonium lactate topical lotion 12 %	*(Skin Treatment)*	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	*(isotretinoin)*	
betamethasone dipropionate topical cream 0.05 %		
betamethasone dipropionate topical lotion 0.05 %		
betamethasone dipropionate topical ointment 0.05 %		
betamethasone valerate topical cream 0.1 %		
betamethasone valerate topical lotion 0.1 %		
betamethasone valerate topical ointment 0.1 %		
betamethasone, augmented topical cream 0.05 %		
betamethasone, augmented topical lotion 0.05 %		
betamethasone, augmented topical ointment 0.05 %	*(Diprolene (augmented))*	
ciclopirox topical gel 0.77 %		
ciclopirox topical shampoo 1 %		
ciclopirox topical solution 8 %	*(Ciclodan)*	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	*(isotretinoin)*	
clindamycin phosphate topical gel 1 %		
clindamycin phosphate topical gel, once daily 1 %	*(Clindagel)*	

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Nombre del Medicamento		Requerimientos / Límites
clindamycin phosphate topical lotion 1 %	*(Cleocin T)*	
clindamycin phosphate topical solution 1 %		
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	*(Neuac)*	
clobetasol scalp solution 0.05 %		
clobetasol topical cream 0.05 %		
clobetasol topical gel 0.05 %		
clobetasol topical ointment 0.05 %		
clobetasol-emollient topical cream 0.05 %		
desonide topical cream 0.05 %	*(DesOwen)*	
desonide topical lotion 0.05 %		
desonide topical ointment 0.05 %		
desoximetasone topical cream 0.05 %, 0.25 %	*(Topicort)*	
desoximetasone topical gel 0.05 %	*(Topicort)*	
desoximetasone topical ointment 0.05 %, 0.25 %	*(Topicort)*	
ery pads topical swab 2 %	*(erythromycin with ethanol)*	
erythromycin with ethanol topical gel 2 %	*(Erygel)*	
erythromycin with ethanol topical solution 2 %		
erythromycin-benzoyl peroxide topical gel 3-5 %	*(Benzamycin)*	
EUCRISA TOPICAL OINTMENT 2 %		
fluocinolone topical cream 0.01 %		
fluocinolone topical cream 0.025 %	*(Synalar)*	
fluocinolone topical ointment 0.025 %	*(Synalar)*	
fluocinolone topical solution 0.01 %	*(Synalar)*	
fluocinonide topical gel 0.05 %		
fluocinonide topical ointment 0.05 %		
fluocinonide topical solution 0.05 %		
fluocinonide-emollient topical cream 0.05 %	*(Fluocinonide-E)*	
fluticasone propionate topical cream 0.05 %		
fluticasone propionate topical ointment 0.005 %		
halobetasol propionate topical cream 0.05 %		
halobetasol propionate topical ointment 0.05 %		

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Nombre del Medicamento		Requerimientos / Límites
hydrocortisone topical cream 1 %	*(Ala-Cort)*	
hydrocortisone topical cream with perineal applicator 2.5 %	*(Procto-Med HC)*	
hydrocortisone topical lotion 2.5 %		
hydrocortisone topical ointment 1 %	*(Anti-Itch (HC))*	
hydrocortisone topical ointment 2.5 %		
hydrocortisone valerate topical cream 0.2 %		
hydrocortisone valerate topical ointment 0.2 %		
HYFTOR TOPICAL GEL 0.2 %		PA; NM
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	*(Accutane)*	
mometasone topical cream 0.1 %		
mometasone topical ointment 0.1 %		
mometasone topical solution 0.1 %		
mupirocin calcium topical cream 2 %		
mupirocin topical ointment 2 %	*(Centany)*	
pimecrolimus topical cream 1 %	*(Elidel)*	
procto-med hc topical cream with perineal applicator 2.5 %	*(hydrocortisone)*	
proctosol hc topical cream with perineal applicator 2.5 %	*(hydrocortisone)*	
proctozone-hc topical cream with perineal applicator 2.5 %	*(hydrocortisone)*	
selenium sulfide topical lotion 2.5 %		
tacrolimus topical ointment 0.03 %, 0.1 %		
tazarotene topical cream 0.1 %	*(Tazorac)*	PA
tazarotene topical gel 0.05 %, 0.1 %	*(Tazorac)*	PA
TAZORAC TOPICAL CREAM 0.05 %		PA
tretinoin topical cream 0.025 %	*(Avita)*	PA
tretinoin topical cream 0.05 %, 0.1 %	*(Retin-A)*	PA
tretinoin topical gel 0.01 %	*(Retin-A)*	PA
tretinoin topical gel 0.025 %	*(Avita)*	PA
tretinoin topical gel 0.05 %	*(Atralin)*	PA
triamcinolone acetonide topical cream 0.025 %		
triamcinolone acetonide topical cream 0.1 %, 0.5 %	*(Triderm)*	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		

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Nombre del Medicamento		Requerimientos / Límites
Agentes Dermatológicos, Otros		
ALCOH-GLOVE TOWELETTE 70 %		
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	
ALCOHOL SWABS TOPICAL PADS, MEDICATED	(Alcohol Pads)	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	
ALCOH-WIPE TOWELETTE 70 %		
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	
calcipotriene scalp solution 0.005 %		
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	
clotrimazole-betamethasone topical cream 1-0.05 %		
clotrimazole-betamethasone topical lotion 1-0.05 %		
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	
diclofenac sodium topical gel 3 %		PA
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	
fluorouracil topical cream 5 %	*(Efudex)*	
fluorouracil topical solution 2 %, *5* %		
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	
hydrocortisone-pramoxine rectal cream 1-1 %	*(Analpram-HC)*	
imiquimod topical cream in packet 5 %		
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %		
IV PREP WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		
PANRETIN TOPICAL GEL 0.1 %		PA NSO; NM
podofilox topical solution 0.5 %		

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Nombre del Medicamento		Requerimientos / Límites
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	
REGRANEX TOPICAL GEL 0.01 %		PA; NM
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		
silver sulfadiazine topical cream 1 %	*(SSD)*	
ssd topical cream 1 %	*(silver sulfadiazine)*	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	
WEBCOL ALCOHOL PREPS 20'S, LARGE	(alcohol swabs)	
Non-FRF		
accutane oral capsule 30 mg	*(isotretinoin)*	
avita topical gel 0.025 %	*(tretinoin)*	PA
hydrocortisone 2.5% cream		
Pediculicidas/Escabicidas		
malathion topical lotion 0.5 %	*(Ovide)*	
permethrin topical cream 5 %	*(Elimite)*	
AGENTES GASTROINTESTINALES		
alosetron oral tablet 0.5 mg, 1 mg	*(Lotronex)*	NM; QL (60 per 30 days)
constulose oral solution 10 gram/15 ml	*(lactulose)*	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		
diphenoxylate-atropine oral tablet 2.5-0.025 mg	*(Lomotil)*	
enulose oral solution 10 gram/15 ml	*(lactulose)*	
generlac oral solution 10 gram/15 ml	*(lactulose)*	
lactulose oral solution 10 gram/15 ml	*(Constulose)*	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		QL (30 per 30 days)
loperamide oral capsule 2 mg	*(Anti-Diarrheal (loperamide))*	
lubiprostone oral capsule 24 mcg, 8 mcg	*(Amitiza)*	QL (60 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG		NM; QL (90 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
Agentes Gastrointestinales, Otros		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG		PA; NM
BYLVAY ORAL PELLET 200 MCG, 600 MCG		PA; NM
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		PA; NM
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	*(peg 3350-electrolytes)*	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	*(peg 3350-electrolytes)*	
LIVMARLI ORAL SOLUTION 9.5 MG/ML		PA; NM
metoclopramide hcl oral solution 5 mg/5 ml		
metoclopramide hcl oral tablet 10 mg, 5 mg	*(Reglan)*	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	*(GaviLyte-G)*	
peg-electrolyte soln oral recon soln 420 gram		
sodium, p*otassium*, m*ag sulfates oral recon soln 17.5-3.13-1.6 gram*	*(Suprep Bowel Prep Kit)*	
sodium, p*otassium*, m*ag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)*		
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		
ursodiol oral capsule 300 mg		
ursodiol oral tablet 250 mg	*(URSO 250)*	
ursodiol oral tablet 500 mg	*(URSO Forte)*	
Antagonistas De Receptores De Histamina2 (H2)		
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		
famotidine oral tablet 20 mg	*(Acid Controller)*	
famotidine oral tablet 40 mg	*(Pepcid)*	
nizatidine oral capsule 150 mg, 300 mg		
Antiespasmódicos, Gastrointestinales		
dicyclomine oral capsule 10 mg		
dicyclomine oral solution 10 mg/5 ml		

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

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Nombre del Medicamento		Requerimientos / Límites
Antiespasmódicos, Urinario		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	*(Toviaz)*	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML		QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	QL (30 per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml		QL (600 per 30 days)
oxybutynin chloride oral tablet 5 mg		QL (120 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		QL (60 per 30 days)
solifenacin oral tablet 10 mg, 5 mg	*(Vesicare)*	QL (30 per 30 days)
tolterodine oral capsule, *extended release 24hr 2 mg, 4 mg*	*(Detrol LA)*	QL (30 per 30 days)
tolterodine oral tablet 1 mg, 2 mg	*(Detrol)*	QL (60 per 30 days)
trospium oral capsule, *extended release 24hr 60 mg*		QL (30 per 30 days)
trospium oral tablet 20 mg		QL (60 per 30 days)
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICACOR (TIROIDES)		
Agentes Hormonales, Estimulante/Reemplazo/Modificacor (Tiroides)		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	*(levothyroxine)*	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	*(Euthyrox)*	
levothyroxine oral tablet 300 mcg	*(Levo-T)*	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	*(Cytomel)*	

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Nombre del Medicamento		Requerimientos / Límites
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES)		
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Hormonas Sexuales/Modificadores)		
afirmelle oral tablet 0.1-20 mg-mcg	*(levonorgestrel-ethinyl estrad)*	
altavera (28) oral tablet 0.15-0.03 mg	*(levonorgestrel-ethinyl estrad)*	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	*(norethindrone-ethin estradiol)*	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
apri oral tablet 0.15-0.03 mg	*(desogestrel-ethinyl estradiol)*	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		
aubra eq oral tablet 0.1-20 mg-mcg	*(levonorgestrel-ethinyl estrad)*	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	*(norethindrone ac-eth estradiol)*	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	*(norethindrone ac-eth estradiol)*	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	*(norethindrone-e.estradiol-iron)*	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	*(norethindrone-e.estradiol-iron)*	
aviane oral tablet 0.1-20 mg-mcg	*(levonorgestrel-ethinyl estrad)*	
ayuna oral tablet 0.15-0.03 mg	*(levonorgestrel-ethinyl estrad)*	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	*(desog-e.estradiol/e.estradiol)*	
balziva (28) oral tablet 0.4-35 mg-mcg		
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	*(norethindrone-e.estradiol-iron)*	

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Nombre del Medicamento		Requerimientos / Límites
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	*(norethindrone-e.estradiol-iron)*	
briellyn oral tablet 0.4-35 mg-mcg		
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg		
chateal eq (28) oral tablet 0.15-0.03 mg	*(levonorgestrel-ethinyl estrad)*	
cryselle (28) oral tablet 0.3-30 mg-mcg	*(norgestrel-ethinyl estradiol)*	
cyred eq oral tablet 0.15-0.03 mg	*(desogestrel-ethinyl estradiol)*	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	*(norethindrone-ethin estradiol)*	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	*(Azurette (28))*	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	*(Apri)*	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	*(Jasmiel (28))*	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	*(Ocella)*	
elinest oral tablet 0.3-30 mg-mcg	*(norgestrel-ethinyl estradiol)*	
eluryng vaginal ring 0.12-0.015 mg/24 hr	*(etonogestrel-ethinyl estradiol)*	
enilloring vaginal ring 0.12-0.015 mg/24 hr	*(etonogestrel-ethinyl estradiol)*	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	*(levonorg-eth estrad triphasic)*	
enskyce oral tablet 0.15-0.03 mg	*(desogestrel-ethinyl estradiol)*	
estarylla oral tablet 0.25-35 mg-mcg	*(norgestimate-ethinyl estradiol)*	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	*(Kelnor 1/35 (28))*	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	*(Kelnor 1-50 (28))*	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	*(EluRyng)*	
falmina (28) oral tablet 0.1-20 mg-mcg	*(levonorgestrel-ethinyl estrad)*	

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

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

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Nombre del Medicamento		Requerimientos / Límites
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	*(Aurovela 1.5/30 (21))*	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	*(Aurovela 1/20 (21))*	
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	*(Fyavolv)*	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	*(Aurovela Fe 1-20 (28))*	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	*(Aurovela Fe 1.5/30 (28))*	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(Tri-Estarylla)*	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	*(Estarylla)*	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg		
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	*(norethindrone-ethin estradiol)*	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
nylia 1/35 (28) oral tablet 1-35 mg-mcg	*(norethindrone-ethin estradiol)*	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
nymyo oral tablet 0.25-35 mg-mcg	*(norgestimate-ethinyl estradiol)*	
ocella oral tablet 3-0.03 mg	*(drospirenone-ethinyl estradiol)*	
OSPHENA ORAL TABLET 60 MG		PA
philith oral tablet 0.4-35 mg-mcg		
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	*(desog-e.estradiol/e.estr adiol)*	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg		
pirmella oral tablet 1-35 mg-mcg	*(norethindrone-ethin estradiol)*	
portia 28 oral tablet 0.15-0.03 mg	*(levonorgestrel-ethinyl estrad)*	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		

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Nombre del Medicamento		Requerimientos / Límites
reclipsen (28) oral tablet 0.15-0.03 mg	*(desogestrel-ethinyl estradiol)*	
setlakin oral tablets, dose *pack,3 month 0.15 mg-30 mcg (91)*	*(levonorgestrel-ethinyl estrad)*	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	*(desog-e.estradiol/e.estradiol)*	
sprintec (28) oral tablet 0.25-35 mg-mcg	*(norgestimate-ethinyl estradiol)*	
sronyx oral tablet 0.1-20 mg-mcg	*(levonorgestrel-ethinyl estrad)*	
syeda oral tablet 3-0.03 mg	*(drospirenone-ethinyl estradiol)*	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	*(norethindrone-e.estradiol-iron)*	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(norgestimate-ethinyl estradiol)*	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(norgestimate-ethinyl estradiol)*	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(norgestimate-ethinyl estradiol)*	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(norgestimate-ethinyl estradiol)*	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(norgestimate-ethinyl estradiol)*	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	*(levonorg-eth estrad triphasic)*	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	*(norgestimate-ethinyl estradiol)*	
turqoz (28) oral tablet 0.3-30 mg-mcg	*(norgestrel-ethinyl estradiol)*	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		
vestura (28) oral tablet 3-0.02 mg	*(drospirenone-ethinyl estradiol)*	
vienva oral tablet 0.1-20 mg-mcg	*(levonorgestrel-ethinyl estrad)*	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	*(desog-e.estradiol/e.estradiol)*	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	*(desog-e.estradiol/e.estradiol)*	
vyfemla (28) oral tablet 0.4-35 mg-mcg		
vylibra oral tablet 0.25-35 mg-mcg	*(norgestimate-ethinyl estradiol)*	
wera (28) oral tablet 0.5-35 mg-mcg		

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Nombre del Medicamento		Requerimientos / Límites
zarah oral tablet 3-0.03 mg	*(drospirenone-ethinyl estradiol)*	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	*(ethynodiol diac-eth estradiol)*	
zumandimine (28) oral tablet 3-0.03 mg	*(drospirenone-ethinyl estradiol)*	
Andrógenos		
danazol oral capsule 100 mg, 200 mg, 50 mg		
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	*(Depo-Testosterone)*	
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		
testosterone enanthate intramuscular oil 200 mg/ml		
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	*(Fortesta)*	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	*(Vogelxo)*	
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	*(AndroGel)*	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	*(AndroGel)*	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		
Estrógenos		
DUAVEE ORAL TABLET 0.45-20 MG		
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	*(Estrace)*	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	*(Dotti)*	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	*(Climara)*	

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Nombre del Medicamento		Requerimientos / Límites
estradiol vaginal cream 0.01 % (0.1 mg/gram)	*(Estrace)*	
estradiol vaginal tablet 10 mcg	*(Vagifem)*	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG		
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG		
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		
Progestinas		
camila oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
deblitane oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		
errin oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
heather oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
incassia oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
jencycla oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
lyleq oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
lyza oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
medroxyprogesterone intramuscular suspension 150 mg/ml	*(Depo-Provera)*	
medroxyprogesterone intramuscular syringe 150 mg/ml	*(Depo-Provera)*	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	*(Provera)*	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		
megestrol oral tablet 20 mg, 40 mg		

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Nombre del Medicamento		Requerimientos / Límites
nora-be oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
norethindrone (contraceptive) oral tablet 0.35 mg	*(Camila)*	
norethindrone acetate oral tablet 5 mg		
progesterone micronized oral capsule 100 mg, 200 mg	*(Prometrium)*	
sharobel oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
tulana oral tablet 0.35 mg	*(norethindrone (contraceptive))*	
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (PITUITARIO)		
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Pituitario)		
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)		
desmopressin nasal spray, n*on-aerosol 10 mcg/spray (0.1 ml)*		
desmopressin oral tablet 0.1 mg, 0.2 mg	*(DDAVP)*	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		PA; NM
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG		
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG		
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		PA; NM
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG		PA; NM
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (SUPRARRENAL)		
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Suprarrenal)		
dexamethasone oral solution 0.5 mg/5 ml		
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		
fludrocortisone oral tablet 0.1 mg		
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	*(Cortef)*	
ISTURISA ORAL TABLET 1 MG		PA; NM; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG		PA; NM; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG		PA; NM; QL (120 per 30 days)
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	*(Medrol)*	

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Nombre del Medicamento		Requerimientos / Límites
methylprednisolone oral tablet 32 mg		
methylprednisolone oral tablets, dose *pack 4 mg*	*(Medrol (Pak))*	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		PA BvD
prednisolone oral solution 15 mg/5 ml		PA BvD
prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)		PA BvD
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	*(Veripred 20)*	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	*(Pediapred)*	PA BvD
prednisolone sodium phosphate oral tablet, d*isintegrating 10 mg, 15 mg, 30 mg*	*(Orapred ODT)*	PA BvD
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		PA BvD
prednisone oral solution 5 mg/5 ml		PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		PA BvD
prednisone oral tablets, d*ose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)*		
AGENTES HORMONALES, SUPRESORES (PITUITARIO)		
Agentes Hormonales, Supresores (Pituitario)		
cabergoline oral tablet 0.5 mg		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		PA NSO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		PA NSO; NM
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		PA NSO
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg		PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml		PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG		PA NSO; NM

