

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 17.

This formulary was updated on 06/20/2024. 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.

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)	153
Index of Drugs / Índice de drogas.....	286

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 06/20/2024. 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 06/20/2024. 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 286. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Beneficiaries who are discharged from the hospital and are provided a discharge list of medications based upon the formulary of the hospital.
2. Beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert back to their Part D plan formulary.
3. Beneficiaries who give up Hospice Status to revert back to standard Medicare Part A and B benefits.
4. Beneficiaries who are discharged from Chronic Psychiatric Hospitals with medication regimens that are highly individualized.

For more information

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

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

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

Imperial 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 286.

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 17.

Este formulario se actualizó el 20/06/2024. 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.

IR_386 H5496 Drug Formulary 1T_C ENG

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	286

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 20/06/2024. 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 20/06/2024. 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 286. 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, muéstrésela 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 286.

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.....	36
Antifungals	36
Antigout Agents	38
Antimigraine Agents.....	38
Antimyasthenic Agents.....	39
Antimycobacterials.....	39
Antineoplastics	40
Antiparasitics	47
Antiparkinson Agents	48
Antipsychotics	49
Antispasticity Agents	53
Antivirals.....	53
Anxiolytics.....	57
Bipolar Agents	58
Blood Glucose Regulators	58
Blood Products And Modifiers.....	94
Cardiovascular Agents.....	96
Central Nervous System Agents.....	104
Dental And Oral Agents	107
Dermatological Agents.....	107
Electrolytes/Minerals/Metals/Vitamins	111
Gastrointestinal Agents	119
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment.....	121

Genitourinary Agents	122
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	123
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	124
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers).....	124
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	132
Hormonal Agents, Suppressant (Pituitary).....	133
Hormonal Agents, Suppressant (Thyroid).....	134
Immunological Agents	134
Inflammatory Bowel Disease Agents	142
Metabolic Bone Disease Agents	142
Non-FRF.....	143
Ophthalmic Agents	143
Otic Agents	146
Respiratory Tract/ Pulmonary Agents.....	147
Skeletal Muscle Relaxants.....	151
Sleep Disorder Agents	152

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

Lista de medicamentos por condición médica

Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias	155
Agentes Antidemencia	156
Agentes Antiespásticos	157
Agentes Antigota	157
Agentes Antimiasténicos.....	157
Agentes Antimigraña.....	157
Agentes Antiparkinson	159
Agentes Bipolares	160
Agentes Cardiovasculares	160
Agentes De Enfermedad Intestinal Inflamatoria	169
Agentes De Enfermedad Ósea Metabólica	169
Agentes De Trastorno De Sueño	170
Agentes Del Sistema Nervioso Central	170
Agentes Dentales Y Orales	173
Agentes Dermatológicos	173
Agentes Gastrointestinales	177
Agentes Genitourinarios.....	180
Agentes Hormonales, Estimulante/Reemplazo/Modificacor (Tiroides)	181
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Hormonas Sexuales/ Modificadores)	181
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Pituitario).....	189
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Suprarrenal).....	190
Agentes Hormonales, Supresores (Pituitario)	191
Agentes Hormonales, Supresores (Tiroides).....	192
Agentes Inmunológicos	192
Agentes Oftálmicos	199
Agentes Óticos.....	202
Analgésicos	203
Anestésicos	205
Ansiolíticos.....	206
Antibacterianos.....	207

Anticonvulsivos	213
Antidepresivos	216
Antieméticos.....	219
Antifúngicos	220
Antimicobacteriales.....	221
Antineoplásicos	222
Antiparasitarios.....	229
Antipsicóticos	230
Antivirales.....	233
Electrolitos/Minerales/Metales/Vitaminas.....	237
Non-FRF.....	245
Reguladores De Glucosa En Sangre	245
Relajantes Musculares Esqueléticos	281
Vía Respiratoria/Agentes Pulmonares	281

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, según 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, delayed 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, delayed 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, delayed release (dr/ec) 375 mg (EC-Naprosyn)	

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

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

Drug Name	Requirements / Limits
Opioid Dependence	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	
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	
<i>naloxone injection solution 0.4 mg/ml</i>	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (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	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	
NICOTROL INHALATION CARTRIDGE 10 MG	
<i>varenicline oral tablet 0.5 mg</i>	
<i>varenicline oral tablet 1 mg</i> (Chantix)	
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	
ANTIBACTERIALS	
Aminoglycosides	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	PA
<i>gentamicin 800 mg/20 ml vial muv, outer 40 mg/ml</i>	

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

Drug Name	Requirements / Limits
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)	
metronidazole vaginal gel 1.3 % (65 mg/5 gram) (Nuversa)	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg (Macrochantin)	
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	

Drug Name	Requirements / Limits
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	
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	

Drug Name	Requirements / Limits
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	
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	

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
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	
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)	

Drug Name	Requirements / Limits
erythromycin oral capsule, delayed release(dr/ec) 250 mg	
erythromycin oral tablet 250 mg, 500 mg	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg (Ery-Tab)	
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)	

Drug Name	Requirements / Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	
<i>mondoxyne nl oral capsule 100 mg</i> (doxycycline monohydrate)	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	
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
<i>felbamate oral suspension 600 mg/5 ml</i>	NM
<i>felbamate oral tablet 400 mg, 600 mg</i> (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)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21)-50 mg (7)</i> (Lamictal ODT Starter (Blue))	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	

Drug Name	Requirements / Limits
lamotrigine oral tablet disintegrating, dose pack 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)
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)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	QL (10 per 30 days)
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)

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
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	
<i>ethosuximide oral capsule 250 mg (Zarontin)</i>	
<i>ethosuximide oral solution 250 mg/5 ml (Zarontin)</i>	
<i>methsuximide oral capsule 300 mg (Celontin)</i>	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	QL (900 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg (Zonegran)</i>	
<i>zonisamide oral capsule 50 mg</i>	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents	
<i>clobazam oral suspension 2.5 mg/ml (Onfi)</i>	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg (Onfi)</i>	QL (60 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg (Neurontin)</i>	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (Neurontin)</i>	
<i>gabapentin oral tablet 600 mg, 800 mg (Neurontin)</i>	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)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	
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
<i>vigabatrin oral powder in packet 500 mg (Sabril)</i>	PA NSO; NM; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg (Vigadrone)</i>	PA NSO; NM; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg (vigabatrin)</i>	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)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)</i>	

Drug Name	Requirements / Limits
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	
carbamazepine oral tablet 200 mg (Epilex)	
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
epilex 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)
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)

Drug Name	Requirements / Limits
<i>donepezil oral tablet, disintegrating 10 mg</i>	QL (60 per 30 days)
<i>donepezil oral tablet, disintegrating 5 mg</i>	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (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)
<i>bupropion hcl oral tablet 100 mg</i>	QL (180 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	QL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> (Wellbutrin XL)	QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> (Wellbutrin XL)	QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i> (Wellbutrin SR)	QL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i> (Wellbutrin SR)	QL (90 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 200 mg</i> (Wellbutrin SR)	QL (60 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	QL (30 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	QL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	QL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-50 mg</i> (Symbyax)	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i> (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)

Drug Name	Requirements / Limits
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)
<i>phenelzine oral tablet 15 mg</i> (Nardil)	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	
SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)	
<i>citalopram oral capsule 30 mg</i>	QL (30 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i> (Celexa)	QL (30 per 30 days)
<i>citalopram oral tablet 20 mg</i> (Celexa)	QL (60 per 30 days)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i> (Lexapro)	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i> (Lexapro)	QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i> (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)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	QL (60 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	QL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	QL (60 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	QL (120 per 30 days)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	QL (90 per 30 days)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	

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

Drug Name	Requirements / Limits
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))	
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, dose 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, disintegrating 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
casprofungin intravenous recon soln 50 mg (Cancidas)	NM
casprofungin intravenous recon soln 70 mg (Cancidas)	
ciclopirox topical cream 0.77 % (Ciclodan)	
ciclopirox topical suspension 0.77 % (Loprox (as olamine))	

Drug Name	Requirements / Limits
<i>clotrimazole mucous membrane troche</i> 10 mg	
<i>clotrimazole topical cream 1 %</i> (Antifungal (<i>clotrimazole</i>))	
<i>clotrimazole topical solution 1 %</i>	
<i>econazole topical cream 1 %</i>	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	NM
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	
<i>fluconazole in nacl (iso-osm) intravenous</i> <i>piggyback 100 mg/50 ml, 200 mg/100 ml,</i> <i>400 mg/200 ml</i>	
<i>fluconazole oral suspension for</i> <i>reconstitution 10 mg/ml</i>	
<i>fluconazole oral suspension for</i> <i>reconstitution 40 mg/ml</i> (Diflucan)	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	NM
<i>griseofulvin microsize oral suspension</i> <i>125 mg/5 ml</i>	
<i>griseofulvin microsize oral tablet 500 mg</i>	
<i>griseofulvin ultramicrosize oral tablet</i> <i>125 mg, 250 mg</i>	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	PA
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	
<i>ketoconazole oral tablet 200 mg</i>	
<i>ketoconazole topical cream 2 %</i>	
<i>ketoconazole topical shampoo 2 %</i>	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	PA; NM
<i>nyamyc topical powder 100,000 unit/gram</i> (<i>nystatin</i>)	
<i>nystatin oral suspension 100,000 unit/ml</i>	
<i>nystatin oral tablet 500,000 unit</i>	
<i>nystatin topical cream 100,000 unit/gram</i>	
<i>nystatin topical ointment</i> <i>100,000 unit/gram</i>	
<i>nystatin topical powder 100,000 unit/gram</i> (<i>Nyamyc</i>)	
<i>nystop topical powder 100,000 unit/gram</i> (<i>nystatin</i>)	

Drug Name	Requirements / Limits
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	PA; NM
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	PA
<i>terbinafine hcl oral tablet 250 mg</i>	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	
<i>terconazole vaginal suppository 80 mg</i>	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	PA; NM
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	PA; NM
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	PA
ANTIGOUT AGENTS	
Antigout Agents	
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	
<i>allopurinol oral tablet 300 mg</i>	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	PA
<i>probenecid oral tablet 500 mg</i>	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	
ANTIMIGRAINE AGENTS	
Ergot Alkaloids	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	NM
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	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	
<i>propranolol oral capsule, extended release 24 hr 80 mg</i> (Inderal LA)	
<i>propranolol oral tablet 80 mg</i>	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	

Drug Name	Requirements / Limits
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)
rizatriptan oral tablet 5 mg	QL (12 per 30 days)
rizatriptan oral tablet, disintegrating 10 mg (Maxalt-MLT)	QL (12 per 30 days)
rizatriptan oral tablet, disintegrating 5 mg	QL (12 per 30 days)
sumatriptan nasal spray, non-aerosol 20 mg/actuation	QL (12 per 30 days)
sumatriptan nasal spray, non-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, disintegrating 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)	

Drug Name	Requirements / Limits
Antituberculars	
<i>ethambutol oral tablet 100 mg</i>	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	
<i>isoniazid oral solution 50 mg/5 ml</i>	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	
<i>pyrazinamide oral tablet 500 mg</i>	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	
SIRTURO ORAL TABLET 100 MG, 20 MG	PA; NM
TRECTOR ORAL TABLET 250 MG	
ANTINEOPLASTICS	
Alkylating Agents	
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	PA BvD; NM
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	PA BvD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	PA BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Iomustine)	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	
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	PA NSO; NM; QL (120 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (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
<i>nilutamide oral tablet 150 mg</i> (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	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	PA NSO; NM; QL (28 per 28 days)

Drug Name	Requirements / Limits
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)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	PA NSO
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	
<i>toremifene oral tablet 60 mg</i> (Fareston)	PA NSO; NM
Antimetabolites	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM
<i>mercaptopurine oral tablet 50 mg</i>	
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	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	PA NSO; NM; QL (1.6 per 28 days)
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)
JYLAMVO ORAL SOLUTION 2 MG/ML	PA BvD
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)

Drug Name	Requirements / Limits
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	
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)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	PA NSO; NM; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	PA NSO; NM; QL (48 per 28 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
XCOPRI ORAL TABLET 25 MG	QL (28 per 28 days)
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)
<i>Aromatase Inhibitors, 3rd Generation</i>	
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	
<i>letrozole oral tablet 2.5 mg</i> (Femara)	

Drug Name	Requirements / Limits
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)
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)

Drug Name	Requirements / Limits
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)
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)

Drug Name	Requirements / Limits
<i>lapatinib oral tablet 250 mg</i> (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 12 MG DOSE (3X 4 MG TB) 12 MG/DAY (4 MG X 3)	PA NSO; NM; QL (84 per 28 days)
LYTGOBI 16 MG DOSE (4X 4 MG TB) 16 MG/DAY (4 MG X 4)	PA NSO; NM; QL (112 per 28 days)
LYTGOBI 20 MG DOSE (5X 4 MG TB) 20 MG/DAY (4 MG X 5)	PA NSO; NM; QL (140 per 28 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)
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)
<i>pazopanib oral tablet 200 mg</i> (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)

Drug Name	Requirements / Limits
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
<i>sorafenib oral tablet 200 mg</i> (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)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (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)
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

Drug Name	Requirements / Limits
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 PELLETT 150 MG	PA NSO; NM; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	PA NSO; NM; QL (240 per 30 days)
XALKORI ORAL PELLETT 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	
<i>bexarotene oral capsule 75 mg</i> (Targretin)	PA NSO; NM; QL (300 per 30 days)
<i>bexarotene topical gel 1 %</i> (Targretin)	PA NSO; NM
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	NM
ANTIPARASITICS	
Anthelmintics	
<i>albendazole oral tablet 200 mg</i>	
EMVERM ORAL TABLET, CHEWABLE 100 MG (mebendazole)	NM
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	PA
Antiprotozoals	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	NM
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	

Drug Name	Requirements / Limits
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	
COARTEM ORAL TABLET 20-120 MG	
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	
<i>hydroxychloroquine oral tablet 200 mg (Plaquenil)</i>	
<i>hydroxychloroquine oral tablet 300 mg (Sovuna)</i>	
LAMPIT ORAL TABLET 120 MG, 30 MG	
<i>mefloquine oral tablet 250 mg</i>	
<i>nitazoxanide oral tablet 500 mg (Alinia)</i>	QL (40 per 30 days)
<i>pentamidine inhalation recon soln 300 mg (Nebupent)</i>	PA BvD
<i>pentamidine injection recon soln 300 mg (Pentam)</i>	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	
<i>quinine sulfate oral capsule 324 mg (Qualaquin)</i>	PA
ANTIPARKINSON AGENTS	
Anticholinergics	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	
Antiparkinson Agents, Other	
<i>amantadine hcl oral capsule 100 mg</i>	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	
<i>amantadine hcl oral tablet 100 mg</i>	
<i>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</i>	
<i>entacapone oral tablet 200 mg</i>	
Dopamine Agonists	
<i>bromocriptine oral capsule 5 mg (Parlodel)</i>	
<i>bromocriptine oral tablet 2.5 mg (Parlodel)</i>	
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	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	

Drug Name	Requirements / Limits
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, 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
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	
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	

Drug Name	Requirements / Limits
<i>haloperidol lactate intramuscular syringe</i> 5 mg/ml	
<i>haloperidol lactate oral concentrate</i> 2 mg/ml	
<i>haloperidol oral tablet</i> 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	
<i>loxapine succinate oral capsule</i> 10 mg, 25 mg, 5 mg, 50 mg	
<i>molindone oral tablet</i> 10 mg, 25 mg, 5 mg	
<i>perphenazine oral tablet</i> 16 mg, 2 mg, 4 mg, 8 mg	
<i>pimozide oral tablet</i> 1 mg, 2 mg	
<i>thioridazine oral tablet</i> 10 mg, 100 mg, 25 mg, 50 mg	
<i>thiothixene oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	
<i>trifluoperazine oral tablet</i> 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
<i>aripiprazole oral solution</i> 1 mg/ml	QL (750 per 30 days)
<i>aripiprazole oral tablet</i> 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i> 10 mg	NM; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i> 15 mg	NM; QL (60 per 30 days)
<i>asenapine maleate sublingual tablet</i> 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)

Drug Name	Requirements / Limits
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
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> (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
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	QL (60 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Zyprexa)	QL (30 per 30 days)
<i>olanzapine oral tablet 20 mg</i> (Zyprexa)	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i> (Zyprexa Zydis)	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i> (Zyprexa Zydis)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	QL (60 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i> (Seroquel XR)	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg, 300 mg, 400 mg</i> (Seroquel XR)	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i> (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