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Nombre del Medicamento		Requerimientos / Límites
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		PA NSO; NM
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG		PA NSO; NM
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG		PA NSO; NM
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG		PA NSO; NM
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)		PA NSO; NM
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG		PA NSO; NM
octreotide acetate injection solution 1,000 mcg/ml		PA; NM
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml	*(Sandostatin)*	PA
octreotide acetate injection solution 200 mcg/ml		PA
octreotide acetate injection solution 500 mcg/ml	*(Sandostatin)*	PA; NM
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		PA; NM; QL (60 per 30 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		PA; NM; QL (60 per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML		PA; NM
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG		PA NSO
AGENTES HORMONALES, SUPRESORES (TIROIDES)		
Agentes Antitiroideos		
methimazole oral tablet 10 mg, 5 mg		
propylthiouracil oral tablet 50 mg		
AGENTES INMUNOLÓGICOS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		PA NSO; NM
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		PA; NM
azathioprine oral tablet 100 mg, 75 mg	*(Azasan)*	PA BvD

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Nombre del Medicamento		Requerimientos / Límites
azathioprine oral tablet 50 mg	*(Imuran)*	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		PA; NM
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		PA; NM
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		PA NSO; NM
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		PA; NM
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		PA; NM
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML		PA; NM
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)		PA; NM
cyclosporine modified oral capsule 100 mg, 25 mg	*(Gengraf)*	PA BvD
cyclosporine modified oral capsule 50 mg		PA BvD
cyclosporine modified oral solution 100 mg/ml	*(Gengraf)*	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	*(Sandimmune)*	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		PA; NM
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML		PA; NM
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		PA; NM
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		PA; NM
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		PA; NM
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		PA; NM
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		PA NSO; NM
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG		PA BvD
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg, 1 mg	*(Zortress)*	PA BvD; NM; QL (60 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
everolimus (immunosuppressive) oral tablet 0.5 mg	*(Zortress)*	PA BvD; NM; QL (120 per 30 days)
gengraf oral capsule 100 mg, 25 mg	*(cyclosporine modified)*	PA BvD
gengraf oral solution 100 mg/ml	*(cyclosporine modified)*	PA BvD
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		PA; NM; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		PA; NM; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		PA; NM
leflunomide oral tablet 10 mg, 20 mg	*(Arava)*	
LUPKYNIS ORAL CAPSULE 7.9 MG		PA; NM; QL (180 per 30 days)
methotrexate sodium (pf) injection solution 25 mg/ml		
methotrexate sodium injection solution 25 mg/ml		
methotrexate sodium oral tablet 2.5 mg		PA BvD
mycophenolate mofetil oral capsule 250 mg	*(CellCept)*	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	*(CellCept)*	PA BvD; NM
mycophenolate mofetil oral tablet 500 mg	*(CellCept)*	PA BvD

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Nombre del Medicamento	Requerimientos / Límites
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg *(Myfortic)*	PA BvD
OTEZLA ORAL TABLET 30 MG	PA; NM
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	PA; NM
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	PA BvD; NM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PA; NM
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	PA; NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	PA BvD; NM
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	PA BvD
REZUROCK ORAL TABLET 200 MG	PA; NM
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PA; NM
sirolimus oral solution 1 mg/ml *(Rapamune)*	PA BvD; NM
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg *(Rapamune)*	PA BvD
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PA; NM
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PA; NM
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PA; NM
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg *(Prograf)*	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	PA; NM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	PA BvD
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	PA; NM

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Nombre del Medicamento	Requerimientos / Límites
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM
Agentes De Angioedema	
icatibant subcutaneous syringe 30 mg/3 ml *(Firazyr)*	PA; NM
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	PA; NM
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	PA; NM
Non-FRF	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	PA; NM
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	PA; NM
tacrolimus 0.5 mg capsule (immediate release) *(Prograf)*	PA BvD
tacrolimus 1 mg capsule (immediate release) *(Prograf)*	PA BvD
tacrolimus 5 mg capsule (immediate release) *(Prograf)*	PA BvD
Vacunas	
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	
AREXVY ANTIGEN COMPONENT 120 MCG	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	

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Nombre del Medicamento	Requerimientos / Límites
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	
IXCHIQ INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	

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Nombre del Medicamento	Requerimientos / Límites
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PA BvD

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Nombre del Medicamento	Requerimientos / Límites
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PA BvD
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	

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Nombre del Medicamento		Requerimientos / Límites
AGENTES OFTÁLMICOS		
acetazolamide oral capsule, extended release 500 mg		
acetazolamide oral tablet 125 mg, 250 mg		
apraclonidine ophthalmic (eye) drops 0.5 %		
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	(brinzolamide)	
betaxolol ophthalmic (eye) drops 0.5 %		
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	*(Alphagan P)*	
brimonidine ophthalmic (eye) drops 0.2 %		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	*(Combigan)*	
carteolol ophthalmic (eye) drops 1 %		
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	(brimonidine-timolol)	
dorzolamide ophthalmic (eye) drops 2 %		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	*(Cosopt (PF))*	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	*(Cosopt)*	
levobunolol ophthalmic (eye) drops 0.5 %		
methazolamide oral tablet 25 mg, 50 mg		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %		
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	*(Istalol)*	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		
Agentes Anti-Alérgicos Oftálmicos		
azelastine ophthalmic (eye) drops 0.05 %		
cromolyn ophthalmic (eye) drops 4 %		
olopatadine ophthalmic (eye) drops 0.1 %	*(Eye Allergy Itch-Redness Rlf)*	

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Nombre del Medicamento		Requerimientos / Límites
olopatadine ophthalmic (eye) drops 0.2 %	*(Eye Allergy Itch Relief)*	
Agentes Oftálmicos, Otros		
atropine ophthalmic (eye) drops 1 %	*(Isopto Atropine)*	
cyclosporine ophthalmic (eye) dropperette 0.05 %	*(Restasis)*	QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %		PA; NM
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		PA; NM
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %		QL (8.3 per 14 days)
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	*(Neo-Polycin HC)*	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %	*(Maxitrol)*	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	*(Maxitrol)*	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		
neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml		
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	QL (60 per 30 days)
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		QL (60 per 30 days)
Análogos De Prostaglandina Oftálmica Y Prostamida		
latanoprost ophthalmic (eye) drops 0.005 %	*(Xalatan)*	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		

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Nombre del Medicamento		Requerimientos / Límites
travoprost ophthalmic (eye) drops 0.004 %	*(Travatan Z)*	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		
Antiinflamatorios Oftálmicos		
bromfenac ophthalmic (eye) drops 0.075 %	*(BromSite)*	
bromfenac ophthalmic (eye) drops 0.09 %		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		
diclofenac sodium ophthalmic (eye) drops 0.1 %		
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	(difluprednate)	
fluorometholone ophthalmic (eye) drops, suspension 0.1 %	*(FML Liquifilm)*	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %		
ketorolac ophthalmic (eye) drops 0.4 %	*(Acular LS)*	
ketorolac ophthalmic (eye) drops 0.5 %	*(Acular)*	
loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %	*(Lotemax)*	
prednisolone acetate ophthalmic (eye) drops, suspension 1 %	*(Pred Forte)*	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		
Oftálmicos Antiinfecciosos		
AZASITE OPHTHALMIC (EYE) DROPS 1 %		
bacitracin ophthalmic (eye) ointment 500 unit/gram		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	*(Polycin)*	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		
gatifloxacin ophthalmic (eye) drops 0.5 %		
gentamicin ophthalmic (eye) drops 0.3 %		
moxifloxacin ophthalmic (eye) drops 0.5 %	*(Vigamox)*	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %		

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Nombre del Medicamento		Requerimientos / Límites
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	*(Neo-Polycin)*	
ofloxacin ophthalmic (eye) drops 0.3 %	*(Ocuflox)*	
sulfacetamide sodium ophthalmic (eye) drops 10 %		
tobramycin ophthalmic (eye) drops 0.3 %		
AGENTES ÓTICOS		
Agentes Óticos		
acetic acid otic (ear) solution 2 %		
ciprofloxacin hcl otic (ear) dropperette 0.2 %	*(Cetraxal)*	
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %		
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	*(Otovel)*	
fluocinolone acetonide oil otic (ear) drops 0.01 %	*(DermOtic Oil)*	
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%		
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		
ofloxacin otic (ear) drops 0.3 %		
ANALGÉSICOS		
Analgésicos		
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	*(Esgic)*	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		QL (180 per 30 days)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		QL (180 per 30 days)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	*(Ascomp with Codeine)*	QL (180 per 30 days)
Analgésicos Opiáceos, De Acción Corta		
acetaminophen-codeine oral solution 120-12 mg/5 ml		QL (5000 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg		QL (360 per 30 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg		QL (180 per 30 days)

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Nombre del Medicamento	Requerimientos / Límites
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 600 mcg, 800 mcg	PA; NM; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg	PA; QL (120 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	QL (5500 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	QL (150 per 30 days)
hydromorphone oral liquid 1 mg/ml (Dilaudid)	QL (1920 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg (Dilaudid)	QL (360 per 30 days)
hydromorphone oral tablet 8 mg (Dilaudid)	QL (240 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	QL (600 per 30 days)
morphine oral solution 10 mg/5 ml	QL (1800 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	QL (1500 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml	QL (180 per 30 days)
oxycodone oral solution 5 mg/5 ml	QL (1080 per 30 days)
oxycodone oral tablet 10 mg, 20 mg, 5 mg	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg (Roxicodone)	QL (180 per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	QL (1080 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (Endocet)	QL (360 per 30 days)
tramadol oral tablet 100 mg	QL (120 per 30 days)
tramadol oral tablet 50 mg	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	QL (240 per 30 days)
Analgésicos Opiáceos, De Acción Prolongada	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	PA NSO; QL (10 per 30 days)
methadone oral tablet 10 mg, 5 mg	QL (240 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	*(MS Contin)*	QL (90 per 30 days)
oxycodone oral tablet, oral *only*, ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg	*(OxyContin)*	QL (60 per 30 days)
Medicamentos No-Esteroideos Antiinflamatorios		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	*(Celebrex)*	
diclofenac potassium oral tablet 50 mg		
diclofenac sodium oral tablet extended release 24 hr 100 mg		
diclofenac sodium oral tablet, d*elayed release (dr/ec) 25 mg, 50 mg, 75 mg*		
diclofenac sodium topical gel 1 %	*(Aleve (diclofenac))*	
diflunisal oral tablet 500 mg		
ec-naproxen oral tablet, d*elayed release (dr/ec) 500 mg*	*(naproxen)*	
etodolac oral capsule 200 mg, 300 mg		
etodolac oral tablet 400 mg	*(Lodine)*	
etodolac oral tablet 500 mg		
flurbiprofen oral tablet 100 mg		
ibu oral tablet 400 mg, 600 mg, 800 mg	*(ibuprofen)*	
ibuprofen oral suspension 100 mg/5 ml	*(Children's Advil)*	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	*(IBU)*	
indomethacin oral capsule 25 mg, 50 mg		
indomethacin oral capsule, extended release 75 mg		
ketorolac oral tablet 10 mg		
meloxicam oral tablet 15 mg, 7.5 mg		
nabumetone oral tablet 500 mg, 750 mg		
naproxen oral suspension 125 mg/5 ml	*(Naprosyn)*	
naproxen oral tablet 250 mg, 375 mg		
naproxen oral tablet 500 mg	*(Naprosyn)*	
naproxen oral tablet, d*elayed release (dr/ec) 375 mg*	*(EC-Naprosyn)*	
naproxen sodium oral tablet 275 mg		
naproxen sodium oral tablet 550 mg	*(Anaprox DS)*	
oxaprozin oral tablet 600 mg	*(Daypro)*	
piroxicam oral capsule 10 mg, 20 mg	*(Feldene)*	
sulindac oral tablet 150 mg, 200 mg		

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Nombre del Medicamento		Requerimientos / Límites
ANESTÉSICOS		
Anestesia Local		
dermacinrx lidocan 5% patch outer	*(lidocaine)*	PA; QL (90 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		QL (50 per 30 days)
lidocaine topical adhesive patch, m*edicated 5 %*	*(DermacinRx Lidocan)*	PA; QL (90 per 30 days)
lidocaine viscous mucous membrane solution 2 %	*(lidocaine hcl)*	
lidocaine-prilocaine topical cream 2.5-2.5 %		QL (30 per 30 days)
lidocan iii topical adhesive patch, m*edicated 5 %*	*(lidocaine)*	PA; QL (90 per 30 days)
ANSIOLÍTICOS		
Ansiolíticos, Otros		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		
hydroxyzine hcl oral solution 10 mg/5 ml		
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		
hydroxyzine pamoate oral capsule 100 mg, 50 mg		
hydroxyzine pamoate oral capsule 25 mg	*(Vistaril)*	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		QL (120 per 30 days)
Benzodiacepinas		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		QL (300 per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg	*(Xanax)*	QL (120 per 30 days)
alprazolam oral tablet 1 mg	*(Xanax)*	QL (240 per 30 days)
alprazolam oral tablet 2 mg	*(Xanax)*	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	*(Klonopin)*	QL (90 per 30 days)
clonazepam oral tablet 2 mg	*(Klonopin)*	QL (300 per 30 days)
clonazepam oral tablet, d*isintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg*		QL (90 per 30 days)
clonazepam oral tablet, d*isintegrating 2 mg*		QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		QL (180 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
diazepam intensol oral concentrate 5 mg/ml	*(diazepam)*	QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg	*(Valium)*	QL (120 per 30 days)
diazepam oral tablet 5 mg	*(Valium)*	QL (240 per 30 days)
lorazepam 2 mg/ml oral concent	*(Lorazepam Intensol)*	QL (240 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	*(lorazepam)*	QL (240 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	*(Ativan)*	QL (150 per 30 days)
ANTIBACTERIANOS		
Aminoglicósidos		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		PA
gentamicin 800 mg/20 ml vial muv, outer 40 mg/ml		
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml		
gentamicin injection solution 40 mg/ml		
gentamicin topical cream 0.1 %		
gentamicin topical ointment 0.1 %		
neomycin oral tablet 500 mg		
paromomycin oral capsule 250 mg	*(Humatin)*	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML		NM
Antibacterianos, Otros		
aztreonam injection recon soln 1 gram, 2 gram	*(Azactam)*	
CLINDAMYCIN 600 MG/50 ML-NS OUTER, SINGLE-USE		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	*(Cleocin HCl)*	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml		

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

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Nombre del Medicamento	Requerimientos / Límites
XIFAXAN ORAL TABLET 200 MG, 550 MG	
Betalactámico, Cefalosporinas	
cefaclor oral capsule 250 mg, 500 mg	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	
cefaclor oral tablet extended release 12 hr 500 mg	
cefadroxil oral capsule 500 mg	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	
cefadroxil oral tablet 1 gram	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	
cefazolin intravenous recon soln 3 gram	
cefdinir oral capsule 300 mg	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	
cefepime injection recon soln 1 gram, 2 gram	
cefixime oral capsule 400 mg	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	
cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	
cefotetan injection recon soln 1 gram, 2 gram (Cefotan)	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	
cefpodoxime oral tablet 100 mg, 200 mg	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	
cefprozil oral tablet 250 mg, 500 mg	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	
cefuroxime axetil oral tablet 250 mg, 500 mg	
cefuroxime sodium injection recon soln 750 mg	

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Nombre del Medicamento		Requerimientos / Límites
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram		
cephalexin oral capsule 250 mg, 500 mg		
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
cephalexin oral tablet 250 mg, 500 mg		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		NM
Betalactámico, Penicilinas		
amoxicillin oral capsule 250 mg, 500 mg		
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		
amoxicillin oral tablet 500 mg, 875 mg		
amoxicillin oral tablet, chewable 125 mg, 250 mg		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	*(Augmentin)*	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	*(Augmentin ES-600)*	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		
amoxicillin-pot clavulanate oral tablet 500-125 mg	*(Augmentin)*	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	*(Augmentin XR)*	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg		
ampicillin oral capsule 500 mg		
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg		
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	*(Unasyn)*	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		
dicloxacillin oral capsule 250 mg, 500 mg		
nafcillin 1 gm/ 50 ml inj 1 gram/50 ml		

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Nombre del Medicamento		Requerimientos / Límites
nafcillin injection recon soln 1 gram		
nafcillin injection recon soln 10 gram, 2 gram		
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml		
oxacillin injection recon soln 1 gram, 10 gram, 2 gram		
oxacillin intravenous recon soln 1 gram, 2 gram		
penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml		
penicillin g potassium injection recon soln 20 million unit	*(Pfizerpen-G)*	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml		
penicillin g sodium injection recon soln 5 million unit		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		
penicillin v potassium oral tablet 250 mg, 500 mg		
pfizerpen-g injection recon soln 20 million unit	*(penicillin g potassium)*	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram		
Carbapenemasas		
ertapenem injection recon soln 1 gram		
imipenem-cilastatin intravenous recon soln 250 mg		
imipenem-cilastatin intravenous recon soln 500 mg	*(Primaxin IV)*	
meropenem intravenous recon soln 1 gram, 500 mg		
Macrólidos		
azithromycin intravenous recon soln 500 mg	*(Zithromax)*	
azithromycin oral packet 1 gram	*(Zithromax)*	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	*(Zithromax)*	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		
azithromycin oral tablet 250 mg, 500 mg	*(Zithromax)*	

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Nombre del Medicamento		Requerimientos / Límites
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
clarithromycin oral tablet 250 mg, 500 mg		
clarithromycin oral tablet extended release 24 hr 500 mg		
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		PA; NM; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG		PA; NM; QL (20 per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	(erythromycin lactobionate)	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	*(E.E.S. Granules)*	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	*(EryPed 400)*	
erythromycin ethylsuccinate oral tablet 400 mg	*(E.E.S. 400)*	
erythromycin oral capsule, d*elayed release(dr/ec) 250 mg*		
erythromycin oral tablet 250 mg, 500 mg		
erythromycin oral tablet, d*elayed release (dr/ec) 250 mg, 333 mg, 500 mg*	*(Ery-Tab)*	
Quinolonas		
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		
ciprofloxacin hcl oral tablet 100 mg, 750 mg		
ciprofloxacin hcl oral tablet 250 mg, 500 mg	*(Cipro)*	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		
levofloxacin oral solution 250 mg/10 ml		
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		
moxifloxacin 400 mg/250 ml bag		
moxifloxacin oral tablet 400 mg		
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	*(Avelox in NaCl (iso-osmotic))*	
ofloxacin oral tablet 300 mg, 400 mg		