Drug Name	Requirements / Limits
<i>risperidone microspheres intramuscular suspension, extended rel recon</i> 12.5 mg/2 ml (Risperdal Consta)	
<i>risperidone microspheres intramuscular suspension, extended rel recon</i> 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml (Risperdal Consta)	NM
<i>risperidone oral solution</i> 1 mg/ml (Risperdal)	QL (480 per 30 days)
<i>risperidone oral tablet</i> 0.25 mg	QL (60 per 30 days)
<i>risperidone oral tablet</i> 0.5 mg (Risperdal)	QL (120 per 30 days)
<i>risperidone oral tablet</i> 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating</i> 0.25 mg, 1 mg, 2 mg, 3 mg	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating</i> 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)
<i>ziprasidone hcl oral capsule</i> 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln</i> 20 mg/ml (final conc.) (Geodon)	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	ST
Treatment-Resistant	
<i>clozapine oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating</i> 100 mg, 12.5 mg, 150 mg, 25 mg	QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating</i> 200 mg	NM; QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	ST; NM; QL (540 per 30 days)

Drug Name	Requirements / Limits
ANTISPASTICITY AGENTS	
Antispasticity Agents	
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	
<i>tizanidine oral tablet 2 mg</i>	
<i>tizanidine oral tablet 4 mg</i> (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)
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	
Anti-Hepatitis B (HBV) Agents	
<i>adefovir oral tablet 10 mg</i> (Hepsera)	QL (30 per 30 days)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	NM; QL (600 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	QL (30 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	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
<i>ribavirin oral capsule 200 mg</i>	
<i>ribavirin oral tablet 200 mg</i>	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	PA; NM
VOSEVI ORAL TABLET 400-100-100 MG	PA; NM
Antiherpetic Agents	
<i>acyclovir oral capsule 200 mg</i>	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	PA BvD

Drug Name	Requirements / Limits
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	
<i>valacyclovir oral tablet 1 gram, 500 mg (Valtrex)</i>	
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)
<i>efavirenz oral capsule 200 mg</i>	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	QL (360 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	QL (30 per 30 days)
<i>etravirine oral tablet 100 mg (Intence)</i>	NM; QL (120 per 30 days)
<i>etravirine oral tablet 200 mg (Intence)</i>	NM; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	QL (120 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG	NM; QL (30 per 30 days)

Drug Name	Requirements / Limits
Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	QL (960 per 30 days)
<i>abacavir oral tablet 300 mg</i>	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	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)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> (Atripla)	NM; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo)	NM; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i> (Symfi)	NM; QL (30 per 30 days)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	QL (30 per 30 days)
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	NM; QL (30 per 30 days)
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i> (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)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	QL (900 per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	NM; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (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)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	NM; QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>	QL (60 per 30 days)
Anti-HIV Agents, Other	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	NM; QL (60 per 30 days)

Drug Name	Requirements / Limits
<i>maraviroc oral tablet 150 mg, 300 mg</i> (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)
<i>atazanavir oral capsule 150 mg</i>	QL (60 per 30 days)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	QL (30 per 30 days)
<i>darunavir oral tablet 600 mg</i> (Prezista)	NM; QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i> (Prezista)	NM; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	NM; QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	NM; QL (120 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	QL (400 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	QL (150 per 30 days)
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)
<i>ritonavir oral tablet 100 mg</i> (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)

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
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)
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, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	QL (90 per 30 days)

Drug Name	Requirements / Limits
clonazepam oral tablet, disintegrating 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, 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	
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	

Drug Name	Requirements / Limits
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	
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	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	
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)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	
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)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	(Actos)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	
<i>pioglitazone-metformin oral tablet 15-850 mg</i>	(Actoplus MET)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	PA; QL (30 per 30 days)

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

Drug Name	Requirements / Limits
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)	max \$35 copay per month supply
Glycemic Agents	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	NM
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	
<i>mifepristone oral tablet 300 mg</i> (Korlym)	PA; NM
Insulins	
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16" (pen needle, diabetic)	
1ST TIER UNIFINE PNTTP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	
1ST TIER UNIFINE PNTTP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	
1ST TIER UNIFINE PNTTP 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic)	

Drug Name	Requirements / Limits
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)
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"	

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
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"	
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)

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
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)	
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)	

Drug Name	Requirements / Limits
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)
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)

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
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)
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)

Drug Name	Requirements / Limits
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)
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)

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
CURAD GAUZE PADS 2" X 2" 2 X 2 " (gauze bandage)	
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	
CURITY GAUZE 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"	
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)	

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
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)
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)

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
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"	
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)

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
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)
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 FLIPL0K 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)

Drug Name	Requirements / Limits
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)
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"	

Drug Name	Requirements / Limits
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)
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)	max \$35 copay per month supply
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	max \$35 copay per month supply
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	max \$35 copay per month supply

Drug Name	Requirements / Limits
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	
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)	

Drug Name		Requirements / Limits
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 PENTIP 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)	
<i>insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)</i>	<i>(Lantus Solostar U-100 Insulin)</i>	max \$35 copay per month supply
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	<i>(Lantus U-100 Insulin)</i>	max \$35 copay per month supply
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 Insulin Syr(half <i>unit</i>))	
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)	

Drug Name	Requirements / Limits
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)
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)

Drug Name	Requirements / Limits
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	max \$35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	max \$35 copay per month supply
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	max \$35 copay per month supply
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	max \$35 copay per month supply
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)	
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)	

Drug Name	Requirements / Limits
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"	
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)

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
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))
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"	

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
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)	max \$35 copay per month supply
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	max \$35 copay per month supply
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	max \$35 copay per month supply
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	max \$35 copay per month supply
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	max \$35 copay per month supply
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	max \$35 copay per month supply
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart u-100)	max \$35 copay per month supply
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	max \$35 copay per month supply
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	max \$35 copay per month supply
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin aspart u-100)	max \$35 copay per month supply
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart u-100)	max \$35 copay per month supply
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	

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

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
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)
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)

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
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)
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"	

Drug Name	Requirements / Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	max \$35 copay per month supply
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)	
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)	

Drug Name	Requirements / Limits
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"	
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)

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
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)
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)

Drug Name	Requirements / Limits	
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)	max \$35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	max \$35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	max \$35 copay per month supply
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"		

Drug Name	Requirements / Limits
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)
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	
TRUE COMFORT 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)

Drug Name	Requirements / Limits
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)
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"	

Drug Name	Requirements / Limits
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"	
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)

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
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)
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)

Drug Name	Requirements / Limits
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)
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)

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
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)
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"	

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
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 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
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)
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)

Drug Name	Requirements / Limits
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 SYRINGE 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	
VERIFINE SYRINGE 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	
<i>Anticoagulants</i>	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	NM; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	NM; QL (12 per 30 days)

Drug Name	Requirements / Limits
<i>fondaparinux subcutaneous syringe</i> 7.5 mg/0.6 ml <i>(Arixtra)</i>	NM; QL (18 per 30 days)
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg,</i> <i>2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> <i>(warfarin)</i>	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg,</i> <i>2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> <i>(Jantoven)</i>	
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	
<i>anagrelide oral capsule 0.5 mg</i> <i>(Agrylin)</i>	
<i>anagrelide oral capsule 1 mg</i>	
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)
<i>tranexamic acid oral tablet 650 mg</i>	
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	
<i>aspirin-dipyridamole oral capsule, er</i> <i>multiphase 12 hr 25-200 mg</i>	

Drug Name	Requirements / Limits
BRILINTA ORAL TABLET 60 MG, 90 MG	
CABLIVI INJECTION KIT 11 MG	PA; NM
<i>cilostazol oral tablet 100 mg, 50 mg</i>	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	
CARDIOVASCULAR AGENTS	
Alpha-Adrenergic Agonists	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	QL (4 per 28 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	PA; NM; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	
Alpha-Adrenergic Blocking Agents	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	
Angiotensin II Receptor Antagonists	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	
Angiotensin-Converting Enzyme (ACE) Inhibitors	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	
<i>benazepril oral tablet 5 mg</i>	

Drug Name	Requirements / Limits
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	
Antiarrhythmics	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	
MULTAQ ORAL TABLET 400 MG	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	
<i>sotalol oral tablet 240 mg</i> (Betapace)	
Beta-Adrenergic Blocking Agents	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	

Drug Name	Requirements / Limits
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	
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)

Drug Name	Requirements / Limits
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)	
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	
Cardiovascular Agents, Other	
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	QL (30 per 30 days)

Drug Name	Requirements / Limits
<i>amiloride-hydrochlorothiazide oral tablet</i> 5-50 mg	
<i>amlodipine-atorvastatin oral tablet</i> 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, (Caduet) 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet</i> 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	QL (30 per 30 days)
<i>amlodipine-benazepril oral capsule</i> (Lotrel) 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	
<i>amlodipine-benazepril oral capsule</i> 2.5-10 mg, 5-40 mg	
<i>amlodipine-olmesartan oral tablet</i> (Azor) 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	
<i>amlodipine-valsartan oral tablet</i> (Exforge) 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	
<i>atenolol-chlorthalidone oral tablet</i> (Tenoretic 100) 100-25 mg	
<i>atenolol-chlorthalidone oral tablet</i> (Tenoretic 50) 50-25 mg	
<i>benazepril-hydrochlorothiazide oral tablet</i> (Lotensin HCT) 10-12.5 mg, 20-12.5 mg, 20-25 mg	
<i>benazepril-hydrochlorothiazide oral tablet</i> 5-6.25 mg	
<i>bisoprolol-hydrochlorothiazide oral tablet</i> 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)
<i>candesartan-hydrochlorothiazid oral tablet</i> (Atacand HCT) 16-12.5 mg, 32-12.5 mg, 32-25 mg	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	PA
<i>digitek oral tablet 125 mcg (0.125 mg),</i> <i>250 mcg (0.25 mg)</i> (digoxin)	QL (30 per 30 days)
<i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)	QL (30 per 30 days)
<i>digoxin 250 mcg tablet 250 mcg (0.25 mg)</i> (Digitek)	QL (30 per 30 days)
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	QL (255 per 30 days)
<i>digoxin oral tablet 125 mcg (0.125 mg),</i> <i>250 mcg (0.25 mg)</i> (Digitek)	QL (30 per 30 days)
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	QL (60 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet</i> (Vaseretic) 10-25 mg	

Drug Name	Requirements / Limits
<i>enalapril-hydrochlorothiazide oral tablet</i> 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)
<i>fosinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg	
<i>irbesartan-hydrochlorothiazide oral tablet</i> 150-12.5 mg, 300-12.5 mg (Avalide)	
<i>isosorbide-hydralazine oral tablet</i> 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)
<i>lisinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	
<i>losartan-hydrochlorothiazide oral tablet</i> 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> 100-25 mg, 100-50 mg, 50-25 mg	
<i>metyrosine oral capsule</i> 250 mg (Demser)	NM
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i> 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (Tribenzor)	
<i>olmesartan-hydrochlorothiazide oral tablet</i> 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT)	
<i>pentoxifylline oral tablet extended release</i> 400 mg	
<i>quinapril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	
<i>ranolazine oral tablet extended release</i> 12 hr 1,000 mg, 500 mg	
<i>spironolacton-hydrochlorothiaz oral tablet</i> 25-25 mg	
<i>telmisartan-amlodipine oral tablet</i> 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	
<i>telmisartan-hydrochlorothiazid oral tablet</i> 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis HCT)	
<i>trandolapril-verapamil oral tablet, ir - er,</i> <i>biphasic 24hr</i> 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	
<i>triamterene-hydrochlorothiazid oral</i> <i>capsule</i> 37.5-25 mg	

Drug Name	Requirements / Limits
<i>triamterene-hydrochlorothiazid oral tablet</i> 37.5-25 mg, 75-50 mg	
<i>valsartan-hydrochlorothiazide oral tablet</i> 160- 12.5 mg, 160-25 mg, 320- 12.5 mg, (Diovan HCT) 320-25 mg, 80- 12.5 mg	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	PA
Diuretics, Loop	
<i>bumetanide injection solution 0.25 mg/ml</i>	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>furosemide injection solution 10 mg/ml</i>	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	
<i>toremide oral tablet 20 mg</i> (Soaanz)	
Diuretics, Potassium-Sparing	
<i>amiloride oral tablet 5 mg</i>	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	
KERENDIA ORAL TABLET 10 MG, 20 MG	QL (30 per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	
Diuretics, Thiazide	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	
Dyslipidemics, Fibric Acid Derivatives	
<i>fenofibrate micronized oral capsule</i> 130 mg, 134 mg, 200 mg, 67 mg	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	QL (60 per 30 days)
<i>fenofibrate nanocrystallized oral tablet</i> 145 mg (Tricor)	QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet</i> 48 mg (Tricor)	QL (60 per 30 days)
<i>fenofibrate oral capsule 150 mg</i> (Lipofen)	QL (30 per 30 days)
<i>fenofibrate oral capsule 50 mg</i> (Lipofen)	QL (60 per 30 days)

Drug Name	Requirements / Limits
<i>fenofibrate oral tablet 160 mg</i>	QL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	QL (60 per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	QL (60 per 30 days)
Dyslipidemics, HMG COA Reductase Inhibitors	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	QL (30 per 30 days)
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	QL (45 per 30 days)
<i>lovastatin oral tablet 20 mg</i>	QL (30 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	QL (60 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (30 per 30 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	QL (30 per 30 days)
<i>rosuvastatin oral tablet 40 mg</i> (Crestor)	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	QL (30 per 30 days)
Dyslipidemics, Other	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	
<i>colestipol oral packet 5 gram</i>	
<i>colestipol oral tablet 1 gram</i> (Colestid)	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i> (Vascepa)	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	PA; NM
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	

Drug Name	Requirements / Limits
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (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	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	
CENTRAL NERVOUS SYSTEM AGENTS	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	QL (360 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	QL (1800 per 30 days)

Drug Name	Requirements / Limits
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)
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
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	PA; NM
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	PA; NM; QL (30 per 30 days)

Drug Name	Requirements / Limits
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	PA; NM; QL (30 per 30 days)
NUDEXTA ORAL CAPSULE 20-10 MG	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	PA
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	PA; NM; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	PA; NM; QL (120 per 30 days)
Fibromyalgia Agents	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Lyrica)	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	QL (60 per 30 days)
<i>pregabalin oral capsule 75 mg</i> (Lyrica)	QL (120 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (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
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	PA; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	PA; NM
<i>fingolimod oral capsule 0.5 mg</i> (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

Drug Name		Requirements / Limits
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	<i>(Paroex Oral Rinse)</i>	
KOURZEQ DENTAL PASTE 0.1 %	(triamcinolone acetonide)	
<i>oralone dental paste 0.1 %</i>	<i>(triamcinolone acetonide)</i>	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	<i>(chlorhexidine gluconate)</i>	
<i>periogard mucous membrane mouthwash 0.12 %</i>	<i>(chlorhexidine gluconate)</i>	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	<i>(Salagen (pilocarpine))</i>	
<i>triamcinolone acetonide dental paste 0.1 %</i>	<i>(Kourzeq)</i>	
DERMATOLOGICAL AGENTS		
Acne And Rosacea Agents		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	<i>(isotretinoin)</i>	
<i>acitretin oral capsule 10 mg, 17.5 mg, 22.5 mg, 25 mg</i>		PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	<i>(isotretinoin)</i>	
<i>avita topical gel 0.025 %</i>	<i>(tretinoin)</i>	PA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	<i>(isotretinoin)</i>	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i>	<i>(Neuac)</i>	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	<i>(Benzamycin)</i>	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	<i>(Accutane)</i>	
<i>tazarotene topical cream 0.1 %</i>	<i>(Tazorac)</i>	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	<i>(Tazorac)</i>	PA
TAZORAC TOPICAL CREAM 0.05 %		PA
<i>tretinoin topical cream 0.025 %</i>	<i>(Avita)</i>	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	<i>(Retin-A)</i>	PA
<i>tretinoin topical gel 0.01 %</i>	<i>(Retin-A)</i>	PA
<i>tretinoin topical gel 0.025 %</i>	<i>(Avita)</i>	PA
<i>tretinoin topical gel 0.05 %</i>	<i>(Atralin)</i>	PA

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

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

Drug Name	Requirements / Limits
<i>Dermatological Agents, Other</i>	
ALCOH-GLOVE TOWELETTE 70 %	
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)
ALCOHOL PREP SWABS 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)
<i>calcipotriene scalp solution 0.005 %</i>	
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	
CURITY ALCOHOL PREPS 2 PLY, MEDIUM	(alcohol swabs)
<i>diclofenac sodium topical gel 3 %</i>	PA
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)
<i>fluorouracil topical cream 5 %</i>	(Efudex)
<i>fluorouracil topical solution 2 %, 5 %</i>	
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	(Analpram-HC)
<i>imiquimod topical cream in packet 5 %</i>	
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	
IV PREP WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	
PANRETIN TOPICAL GEL 0.1 %	PA NSO; NM