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Nombre del Medicamento		Requerimientos / Límites
Sulfonamidas		
sulfacetamide sodium (acne) topical suspension 10 %	*(Klaron)*	
sulfadiazine oral tablet 500 mg		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	*(Sulfatrim)*	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	*(Bactrim)*	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	*(Bactrim DS)*	
Tetraciclinas		
doxy-100 intravenous recon soln 100 mg	*(doxycycline hyclate)*	
doxycycline hyclate intravenous recon soln 100 mg	*(Doxy-100)*	
doxycycline hyclate oral capsule 100 mg, 50 mg	*(Morgidox)*	
doxycycline hyclate oral tablet 100 mg, 20 mg		
doxycycline monohydrate oral capsule 100 mg	*(Mondoxyne NL)*	
doxycycline monohydrate oral capsule 50 mg	*(Monodox)*	
doxycycline monohydrate oral tablet 100 mg	*(Avidoxy)*	
doxycycline monohydrate oral tablet 50 mg, 75 mg		
minocycline oral capsule 100 mg, 50 mg, 75 mg		
minocycline oral tablet 100 mg, 50 mg, 75 mg		
mondoxyne nl oral capsule 100 mg	*(doxycycline monohydrate)*	
tetracycline oral capsule 250 mg, 500 mg		
ANTICONVULSIVOS		
Agentes De Aumento De Ácido Gamma-Aminobutírico (GABA)		
clobazam oral suspension 2.5 mg/ml	*(Onfi)*	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	*(Onfi)*	QL (60 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	*(Neurontin)*	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	*(Neurontin)*	

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Nombre del Medicamento		Requerimientos / Límites
gabapentin oral tablet 600 mg, 800 mg	*(Neurontin)*	QL (180 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)		
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		ST; NM; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		ST
vigabatrin oral powder in packet 500 mg	*(Sabril)*	PA NSO; NM; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	*(Vigadrone)*	PA NSO; NM; QL (180 per 30 days)
vigadrone oral tablet 500 mg	*(vigabatrin)*	PA NSO; NM; QL (180 per 30 days)
Agentes De Canal De Sodio		
APTIOM ORAL TABLET 200 MG, 400 MG		ST; NM; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG		ST; NM; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	*(Carbatrol)*	
carbamazepine oral suspension 100 mg/5 ml	*(Tegretol)*	
carbamazepine oral tablet 200 mg	*(Epitol)*	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	*(Tegretol XR)*	
carbamazepine oral tablet, chewable 100 mg		
DILANTIN ORAL CAPSULE 30 MG		ST
epitol oral tablet 200 mg	*(carbamazepine)*	
lacosamide oral solution 10 mg/ml	*(Vimpat)*	QL (1395 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	*(Vimpat)*	QL (60 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	*(Trileptal)*	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	*(Trileptal)*	
phenytoin oral suspension 125 mg/5 ml	*(Dilantin-125)*	
phenytoin oral tablet, chewable 50 mg	*(Dilantin Infatabs)*	
phenytoin sodium extended oral capsule 100 mg	*(Dilantin Extended)*	
phenytoin sodium extended oral capsule 200 mg, 300 mg	*(Phenytek)*	
rufinamide oral suspension 40 mg/ml	*(Banzel)*	NM; QL (2760 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
rufinamide oral tablet 200 mg	*(Banzel)*	QL (480 per 30 days)
rufinamide oral tablet 400 mg	*(Banzel)*	NM; QL (240 per 30 days)
Agentes Modificadores De Canal De Calcio		
ethosuximide oral capsule 250 mg	*(Zarontin)*	
ethosuximide oral solution 250 mg/5 ml	*(Zarontin)*	
methsuximide oral capsule 300 mg	*(Celontin)*	
ZONISADE ORAL SUSPENSION 100 MG/5 ML		QL (900 per 30 days)
zonisamide oral capsule 100 mg, 25 mg	*(Zonegran)*	
zonisamide oral capsule 50 mg		
Anticonvulsivos, Otros		
BRIVIACT ORAL SOLUTION 10 MG/ML		QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		PA NSO
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		PA NSO
EPIDIOLEX ORAL SOLUTION 100 MG/ML		PA NSO
felbamate oral suspension 600 mg/5 ml		NM
felbamate oral tablet 400 mg, 600 mg	*(Felbatol)*	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		PA NSO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG		ST; NM; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG		ST; QL (30 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	*(Lamictal)*	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	*(Lamictal ODT Starter (Blue))*	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	*(Lamictal ODT Starter (Orange))*	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	*(Lamictal ODT Starter (Green))*	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	*(Lamictal XR)*	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	*(Lamictal)*	
lamotrigine oral tablet, disintegrating *100 mg, 200 mg, 25 mg, 50 mg*	*(Lamictal ODT)*	

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Nombre del Medicamento		Requerimientos / Límites
lamotrigine oral tablets, dose *pack 25 mg (35)*	*(Lamictal Starter (Blue) Kit)*	
lamotrigine oral tablets, dose *pack 25 mg (42) -100 mg (7)*	*(Lamictal Starter (Orange) Kit)*	
lamotrigine oral tablets, dose *pack 25 mg (84) -100 mg (14)*	*(Lamictal Starter (Green) Kit)*	
levetiracetam oral solution 100 mg/ml	*(Keppra)*	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	*(Keppra)*	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	*(Keppra XR)*	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		QL (1500 per 30 days)
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg		QL (90 per 30 days)
phenobarbital oral tablet 15 mg, 60 mg		QL (120 per 30 days)
phenobarbital oral tablet 30 mg		QL (300 per 30 days)
primidone oral tablet 125 mg		
primidone oral tablet 250 mg, 50 mg	*(Mysoline)*	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG		ST; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG		ST; QL (120 per 30 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml		
valproic acid oral capsule 250 mg		
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		QL (28 per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML		PA NSO; NM; QL (1100 per 30 days)
ANTIDEPRESIVOS		
citalopram oral capsule 30 mg		QL (30 per 30 days)
citalopram oral solution 10 mg/5 ml		QL (600 per 30 days)
citalopram oral tablet 10 mg, 40 mg	*(Celexa)*	QL (30 per 30 days)
citalopram oral tablet 20 mg	*(Celexa)*	QL (60 per 30 days)

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

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Nombre del Medicamento		Requerimientos / Límites
venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg	*(Effexor XR)*	QL (60 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		QL (30 per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	*(Viibryd)*	QL (30 per 30 days)
Antidepresivos, Otros		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		ST; QL (60 per 30 days)
bupropion hcl oral tablet 100 mg		QL (180 per 30 days)
bupropion hcl oral tablet 75 mg		QL (120 per 30 days)
bupropion hcl oral tablet extended release 24 hr 150 mg	*(Wellbutrin XL)*	QL (60 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	*(Wellbutrin XL)*	QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 450 mg	*(Forfivo XL)*	QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg	*(Wellbutrin SR)*	QL (120 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 150 mg	*(Wellbutrin SR)*	QL (90 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 200 mg	*(Wellbutrin SR)*	QL (60 per 30 days)
mirtazapine oral tablet 15 mg, 30 mg	*(Remeron)*	QL (30 per 30 days)
mirtazapine oral tablet 45 mg		QL (30 per 30 days)
mirtazapine oral tablet 7.5 mg		QL (45 per 30 days)
mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg	*(Remeron SolTab)*	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg		QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-50 mg	*(Symbyax)*	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg	*(Symbyax)*	QL (90 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		PA NSO; NM; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		PA NSO; NM; QL (14 per 14 days)
Inhibidores De Monoamino Oxidasa		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		ST; NM; QL (30 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
MARPLAN ORAL TABLET 10 MG		ST; QL (180 per 30 days)
phenelzine oral tablet 15 mg	*(Nardil)*	
tranylcypromine oral tablet 10 mg	*(Parnate)*	
Non-FRF		
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)		QL (30 per 30 days)
Tricíclicos		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		
clomipramine oral capsule 25 mg, 50 mg, 75 mg	*(Anafranil)*	
desipramine oral tablet 10 mg, 25 mg	*(Norpramin)*	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		
doxepin oral concentrate 10 mg/ml		
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	*(Pamelor)*	
nortriptyline oral solution 10 mg/5 ml		
protriptyline oral tablet 10 mg, 5 mg		
trimipramine oral capsule 100 mg, 25 mg, 50 mg		
ANTIEMÉTICOS		
Antieméticos, Otros		
meclizine oral tablet 12.5 mg		
meclizine oral tablet 25 mg	*(Dramamine (meclizine))*	
prochlorperazine maleate oral tablet 10 mg, 5 mg	*(Compazine)*	
prochlorperazine rectal suppository 25 mg	*(Compazine)*	
promethazine oral syrup 6.25 mg/5 ml		
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	*(Promethegan)*	
promethegan rectal suppository 12.5 mg	*(promethazine)*	

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Nombre del Medicamento		Requerimientos / Límites
scopolamine base transdermal patch 3 day 1 mg over 3 days	*(Transderm-Scop)*	
Complementos De Terapia Emetógena		
aprepitant oral capsule 125 mg, 40 mg		PA BvD; QL (30 per 30 days)
aprepitant oral capsule 80 mg	*(Emend)*	PA BvD; QL (30 per 30 days)
aprepitant oral capsule, d*ose pack 125 mg (1)- 80 mg (2)*	*(Emend)*	PA BvD; QL (12 per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	*(Marinol)*	PA; QL (60 per 30 days)
granisetron hcl oral tablet 1 mg		PA BvD; QL (60 per 30 days)
ondansetron hcl oral solution 4 mg/5 ml		PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg		PA BvD
ondansetron oral tablet, d*isintegrating 4 mg, 8 mg*		PA BvD
VARUBI ORAL TABLET 90 MG		PA BvD
ANTIFÚNGICOS		
Antifúngicos		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		PA BvD
amphotericin b injection recon soln 50 mg		PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	*(AmBisome)*	PA BvD; NM
caspofungin intravenous recon soln 50 mg	*(Cancidas)*	NM
caspofungin intravenous recon soln 70 mg	*(Cancidas)*	
ciclopirox topical cream 0.77 %	*(Ciclodan)*	
ciclopirox topical suspension 0.77 %	*(Loprox (as olamine))*	
clotrimazole mucous membrane troche 10 mg		
clotrimazole topical cream 1 %	*(Antifungal (clotrimazole))*	
clotrimazole topical solution 1 %		
econazole topical cream 1 %		
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG		NM
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG		
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml		
fluconazole oral suspension for reconstitution 10 mg/ml		

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Nombre del Medicamento		Requerimientos / Límites
fluconazole oral suspension for reconstitution 40 mg/ml	*(Diflucan)*	
fluconazole oral tablet 100 mg, 200 mg	*(Diflucan)*	
fluconazole oral tablet 150 mg, 50 mg		
flucytosine oral capsule 250 mg, 500 mg	*(Ancobon)*	NM
griseofulvin microsize oral suspension 125 mg/5 ml		
griseofulvin microsize oral tablet 500 mg		
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		
itraconazole oral capsule 100 mg	*(Sporanox)*	PA
itraconazole oral solution 10 mg/ml	*(Sporanox)*	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %		
ketoconazole oral tablet 200 mg		
ketoconazole topical cream 2 %		
ketoconazole topical shampoo 2 %		
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG		PA; NM
nyamyc topical powder 100,000 unit/gram	*(nystatin)*	
nystatin oral suspension 100,000 unit/ml		
nystatin oral tablet 500,000 unit		
nystatin topical cream 100,000 unit/gram		
nystatin topical ointment 100,000 unit/gram		
nystatin topical powder 100,000 unit/gram	*(Nyamyc)*	
nystop topical powder 100,000 unit/gram	*(nystatin)*	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	*(Noxafil)*	PA; NM
posaconazole oral tablet, d*elayed release (dr/ec) 100 mg*	*(Noxafil)*	PA
terbinafine hcl oral tablet 250 mg		
terconazole vaginal cream 0.4 %, 0.8 %		
terconazole vaginal suppository 80 mg		
voriconazole intravenous recon soln 200 mg	*(Vfend IV)*	PA; NM
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	*(Vfend)*	PA; NM
voriconazole oral tablet 200 mg, 50 mg	*(Vfend)*	PA
ANTIMICOBACTERIALES		
Antimicobacterianos, Otros		
dapsone oral tablet 100 mg, 25 mg		

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Nombre del Medicamento		Requerimientos / Límites
PRIFTIN ORAL TABLET 150 MG		
rifabutin oral capsule 150 mg	*(Mycobutin)*	
Antituberculosos		
ethambutol oral tablet 100 mg		
ethambutol oral tablet 400 mg	*(Myambutol)*	
isoniazid oral solution 50 mg/5 ml		
isoniazid oral tablet 100 mg, 300 mg		
pyrazinamide oral tablet 500 mg		
rifampin intravenous recon soln 600 mg	*(Rifadin)*	
rifampin oral capsule 150 mg, 300 mg		
SIRTURO ORAL TABLET 100 MG, 20 MG		PA; NM
TRECATOR ORAL TABLET 250 MG		
ANTINEOPLÁSICOS		
Agentes Alquilantes		
cyclophosphamide intravenous solution 500 mg/ml		PA BvD; NM
cyclophosphamide oral capsule 25 mg, 50 mg		PA BvD
cyclophosphamide oral tablet 25 mg, 50 mg		PA BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	(lomustine)	PA NSO
LEUKERAN ORAL TABLET 2 MG		
MATULANE ORAL CAPSULE 50 MG		PA NSO; NM
VALCHLOR TOPICAL GEL 0.016 %		PA NSO; NM; QL (60 per 14 days)
Agentes Antiangiogénicos		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	*(Revlimid)*	PA NSO; NM; QL (28 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		PA NSO; NM; QL (21 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG		PA NSO; NM; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG		PA NSO; NM; QL (60 per 30 days)
Antiandrógenos		
abiraterone oral tablet 250 mg, 500 mg	*(Zytiga)*	PA NSO; NM; QL (120 per 30 days)
bicalutamide oral tablet 50 mg	*(Casodex)*	
ERLEADA ORAL TABLET 240 MG		PA NSO; NM; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG		PA NSO; NM; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG		NM

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Nombre del Medicamento	Requerimientos / Límites
nilutamide oral tablet 150 mg (Nilandron)	NM; QL (60 per 30 days)
NUBEQA ORAL TABLET 300 MG	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL CAPSULE 40 MG	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	PA NSO; NM; QL (90 per 30 days)
YONSA ORAL TABLET 125 MG	PA NSO; NM; QL (120 per 30 days)
Antiestrógenos/Modificadores	
EMCYT ORAL CAPSULE 140 MG	
ORSERDU ORAL TABLET 345 MG	PA NSO; NM; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	PA NSO; NM; QL (90 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	PA NSO
tamoxifen oral tablet 10 mg, 20 mg	
toremifene oral tablet 60 mg (Fareston)	PA NSO; NM
Antimetabolitos	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	
hydroxyurea oral capsule 500 mg (Hydrea)	
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM
mercaptopurine oral tablet 50 mg	
ONUREG ORAL TABLET 200 MG, 300 MG	PA NSO; NM
PURIXAN ORAL SUSPENSION 20 MG/ML	NM
TABLOID ORAL TABLET 40 MG (thioguanine)	PA NSO
Antineoplásicos, Otros	
ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML	PA NSO; NM
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	PA NSO; NM; QL (9.5 per 28 days)
IDHIFA ORAL TABLET 100 MG	PA NSO; NM; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	PA NSO; NM; QL (60 per 30 days)
IWILFIN ORAL TABLET 192 MG	PA NSO; NM; QL (240 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	PA NSO; NM
KRAZATI ORAL TABLET 200 MG	PA NSO; NM; QL (180 per 30 days)
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	

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Nombre del Medicamento	Requerimientos / Límites
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	PA NSO; NM
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	PA NSO; NM
LUMAKRAS ORAL TABLET 120 MG	PA NSO; NM; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	PA NSO; NM; QL (90 per 30 days)
LYNPARZA ORAL TABLET 100 MG	PA NSO; NM; QL (180 per 30 days)
LYNPARZA ORAL TABLET 150 MG	PA NSO; NM; QL (120 per 30 days)
MESNEX ORAL TABLET 400 MG	NM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA NSO; NM
OGSIVEO ORAL TABLET 100 MG, 150 MG	PA NSO; NM; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	PA NSO; NM; QL (180 per 30 days)
ORGOVYX ORAL TABLET 120 MG	PA NSO; NM; QL (60 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	PA NSO; NM
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	PA NSO; NM
WELIREG ORAL TABLET 40 MG	PA NSO; NM; QL (90 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	PA BvD
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	PA NSO; NM
ZOLINZA ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
Inhibidores De Aromatasa, 3era Generación	
anastrozole oral tablet 1 mg (Arimidex)	
exemestane oral tablet 25 mg (Aromasin)	
letrozole oral tablet 2.5 mg (Femara)	
Inhibidores De Objetivo Molecular	
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	PA NSO; NM; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	PA NSO; NM
ALUNBRIG ORAL TABLET 180 MG	PA NSO; NM; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	PA NSO; NM; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	PA NSO; NM; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	PA NSO; NM; QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	PA NSO; NM; QL (240 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		PA NSO; NM; QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG		PA NSO; NM; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG		PA NSO; NM; QL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG		PA NSO; NM; QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG		PA NSO; NM; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG		PA NSO; NM; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG		PA NSO; NM; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG		PA NSO; NM; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		PA NSO; NM; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		PA NSO; NM; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA NSO; NM
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG		PA NSO; NM; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG		PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	(vandetanib)	PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	(vandetanib)	PA NSO; NM; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)		PA NSO; NM; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)		PA NSO; NM; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)		PA NSO; NM; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		PA NSO; NM; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG		PA NSO; NM; QL (63 per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG		PA NSO; NM
ERIVEDGE ORAL CAPSULE 150 MG		PA NSO; NM
erlotinib oral tablet 100 mg, 150 mg	*(Tarceva)*	PA NSO; NM; QL (30 per 30 days)
erlotinib oral tablet 25 mg	*(Tarceva)*	PA NSO; NM; QL (90 per 30 days)
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	*(Afinitor)*	PA NSO; NM; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg	*(Afinitor Disperz)*	PA NSO; NM; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	*(Afinitor Disperz)*	PA NSO; NM; QL (60 per 30 days)
EXKIVITY ORAL CAPSULE 40 MG		PA NSO; NM
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		PA NSO; NM; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		PA NSO; NM; QL (84 per 28 days)

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Nombre del Medicamento	Requerimientos / Límites
FRUZAQLA ORAL CAPSULE 5 MG	PA NSO; NM; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
gefitinib oral tablet 250 mg (Iressa)	PA NSO; NM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	PA NSO; NM; QL (30 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA NSO; NM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PA NSO; NM
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	PA NSO; NM; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	PA NSO; NM; QL (60 per 30 days)
imatinib oral tablet 100 mg (Gleevec)	PA NSO; NM; QL (90 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	PA NSO; NM; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	PA NSO; NM; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	PA NSO; NM; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PA NSO; NM; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	PA NSO; NM; QL (28 per 28 days)
INLYTA ORAL TABLET 1 MG	PA NSO; NM; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	PA NSO; NM; QL (60 per 30 days)
INREBIC ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	PA NSO; NM; QL (30 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	PA NSO; NM
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	PA NSO; NM
KOSELUGO ORAL CAPSULE 10 MG	PA NSO; NM; QL (240 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	PA NSO; NM; QL (120 per 30 days)
lapatinib oral tablet 250 mg (Tykerb)	PA NSO; NM; QL (180 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	PA NSO; NM
LORBRENA ORAL TABLET 100 MG	PA NSO; NM; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	PA NSO; NM; QL (120 per 30 days)
LYTGOBI ORAL TABLET 4 MG	PA NSO; NM; QL (84 per 28 days)