Drug Name	Requirements / Limits
<i>podofilox topical solution 0.5 %</i>	
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	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	
<i>ssd topical cream 1 %</i> (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	
<i>malathion topical lotion 0.5 %</i> (Ovide)	
<i>permethrin topical cream 5 %</i> (Elimite)	
Topical Anti-Infectives	
<i>ciclopirox topical gel 0.77 %</i>	
<i>ciclopirox topical shampoo 1 %</i>	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	
<i>clindamycin phosphate topical gel 1 %</i>	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	
<i>clindamycin phosphate topical solution 1 %</i>	
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	
<i>erythromycin with ethanol topical solution 2 %</i>	
<i>mupirocin calcium topical cream 2 %</i>	
<i>mupirocin topical ointment 2 %</i> (Centany)	
ELECTROLYTES/MINERALS/METALS/VITAMINS	
Electrolyte/ Mineral Replacement	
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	PA; NM

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

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

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	
ba1-care dha combo pack 27-1-430 mg	
ba1-care dha essential pack 27 mg iron-1 mg -374 mg	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD

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
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	

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

Drug Name	Requirements / Limits
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)
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	

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

Drug Name	Requirements / Limits
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	
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 PELLETT 200 MCG, 600 MCG	PA; NM

Drug Name	Requirements / Limits
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
<i>gavilyte-c oral recon soln</i> 240-22.72-6.72 -5.84 gram (peg 3350-electrolytes)	
<i>gavilyte-g oral recon soln</i> 236-22.74-6.74 -5.86 gram (peg 3350-electrolytes)	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	PA; NM
<i>metoclopramide hcl oral solution</i> 5 mg/5 ml	
<i>metoclopramide hcl oral tablet 10 mg,</i> 5 mg (Reglan)	
<i>peg 3350-electrolytes oral recon soln</i> 236-22.74-6.74 -5.86 gram (GaviLyte-G)	
<i>peg-electrolyte soln oral recon soln</i> 420 gram	
<i>sodium, potassium, mag sulfates oral</i> <i>recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	
<i>sodium, potassium, mag sulfates oral</i> <i>recon soln 17.5-3.13-1.6 gram 2 pack</i> (480ml)	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	
<i>ursodiol oral capsule 300 mg</i>	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	
Histamine2 (H2) Receptor Antagonists	
<i>famotidine oral suspension for</i> <i>reconstitution 40 mg/5 ml (8 mg/ml)</i>	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	
Protectants	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	
Proton Pump Inhibitors	
<i>dexlansoprazole oral capsule, biphasic</i> <i>delayed releas 30 mg, 60 mg</i> (Dexilant)	

Drug Name	Requirements / Limits
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg (Nexium)	
lansoprazole oral capsule, delayed release(dr/ec) 15 mg (Acid Reducer (lansoprazole))	
lansoprazole oral capsule, delayed release(dr/ec) 30 mg (Prevacid)	
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	
pantoprazole oral tablet, delayed 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 INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	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

Drug Name	Requirements / Limits
<i>yargesa oral capsule 100 mg (miglustat)</i>	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	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	PA; NM
GENITOURINARY AGENTS	
Antispasmodics, Urinary	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg (Toviaz)</i>	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	QL (300 per 30 days)
<i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)</i>	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	QL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	QL (60 per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg (Vesicare)</i>	QL (30 per 30 days)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg (Detrol LA)</i>	QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg (Detrol)</i>	QL (60 per 30 days)
<i>tropium oral capsule, extended release 24hr 60 mg</i>	QL (30 per 30 days)
<i>tropium oral tablet 20 mg</i>	QL (60 per 30 days)
Benign Prostatic Hypertrophy Agents	
<i>alfuzosin oral tablet extended release 24 hr 10 mg (Uroxatral)</i>	QL (30 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	
<i>dutasteride oral capsule 0.5 mg (Avodart)</i>	QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg (Jalyn)</i>	QL (30 per 30 days)

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

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

Drug Name	Requirements / Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	
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	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml (Depo-Testosterone)</i>	
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation (Fortesta)</i>	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Vogelxo)</i>	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)</i>	

Drug Name	Requirements / Limits
<i>testosterone transdermal gel in packet</i> 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)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	
Estrogens	
DUAVEE ORAL TABLET 0.45-20 MG	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	(Estrace)
<i>estradiol transdermal patch semiweekly</i> 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)
<i>estradiol transdermal patch weekly</i> 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)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	(Estrace)
<i>estradiol vaginal tablet 10 mcg</i>	(Vagifem)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 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)	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)

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

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

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

Drug Name	Requirements / Limits
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)
lultera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estradiol)
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estradiol)
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.estradi ol-iron)
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradi ol-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)

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
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	
<i>ocella oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	
OSPHENA ORAL TABLET 60 MG	PA
<i>philith oral tablet 0.4-35 mg-mcg</i>	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	
<i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	
<i>portia 28 oral tablet 0.15-0.03 mg</i> (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	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	
<i>setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	
<i>syeda oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	

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

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
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	
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)	

Drug Name	Requirements / Limits
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)	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (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)	
<i>Hormonal Agents, Suppressant (Pituitary)</i>	
<i>cabergoline oral tablet 0.5 mg</i>	
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
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	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

Drug Name	Requirements / Limits
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
<i>octreotide acetate injection solution</i> 1,000 mcg/ml	PA; NM
<i>octreotide acetate injection solution</i> 100 mcg/ml, 50 mcg/ml (Sandostatin)	PA
<i>octreotide acetate injection solution</i> 200 mcg/ml	PA
<i>octreotide acetate injection solution</i> 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)	
<i>Antithyroid Agents</i>	
<i>methimazole oral tablet 10 mg, 5 mg</i>	
<i>propylthiouracil oral tablet 50 mg</i>	
IMMUNOLOGICAL AGENTS	
<i>Angioedema Agents</i>	
<i>icatibant subcutaneous syringe</i> 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

Drug Name	Requirements / Limits
Immunoglobulins	
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	PA BvD; NM
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
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	
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

Drug Name	Requirements / Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PA; NM
TAVNEOS ORAL CAPSULE 10 MG	PA; NM
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	
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	PA; NM
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	PA; NM
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (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

Drug Name	Requirements / Limits
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg, 1 mg</i> (Zortress)	PA BvD; NM; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i> (Zortress)	PA BvD; NM; QL (120 per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (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)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	
<i>methotrexate sodium injection solution 25 mg/ml</i>	

Drug Name	Requirements / Limits
<i>methotrexate sodium oral tablet 2.5 mg</i>	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	PA BvD; NM
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	PA BvD
REZUROCK ORAL TABLET 200 MG	PA; NM
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	PA BvD; NM
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	PA BvD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	PA BvD
Vaccines	
ABRYSCO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 copay
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	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay

Drug Name	Requirements / Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 copay
IXCHIQ INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 copay

Drug Name	Requirements / Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 copay
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	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 copay
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; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	

Drug Name	Requirements / Limits
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	\$0 copay
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(\$0 copay) (tetanus-diphtheria toxoids-td)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 copay
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(\$0 copay) (typhoid vi polysacch vaccine)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 copay

Drug Name	Requirements / Limits
INFLAMMATORY BOWEL DISEASE AGENTS	
Aminosalicylates	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	
Glucocorticoids	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i> (Uceris)	NM
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	
METABOLIC BONE DISEASE AGENTS	
Metabolic Bone Disease Agents	
<i>alendronate oral tablet 10 mg, 5 mg</i>	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	QL (4 per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	NM; QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	QL (1 per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	PA; NM
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	
<i>paricalcitol oral capsule 4 mcg</i>	

Drug Name	Requirements / Limits
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg</i> (Evista)	
<i>risedronate oral tablet 150 mg</i> (Actonel)	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	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	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (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)
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i> (Neo-Polycin HC) 3.5-400-10,000 mg-unit/g-1%	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension</i> (Maxitrol) 3.5mg/ml-10,000 unit/ml-0.1 %	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i> (Maxitrol) 3.5 mg/g-10,000 unit/g-0.1 %	

Drug Name	Requirements / Limits
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)
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 (Neo-Polycin) 3.5-400- 10,000 mg-unit-unit/g	
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)	

Drug Name	Requirements / Limits
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 %	
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	