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Nombre del Medicamento	Requerimientos / Límites
LYTGOBI ORAL TABLET 4 MG (4X 4 MG TB)	PA NSO; NM; QL (112 per 28 days)
LYTGOBI ORAL TABLET 4 MG (5X 4 MG TB)	PA NSO; NM; QL (140 per 28 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	PA NSO; NM; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	PA NSO; NM; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	PA NSO; NM; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	PA NSO; NM; QL (180 per 30 days)
NERLYNX ORAL TABLET 40 MG	PA NSO; NM; QL (180 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	PA NSO; NM
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	PA NSO; NM; QL (30 per 30 days)
pazopanib oral tablet 200 mg (Votrient)	PA NSO; NM; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	PA NSO; NM; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	PA NSO; NM
QINLOCK ORAL TABLET 50 MG	PA NSO; NM; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	PA NSO; NM; QL (120 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	PA NSO; NM; QL (180 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	PA NSO; NM; QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	PA NSO; NM; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	PA NSO; NM; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	PA NSO; NM; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA NSO; NM
RYDAPT ORAL CAPSULE 25 MG	PA NSO; NM; QL (240 per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	PA NSO; NM
sorafenib oral tablet 200 mg (Nexavar)	PA NSO; NM; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	PA NSO; NM; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140 MG	PA NSO; NM; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	PA NSO; NM; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	PA NSO; NM; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	PA NSO; NM; QL (28 per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	PA NSO; NM; QL (120 per 30 days)

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Nombre del Medicamento	Requerimientos / Límites
TAFINLAR ORAL CAPSULE 50 MG	PA NSO; NM; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	PA NSO; NM; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	PA NSO; NM
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	PA NSO; NM; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	PA NSO; NM; QL (120 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	PA NSO; NM; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	PA NSO; NM; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	PA NSO; NM; QL (240 per 30 days)
TEPMETKO ORAL TABLET 225 MG	PA NSO; NM; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	PA NSO; NM; QL (60 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	PA NSO; NM; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	PA NSO; NM; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	PA NSO; NM; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	PA NSO; NM
VENCLEXTA ORAL TABLET 10 MG, 50 MG	PA NSO
VENCLEXTA ORAL TABLET 100 MG	PA NSO; NM
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM
VITRAKVI ORAL CAPSULE 100 MG	PA NSO; NM; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	PA NSO; NM; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA NSO; NM; QL (310 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA NSO; NM; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA NSO; NM; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	PA NSO; NM; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	PA NSO; NM; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	PA NSO; NM; QL (120 per 30 days)
XOSPATA ORAL TABLET 40 MG	PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	PA NSO; NM; QL (90 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		PA NSO; NM; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG		PA NSO; NM; QL (240 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG		PA NSO; NM; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG		PA NSO; NM; QL (150 per 30 days)
Retinoides		
bexarotene oral capsule 75 mg	*(Targretin)*	PA NSO; NM; QL (300 per 30 days)
bexarotene topical gel 1 %	*(Targretin)*	PA NSO; NM
tretinoin (antineoplastic) oral capsule 10 mg		NM
ANTIPARASITARIOS		
Antihelmínticos		
albendazole oral tablet 200 mg		
EMVERM ORAL TABLET, CHEWABLE 100 MG	(mebendazole)	NM
ivermectin oral tablet 3 mg	*(Stromectol)*	PA
Antiprotozoarios		
atovaquone oral suspension 750 mg/5 ml	*(Mepron)*	NM
atovaquone-proguanil oral tablet 250-100 mg	*(Malarone)*	
atovaquone-proguanil oral tablet 62.5-25 mg	*(Malarone Pediatric)*	
benznidazole oral tablet 100 mg, 12.5 mg		
chloroquine phosphate oral tablet 250 mg, 500 mg		
COARTEM ORAL TABLET 20-120 MG		
hydroxychloroquine oral tablet 100 mg, 400 mg		
hydroxychloroquine oral tablet 200 mg	*(Plaquenil)*	
hydroxychloroquine oral tablet 300 mg	*(Sovuna)*	
LAMPIT ORAL TABLET 120 MG, 30 MG		
mefloquine oral tablet 250 mg		
nitazoxanide oral tablet 500 mg	*(Alinia)*	QL (40 per 30 days)
pentamidine inhalation recon soln 300 mg	*(Nebupent)*	PA BvD
pentamidine injection recon soln 300 mg	*(Pentam)*	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		
quinine sulfate oral capsule 324 mg	*(Qualaquin)*	PA

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Nombre del Medicamento	Requerimientos / Límites
ANTIPSICÓTICOS	
1er Generación/Típico	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	
fluphenazine decanoate injection solution 25 mg/ml	
fluphenazine hcl injection solution 2.5 mg/ml	
fluphenazine hcl oral concentrate 5 mg/ml	
fluphenazine hcl oral elixir 2.5 mg/5 ml	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml (Haldol Decanoate)	
haloperidol lactate injection solution 5 mg/ml	
haloperidol lactate intramuscular syringe 5 mg/ml	
haloperidol lactate oral concentrate 2 mg/ml	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	
molindone oral tablet 10 mg, 25 mg, 5 mg	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	
pimozide oral tablet 1 mg, 2 mg	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	
2da Generación/Atípico	
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	NM

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

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Nombre del Medicamento		Requerimientos / Límites
olanzapine oral tablet, d*isintegrating 10 mg, 5 mg*	*(Zyprexa Zydis)*	QL (60 per 30 days)
olanzapine oral tablet, d*isintegrating 15 mg, 20 mg*	*(Zyprexa Zydis)*	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg		QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	*(Invega)*	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	*(Invega)*	QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	*(Seroquel)*	QL (60 per 30 days)
quetiapine oral tablet 150 mg		QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg	*(Seroquel XR)*	QL (90 per 30 days)
quetiapine oral tablet extended release 24 hr 200 mg, 300 mg, 400 mg	*(Seroquel XR)*	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 50 mg	*(Seroquel XR)*	QL (120 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		NM
risperidone microspheres intramuscular suspension, e*xtended rel recon 12.5 mg/2 ml*	*(Risperdal Consta)*	
risperidone microspheres intramuscular suspension, e*xtended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml*	*(Risperdal Consta)*	NM
risperidone oral solution 1 mg/ml	*(Risperdal)*	QL (480 per 30 days)
risperidone oral tablet 0.25 mg		QL (60 per 30 days)
risperidone oral tablet 0.5 mg	*(Risperdal)*	QL (120 per 30 days)
risperidone oral tablet 1 mg, 2 mg, 3 mg, 4 mg	*(Risperdal)*	QL (60 per 30 days)
risperidone oral tablet, d*isintegrating 0.25 mg, 1 mg, 2 mg, 3 mg*		QL (60 per 30 days)
risperidone oral tablet, d*isintegrating 0.5 mg, 4 mg*		QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG		ST; NM; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG		ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)		ST; QL (7 per 28 days)

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Nombre del Medicamento		Requerimientos / Límites
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	*(Geodon)*	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	*(Geodon)*	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG		ST
Resistente-Tratamiento		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	*(Clozaril)*	QL (120 per 30 days)
clozapine oral tablet, d*isintegrating 100 mg, 12.5 mg, 150 mg, 25 mg*		QL (120 per 30 days)
clozapine oral tablet, d*isintegrating 200 mg*		NM; QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML		ST; NM; QL (540 per 30 days)
ANTIVIRALES		
APTIVUS ORAL CAPSULE 250 MG		NM; QL (120 per 30 days)
atazanavir oral capsule 150 mg		QL (60 per 30 days)
atazanavir oral capsule 200 mg	*(Reyataz)*	QL (60 per 30 days)
atazanavir oral capsule 300 mg	*(Reyataz)*	QL (30 per 30 days)
darunavir oral tablet 600 mg	*(Prezista)*	NM; QL (60 per 30 days)
darunavir oral tablet 800 mg	*(Prezista)*	NM; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG		NM; QL (30 per 30 days)
fosamprenavir oral tablet 700 mg		NM; QL (120 per 30 days)
lagevrio (eua) oral capsule 200 mg		QL (40 per 5 days)
LEXIVA ORAL SUSPENSION 50 MG/ML		QL (1575 per 28 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	*(Kaletra)*	QL (400 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	*(Kaletra)*	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	*(Kaletra)*	QL (150 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG		QL (360 per 30 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG		$0 copay; QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG		$0 copay; QL (30 per 5 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG		NM; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML		NM; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG		QL (240 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
PREZISTA ORAL TABLET 75 MG		QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG		QL (180 per 30 days)
ritonavir oral tablet 100 mg	*(Norvir)*	QL (360 per 30 days)
VIRACEPT ORAL TABLET 250 MG		NM; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG		NM; QL (120 per 30 days)
Agentes Anti-Citomegalovirus (CMV)		
LIVTENCITY ORAL TABLET 200 MG		PA; NM
PREVYMIS ORAL TABLET 240 MG, 480 MG		PA; NM; QL (28 per 28 days)
valganciclovir oral recon soln 50 mg/ml	*(Valcyte)*	
valganciclovir oral tablet 450 mg	*(Valcyte)*	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		
Agentes Anti-Hepatitis B (HBV)		
adefovir oral tablet 10 mg	*(Hepsera)*	QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		NM; QL (600 per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	*(Baraclude)*	QL (30 per 30 days)
lamivudine oral tablet 100 mg		QL (90 per 30 days)
VEMLIDY ORAL TABLET 25 MG		NM; QL (30 per 30 days)
Agentes Anti-Hepatitis C (HCV)		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		PA; NM
MAVYRET ORAL TABLET 100-40 MG		PA; NM
ribavirin oral capsule 200 mg		
ribavirin oral tablet 200 mg		
sofosbuvir-velpatasvir oral tablet 400-100 mg	*(Epclusa)*	PA; NM
VOSEVI ORAL TABLET 400-100-100 MG		PA; NM
Agentes Antiherpéticos		
acyclovir oral capsule 200 mg		
acyclovir oral suspension 200 mg/5 ml	*(Zovirax)*	
acyclovir oral tablet 400 mg, 800 mg		
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg		PA BvD
acyclovir sodium intravenous solution 50 mg/ml		PA BvD
famciclovir oral tablet 125 mg, 250 mg, 500 mg		
trifluridine ophthalmic (eye) drops 1 %		

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Nombre del Medicamento		Requerimientos / Límites
valacyclovir oral tablet 1 gram, 500 mg	*(Valtrex)*	
Agentes Anti-Influenza		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	*(Tamiflu)*	
oseltamivir oral suspension for reconstitution 6 mg/ml	*(Tamiflu)*	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		
rimantadine oral tablet 100 mg	*(Flumadine)*	
XOFLUZA ORAL TABLET 20 MG, 80 MG		
XOFLUZA ORAL TABLET 40 MG		
Agentes Anti-VIH, Inhibidores De Integrasa (INSTI)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		NM; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG		NM; QL (30 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG		NM; QL (30 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG		NM; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG		QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG		NM; QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG		QL (180 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG		NM; QL (30 per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG		NM; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG		QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG		NM; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		QL (360 per 30 days)
Agentes Anti-VIH, Inhibidores De Transcriptasa Inversa No-Nucleósido (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG		NM; QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG		NM; QL (30 per 30 days)
efavirenz oral capsule 200 mg		QL (120 per 30 days)
efavirenz oral capsule 50 mg		QL (360 per 30 days)
efavirenz oral tablet 600 mg		QL (30 per 30 days)
etravirine oral tablet 100 mg	*(Intelence)*	NM; QL (120 per 30 days)
etravirine oral tablet 200 mg	*(Intelence)*	NM; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG		QL (120 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
nevirapine oral suspension 50 mg/5 ml		QL (1200 per 30 days)
nevirapine oral tablet 200 mg		QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg		QL (120 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg		QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG		NM; QL (30 per 30 days)
Agentes Anti-VIH, Inhibidores De Transcriptasa Inversa Nucleósido Y Nucleótido (NRTI)		
abacavir oral solution 20 mg/ml	*(Ziagen)*	QL (960 per 30 days)
abacavir oral tablet 300 mg		QL (60 per 30 days)
abacavir-lamivudine oral tablet 600-300 mg		QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG		NM; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG		NM; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		NM; QL (30 per 30 days)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	*(Atripla)*	NM; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	*(Symfi Lo)*	NM; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	*(Symfi)*	NM; QL (30 per 30 days)
emtricitabine oral capsule 200 mg	*(Emtriva)*	QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	*(Truvada)*	NM; QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	*(Truvada)*	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML		QL (680 per 28 days)
JULUCA ORAL TABLET 50-25 MG		NM; QL (30 per 30 days)
lamivudine oral solution 10 mg/ml	*(Epivir)*	QL (900 per 30 days)
lamivudine oral tablet 150 mg	*(Epivir)*	QL (60 per 30 days)
lamivudine oral tablet 300 mg	*(Epivir)*	QL (30 per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg		QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG		NM; QL (30 per 30 days)
tenofovir disoproxil fumarate oral tablet 300 mg	*(Viread)*	QL (30 per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG		NM; QL (60 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		NM; QL (240 per 30 days)

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Nombre del Medicamento	Requerimientos / Límites
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	NM; QL (30 per 30 days)
zidovudine oral capsule 100 mg (Retrovir)	QL (180 per 30 days)
zidovudine oral syrup 10 mg/ml (Retrovir)	QL (1680 per 28 days)
zidovudine oral tablet 300 mg	QL (60 per 30 days)
Agentes Anti-VIH, Otros	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	NM; QL (60 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	NM; QL (120 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	NM; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	NM; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 25 MG	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	NM; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300 MG	NM; QL (5 per 180 days)
SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)	NM; QL (4 per 180 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	NM; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	NM; QL (180 per 30 days)
TYBOST ORAL TABLET 150 MG	QL (30 per 30 days)
ELECTROLITOS/MINERALES/METALES/VITAMINAS	
Electrolitos/Minerales/Metales/Vitaminas	
bal-care dha combo pack 27-1-430 mg	
bal-care dha essential pack 27 mg iron-1 mg -374 mg	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD

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Nombre del Medicamento	Requerimientos / Límites
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	PA BvD
c-nate dha softgel 28 mg iron-1 mg -200 mg	
completenate tablet chew 29 mg iron- 1 mg	
d10 %-0.45 % sodium chloride intravenous parenteral solution	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	
d5 %-0.45 % sodium chloride intravenous parenteral solution	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	

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

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

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

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Nombre del Medicamento	Requerimientos / Límites
TPN ELECTROLYTES II INTRAVENOUS SOLUTION 18-18-5-4.5-35 MEQ/20 ML	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	PA BvD
triveen-duo dha combo pack 29-1-400 mg	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	PA BvD
vinate care oral tablet, *chewable 40 mg iron- 1 mg*	
virt-c dha softgel (rx) 35-1-200 mg	
virt-nate dha softgel 28 mg iron-1 mg -200 mg	
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg	
virt-pn plus softgel (rx) 28-1-300 mg	
vitafol gummies 3.33 mg iron- 0.33 mg	
vitafol nano tablet 18 mg iron- 1 mg	
vitafol-ob+dha combo pack 65-1-250 mg	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	
vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	
zatean-pn plus softgel 28-1-300 mg	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	
Enlaces De Fosfato	
AURYXIA ORAL TABLET 210 MG IRON	PA
calcium acetate(phosphat bind) oral capsule 667 mg	
calcium acetate(phosphat bind) oral tablet 667 mg	
sevelamer carbonate oral powder in packet 0.8 gram *(Renvela)*	QL (540 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram *(Renvela)*	QL (180 per 30 days)
sevelamer carbonate oral tablet 800 mg *(Renvela)*	QL (540 per 30 days)
VELPHORO ORAL TABLET, CHEWABLE 500 MG	

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Nombre del Medicamento		Requerimientos / Límites
Modificadores De Electrolitos/Minerales/Metales		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	*(Jadenu Sprinkle)*	PA; NM
deferasirox oral tablet 180 mg, 360 mg	*(Jadenu)*	PA; NM
deferasirox oral tablet 90 mg	*(Jadenu)*	PA
deferasirox oral tablet, dispersible 125 mg	*(Exjade)*	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	*(Exjade)*	PA; NM
deferiprone oral tablet 1,000 mg, 500 mg	*(Ferriprox)*	PA; NM
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG		PA; NM
FERRIPROX ORAL SOLUTION 100 MG/ML		PA; NM
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		
sodium polystyrene sulfonate oral powder		
sps (with sorbitol) oral suspension 15-20 gram/60 ml		
tolvaptan oral tablet 15 mg	*(Samsca)*	PA; NM; QL (120 per 30 days)
tolvaptan oral tablet 30 mg	*(Samsca)*	PA; NM; QL (60 per 30 days)
trientine oral capsule 250 mg	*(Syprine)*	PA; NM
Sustituto De Electrolitos/Minerales		
carglumic acid oral tablet, dispersible 200 mg	*(Carbaglu)*	PA; NM
electrolyte-148 intravenous parenteral solution	*(Plasma-Lyte 148)*	
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)		
fluoride (sodium) oral tablet, *chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)*	*(Ludent Fluoride)*	
fluoritab oral tablet, *chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)*	*(fluoride (sodium))*	
flura-drops oral drops 0.25 mg(0.55 mg sod.fluor)/drop		
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE		
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	

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Nombre del Medicamento		Requerimientos / Límites
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	(potassium chloride)	
klor-con m10 oral tablet, er *particles/crystals 10 meq*	*(potassium chloride)*	
klor-con m15 oral tablet, er *particles/crystals 15 meq*	*(potassium chloride)*	
klor-con m20 oral tablet, er *particles/crystals 20 meq*	*(potassium chloride)*	
KLOR-CON ORAL PACKET 20 MEQ	(potassium chloride)	
ludent fluoride 0.25 mg tb chw d/f, chewable (rx) 0.25 mg(0.55 mg sod. fluoride)	*(fluoride (sodium))*	
ludent fluoride 0.5 mg tb chew d/f, chewable (rx) 0.5 mg (1.1 mg sodium fluorid)	*(fluoride (sodium))*	
ludent fluoride 1 mg tab chew d/f, chewable (rx) 1 mg (2.2 mg sod. fluoride)	*(fluoride (sodium))*	
magnesium sulfate injection solution 500 mg/ml (50 %)		
magnesium sulfate injection syringe 500 mg/ml (50 %)		
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-a)	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l		PA BvD
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		PA BvD
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l		PA BvD
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l		
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml		PA BvD
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)		PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		
potassium chloride oral packet 20 meq	*(Klor-Con)*	

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Nombre del Medicamento		Requerimientos / Límites
potassium chloride oral tablet extended release 10 meq	*(Klor-Con 10)*	
potassium chloride oral tablet extended release 20 meq	*(K-Tab)*	
potassium chloride oral tablet extended release 8 meq	*(Klor-Con 8)*	
potassium chloride oral tablet, er *particles/crystals 10 meq*	*(Klor-Con M10)*	
potassium chloride oral tablet, er *particles/crystals 15 meq*	*(Klor-Con M15)*	
potassium chloride oral tablet, er *particles/crystals 20 meq*	*(Klor-Con M20)*	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l		
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		
potassium citrate oral tablet extended release 10 meq (1,080 mg)	*(Urocit-K 10)*	
potassium citrate oral tablet extended release 15 meq	*(Urocit-K 15)*	
potassium citrate oral tablet extended release 5 meq (540 mg)	*(Urocit-K 5)*	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		
sodium chloride 0.9 % intravenous parenteral solution		
sodium chloride 0.9% solution mini-bag, single use		
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %		
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %		
sodium chloride irrigation solution 0.9 %	*(Sterile Saline)*	
sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml		
NON-FRF		
Non-FRF		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML		PA; NM

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Nombre del Medicamento		Requerimientos / Límites
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG, SUV		PA; NM
yargesa oral capsule 100 mg	*(miglustat)*	PA; NM
REGULADORES DE GLUCOSA EN SANGRE		
Agentes Antidiabetico		
acarbose oral tablet 100 mg, 25 mg, 50 mg	*(Precose)*	
glimepiride oral tablet 1 mg, 2 mg, 4 mg		
glipizide oral tablet 10 mg, 2.5 mg, 5 mg		
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	*(Glucotrol XL)*	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		
INVOKANA ORAL TABLET 100 MG, 300 MG		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		
JARDIANCE ORAL TABLET 10 MG, 25 MG		
metformin oral tablet 1,000 mg, 500 mg, 850 mg		
metformin oral tablet extended release 24 hr 500 mg, 750 mg		
miglitol oral tablet 100 mg, 25 mg, 50 mg		

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

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Nombre del Medicamento		Requerimientos / Límites
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG		
mifepristone oral tablet 300 mg	*(Korlym)*	PA; NM
Insulinas		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	

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Nombre del Medicamento		Requerimientos / Límites
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "		

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Nombre del Medicamento		Requerimientos / Límites
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"		
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"		
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"		
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	
BD INSULIN SYRINGE 1 ML W/O NEEDLE	(insulin syringe needleless)	
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"		
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		

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Nombre del Medicamento		Requerimientos / Límites
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	

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Nombre del Medicamento		Requerimientos / Límites
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	

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

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

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Nombre del Medicamento		Requerimientos / Límites
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	

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

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

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Nombre del Medicamento		Requerimientos / Límites
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	

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

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

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

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

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Nombre del Medicamento		Requerimientos / Límites
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		
LISCO SPONGES 100/BAG 2 X 2 "		
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	

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Nombre del Medicamento		Requerimientos / Límites
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	

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Nombre del Medicamento		Requerimientos / Límites
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"		
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)	
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	

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

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Nombre del Medicamento		Requerimientos / Límites
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"		
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	

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Nombre del Medicamento		Requerimientos / Límites
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	

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Nombre del Medicamento		Requerimientos / Límites
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Ultilet Insulin Syringe)	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		

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

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Nombre del Medicamento		Requerimientos / Límites
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"		

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

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

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Nombre del Medicamento		Requerimientos / Límites
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	

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

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

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Nombre del Medicamento		Requerimientos / Límites
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"		
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"		
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		

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

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

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

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

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

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Nombre del Medicamento	Requerimientos / Límites
methocarbamol oral tablet 500 mg, 750 mg	
orphenadrine citrate oral tablet extended release 100 mg	
VÍA RESPIRATORIA/AGENTES PULMONARES	
Agentes De Fibrosis Pulmonar	
OFEV ORAL CAPSULE 100 MG, 150 MG	PA; NM
pirfenidone oral capsule 267 mg (Esbriet)	PA; NM
pirfenidone oral tablet 267 mg, 801 mg (Esbriet)	PA; NM
pirfenidone oral tablet 534 mg	PA; NM
Agentes De Fibrosis Quística	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	PA; NM
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PA; NM
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	PA; NM
KALYDECO ORAL TABLET 150 MG	PA; NM
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	PA; NM
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA; NM
PULMOZYME INHALATION SOLUTION 1 MG/ML	PA BvD; NM
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	PA; NM
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	PA; NM
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml (Tobi)	PA BvD; NM
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	PA; NM
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	PA; NM

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Nombre del Medicamento		Requerimientos / Límites
Agentes Del Tracto Respiratorio, Otros		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		PA BvD
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	QL (12 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION		QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	*(budesonide-formoterol)*	QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		QL (10.7 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	*(Breyna)*	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		QL (4 per 20 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml		PA BvD
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	*(AirDuo RespiClick)*	QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	*(Advair Diskus)*	QL (60 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		PA BvD
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		PA; NM
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		PA; NM

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Nombre del Medicamento		Requerimientos / Límites
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML		PA; NM
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG		QL (60 per 30 days)
Antihipertensivos Pulmonares		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		PA; NM; QL (90 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	*(Letairis)*	PA; NM; QL (30 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	*(Tracleer)*	PA; NM; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		PA; NM; QL (90 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	*(Revatio)*	PA; QL (90 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG		PA; NM; QL (1 per 21 days)
Antihistamínicos		
azelastine nasal aerosol, *spray 137 mcg (0.1 %)*		QL (30 per 25 days)
azelastine nasal spray, *non-aerosol 205.5 mcg (0.15 %)*	*(Astepro Allergy)*	QL (30 per 25 days)
cetirizine oral solution 1 mg/ml	*(All Day Allergy (cetirizine))*	
cyproheptadine oral syrup 2 mg/5 ml		
cyproheptadine oral tablet 4 mg		
levocetirizine oral solution 2.5 mg/5 ml	*(Xyzal)*	
levocetirizine oral tablet 5 mg	*(24HR Allergy Relief)*	
Antiinflamatorios, Corticoesteroides Inhalados		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		QL (26 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)		QL (2 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	*(Pulmicort)*	PA BvD
flunisolide nasal spray, n*on-aerosol 25 mcg (0.025 %)*		QL (50 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation		QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		QL (10.6 per 30 days)
fluticasone propionate nasal spray, *suspension 50 mcg/actuation*	*(24 Hour Allergy Relief)*	QL (16 per 30 days)
mometasone nasal spray, n*on-aerosol 50 mcg/actuation*	*(Allergy Nasal (mometasone))*	QL (34 per 30 days)
Antileucotrinos		
montelukast oral granules in packet 4 mg	*(Singulair)*	QL (30 per 30 days)
montelukast oral tablet 10 mg	*(Singulair)*	QL (30 per 30 days)
montelukast oral tablet, c*hewable 4 mg, 5 mg*	*(Singulair)*	QL (30 per 30 days)
zafirlukast oral tablet 10 mg, 20 mg	*(Accolate)*	QL (60 per 30 days)
Broncodilatadores, Anticolinérgicos		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		QL (26 per 30 days)
ipratropium bromide inhalation solution 0.02 %		PA BvD
ipratropium bromide nasal spray, n*on-aerosol 21 mcg (0.03 %)*		QL (60 per 30 days)
ipratropium bromide nasal spray, n*on-aerosol 42 mcg (0.06 %)*		QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide)	QL (30 per 30 days)

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Nombre del Medicamento		Requerimientos / Límites
Broncodilatadores, Simpaticomiméticos		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	*(Ventolin HFA)*	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		PA BvD
albuterol sulfate oral syrup 2 mg/5 ml		
albuterol sulfate oral tablet 2 mg, 4 mg		
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	*(Auvi-Q)*	
epinephrine injection auto-injector 0.15 mg/0.3 ml	*(EpiPen Jr)*	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		QL (60 per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg		
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	(albuterol sulfate)	QL (36 per 30 days)
Inhibidores De Fosfodiesterasa, Enfermedad Pulmonar		
roflumilast oral tablet 250 mcg, 500 mcg	*(Daliresp)*	QL (30 per 30 days)
theophylline oral tablet extended release 12 hr 100 mg, 200 mg		
theophylline oral tablet extended release 12 hr 300 mg, 450 mg		
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		

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Index of Drugs / Índice de drogas

1

1ST TIER UNIFINE PENTIPS 60, 245
1ST TIER UNIFINE PENTIPS PLUS 60, 245

A

abacavir 54, 234
abacavir-lamivudine 54, 234
ABELCET 36, 218
ABILIFY ASIMTUFII 49, 228
ABILIFY MAINTENA 49, 229
abiraterone 40, 220
ABOUTTIME PEN NEEDLE 60, 245
ABRYSVO 137, 194
acamprosate 21, 155
acarbose 58, 243
accutane 106, 172, 176
acebutolol 97, 161
acetaminophen-codeine .. 20, 201
acetazolamide 144, 198
acetic acid 145, 201
acetylcysteine 149, 280
acitretin 106, 172
ACTHIB (PF) 137, 194
ACTIMMUNE 135, 190
acyclovir 53, 232
acyclovir sodium 53, 232
ADACEL(TDAP ADOLESN/ADULT)(PF) 137, 194
adefovir 52, 232
ADEMPAS 149, 281
ADVAIR HFA 149, 280
ADVOCATE PEN NEEDLE 60, 61, 246
ADVOCATE SYRINGES 60, 245, 246
afirmelle 124, 180
AKEEGA 42, 222
albendazole 47, 227
albuterol sulfate 147, 283
alclometasone 107, 172
ALCOH-GLOVE 109, 175
ALCOHOL PADS 109, 175
ALCOHOL PREP PADS 109, 175
ALCOHOL SWABS 109, 175
ALCOHOL WIPES 109, 175
ALCOH-WIPE 109, 175
ALECENSA 42, 222
alendronate 141, 168
alfuzosin 121, 178
aliskiren 99, 161
allopurinol 38, 156
alosetron 118, 176
alprazolam 57, 204
ALPRAZOLAM INTENSOL 57, 204
altavera (28) 124, 180
ALUNBRIG 42, 222
alyacen 1/35 (28) 124, 180
alyacen 7/7/7 (28) 124, 180
amantadine hcl 47, 158
ambrisentan 149, 281
amcinonide 107, 172
amikacin 22, 205
amiloride 101, 166
amiloride-hydrochlorothiazide 99, 161
amiodarone 96, 164
amitriptyline 35, 217
amlodipine 97, 159
amlodipine-atorvastatin ... 99, 161
amlodipine-benazepril 99, 161, 162
amlodipine-olmesartan 99, 162
amlodipine-valsartan 99, 162
ammonium lactate 107, 172
amnesteem 106, 172
amoxapine 35, 217
amoxicillin 25, 208
amoxicillin-pot clavulanate 25, 26, 208
amphotericin b 36, 218
amphotericin b liposome 36, 218
ampicillin 26, 208
ampicillin sodium 26, 208
ampicillin-sulbactam 26, 208
anagrelide 94, 152
anastrozole 42, 222
ANORO ELLIPTA 149, 280
apraclonidine 144, 198
aprepitant 36, 218
apri 125, 180
APTIOM 31, 212
APTIVUS 55, 231
AQINJECT PEN NEEDLE 61, 246
aranelle (28) 125, 180
ARCALYST 134, 190
AREXVY (PF) 137, 194
AREXVY ANTIGEN COMPONENT 137, 194
ARIKAYCE 22, 205
aripiprazole 50, 229
armodafinil 151, 169
ARNUITY ELLIPTA 146, 281
asenapine maleate 50, 229
ASMANEX HFA 146, 281
ASMANEX TWISTHALER 146, 282
aspirin-dipyridamole 95, 153
ASSURE ID DUO PRO SFTY PEN NDL 61, 246
ASSURE ID DUO-SHIELD 61, 246
ASSURE ID INSULIN SAFETY 61, 246
ASSURE ID PEN NEEDLE 61, 246
ASSURE ID PRO PEN NEEDLE 61, 246
atazanavir 55, 231
atenolol 97, 161
atenolol-chlorthalidone 99, 162
atomoxetine 104, 171
atorvastatin 102, 165
atovaquone 47, 227
atovaquone-proguanil 47, 227
atropine 142, 199
ATROVENT HFA 147, 282
aubra eq 125, 180
AUGTYRO 42, 222
aurovela 1.5/30 (21) 125, 180
aurovela 1/20 (21) 125, 180
aurovela fe 1.5/30 (28) .. 125, 180

aurovela fe 1-20 (28) 125, 180
AURYXIA 117, 239
AUSTEDO.....104, 171
AUSTEDO XR.....104, 105, 171
AUSTEDO XR TITRATION KT(WK1-4).....105, 171
AUVELITY.....33, 216
aviane 125, 180
avita 106, 176
AVONEX.....105, 169
ayuna 125, 180
AYVAKIT.....42, 223
AZASITE.....143, 200
azathioprine 135, 190, 191
azelastine..... 143, 146, 198, 281
azithromycin.....27, 209
AZOPT.....144, 198
aztreonam 23, 205
azurette (28).....125, 180

B

bacitracin.....143, 200
bacitracin-polymyxin b ...143, 200
baclofen 52, 156
bal-care dha 113, 235
bal-care dha essential ...113, 235
balsalazide 140, 168
BALVERSA 42, 223
balziva (28) 125, 180
BAQSIMI 59, 244
BARACLUDE 52, 232
BCG VACCINE, LIVE (PF) 137, 194
BD ALCOHOL SWABS .109, 175
BD AUTOSHIELD DUO PEN NEEDLE 61, 246
BD ECLIPSE LUER-LOK 61, 246
BD INSULIN SYRINGE ...62, 247
BD INSULIN SYRINGE (HALF UNIT) 61, 247
BD INSULIN SYRINGE SLIP TIP 62, 247
BD INSULIN SYRINGE U-500.....62, 247
BD INSULIN SYRINGE ULTRA-FINE 62, 247
BD NANO 2ND GEN PEN NEEDLE 62, 247
BD SAFETYGLIDE INSULIN SYRINGE.....62, 247
BD SAFETYGLIDE SYRINGE.....62, 247
BD ULTRA-FINE MICRO PEN NEEDLE 62, 248
BD ULTRA-FINE MINI PEN NEEDLE 63, 248
BD ULTRA-FINE NANO PEN NEEDLE 63, 248
BD ULTRA-FINE ORIG PEN NEEDLE 63, 248
BD ULTRA-FINE SHORT PEN NEEDLE 63, 248
BD VEO INSULIN SYR (HALF UNIT) 63, 248
BD VEO INSULIN SYRINGE UF 63, 248
BELSOMRA 150, 169
benazepril 96, 167
benazepril-hydrochlorothiazide 99, 162
BENLYSTA 135, 191
benznidazole 47, 227
benztropine 47, 158
BESREMI.....135, 191
betaine 120, 152
betamethasone dipropionate 107, 172
betamethasone valerate 107, 172
betamethasone, augmented 107, 172
BETASERON 105, 169
betaxolol..... 97, 144, 161, 198
bethanechol chloride 122, 178
bexarotene 46, 227
BEXSERO.....137, 195
bicalutamide 40, 220
BICILLIN L-A.....26, 208
BIKTARVY 53, 233
bisoprolol fumarate.....97, 161
bisoprolol-hydrochlorothiazide 99, 162
blisovi fe 1.5/30 (28) 125, 180
blisovi fe 1/20 (28) 125, 181
BOOSTRIX TDAP 137, 195
BORDERED GAUZE.....63, 248
bosentan 149, 281
BOSULIF.....42, 223
BRAFTOVI 43, 223
BREO ELLIPTA.....149, 280
breyna.....149, 280
BREZTRI AEROSPHERE 149, 280
briellyn 125, 181
BRILINTA.....95, 153
brimonidine 144, 198
brimonidine-timolol 144, 198
BRIVIACT 29, 213
bromfenac 143, 200
bromocriptine 48, 158
BRONCHITOL.....148, 279
BRUKINSA.....43, 223
budesonide ... 141, 146, 168, 282
budesonide-formoterol...149, 280
bumetanide 101, 166
buprenorphine hcl.....21, 154
buprenorphine-naloxone..22, 154
bupropion hcl.....33, 216
bupropion hcl (smoking deter) 22, 154
buspirone 56, 204
butalbital-acetaminophen-caff.....19, 201
butalbital-aspirin-caffeine.....19, 201
BYLVAY 118, 177

C

cabergoline 132, 189
CABLIVI 95, 153
CABOMETYX.....43, 223
calcipotriene.....109, 175
calcitonin (salmon) 141, 168
calcitriol 141, 168
calcium acetate(phosphat bind) 117, 239
CALQUENCE.....43, 223
CALQUENCE (ACALABRUTINIB MAL) 43, 223
camila 130, 187
CAMZYOS 99, 162
candesartan 95, 164
candesartan-hydrochlorothiazid 99, 162
CAPLYTA.....50, 229
CAPRELSA.....43, 223
captopril 96, 167
carbamazepine.....31, 212
carbidopa 48, 158
carbidopa-levodopa.....48, 158
carbidopa-levodopa-entacapone 48, 158
CARDURA XL 121, 178
CAREFINE PEN NEEDLE.....63, 248
CARETOUCH ALCOHOL PREP PAD 109, 175