Drug Name	Requirements / Limits
<i>apraclonidine ophthalmic (eye) drops</i> 0.5 %	
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 % (brinzolamide)	
<i>brimonidine ophthalmic (eye) drops</i> 0.1 %, 0.15 % (Alphagan P)	
<i>brimonidine ophthalmic (eye) drops</i> 0.2 %	
<i>brimonidine-timolol ophthalmic (eye) drops</i> 0.2-0.5 % (Combigan)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine-timolol)	
<i>dorzolamide ophthalmic (eye) drops</i> 2 %	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> 2-0.5 % (Cosopt (PF))	
<i>dorzolamide-timolol ophthalmic (eye) drops</i> 22.3-6.8 mg/ml (Cosopt)	
<i>methazolamide oral tablet</i> 25 mg, 50 mg	
<i>pilocarpine hcl ophthalmic (eye) drops</i> 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 Prostanoid Analogs	
<i>latanoprost ophthalmic (eye) drops</i> 0.005 % (Xalatan)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	
<i>travoprost ophthalmic (eye) drops</i> 0.004 % (Travatan Z)	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	
OTIC AGENTS	
Otic Agents	
<i>acetic acid otic (ear) solution</i> 2 %	
<i>ciprofloxacin hcl otic (ear) dropperette</i> 0.2 % (Cetraxal)	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension</i> 0.3-0.1 %	
<i>ciprofloxacin-fluocinolone otic (ear) solution</i> 0.3-0.025 % (0.25 ml) (Otovel)	

Drug Name	Requirements / Limits
<i>fluocinolone acetonide oil otic (ear) drops 0.01 % (DermOtic Oil)</i>	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	
<i>ofloxacin otic (ear) drops 0.3 %</i>	
RESPIRATORY TRACT/ PULMONARY AGENTS	
Antihistamines	
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %) (Astepro Allergy)</i>	QL (30 per 25 days)
<i>cetirizine oral solution 1 mg/ml (All Day Allergy (cetirizine))</i>	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	
<i>cyproheptadine oral tablet 4 mg</i>	
<i>levocetirizine oral solution 2.5 mg/5 ml (Xyzal)</i>	
<i>levocetirizine oral tablet 5 mg (24HR Allergy Relief)</i>	
Anti-Inflammatories, Inhaled Corticosteroids	
ARNUIITY 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)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)</i>	PA BvD
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	QL (50 per 30 days)

Drug Name	Requirements / Limits
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	QL (16 per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	QL (34 per 30 days)
Antileukotrienes	
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	QL (30 per 30 days)
<i>montelukast oral tablet 10 mg</i> (Singulair)	QL (30 per 30 days)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	QL (30 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	QL (60 per 30 days)
Bronchodilators, Anticholinergic	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	QL (26 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PA BvD
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	QL (60 per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	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	
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	QL (36 per 30 days)
<i>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</i>	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	

Drug Name	Requirements / Limits
<i>epinephrine injection auto-injector</i> 0.15 mg/0.15 ml, 0.3 mg/0.3 ml (Auvi-Q)	
<i>epinephrine injection auto-injector</i> 0.15 mg/0.3 ml (EpiPen Jr)	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	QL (60 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	
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
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (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	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	QL (30 per 30 days)

Drug Name	Requirements / Limits
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	
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)
<i>ambisentan oral tablet 10 mg, 5 mg</i> (Letairis)	PA; NM; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	PA; NM; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	PA; NM; QL (90 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (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
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	PA; NM
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	PA; NM
<i>pirfenidone oral tablet 534 mg</i>	PA; NM
Respiratory Tract Agents, Other	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	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)
<i>breynd inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (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)

Drug Name	Requirements / Limits
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	QL (4 per 20 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PA; NM; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	PA; NM; QL (1 per 28 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Advair Diskus)	QL (60 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	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	
<i>Skeletal Muscle Relaxants</i>	
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i> (Lorzone)	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	

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

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

Nombre del Medicamento	Requerimientos / Límites
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	
<i>anagrelide oral capsule 1 mg</i>	
<i>betaine oral powder 1 gram/scoop</i> (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	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (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
<i>miglustat oral capsule 100 mg</i> (Yargesa)	PA; NM
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	PA; NM
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	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)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	PA; NM
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	PA; NM

Nombre del Medicamento	Requerimientos / Límites
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	PA; NM
<i>tranexamic acid oral tablet 650 mg</i>	
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
<i>yargesa oral capsule 100 mg</i> (miglustat)	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	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	
BRILINTA ORAL TABLET 60 MG, 90 MG	
CABLIVI INJECTION KIT 11 MG	PA; NM
<i>cilostazol oral tablet 100 mg, 50 mg</i>	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	
Anticoagulantes	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	
<i>enoxaparin subcutaneous syringe</i> 100 mg/ml, 150 mg/ml (Lovenox)	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> 120 mg/0.8 ml, 80 mg/0.8 ml (Lovenox)	QL (48 per 30 days)

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)	e)
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	

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)

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

Nombre del Medicamento	Requerimientos / Límites
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	QL (4 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	QL (4 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	QL (4 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	QL (6 per 30 days)
Alcaloides De Cornezuelo	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	NM
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	QL (40 per 28 days)
Non-FRF	
<i>sumatriptan 4 mg/0.5 ml inject outer, sub</i> (Imitrex STATdose Pen)	QL (4 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	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	
<i>propranolol oral capsule, extended release 24 hr 80 mg</i> (Inderal LA)	
<i>propranolol oral tablet 80 mg</i>	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	
UBRELVY ORAL TABLET 100 MG, 50 MG	PA; QL (16 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
AGENTES ANTIPARKINSON	
<i>carbidopa oral tablet 25 mg (Lodosyn)</i>	
<i>carbidopa-levodopa oral tablet 10-100 mg (Sinemet)</i>	
<i>carbidopa-levodopa oral tablet 25-100 mg (Dhivy)</i>	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	
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	
<i>amantadine hcl oral capsule 100 mg</i>	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	
<i>amantadine hcl oral tablet 100 mg</i>	
<i>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</i>	
<i>entacapone oral tablet 200 mg</i>	
Agonistas De Dopamina	
<i>bromocriptine oral capsule 5 mg (Parlodel)</i>	
<i>bromocriptine oral tablet 2.5 mg (Parlodel)</i>	
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	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	
Anticolinérgicos	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	

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 (Tiadytl 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)	

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

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)	

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

Nombre del Medicamento	Requerimientos / Límites
<i>isosorbide-hydralazine oral tablet</i> 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)
<i>lisinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	
<i>losartan-hydrochlorothiazide oral tablet</i> 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> 100-25 mg, 100-50 mg, 50-25 mg	
<i>metyrosine oral capsule</i> 250 mg (Demser)	NM
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i> 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (Tribenzor)	
<i>olmesartan-hydrochlorothiazide oral tablet</i> 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT)	
<i>pentoxifylline oral tablet extended release</i> 400 mg	
<i>quinapril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	
<i>ranolazine oral tablet extended release</i> 12 hr 1,000 mg, 500 mg	
<i>spironolacton-hydrochlorothiaz oral tablet</i> 25-25 mg	
<i>telmisartan-amlodipine oral tablet</i> 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	
<i>telmisartan-hydrochlorothiazid oral tablet</i> 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis HCT)	
<i>trandolapril-verapamil oral tablet, ir - er,</i> <i>biphasic 24hr</i> 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	
<i>triamterene-hydrochlorothiazid oral capsule</i> 37.5-25 mg	
<i>triamterene-hydrochlorothiazid oral tablet</i> 37.5-25 mg, 75-50 mg	
<i>valsartan-hydrochlorothiazide oral tablet</i> 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	
<i>clonidine hcl oral tablet</i> 0.1 mg, 0.2 mg, 0.3 mg	

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)	

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

Nombre del Medicamento	Requerimientos / Límites
<i>ezetimibe-simvastatin oral tablet 10-10 mg (Vytorin 10-10)</i>	
<i>ezetimibe-simvastatin oral tablet 10-20 mg (Vytorin 10-20)</i>	
<i>ezetimibe-simvastatin oral tablet 10-40 mg (Vytorin 10-40)</i>	
<i>ezetimibe-simvastatin oral tablet 10-80 mg (Vytorin 10-80)</i>	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram (Vascepa)</i>	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	PA; NM
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	
<i>omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)</i>	
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	
<i>amiloride oral tablet 5 mg</i>	
<i>eplerenone oral tablet 25 mg, 50 mg (Inspra)</i>	
KERENDIA ORAL TABLET 10 MG, 20 MG	QL (30 per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)</i>	
Diuréticos, Ciclo	
<i>bumetanide injection solution 0.25 mg/ml</i>	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>furosemide injection solution 10 mg/ml</i>	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)</i>	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	
<i>toremide oral tablet 20 mg (Soaanz)</i>	
Diuréticos, Tiazidas	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	