CARETOUCH INSULIN SYRINGE.....64, 249
CARETOUCH PEN NEEDLE 63, 64, 248, 249
carglumic acid 110, 240
carteolol 144, 198
cartia xt 98, 159
carvedilol.....97, 161
carvedilol phosphate 97, 161
caspofungin.....36, 218
CAYSTON.....148, 279
caziant (28) 125, 181
cefaclor 24, 207
cefadroxil.....24, 207
cefazolin.....24, 207
cefdinir 24, 207
cefepime 24, 207
cefixime.....24, 207
cefotetan 25, 207
cefotetan in dextrose, iso-osm.... .....24, 207
cefoxitin.....25, 207
cefpodoxime.....25, 207
cefprozil.....25, 207
ceftazidime.....25, 207
ceftriaxone 25, 207
cefuroxime axetil 25, 207
cefuroxime sodium ..25, 207, 208
celecoxib.....19, 203
cephalexin.....25, 208
cetirizine.....146, 281
chateal eq (28) 125, 181
chlordiazepoxide hcl.....57, 204
chlorhexidine gluconate..... .....106, 171
chloroquine phosphate 47, 227
chlorpromazine.....48, 49, 228
chlorthalidone.....101, 166
chlorzoxazone.....150, 278
cholestyramine (with sugar)..... .....102, 165
cholestyramine light.....102, 165
ciclopirox..... 36, 110, 172, 218
cilostazol 95, 153
CIMDUO 54, 234
cinacalcet.....141, 168
ciprofloxacin hcl..... ..... 28, 145, 201, 210
ciprofloxacin in 5 % dextrose..... .....28, 210
ciprofloxacin-dexamethasone 145, 201
ciprofloxacin-fluocinolone 145, 201
citalopram 34, 214
claravis.....106, 172
clarithromycin.....27, 210
CLENPIQ 118, 177
CLICKFINE PEN NEEDLE 64, 249
clindamycin hcl.....23, 205
CLINDAMYCIN IN 0.9 % SOD CHLOR 23, 205
clindamycin in 5 % dextrose 23, 205
CLINDAMYCIN IN 5 % DEXTROSE 23, 206
clindamycin pediatric 23, 206
clindamycin phosphate ...23, 110, ...172, 173, 206
clindamycin-benzoyl peroxide 106, 173
CLINIMIX 5%/D15W SULFITE FREE 113, 235
CLINIMIX 4.25%/D10W SULF FREE 114, 235
CLINIMIX 4.25%/D5W SULFIT FREE 114, 235
CLINIMIX 5%-D20W(SULFITE-FREE).....114, 235
CLINIMIX 6%-D5W (SULFITE-FREE).....114, 236
CLINIMIX 8%-D10W(SULFITE-FREE).....114, 236
CLINIMIX 8%-D14W(SULFITE-FREE).....114, 236
CLINIMIX E 2.75%/D5W SULF FREE 114, 236
CLINIMIX E 4.25%/D10W SUL FREE 114, 236
CLINIMIX E 4.25%/D5W SULF FREE 114, 236
CLINIMIX E 5%/D15W SULFIT FREE 114, 236
CLINIMIX E 5%/D20W SULFIT FREE 114, 236
CLINIMIX E 8%-D10W SULFITEFREE.....114, 236
CLINIMIX E 8%-D14W SULFITEFREE.....114, 236
clobazam.....31, 211
clobetasol.....107, 173
clobetasol-emollient.....107, 173
clomipramine.....35, 217
clonazepam.....57, 204
clonidine.....95, 164
clonidine hcl 95, 163
clopidogrel.....95, 153
clorazepate dipotassium..57, 204
clotrimazole.....36, 218
clotrimazole-betamethasone..... .....109, 175
clozapine.....52, 231
c-nate dha 114, 236
COARTEM 47, 227
codeine sulfate 20, 201
codeine-butalbital-asa-caff 19, 201
colchicine 38, 156
colestipol 102, 165
colistin (colistimethate na) 23, 206
COMBIGAN 145, 198
COMBIVENT RESPIMAT..... .....149, 280
COMETRIQ.....43, 223
COMFORT EZ INSULIN SYRINGE..... 64, 65, 249, 250
COMFORT EZ PEN NEEDLES 64, 65, 249, 250
COMFORT EZ PRO SAFETY PEN NDL 65, 250
COMFORT TOUCH PEN NEEDLE 65, 66, 251
COMPLERA.....53, 233
completenate.....114, 236
constulose.....118, 176
COPAXONE.....105, 169
COPIKTRA.....43, 223
CORLANOR.....99, 162
COSENTYX 134, 191, 194
COSENTYX (2 SYRINGES)..... .....134, 191
COSENTYX PEN (2 PENS) 134, 191
COSENTYX UNOREADY PEN 134, 191
COTELLIC 43, 223
CREON.....120, 152
cromolyn .....120, 143, 150, ...152, 198, 280
cryselle (28) 125, 181
CURAD GAUZE PAD.....66, 251
CURITY ALCOHOL SWABS 109, 175
CURITY GAUZE 66, 251
cyclobenzaprine 150, 278
cyclophosphamide.....40, 220

cyclosporine .. 135, 142, 191, 199
cyclosporine modified 135, 191
cyproheptadine 146, 281
cyred eq 125, 181
CYSTADROPS 142, 199
CYSTAGON 120, 152
CYSTARAN 142, 199

D

d10 %-0.45 % sodium chloride 114, 236
d2.5 %-0.45 % sodium chloride 115, 236
d5 % and 0.9 % sodium chloride 115, 236
d5 %-0.45 % sodium chloride 115, 236
dalfampridine 105, 169
danazol 123, 186
dapsone 39, 219
DAPTACEL (DTAP PEDIATRIC) (PF) 137, 195
daptomycin 23, 206
darifenacin 121, 179
darunavir 55, 231
dasetta 1/35 (28) 125, 181
dasetta 7/7/7 (28) 125, 181
DAURISMO 43, 223
deblitane 130, 187
deferasirox 113, 240
deferiprone 113, 240
DELSTRIGO 54, 234
DEPO-SUBQ PROVERA 104 ..... 130, 187
DERMACEA 66, 251
DERMACEA NON-WOVEN 66, 251
dermacinrx lidocan 21, 204
DESCOVY 54, 234
desipramine 35, 217
desmopressin 123, 188
desog-e.estradiol/e.estradiol 125, 181
desogestrel-ethinyl estradiol 125, 181
desonide 107, 173
desoximetasone 107, 173
desvenlafaxine 34, 215
desvenlafaxine succinate 34, 215
dexamethasone 122, 188
dexamethasone sodium phosphate 144, 200
dexlansoprazole 119, 178
dexmethylphenidate 104, 171
dextroamphetamine sulfate 104, 170
dextroamphetamine-amphetamine 104, 171
dextrose 10 % and 0.2 % nacl 115, 236
dextrose 10 % in water (d10w) 115, 237
dextrose 5 % in water (d5w) 115, 237
dextrose 5%-0.2 % sod chloride 115, 237
DIACOMIT 29, 213
diazepam 31, 57, 205, 211
diazepam intensol 57, 205
diazoxide 59, 244
diclofenac potassium 19, 203
diclofenac sodium ... 19, 109, 144, ... 175, 200, 203
dicloxacillin 26, 208
dicyclomine 118, 177, 178
DIFICID 27, 210
diflunisal 19, 203
digitek 99, 162
digox 99, 162
digoxin 99, 100, 162
DIGOXIN 100, 162
dihydroergotamine 38, 157
DILANTIN 31, 212
diltiazem hcl 98, 159
dilt-xr 98, 160
dimethyl fumarate 105, 170
diphenoxylate-atropine .. 118, 176
disopyramide phosphate 96, 164
disulfiram 21, 155
divalproex 57, 159
dofetilide 96, 164
DOJOLVI 115, 237
donepezil 32, 155, 156
dorzolamide 145, 198
dorzolamide-timolol 145, 198
dorzolamide-timolol (pf) 145, 198
DOVATO 53, 233
doxazosin 95, 160
doxepin 35, 217
doxy-100 ..... 28, 211
doxycycline hyclate 28, 211
doxycycline monohydrate 28, 29, 211
dronabinol 36, 218
DROPLET INSULIN SYR(HALF UNIT) 66, 67, 251, 252
DROPLET INSULIN SYRINGE 66, 67, 251, 252
DROPLET MICRON PEN NEEDLE 67, 252
DROPLET PEN NEEDLE 67, 252, 253
DROPSAFE ALCOHOL PREP PADS 109, 175
DROPSAFE INSULIN SYRINGE 68, 253
DROPSAFE PEN NEEDLE 68, 253
drospirenone-ethinyl estradiol 125, 126, 181
DROXIA 41, 221
droxidopa 95, 164
DUAVEE 124, 186
duloxetine 34, 215
DUPIXENT PEN 134, 191
DUPIXENT SYRINGE ... 134, 191
DUREZOL 144, 200
dutasteride 121, 178
dutasteride-tamsulosin .. 121, 178

E

EASY COMFORT ALCOHOL PAD 109, 175
EASY COMFORT INSULIN SYRINGE 68, 69, 253, 254
EASY COMFORT PEN NEEDLES 69, 254
EASY COMFORT SAFETY PEN NEEDLE 68, 253
EASY GLIDE INSULIN SYRINGE 69, 254
EASY GLIDE PEN NEEDLE 69, 254
EASY TOUCH ... 70, 71, 255, 256
EASY TOUCH ALCOHOL PREP PADS 109, 175
EASY TOUCH FLIPLOCK INSULIN 70, 255
EASY TOUCH FLIPLOCK SYRINGE 70, 255
EASY TOUCH INSULIN SAFETY SYR ..... 69, 70, ... 254, 255

EASY TOUCH INSULIN SYRINGE.....69, 70, 71, ...254, 255, 256
EASY TOUCH LUER LOCK INSULIN.....70, 255
EASY TOUCH PEN NEEDLE..... .....70, 255
EASY TOUCH SAFETY PEN NEEDLE 71, 256
EASY TOUCH SHEATHLOCK INSULIN.....70, 255
EASY TOUCH UNI-SLIP .71, 256
ec-naproxen 19, 203
econazole.....36, 218
EDURANT.....53, 233
efavirenz 53, 54, 233
efavirenz-emtricitabin-tenofov..... .....54, 234
efavirenz-lamivu-tenofov disop 54, 234
electrolyte-148.....111, 240
ELIGARD 132, 189
ELIGARD (3 MONTH) ...132, 189
ELIGARD (4 MONTH) ...132, 189
ELIGARD (6 MONTH) ...132, 189
elinest 126, 181
ELIQUIS.....93, 153
ELIQUIS DVT-PE TREAT 30D START 93, 153
ELMIRON.....122, 178
ELREXFIO 41, 221
eluryng 126, 181
EMBRACE PEN NEEDLE 71, 256, 257
EMCYT 40, 221
EMGALITY PEN.....38, 157
EMGALITY SYRINGE 38, 157
EMSAM.....33, 216
emtricitabine.....54, 234
emtricitabine-tenofovir (tdf)..... .....54, 234
EMTRIVA.....54, 234
EMVERM 47, 227
enalapril maleate 96, 167
enalapril-hydrochlorothiazide..... .....100, 162
ENBREL.....135, 191
ENBREL MINI 135, 191
ENBREL SURECLICK...135, 191
ENDARI 120, 152
ENGERIX-B (PF)...137, 138, 195
ENGERIX-B PEDIATRIC (PF) 138, 195
enilloring.....126, 181
enoxaparin 93, 94, 153, 154
enpresse 126, 181
enskyce.....126, 181
ENSPRYNG 135, 191
entacapone 48, 158
entecavir 52, 232
ENTRESTO 100, 162
enulose 118, 176
ENVARSUS XR 135, 191
EPIDIOLEX 29, 213
epinephrine 147, 283
epitol 31, 212
eplerenone 101, 166
EPRONTIA.....38, 157
ERAXIS(WATER DILUENT)..... .....37, 218
ergotamine-caffeine.....38, 157
ERIVEDGE 43, 223
ERLEADA 40, 220
erlotinib 43, 223
errin.....130, 187
ertapenem.....27, 209
ery pads 110, 173
ERYTHROCIN 27, 210
erythromycin.... 27, 143, 200, 210
erythromycin ethylsuccinate 27, 210
erythromycin with ethanol..... .....110, 173
erythromycin-benzoyl peroxide 106, 173
escitalopram oxalate 34, 215
esomeprazole magnesium 119, 178
estarylla.....126, 181
estradiol 124, 186, 187
ethambutol 39, 220
ethosuximide 30, 213
ethynodiol diac-eth estradiol 126, 181
etodolac 19, 203
etonogestrel-ethinyl estradiol..... .....126, 181
etravirine 54, 233
EUCRISA 107, 173
euthyrox 131, 179
everolimus (antineoplastic)..... .....43, 223
everolimus (immunosuppressive) 136, 191, 192
EVOTAZ.....55, 231
EVRYSDI 105, 171
EXEL INSULIN.....72, 257
exemestane 42, 222
EXKIVITY.....43, 223
EYSUVIS 142, 199
ezetimibe.....102, 165
ezetimibe-simvastatin..... .....102, 103, 166

F

falmina (28) 126, 181
famciclovir 53, 232
famotidine 119, 177
FANAPT.....50, 229
febuxostat 38, 156
felbamate 29, 213
felodipine.....97, 160
fenofibrate 102, 165
fenofibrate micronized 101, 102, 165
fenofibrate nanocrystallized..... .....102, 165
fenofibric acid (choline)..102, 165
fentanyl 20, 202
fentanyl citrate.....20, 202
FERRIPROX 113, 240
FERRIPROX (2 TIMES A DAY) 113, 240
fesoterodine 121, 179
FETZIMA.....34, 215
FIASP FLEXTOUCH U-100 INSULIN.....72, 257
FIASP PENFILL U-100 INSULIN 72, 257
FIASP U-100 INSULIN 72, 257
FILSPARI 100, 162
finasteride 121, 178
fingolimod.....105, 170
FINTEPLA.....29, 213
FIRMAGON KIT W DILUENT SYRINGE.....132, 189
FIRVANQ 23, 206
flecainide.....96, 164
fluconazole 37, 218, 219
fluconazole in nacl (iso-osm) 37, 218
flucytosine 37, 219
fludrocortisone.....122, 188
flunisolide 146, 282
fluocinolone 107, 173
fluocinolone acetonide oil 145, 201
fluocinonide 108, 173

fluocinonide-emollient....108, 173
fluoride (sodium) .....111, 113, ...240, 242
fluoritab 111, 240
fluorometholone 144, 200
fluorouracil 109, 175
fluoxetine.....34, 215
fluphenazine decanoate ..49, 228
fluphenazine hcl 49, 228
flura-drops.....111, 240
flurbiprofen 19, 203
flurbiprofen sodium.....144, 200
fluticasone propionate ..108, 146, ...173, 282
fluticasone propion-salmeterol 150, 280
fluvastatin.....102, 165
fluvoxamine.....34, 215
folivane-ob 115, 237
fondaparinux 94, 154
fosamprenavir 55, 231
fosinopril.....96, 167
fosinopril-hydrochlorothiazide 100, 162
FOTIVDA 43, 223
FREESTYLE PRECISION..... .....72, 257
FRUZAQLA.....43, 223, 224
furosemide 101, 166
FUZEON 55, 235
FYCOMPA 29, 213

G

gabapentin 31, 211, 212
GALAFOLD.....120, 152
galantamine 32, 156
GARDASIL 9 (PF) 138, 195
gatifloxacin 143, 200
GATTEX 30-VIAL.....119, 177
GAUZE PAD 72, 257
gavilyte-c.....119, 177
gavilyte-g.....119, 177
GAVRETO 43, 224
gefitinib 43, 224
gemfibrozil.....102, 165
generlac 118, 176
gengraf.....136, 192
gentamicin.....22, 23, 143, ...200, 205
gentamicin in nacl (iso-osm) 22, 205
GENVOYA 53, 233
GILOTRIF 43, 224
GLEOSTINE.....40, 220
glimepiride.....58, 243
glipizide.....58, 243
glipizide-metformin 58, 243
GLUCAGEN HYPOKIT....59, 245
glyburide 58, 243
glyburide micronized 58, 243
glyburide-metformin.....58, 243
glycopyrrolate.....118, 178
granisetron hcl.....36, 218
griseofulvin microsize 37, 219
griseofulvin ultramicrosize 37, 219
guanfacine 95, 104, 164, 171

H

hailey 126, 182
hailey fe 1.5/30 (28).....126, 182
hailey fe 1/20 (28).....126, 182
halobetasol propionate ..108, 173
haloette 126, 182
haloperidol 49, 228
haloperidol decanoate 49, 228
haloperidol lactate 49, 228
HAVRIX (PF).....138, 195
HEALTHWISE INSULIN SYRINGE.....73, 258
HEALTHWISE PEN NEEDLE..... .....73, 258
HEALTHY ACCENTS UNIFINE PENTIP.....73, 258
heather.....130, 187
heparin (porcine) 94, 154
HEPLISAV-B (PF) 138, 195
HIBERIX (PF).....138, 195
HUMIRA.....136, 192
HUMIRA PEN.....136, 192
HUMIRA PEN CROHNS-UC-HS START 136, 194
HUMIRA PEN PSOR-UVEITS-ADOL HS 136, 192
HUMIRA(CF).....136, 192
HUMIRA(CF) PEDI CROHNS STARTER 136, 192
HUMIRA(CF) PEN.....136, 192
HUMIRA(CF) PEN CROHNS-UC-HS 136, 192
HUMIRA(CF) PEN PEDIATRIC UC 136, 192
HUMIRA(CF) PEN PSOR-UV-ADOL HS 136, 192
hydralazine.....103, 167
hydrochlorothiazide 101, 166, 167
hydrocodone-acetaminophen 20, 202
hydrocodone-ibuprofen....20, 202
hydrocortisone..... 108, 122, 141, ... 168, 174, 176, 188
hydrocortisone valerate 108, 174
hydrocortisone-pramoxine 109, 175
hydromorphone 20, 202
hydroxychloroquine 47, 227
hydroxyurea 41, 221
hydroxyzine hcl 56, 204
hydroxyzine pamoate 56, 204
HYFTOR 108, 174

I

ibandronate 141, 168
IBRANCE 43, 224
ibu 19, 203
ibuprofen 19, 203
icatibant.....133, 194
iclevia.....126, 182
ICLUSIG.....43, 44, 224
icosapent ethyl 103, 166
IDHIFA 41, 221
ILEVRO.....144, 200
imatinib 44, 224
IMBRUVICA 44, 224
imipenem-cilastatin.....27, 209
imipramine hcl.....35, 217
imiquimod.....109, 175
IMOVAX RABIES VACCINE (PF) 138, 195
IMVEXXY MAINTENANCE PACK.....124, 187
IMVEXXY STARTER PACK 124, 187
INBRIJA 48, 158
incassia.....130, 187
INCONTROL ALCOHOL PADS 109, 175
INCONTROL PEN NEEDLE..... .....73, 258, 259
INCRELEX 123, 188
indapamide 101, 167
indomethacin.....19, 203
INFANRIX (DTAP) (PF)..... .....138, 195

INLYTA 44, 224
INQOVI 41, 221
INREBIC 44, 224
insulin glargine 73, 259
INSULIN SYR/NDL U100 HALF MARK 74, 259
INSULIN SYRINGE 62, 247
INSULIN SYRINGE MICROFINE 62, 247
INSULIN SYRINGE NEEDLELESS.....62, 247
INSULIN SYRINGE-NEEDLE U-100.....62, 63, 72, 74, ... 81, 84, 247, 248, ... 257, 259, 260, 266, 270
INSUPEN PEN NEEDLE..... .....74, 75, 260
INTELENCE.....54, 233
INTRALIPID 115, 237
INTRAROSA 126, 182
INVEGA HAFYERA.....50, 229
INVEGA SUSTENNA 50, 229
INVEGA TRINZA.....50, 229
INVOKAMET.....58, 243
INVOKAMET XR 58, 243
INVOKANA 58, 243
IPOL.....138, 195
ipratropium bromide 147, 282
ipratropium-albuterol 150, 280
irbesartan.....95, 164
irbesartan-hydrochlorothiazide 100, 162
ISENTRESS.....53, 233
ISENTRESS HD.....53, 233
isibloom.....126, 182
ISOLYTE S PH 7.4.....111, 240
ISOLYTE-P IN 5 % DEXTROSE 115, 237
ISOLYTE-S 111, 240
isoniazid.....39, 220
ISOPROPYL ALCOHOL109, 175
isosorbide dinitrate 103, 167
isosorbide mononitrate ..103, 167
isosorbide-hydralazine...100, 163
isotretinoin.....106, 174
isradipine.....97, 160
ISTURISA 122, 188
itraconazole.....37, 219
IV PREP WIPES 109, 175
ivermectin.....47, 227
IWILFIN.....41, 221
IXCHIQ 138, 195
IXIARO (PF).....138, 195

J

JAKAFI.....44, 224
jantoven 94, 154
JANUMET 58, 243
JANUMET XR 58, 243
JANUVIA.....58, 243
JARDIANCE.....58, 243
jasmiel (28) 126, 182
JAYPIRCA 44, 224
jencycla.....130, 187
jolessa.....126, 182
JUBLIA.....37, 219
juleber 126, 182
JULUCA 54, 234
junel 1.5/30 (21) 126, 182
junel 1/20 (21) 127, 182
junel fe 1.5/30 (28) 127, 182
junel fe 1/20 (28) 127, 182
JUXTAPID.....103, 166
JYNNEOS (PF) 138, 195

K

kalliga.....127, 182
KALYDECO 148, 279
kariva (28) 127, 182
KATERZIA 97, 160
kelnor 1/35 (28) 127, 182
kelnor 1-50 (28).....127, 182
KERENDIA.....101, 166
KESIMPTA PEN.....105, 170
ketoconazole.....37, 219
ketorolac 19, 144, 200, 203
KINERET 136, 192
KINRIX (PF) 138, 195
KISQALI.....44, 224
KISQALI FEMARA CO-PACK 41, 221
KLOR-CON 111, 241
KLOR-CON 10 .....111, 240
KLOR-CON 8 .....111, 241
klor-con m10 .....111, 241
klor-con m15 .....111, 241
klor-con m20 .....111, 241
KLOXXADO 22, 155
KOSELUGO.....44, 224
kosher prenatal plus iron 115, 237
KOURZEQ 106, 171
KRAZATI.....41, 221
kurvelo (28) 127, 182

L

labetalol.....97, 161
lacosamide.....31, 32, 212
lactulose.....118, 176
lagevrio (eua) 56, 231
lamivudine..... 52, 54, 232, 234
lamivudine-zidovudine.....54, 234
lamotrigine 29, 30, 213, 214
LAMPIT.....47, 227
LANOXIN 100, 163
lansoprazole.....119, 120, 178
LANTUS SOLOSTAR U-100 INSULIN.....75, 260
LANTUS U-100 INSULIN 75, 260
lapatinib.....44, 224
larin 1.5/30 (21) 127, 182
larin 1/20 (21) 127, 182
larin fe 1.5/30 (28) 127, 182
larin fe 1/20 (28) 127, 183
latanoprost 145, 199
leena 28 .....127, 183
leflunomide.....134, 192
lenalidomide.....40, 220
LENVIMA 44, 224
lessina.....127, 183
letrozole 42, 222
leucovorin calcium.....41, 221
LEUKERAN.....40, 220
LEUKINE.....94, 152
leuprolide 132, 189
leuprolide (3 month) 132, 189
LEVEMIR FLEXPEN 75, 260
LEVEMIR U-100 INSULIN..... .....75, 260
levetiracetam.....30, 214
levobunolol.....144, 198
levocarnitine.....115, 237
levocarnitine (with sugar)..... .....115, 237
levocetirizine 146, 281
levofloxacin 28, 210
levofloxacin in d5w 28, 210
levonest (28) 127, 183
levonorgestrel-ethinyl estrad..... .....127, 183
levonorg-eth estrad triphasic 127, 183
levora-28 .....127, 183
LEVO-T.....131, 179
levothyroxine.....131, 179
LEVOXYL.....131, 179

LEXIVA 55, 231
LIALDA 140, 168
lidocaine.....21, 204
lidocaine hcl 21, 204
lidocaine viscous 21, 204
lidocaine-prilocaine.....21, 204
lidocan iii 21, 204
linezolid.....23, 206
linezolid in dextrose 5%...23, 206
LINZESS.....118, 176
liothyronine.....132, 179
LISCO 75, 260
lisinopril.....96, 167
lisinopril-hydrochlorothiazide .....
.....100, 163
LITE TOUCH INSULIN PEN
NEEDLES 75, 260, 261
LITE TOUCH INSULIN
SYRINGE..... 75, 76, 260, 261
lithium carbonate.....57, 159
lithium citrate.....57, 159
LIVALO 102, 165
LIVMARLI.....119, 177
LIVTENCITY 52, 232
LOKELMA.....113, 240
LONSURF.....41, 222
loperamide 118, 176
lopinavir-ritonavir.....55, 231
LOQTORZI.....41, 222
lorazepam 57, 205
lorazepam intensol 57, 205
LORBRENA 44, 224
loryna (28).....127, 183
losartan 95, 164
losartan-hydrochlorothiazide.....
.....100, 163
loteprednol etabonate....144, 200
lovastatin.....102, 165
low-ogestrel (28) 127, 183
loxapine succinate.....49, 228
lo-zumandimine (28).....128, 183
lubiprostone 118, 176
ludent fluoride.....111, 241
LUMAKRAS 41, 222
LUMIGAN.....145, 199
LUPKYNIS 136, 192
LUPRON DEPOT 132, 190
LUPRON DEPOT (3 MONTH)
.....132, 189
LUPRON DEPOT (4 MONTH)
.....132, 190
LUPRON DEPOT (6 MONTH)
.....132, 190
LUPRON DEPOT-PED.....
.....133, 190
LUPRON DEPOT-PED
(3 MONTH) 132, 190
lurasidone 50, 229
lutera (28).....128, 183
LYBALVI 50, 229
lyleq 131, 187
LYNPARZA 41, 222
LYSODREN 40, 220
LYTGOBI 44, 224, 225
lyza 131, 187

M

MAGELLAN INSULIN SAFETY
SYRNG 76, 261
MAGELLAN SYRINGE....76, 261
magnesium sulfate 111, 241
malathion 110, 176
maraviroc 55, 235
marlissa (28) 128, 183
marnatal-f.....115, 237
MARPLAN.....33, 217
MATULANE 40, 220
matzim la.....98, 160
MAVYRET.....52, 232
MAXICOMFORT II PEN
NEEDLE 76, 261
MAXI-COMFORT INSULIN
SYRINGE.....76, 261, 262
MAXICOMFORT INSULIN
SYRINGE..... 76
MAXICOMFORT INSULIN
SYRINGE..... 76
MAXICOMFORT INSULIN
SYRINGE.....261
MAXICOMFORT INSULIN
SYRINGE.....261
MAXICOMFORT SAFETY PEN
NEEDLE 76, 262
MAYZENT.....105, 170
MAYZENT STARTER(FOR 1MG
MAINT) 105, 170
MAYZENT STARTER(FOR 2MG
MAINT) 106, 170
meclizine.....35, 217
medroxyprogesterone ...131, 187
mefloquine 47, 227
megestrol 131, 187
MEKINIST.....44, 225
MEKTOVI.....44, 225
meloxicam.....19, 203
memantine 32, 155
MENACTRA (PF) 138, 196
MENEST.....124, 187
MENQUADFI (PF).....138, 196
MENVEO A-C-Y-W-135-DIP (PF)
.....138, 196
mercaptopurine 41, 221
meropenem.....27, 209
mesalamine.....140, 141, 168
MESNEX.....41, 222
metformin.....58, 243
methadone.....20, 202
methazolamide.....145, 198
methenamine hippurate...23, 206
methimazole.....133, 190
methocarbamol 150, 279
methotrexate sodium.....136, 192
methotrexate sodium (pf).....
.....136, 192
methsuximide.....30, 213
methylphenidate hcl 104, 171
methylprednisolone .....
.....122, 188, 189
metoclopramide hcl 119, 177
metolazone 101, 167
metoprolol succinate 97, 161
metoprolol ta-hydrochlorothiaz
.....100, 163
metoprolol tartrate 97, 161
metronidazole.....23, 24, 206
metronidazole in nacl (iso-os).....
.....23, 206
metyrosine 100, 163
mexiletine.....96, 164
MICRODOT INSULIN PEN
NEEDLE 77, 262
MICRODOT READYGARD PEN
NEEDLE 77, 262
microgestin 1.5/30 (21)..128, 183
microgestin 1/20 (21).....128, 183
microgestin fe 1.5/30 (28).....
.....128, 183
microgestin fe 1/20 (28).....
.....128, 183
midodrine 95, 164
mifepristone 59, 245
miglitol.....58, 243
miglustat.....120, 152
mili 128, 183
MINI ULTRA-THIN II 77, 262
minocycline 29, 211
minoxidil.....103, 167
mirtazapine 33, 216

misoprostol.....119, 178
M-M-R II (PF).....138, 196
m-natal plus 115, 237
modafinil.....151, 169
moexipril.....96, 167
molindone 49, 228
mometasone .....108, 147, ...174, 282
mondoxyne nl.....29, 211
MONOJECT INSULIN SAFETY SYRING.....78, 263
MONOJECT INSULIN SYRINGE 77, 78, 262, 263
MONOJECT SYRINGE ...77, 262
MONOJECT ULTRA COMFORT INSULIN.....89, 274
mono-linyah 128, 183
montelukast.....147, 282
morphine.....20, 202, 203
MORPHINE.....21, 202
morphine concentrate.....20, 202
MOUNJARO.....58, 244
MOVANTIK 118, 176
moxifloxacin 28, 143, 200, 210
moxifloxacin-sod.ace,sul-water 28, 210
moxifloxacin-sod.chloride(iso) 28, 210
MULTAQ.....96, 164
mupirocin 110, 174
mupirocin calcium.....110, 174
mycophenolate mofetil..... .....136, 137, 192
mycophenolate sodium..... .....137, 193
mynatal 115, 237
mynatal advance 115, 237
mynatal plus.....115, 237
mynatal-z 115, 237
mynate 90 plus.....115, 237
MYRBETRIQ.....121, 179

N

nabumetone.....19, 203
nadolol 97, 161
nafcillin.....26, 209
nafcillin in dextrose iso-osm..... .....26, 208
naloxone 22, 155
naltrexone 21, 155
NAMZARIC 32, 155
naproxen.....19, 203
naproxen sodium.....20, 203
naratriptan.....38, 156
NARCAN.....22, 155
NATACYN.....143, 200
nateglinide.....59, 244
NATPARA.....141, 168
NAYZILAM.....31, 212
nebivolol.....97, 161
necon 0.5/35 (28) 128, 183
nefazodone 34, 215
neomycin.....23, 205
neomycin-bacitracin-poly-hc..... .....142, 199
neomycin-bacitracin-polymyxin 143, 201
neomycin-polymyxin b-dexameth 142, 199
neomycin-polymyxin-gramicidin 142, 199
neomycin-polymyxin-hc..... ..... 142, 145, 199, 201
NERLYNX 44, 225
NEUPRO.....48, 158
nevirapine 54, 234
newgen 115, 237
niacin 103, 166
nicardipine.....97, 160
NICOTROL 22, 154
nifedipine.....97, 98, 160
nikki (28) 128, 183
nilutamide.....40, 221
NINLARO 41, 222
nitazoxanide.....47, 227
nitisinone.....120, 152
NITRO-BID.....103, 167
nitrofurantoin macrocrystal 24, 206
nitrofurantoin monohyd/m-cryst 24, 206
nitroglycerin.....103, 167, 168
niva-plus.....115, 237
nizatidine.....119, 177
NOCDURNA (MEN) 123, 188
NOCDURNA (WOMEN) 123, 188
nora-be 131, 188
norethindrone (contraceptive) 131, 188
norethindrone acetate ...131, 188
norethindrone ac-eth estradiol 128, 184
norethindrone-e.estradiol-iron 128, 184
norgestimate-ethinyl estradiol 128, 184
nortrel 0.5/35 (28).....128, 184
nortrel 1/35 (21).....128, 184
nortrel 1/35 (28).....128, 184
nortrel 7/7/7 (28).....128, 184
nortriptyline 35, 217
NORVIR.....56, 231
NOVOFINE 30 .....78, 263
NOVOFINE 32 .....78, 263
NOVOFINE PLUS 78, 263
NOVOLIN 70/30 U-100 INSULIN 78, 263
NOVOLIN 70-30 FLEXPEN U-100.....78, 263
NOVOLIN N FLEXPEN ...78, 263
NOVOLIN N NPH U-100 INSULIN.....78, 263
NOVOLIN R FLEXPEN ...78, 264
NOVOLIN R REGULAR U100 INSULIN.....78, 264
NOVOLOG FLEXPEN U-100 INSULIN.....78, 264
NOVOLOG MIX 70-30 U-100 INSULN.....79, 264
NOVOLOG MIX 70-30FLEXPEN U-100.....79, 264
NOVOLOG PENFILL U-100 INSULIN.....79, 264
NOVOLOG U-100 INSULIN ASPART 79, 264
NOVOTWIST 79, 264
NOXAFIL.....37, 219
NUBEQA.....40, 221
NUCALA 150, 280, 281
NUEDEXTA 105, 171
NUPLAZID 50, 229
NUTRILIPID 115, 237
nyamyc 37, 219
nylia 1/35 (28) 129, 184
nylia 7/7/7 (28) 129, 184
nymyo 129, 184
nystatin 37, 219
nystatin-triamcinolone ...109, 175
nystop 37, 219

O

obstetrix dha.....116, 237
obstetrix dha prenatal duo .....
.....115, 237
o-cal prenatal 116, 237
ocella 129, 184
octreotide acetate.....133, 190
ODEFSEY.....54, 234
ODOMZO.....45, 225
OFEV.....149, 279
ofloxacin.. 28, 143, 145, 201, 210
OGSIVEO 42, 222
OJJAARA.....45, 225
olanzapine.....50, 229, 230
olanzapine-fluoxetine 33, 216
olmesartan 95, 164
olmesartan-amlodipin-hcthiazid
.....100, 163
olmesartan-hydrochlorothiazide
.....100, 163
olopatadine 143, 198, 199
omega-3 acid ethyl esters .....
.....103, 166
omeprazole 120, 178
OMNITROPE 123, 188
ondansetron 36, 218
ondansetron hcl.....36, 218
ONUREG 41, 221
OPSUMIT.....149, 281
OPVEE 22, 155
oralone.....106, 171
ORGOVYX.....42, 222
ORKAMBI 148, 279
orphenadrine citrate 150, 279
ORSERDU 40, 221
oseltamivir.....56, 233
OSPHENA 129, 184
OTEZLA.....134, 193
OTEZLA STARTER.....
.....134, 193, 194
oxacillin 26, 209
oxacillin in dextrose(iso-osm) .....
.....26, 209
oxaprozin 20, 203
oxazepam 56, 204
oxcarbazepine.....32, 212
OXLUMO 142, 242
oxybutynin chloride.....121, 179
oxycodone..... 20, 21, 202, 203
oxycodone-acetaminophen.....
.....21, 202
OZEMPIC.....59, 244

P

paliperidone 50, 51, 230
PANRETIN.....110, 175
pantoprazole 120, 178
PANZYGA.....133, 193
paricalcitol 141, 168, 169
paroex oral rinse 106, 171
paromomycin.....23, 205
paroxetine hcl.....34, 215
PAXLOVID 56, 231
pazopanib 45, 225
PEDIARIX (PF) 138, 196
PEDVAX HIB (PF).....139, 196
peg 3350-electrolytes 119, 177
PEGASYS.....135, 193
peg-electrolyte soln 119, 177
PEMAZYRE 45, 225
PEN NEEDLE 72, 79, 81,
.....257, 264, 266
PEN NEEDLE, DIABETIC .....
..... 65, 77, 79, 81,
..... 250, 262, 264, 266
PEN NEEDLE, DIABETIC,
SAFETY.....81, 267
PENBRAYA (PF).....139, 196
PENBRAYA MENACWY
COMPONENT(PF)....139, 196
PENBRAYA MENB
COMPONENT (PF)...139, 196
penicillamine 122, 178
penicillin g pot in dextrose .....
.....26, 209
penicillin g potassium 26, 209
penicillin g procaine.....26, 209
penicillin g sodium.....26, 209
penicillin v potassium 26, 209
PENTACEL (PF) 139, 196
pentamidine 47, 227
PENTIPS.....79, 264, 265
pentoxifylline 100, 163
perindopril erbumine.....96, 167
periogard.....106, 172
permethrin.....110, 176
perphenazine 49, 228
pfizerpen-g 26, 209
phenelzine.....33, 217
phenobarbital 30, 214
phenytoin 32, 212
phenytoin sodium extended.....
.....32, 212
philith 129, 184
PIFELTRO 54, 234
pilocarpine hcl 106, 145,
.....172, 198
pimecrolimus 108, 174
pimozide.....49, 228
pimtrea (28).....129, 184
pindolol 97, 161
pioglitazone.....59, 244
pioglitazone-metformin 59, 244
PIP PEN NEEDLE.....80, 265
piperacillin-tazobactam....27, 209
PIQRAY 45, 225
pirfenidone 149, 279
pirmella 129, 184
piroxicam.....20, 203
PLASMA-LYTE A 111, 241
pnv 29-1 .....116, 237
pnv-dha + docusate.....116, 238
pnv-omega 116, 238
podofilox.....110, 175
polymyxin b sulf-trimethoprim
.....142, 199
POMALYST 40, 220
portia 28 .....129, 184
posaconazole 37, 219
potassium chlorid-d5-0.45%nacl
.....111, 241
potassium chloride .....
.....112, 241, 242
potassium chloride in 0.9%nacl
.....112, 241
potassium chloride in 5 % dex
.....112, 241
potassium chloride in lr-d5.....
.....112, 241
potassium chloride in water .....
.....112, 241
potassium chloride-0.45 % nacl
.....112, 242
potassium chloride-d5-0.2%nacl
.....112, 242
potassium chloride-d5-0.9%nacl
.....112, 242
potassium citrate 112, 242
pr natal 400 .....116, 238
pr natal 400 ec 116, 238
pr natal 430 .....116, 238
pr natal 430 ec 116, 238
pramipexole 48, 158
prasugrel 95, 153
pravastatin 102, 165
prazosin 95, 160
prednisolone 122, 189
prednisolone acetate 144, 200

prednisolone sodium phosphate 122, 144, 189, 200
prednisone 122, 189
PREDNISONE INTENSOL 122, 189
pregabalin 105, 170
PREHEVBRIO (PF).....139, 196
PREMARIN 124, 187
PREMASOL 10 % 116, 238
PREMPHASE.....129, 184
PREMPRO.....129, 184
prena1 true.....116, 238
prenaissance.....116, 238
prenaissance plus 116, 238
prenatabs fa 116, 238
prenatal 19 .....116, 238
prenatal 19 (with docusate) 116, 238
prenatal low iron 116, 238
prenatal plus.....116, 238
prenatal plus (calcium carb)..... .....116, 237
prenatal vitamin plus low iron 116, 238
prenatal-u.....116, 238
preplus 116, 238
pretab.....116, 238
PREVENT DROPSAFE PEN NEEDLE 80, 265
PREVYMIS 52, 232
PREZCOBIX 56, 231
PREZISTA 56, 231, 232
PRIFTIN.....39, 220
PRIMAQUINE 47, 227
primidone 30, 214
PRIORIX (PF) 139, 196
PRIVIGEN.....134, 193
PRO COMFORT ALCOHOL PADS.....110, 176
PRO COMFORT INSULIN SYRINGE.....80, 265
PRO COMFORT PEN NEEDLE 80, 265
probenecid 38, 156
probenecid-colchicine.....38, 156
prochlorperazine 36, 217
prochlorperazine maleate 36, 217
procto-med hc 108, 174
proctosol hc.....108, 174
proctozone-hc 108, 174
PRODIGY INSULIN SYRINGE 80, 265
progesterone micronized 131, 188
PROGRAF 137, 193
PROLASTIN-C 120, 152, 243
PROLIA.....141, 169
PROMACTA.....94, 152
promethazine 36, 217
promethegan.....36, 217
propafenone.....96, 164
propranolol 38, 97, 157, 161
propylthiouracil 133, 190
PROQUAD (PF) 139, 196
PROSOL 20 %.....116, 238
protriptyline 35, 217
PULMOZYME 148, 279
PURE COMFORT ALCOHOL PADS.....110, 176
PURE COMFORT PEN NEEDLE 80, 81, 266
PURE COMFORT SAFETY PEN NEEDLE 80, 265, 266
PURIXAN 41, 221
pyrazinamide.....39, 220
pyridostigmine bromide ...39, 156