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

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 (Zemplanr)	

Nombre del Medicamento	Requerimientos / Límites
<i>paricalcitol oral capsule 4 mcg</i>	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg</i> (Evista)	
<i>risedronate oral tablet 150 mg</i> (Actonel)	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	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	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	PA; NM; QL (540 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i> (Restoril)	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	QL (120 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (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
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	PA; QL (60 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	PA; NM
<i> fingolimod oral capsule 0.5 mg</i> (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	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Lyrica)	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	QL (60 per 30 days)
<i>pregabalin oral capsule 75 mg</i> (Lyrica)	QL (120 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (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	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	QL (360 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	QL (1800 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenzedi)	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 20 mg, 7.5 mg</i> (Zenzedi)	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenzedi)	QL (150 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> (Adderall)	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i> (Adderall)	QL (60 per 30 days)
Agentes De Trastorno Por Déficit De Atención Con Hiperactividad, No-Anfetaminas	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg</i> (Focalin)	QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg</i> (Focalin)	QL (240 per 30 days)
<i>dexmethylphenidate oral tablet 5 mg</i> (Focalin)	QL (120 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (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
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	PA; NM
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	PA; NM; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	PA; NM; QL (30 per 30 days)
NUDEXTA ORAL CAPSULE 20-10 MG	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	PA
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	PA; NM; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	PA; NM; QL (120 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
AGENTES DENTALES Y ORALES	
Agentes Dentales Y Orales	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	
KOURZEQ DENTAL PASTE 0.1 % (triamcinolone acetonide)	
<i>oralone dental paste 0.1 %</i> (triamcinolone acetonide)	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq)	
AGENTES DERMATOLÓGICOS	
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PA
<i>alclometasone topical cream 0.05 %</i>	
<i>alclometasone topical ointment 0.05 %</i>	
<i>amcinonide topical ointment 0.1 %</i>	
<i>ammonium lactate topical cream 12 %</i>	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	
<i>amnesteam oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	
<i>betamethasone dipropionate topical cream 0.05 %</i>	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	
<i>betamethasone valerate topical cream 0.1 %</i>	
<i>betamethasone valerate topical lotion 0.1 %</i>	
<i>betamethasone valerate topical ointment 0.1 %</i>	
<i>betamethasone, augmented topical cream 0.05 %</i>	

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

Nombre del Medicamento	Requerimientos / Límites
<i>fluocinonide topical ointment 0.05 %</i>	
<i>fluocinonide topical solution 0.05 %</i>	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	
<i>fluticasone propionate topical cream 0.05 %</i>	
<i>fluticasone propionate topical ointment 0.005 %</i>	
<i>halobetasol propionate topical cream 0.05 %</i>	
<i>halobetasol propionate topical ointment 0.05 %</i>	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	
<i>hydrocortisone topical lotion 2.5 %</i>	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	
<i>hydrocortisone topical ointment 2.5 %</i>	
<i>hydrocortisone valerate topical cream 0.2 %</i>	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	
HYFTOR TOPICAL GEL 0.2 %	PA; NM
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	
<i>mometasone topical cream 0.1 %</i>	
<i>mometasone topical ointment 0.1 %</i>	
<i>mometasone topical solution 0.1 %</i>	
<i>mupirocin calcium topical cream 2 %</i>	
<i>mupirocin topical ointment 2 %</i> (Centany)	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	
<i>selenium sulfide topical lotion 2.5 %</i>	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	PA
TAZORAC TOPICAL CREAM 0.05 %	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	PA

Nombre del Medicamento		Requerimientos / Límites
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	(Retin-A)	PA
<i>tretinoin topical gel 0.01 %</i>	(Retin-A)	PA
<i>tretinoin topical gel 0.025 %</i>	(Avita)	PA
<i>tretinoin topical gel 0.05 %</i>	(Atralin)	PA
<i>triamcinolone acetonide topical cream 0.025 %</i>		
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	(Triderm)	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>		
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>		
Agentes Dermatológicos, Otros		
ALCOH-GLOVE TOWELETTE 70 %		
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	
ALCOHOL PREP SWABS 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)	
<i>calcipotriene scalp solution 0.005 %</i>		
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>		
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>		
CURITY ALCOHOL PREPS 2 PLY, MEDIUM	(alcohol swabs)	
<i>diclofenac sodium topical gel 3 %</i>		PA
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	
<i>fluorouracil topical cream 5 %</i>	(Efudex)	
<i>fluorouracil topical solution 2 %, 5 %</i>		
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	

Nombre del Medicamento	Requerimientos / Límites
<i>hydrocortisone-pramoxine rectal cream</i> 1-1 % (Analpram-HC)	
<i>imiquimod topical cream in packet</i> 5 %	
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	
IV PREP WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	
<i>nystatin-triamcinolone topical cream</i> 100,000-0.1 unit/g-%	
<i>nystatin-triamcinolone topical ointment</i> 100,000-0.1 unit/gram-%	
PANRETIN TOPICAL GEL 0.1 %	PA NSO; NM
<i>podofilox topical solution</i> 0.5 %	
PRO COMFORT ALCOHOL 70% PADS (alcohol swabs)	
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	
REGANEX TOPICAL GEL 0.01 %	PA; NM
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	
<i>silver sulfadiazine topical cream</i> 1 % (SSD)	
<i>ssd topical cream</i> 1 % (<i>silver sulfadiazine</i>)	
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	
<i>accutane oral capsule</i> 30 mg (<i>isotretinoin</i>)	
<i>acitretin oral capsule</i> 22.5 mg	PA
<i>avita topical gel</i> 0.025 % (<i>tretinoin</i>)	PA
<i>hydrocortisone</i> 2.5% cream	
Pediculicidas/Escabicidas	
<i>malathion topical lotion</i> 0.5 % (<i>Ovide</i>)	
<i>permethrin topical cream</i> 5 % (<i>Elimite</i>)	
AGENTES GASTROINTESTINALES	
<i>alose tron oral tablet</i> 0.5 mg, 1 mg (<i>Lotronex</i>)	NM; QL (60 per 30 days)
<i>constulose oral solution</i> 10 gram/15 ml (<i>lactulose</i>)	

Nombre del Medicamento	Requerimientos / Límites
<i>diphenoxylate-atropine oral liquid</i> 2.5-0.025 mg/5 ml	
<i>diphenoxylate-atropine oral tablet</i> 2.5-0.025 mg (Lomotil)	
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (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)
Agentes Gastrointestinales, Otros	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	PA; NM
BYLVAY ORAL PELLETT 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
<i>gavilyte-c oral recon soln</i> 240-22.72-6.72 -5.84 gram (peg 3350-electrolytes)	
<i>gavilyte-g oral recon soln</i> 236-22.74-6.74 -5.86 gram (peg 3350-electrolytes)	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	PA; NM
<i>metoclopramide hcl oral solution</i> 5 mg/5 ml	
<i>metoclopramide hcl oral tablet 10 mg,</i> 5 mg (Reglan)	
<i>peg 3350-electrolytes oral recon soln</i> 236-22.74-6.74 -5.86 gram (GaviLyte-G)	
<i>peg-electrolyte soln oral recon soln</i> 420 gram	
<i>sodium, potassium, mag sulfates oral</i> <i>recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	
<i>sodium, potassium, mag sulfates oral</i> <i>recon soln 17.5-3.13-1.6 gram 2 pack</i> (480ml)	

Nombre del Medicamento	Requerimientos / Límites
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	
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, biphasic delayed release 30 mg, 60 mg (Dexilant)	
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg (Nexium)	
lansoprazole oral capsule, delayed release(dr/ec) 15 mg (Acid Reducer (lansoprazole))	
lansoprazole oral capsule, delayed release(dr/ec) 30 mg (Prevacid)	
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg (Protonix)	
Non-FRF	
constulose 10 gm/15 ml soln 10 gram/15 ml (lactulose)	
Protectores	
misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)	
sucralfate oral suspension 100 mg/ml (Carafate)	
sucralfate oral tablet 1 gram (Carafate)	