Q

QINLOCK.....45, 225
QUADRACEL (PF) 139, 196
quetiapine 51, 230
quinapril 96, 167
quinapril-hydrochlorothiazide..... .....100, 163
quinidine sulfate 96, 164
quinine sulfate 47, 227

R

RABAVERT (PF).....139, 196
raloxifene 141, 169
ramipril 96, 167
ranolazine 100, 163
rasagiline.....48, 159
RAVICTI.....120, 152
reclipsen (28) 129, 185
RECOMBIVAX HB (PF)..... .....139, 196, 197
REGRANEX.....110, 176
RELENZA DISKHALER...56, 233
RELION NEEDLES 81, 266
RELION PEN NEEDLES 81, 266
repaglinide 59, 244
REPATHA PUSHTRONEX..... .....103, 166
REPATHA SURECLICK 103, 166
REPATHA SYRINGE 103, 166
RESTASIS 143, 199
RESTASIS MULTIDOSE..... .....143, 199
RETACRIT 94, 152
RETEVMO 45, 225
REXULTI.....51, 230
REYATAZ 56, 232
REZLIDHIA 45, 225
REZUROCK.....137, 193
RHOPRESSA.....145, 198
ribavirin 52, 53, 232
rifabutin 39, 220
rifampin 39, 220
riluzole 105, 171
rimantadine 56, 233
RINVOQ.....134, 193
risedronate 141, 142, 169
risperidone 51, 230
risperidone microspheres 51, 230
ritonavir 56, 232
rivastigmine.....33, 156
rivastigmine tartrate.....32, 156
rizatriptan 38, 39, 156, 157
r-natal ob.....116, 238
ROCKLATAN 145, 198
roflumilast.....148, 283
ropinirole 48, 158
rosadan.....24, 206
rosuvastatin.....102, 165
ROTARIX.....139, 197
ROTATEQ VACCINE 139, 197
ROZLYTREK.....45, 225
RUBRACA 45, 225
rufinamide 32, 212, 213
RUKOBIA.....55, 235
RYBELSUS.....59, 244
RYDAPT 45, 225
RYTARY 48, 158

S

SAFESNAP INSULIN SYRINGE 81, 266, 267
SAFETY PEN NEEDLE...81, 267
SANTYL.....110, 176
sapropterin 120, 152
SAVELLA.....105, 170

SCEMBLIX.....45, 225
scopolamine base 36, 218
SECUADO 51, 230
SECURESAFE INSULIN SYRINGE.....82, 267
SECURESAFE PEN NEEDLE.....82, 267
select-ob 116, 238
select-ob (folic acid) 117, 238
selegiline hcl.....48, 159
selenium sulfide 108, 174
SELZENTRY.....55, 235
se-natal 19 chewable 117, 238
SEREVENT DISKUS.....147, 283
sertraline 34, 215
setlakin.....129, 185
sevelamer carbonate.....118, 239
sharobel 131, 188
SHINGRIX (PF).....140, 197
SIGNIFOR.....133, 190
sildenafil (pulm.hypertension) 149, 281
silodosin.....122, 178
silver sulfadiazine.....110, 176
SIMBRINZA 145, 198
simliya (28).....129, 185
simvastatin.....102, 165
sirolimus.....137, 193
SIRTURO.....40, 220
SKY SAFETY PEN NEEDLE.....82, 267
SKYRIZI.....134, 193
sodium chloride.....113, 242
sodium chloride 0.45 % 113, 242
sodium chloride 0.9 % ...113, 242
sodium chloride 3 % hypertonic 113, 242
sodium chloride 5 % hypertonic 113, 242
sodium oxybate.....151, 169
sodium polystyrene sulfonate 113, 240
sodium,potassium,mag sulfates 119, 177
sofosbuvir-velpatasvir.....53, 232
solifenacin.....121, 179
SOLIQUA 100/33 .....82, 267
SOLTAMOX.....41, 221
SOMAVERT.....133, 190
sorafenib 45, 225
sotalol 96, 164
sotalol af.....96, 164
SPIRIVA RESPIMAT.....147, 282
SPIRIVA WITH HANDIHALER 147, 282
spironolactone.....101, 166
spironolacton-hydrochlorothiaz 100, 163
sprintec (28) 129, 185
SPRITAM.....30, 214
SPRYCEL 45, 225
sps (with sorbitol) 113, 240
sronyx 129, 185
ssd 110, 176
STELARA.....134, 193
STERILE PADS 82, 267
STIVARGA.....45, 225
STRIBILD.....53, 233
SUBOXONE.....22, 154
sucralfate 119, 178
sulfacetamide sodium....143, 201
sulfacetamide sodium (acne).....28, 211
sulfacetamide-prednisolone.....143, 199
sulfadiazine 28, 211
sulfamethoxazole-trimethoprim 28, 211
sulfasalazine 141, 168
sulindac.....20, 203
sumatriptan 39, 157
sumatriptan succinate 39, 157
sunitinib malate 45, 225
SUNLENCA 55, 235
SURE COMFORT ALCOHOL PREP PADS 110, 176
SURE COMFORT INS. SYR. U-100.....82, 267
SURE COMFORT INSULIN SYRINGE.....82, 83, 267, 268
SURE COMFORT PEN NEEDLE 82, 83, 268
SURE COMFORT SAFETY PEN NEEDLE 82, 267
SURE-FINE PEN NEEDLES 83, 268
SURE-JECT INSULIN SYRINGE 83, 268
SURE-PREP ALCOHOL PREP PADS.....110, 176
SUTAB.....119, 177
syeda 129, 185
SYMDEKO 148, 279
SYMLINPEN 120.....59, 244
SYMLINPEN 60 .....59, 244
SYMPAZAN 31, 212
SYMTUZA.....53, 233
SYNAREL 133, 190
SYNJARDY.....59, 244
SYNJARDY XR 59, 244
SYNRIBO.....42, 222
SYNTHROID.....132, 180
SYRINGE WITH NEEDLE, SAFETY.....82, 267

T

TABLOID.....41, 221
TABRECTA.....45, 225
tacrolimus.....108, 137, ...174, 193, 194
TAFINLAR.....45, 226
TAGRISSO 45, 226
TAKHZYRO 133, 194
TALVEY 42, 222
TALZENNA 45, 226
tamoxifen 41, 221
tamsulosin.....122, 178
tarina fe 1-20 eq (28).....129, 185
taron-c dha.....117, 238
taron-prex prenatal-dha.....117, 238
TASIGNA 46, 226
TAVNEOS.....134, 193
tazarotene 106, 174
TAZORAC.....106, 174
taztia xt 98, 160
TAZVERIK 46, 226
TDVAX.....140, 197
TECHLITE INSULIN SYRINGE 84, 269
TECHLITE INSULN SYR(HALF UNIT) 83, 84, 268, 269
TECHLITE PEN NEEDLE 84, 269
TECHLITE PLUS PEN NEEDLE 84, 269
TEFLARO 25, 208
TEGSEDI 120, 153
telmisartan 95, 164
telmisartan-amlodipine ..100, 163
telmisartan-hydrochlorothiazid 101, 163
temazepam 150, 169
TENIVAC (PF).....140, 197
tenofovir disoproxil fumarate.....54, 234
TEPMETKO 46, 226

terazosin 95, 160
terbinafine hcl.....37, 219
terbutaline 147, 283
terconazole 37, 219
teriparatide 142, 169
TERUMO INSULIN SYRINGE.... .....84, 85, 270
testosterone 123, 124, 186
testosterone cypionate ..123, 186
testosterone enanthate..... .....123, 186
TETANUS,DIPHTHERIA TOX PED(PF) 140, 197
tetrabenazine 105, 171
tetracycline.....29, 211
THALOMID 40, 220
theophylline.....148, 283
THINPRO INSULIN SYRINGE 85, 270
thioridazine.....49, 228
thiothixene.....49, 228
tiadylt er 98, 160
tiagabine 31, 212
TIBSOVO.....46, 226
TICOVAC.....140, 197
tigecycline 24, 206
timolol maleate .....97, 144, ...161, 198
tinidazole.....24, 206
TIVICAY.....53, 233
TIVICAY PD.....53, 233
tizanidine.....52, 156
TOBI PODHALER 148, 279
tobramycin 143, 201
tobramycin in 0.225 % nacl..... .....148, 279
tobramycin sulfate 23, 205
tobramycin-dexamethasone 143, 199
tolterodine 121, 179
tolvaptan 113, 240
TOPCARE CLICKFINE ...85, 270
TOPCARE ULTRA COMFORT 85, 270
topiramate 38, 157
toremifene 41, 221
torsemide 101, 166
TOUJEO MAX U-300 SOLOSTAR 85, 270
TOUJEO SOLOSTAR U-300 INSULIN.....85, 271
TPN ELECTROLYTES ..117, 239
TPN ELECTROLYTES II 117, 239
tramadol.....21, 202
tramadol-acetaminophen..... .....21, 202
trandolapril 96, 167
trandolapril-verapamil 101, 163
tranexamic acid 94, 153
tranylcypromine.....33, 217
TRAVASOL 10 %.....117, 239
travoprost.....145, 200
trazodone.....35, 215
TRECATOR 40, 220
TRELEGY ELLIPTA 150, 281
TRELSTAR 133, 190
TRESIBA FLEXTOUCH U-100 .....85, 271
TRESIBA FLEXTOUCH U-200 .....85, 271
TRESIBA U-100 INSULIN86, 271
tretinoin 106, 107, 174
tretinoin (antineoplastic) ..47, 227
TREXALL.....137, 193
triamcinolone acetonide..... ..... 106, 108, 109, 172, 174
triamterene-hydrochlorothiazid 101, 163
trientine 113, 240
tri-estarylla 129, 185
trifluoperazine.....49, 228
trifluridine 53, 232
trihexyphenidyl 47, 158
TRIKAFTA.....148, 279
tri-linyah 129, 185
trimethoprim 24, 206
tri-mili 129, 185
trimipramine 35, 217
TRINTELLIX.....35, 215
tri-nymyo 129, 185
tri-sprintec (28) 130, 185
TRIUMEQ 55, 235
TRIUMEQ PD.....55, 235
triveen-duo dha 117, 239
trivora (28).....130, 185
tri-vylibra 130, 185
TRIZIVIR.....55, 234
TROPHAMINE 10 % 117, 239
trospium 121, 179
TRUE COMFORT ALCOHOL PADS 110, 176
TRUE COMFORT INSULIN SYRINGE.....86, 271
TRUE COMFORT PEN NEEDLE 86, 271, 272
TRUE COMFORT PRO ALCOHOL PADS 110, 176
TRUE COMFORT PRO INS SYRINGE..... 86, 87, 271, 272
TRUE COMFORT SAFETY PEN NEEDLE 86, 271
TRUEPLUS INSULIN 87, 272
TRUEPLUS PEN NEEDLE..... .....87, 272
TRULICITY 59, 244
TRUMENBA.....140, 197
TRUQAP.....46, 226
TUKYSA.....46, 226
tulana 131, 188
TURALIO 46, 226
turqoz (28).....130, 185
TWINRIX (PF).....140, 197
TYBOST.....55, 235
TYMLOS 142, 169
TYPHIM VI 140, 197

U

UBRELVY 38, 157
ULTICARE 88, 273
ULTICARE INSULIN SYRINGE 87, 273
ULTICARE INSULN SYR(HALF UNIT) 87, 273
ULTICARE PEN NEEDLE 88, 273
ULTICARE SAFETY PEN NEEDLE 88, 273
ULTIGUARD SAFEPACK-INSULIN SYR .....88, 89, ...273, 274
ULTIGUARD SAFEPACK-PEN NEEDLE 88, 89, 273, 274
ULTILET ALCOHOL SWAB..... .....110, 176
ULTILET INSULIN SYRINGE..... ..... 74, 89, 259, 274
ULTILET PEN NEEDLE ..89, 274
ULTRA CMFT INS SYR (HALF UNIT) 72, 82, 257, 267
ULTRA COMFORT INSULIN SYRINGE..... 68, 72, 73, 89, ... 253, 257, 258, 274
ULTRA FLO INSUL SYR(HALF UNIT) 89, 274, 275

ULTRA FLO INSULIN SYRINGE 90, 275
ULTRA FLO PEN NEEDLE 89, 90, 275
ULTRA THIN PEN NEEDLE..... .....90, 275
ULTRACARE INSULIN SYRINGE.....90, 275
ULTRACARE PEN NEEDLE 90, 91, 275, 276
ULTRA-THIN II (SHORT) INS SYR 91, 276
ULTRA-THIN II (SHORT) PEN NDL 91, 276
ULTRA-THIN II INS PEN NEEDLES 91, 276
ULTRA-THIN II INSULIN SYRINGE.....91, 276
UNIFINE PEN NEEDLE ..91, 276
UNIFINE PENTIPS...79, 91, 264, ...276, 277
UNIFINE PENTIPS MAXFLOW 91, 277
UNIFINE PENTIPS PLUS 91, 92, 277
UNIFINE PENTIPS PLUS MAXFLOW.....92, 277
UNIFINE PROTECT.....92, 277
UNIFINE SAFECONTROL 92, 277
UNIFINE ULTRA PEN NEEDLE 92, 277
UNITHROID 132, 180
ursodiol 119, 177

V

valacyclovir 53, 233
VALCHLOR.....40, 220
valganciclovir.....52, 232
valproic acid 30, 214
valproic acid (as sodium salt) 30, 214
valsartan 96, 164
valsartan-hydrochlorothiazide 101, 163
VALTOCO.....31, 212
vancomycin 24, 206
VANFLYTA 46, 226
VANISHPOINT INSULIN SYRINGE.....92, 277
VANISHPOINT SYRINGE..... .....92, 277, 278
VAQTA (PF).....140, 197
varenicline.....22, 154, 155
VARIVAX (PF).....140, 197
VARUBI.....36, 218
VASCEPA.....103, 166
velivet triphasic regimen (28)..... .....130, 185
VELPHORO 118, 239
VEMLIDY 52, 232
VENCLEXTA.....46, 226
VENCLEXTA STARTING PACK 46, 226
venlafaxine.....35, 216
venlafaxine besylate.....35, 215
VENTOLIN HFA.....148, 283
verapamil 98, 99, 160
VERIFINE INSULIN SYRINGE 92, 93, 278
VERIFINE PEN NEEDLE 92, 93, 278
VERIFINE PLUS PEN NEEDLE 93, 278
VERIFINE PLUS PEN NEEDLE-SHARP 93, 278
VERQUVO.....101, 163
VERSACLOZ 52, 231
VERSALON 93, 278
VERZENIO.....46, 226
vestura (28).....130, 185
VICTOZA 59, 244
vienva 130, 185
vigabatrin 31, 212
vigadrone 31, 212
VIIBRYD.....35, 217
VIJOICE.....120, 153
vilazodone.....35, 216
vinate care 117, 239
viorele (28) 130, 185
VIRACEPT 56, 232
VIREAD.....55, 234, 235
virt-c dha 117, 239
virt-nate dha 117, 239
virt-pn dha 117, 239
virt-pn plus 117, 239
vitafol gummies 117, 239
vitafol nano.....117, 239
vitafol-ob+dha 117, 239
VITRAKVI.....46, 226
VIVITROL.....21, 155
VIZIMPRO.....46, 226
volnea (28) 130, 185
VONJO 46, 226
voriconazole.....38, 219
VOSEVI.....53, 232
vp-ch-pnv 117, 239
vp-pnv-dha 117, 239
VRAYLAR 51, 230
vyfemla (28) 130, 185
vylibra 130, 185
VYNDAMAX.....120, 153
VYZULTA.....145, 200

W

warfarin 94, 154
WEBCOL 110, 176
WELIREG 42, 222
wera (28).....130, 185
WINREVAIR.....149, 281

X

XALKORI 46, 226
XARELTO 94, 154
XARELTO DVT-PE TREAT 30D START.....94, 154
XATMEP 42, 222
XCOPRI 30, 214
XCOPRI MAINTENANCE PACK 30, 214
XCOPRI TITRATION PACK 30, 214
XERMELO 118, 176
XGEVA 142, 169
XIFAXAN.....24, 207
XIIDRA.....143, 199
XOFLUZA 56, 233
XOLAIR.....135, 193, 194
XOSPATA.....46, 226
XPOVIO 42, 222
XTANDI.....40, 221
XULTOPHY 100/3.6 .....59, 244
XURIDEN.....120, 153

Y

yargesa 120, 243
YF-VAX (PF) 140, 197
YONSA 40, 221

Z

zafirlukast.....147, 282
zaleplon.....150, 169
zarah.....130, 186
ZARXIO.....95, 153
zatean-pn dha 117, 239
zatean-pn plus.....117, 239

ZEJULA.....46, 226, 227
ZELBORAF.....46, 227
ZEMDRI.....23, 205
ZENPEP.....121, 153
zidovudine.....55, 235
ZIEXTENZO.....95, 153
ZIMHI.....22, 155
zingiber.....117, 239
ziprasidone hcl.....51, 231
ziprasidone mesylate.....51, 231
ZIRGAN.....52, 232
ZOKINVY.....121, 153
ZOLINZA.....42, 222
zolmitriptan.....39, 157
zolpidem.....150, 169
ZONISADE.....31, 213
zonisamide.....31, 213
zovia 1-35 (28).....130, 186
ZTALMY.....30, 214
zumandimine (28).....130, 186
ZURZUVAE.....33, 216
ZYDELIG.....46, 227
ZYKADIA.....46, 227
ZYPREXA RELPREVV....52, 231

To learn what the abbreviations on this table mean, see the beginning of the drug list table.
(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 05/16/2024. 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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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

Este formulario se actualizó el 16/05/2024. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Imperial Strong (HMO) llamando al 1-800-838-8271, 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.

Imperial Insurance Companies (HMO) (HMO SNP) cumple con leyes federales de derechos civiles aplicables y no discrimina basándose en raza, color, origen nacional, edad, discapacidad, o sexo.

ATENCIÓN: Si habla inglés, tiene a su disposición servicios de asistencia lingüística gratuitos. Llame al 1-800-838-8271 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).