Nombre del Medicamento	Requerimientos / Límites
AGENTES GENITOURINARIOS	
Agentes De Hipertrofia Prostática Benigna	
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	QL (30 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	QL (30 per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	QL (30 per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	QL (60 per 30 days)
Agentes Genitourinarios, Otros	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	
ELMIRON ORAL CAPSULE 100 MG	
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	NM
Antiespasmódicos, Urinario	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (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)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	QL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	QL (60 per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	QL (30 per 30 days)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	QL (60 per 30 days)
<i>tropium oral capsule, extended release 24hr 60 mg</i>	QL (30 per 30 days)
<i>tropium oral tablet 20 mg</i>	QL (60 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (TIROIDES)	
<i>Agentes Hormonales, Estimulante/Reemplazo/Modificador (Tiroides)</i>	
<i>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</i>	<i>(levothyroxine)</i>
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	<i>(levothyroxine)</i>
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	<i>(Euthyrox)</i>
<i>levothyroxine oral tablet 300 mcg</i>	<i>(Levo-T)</i>
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	<i>(levothyroxine)</i>
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	<i>(Cytomel)</i>
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	<i>(levothyroxine)</i>
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	<i>(levothyroxine)</i>
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/ MODIFICADORES)	
<i>Agentes Hormonales, Estimulante/Reemplazo/Modificador (Hormonas Sexuales/Modificadores)</i>	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	<i>(norethindrone-ethin estradiol)</i>
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	
<i>apri oral tablet 0.15-0.03 mg</i>	<i>(desogestrel-ethinyl estradiol)</i>

Nombre del Medicamento	Requerimientos / Límites
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))
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)

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

Nombre del Medicamento	Requerimientos / Límites
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)
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)

Nombre del Medicamento		Requerimientos / Límites
<i>luta</i> (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
<i>marlissa</i> (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
<i>microgestin</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	
<i>microgestin</i> 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	
<i>microgestin fe</i> 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
<i>microgestin fe</i> 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
<i>mili</i> oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
<i>mono-linyah</i> oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
<i>necon</i> 0.5/35 (28) oral tablet 0.5-35 mg-mcg		
<i>nikki</i> (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	
<i>norethindrone ac-eth estradiol</i> oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	
<i>norethindrone ac-eth estradiol</i> oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	
<i>norethindrone ac-eth estradiol</i> oral tablet 1-5 mg-mcg	(Fyavolv)	
<i>norethindrone-e.estradiol-iron</i> oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	
<i>norethindrone-e.estradiol-iron</i> oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	
<i>norgestimate-ethinyl estradiol</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Estarylla)	
<i>norgestimate-ethinyl estradiol</i> oral tablet 0.25-35 mg-mcg	(Estarylla)	
<i>nortrel</i> 0.5/35 (28) oral tablet 0.5-35 mg-mcg		
<i>nortrel</i> 1/35 (21) oral tablet 1-35 mg-mcg (21)		
<i>nortrel</i> 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
<i>nortrel</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
<i>nylia</i> 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	

Nombre del Medicamento	Requerimientos / Límites
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	
<i>ocella oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	
OSPHENA ORAL TABLET 60 MG	PA
<i>philith oral tablet 0.4-35 mg-mcg</i>	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	
<i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethinyl estradiol)	
<i>portia 28 oral tablet 0.15-0.03 mg</i> (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	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	
<i>setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	
<i>syeda oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	

Nombre del Medicamento		Requerimientos / Límites
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	<i>(levonorg-eth estrad triphasic)</i>	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	<i>(norgestrel-ethinyl estradiol)</i>	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		
<i>vestura (28) oral tablet 3-0.02 mg</i>	<i>(drospirenone-ethinyl estradiol)</i>	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	<i>(desog-e.estradiol/e.estr adiol)</i>	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	<i>(desog-e.estradiol/e.estr adiol)</i>	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>		
<i>zarah oral tablet 3-0.03 mg</i>	<i>(drospirenone-ethinyl estradiol)</i>	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	<i>(ethynodiol diac-eth estradiol)</i>	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	<i>(drospirenone-ethinyl estradiol)</i>	
Andrógenos		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	<i>(Depo-Testosterone)</i>	
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>		
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>		
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	<i>(Fortesta)</i>	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	<i>(Vogelxo)</i>	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	<i>(AndroGel)</i>	

Nombre del Medicamento	Requerimientos / Límites
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) <i>(AndroGel)</i>	
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 <i>(Estrace)</i>	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr <i>(Dotti)</i>	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr <i>(Climara)</i>	
estradiol vaginal cream 0.01 % (0.1 mg/gram) <i>(Estrace)</i>	
estradiol vaginal tablet 10 mcg <i>(Vagifem)</i>	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 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 <i>(conjugated estrogens)</i>	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	
Progestinas	
camila oral tablet 0.35 mg <i>(norethindrone (contraceptive))</i>	
deblitane oral tablet 0.35 mg <i>(norethindrone (contraceptive))</i>	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	

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

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

Nombre del Medicamento	Requerimientos / Límites
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)	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	
<i>fludrocortisone oral tablet 0.1 mg</i>	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (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)
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	
<i>methylprednisolone oral tablet 32 mg</i>	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	PA BvD
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)</i>	PA BvD
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	PA BvD
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	PA BvD
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	

Nombre del Medicamento	Requerimientos / Límites
AGENTES HORMONALES, SUPRESORES (PITUITARIO)	
<i>Agentes Hormonales, Supresores (Pituitario)</i>	
<i>cabergoline oral tablet 0.5 mg</i>	
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
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	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
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
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	PA; NM
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i> (Sandostatin)	PA
<i>octreotide acetate injection solution 200 mcg/ml</i>	PA

Nombre del Medicamento	Requerimientos / Límites
<i>octreotide acetate injection solution</i> 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	
<i>methimazole oral tablet 10 mg, 5 mg</i>	
<i>propylthiouracil oral tablet 50 mg</i>	
AGENTES INMUNOLÓGICOS	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	PA NSO; NM
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	PA; NM
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	PA BvD
<i>azathioprine oral tablet 50 mg</i> (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
<i>cyclosporine modified oral capsule</i> 100 mg, 25 mg (Gengraf)	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	PA BvD

Nombre del Medicamento	Requerimientos / Límites
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (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
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg, 1 mg</i> (Zortress)	PA BvD; NM; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i> (Zortress)	PA BvD; NM; QL (120 per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (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

Nombre del Medicamento	Requerimientos / Límites
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
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	
LUPKYNIS ORAL CAPSULE 7.9 MG	PA; NM; QL (180 per 30 days)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	
<i>methotrexate sodium injection solution 25 mg/ml</i>	
<i>methotrexate sodium oral tablet 2.5 mg</i>	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	PA BvD; NM
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (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

Nombre del Medicamento	Requerimientos / Límites
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	PA BvD; NM
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (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
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (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
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM
Agentes De Angioedema	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (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
<i>tacrolimus 0.5 mg capsule (immediate release)</i> (Prograf)	PA BvD

Nombre del Medicamento	Requerimientos / Límites
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	\$0 copay
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	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 copay

Nombre del Medicamento	Requerimientos / Límites
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 copay
IXCHIQ INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 copay
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	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	\$0 copay

Nombre del Medicamento	Requerimientos / Límites
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 copay
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; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
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	\$0 copay
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(\$0 copay) (tetanus-diphtheria toxoids-td)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 copay

Nombre del Medicamento	Requerimientos / Límites
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE (typhoid vi polysacch 25 MCG/0.5 ML vaccine)	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 copay
AGENTES OFTÁLMICOS	
<i>acetazolamide oral capsule, extended release 500 mg</i>	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 % (brinzolamide)	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> , (Alphagan P)	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	

Nombre del Medicamento	Requerimientos / Límites
<i>carteolol ophthalmic (eye) drops 1 %</i>	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine-timolol)	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	
Agentes Anti-Alérgicos Oftálmicos	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	
Agentes Oftálmicos, Otros	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (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)
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i> (Neo-Polycin HC) 3.5-400-10,000 mg-unit/g-1%	

Nombre del Medicamento	Requerimientos / Límites
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension</i> (Maxitrol) 3.5mg/ml-10,000 unit/ml-0.1 %	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i> (Maxitrol) 3.5 mg/g-10,000 unit/g-0.1 %	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i> 1.75 mg-10,000 unit-0.025mg/ml	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension</i> 3.5-10,000-10 mg-unit-mg/ml	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i> 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)
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i> 10 %-0.23 % (0.25 %)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension</i> 0.3-0.1 %	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	QL (60 per 30 days)
Análogos De Prostaglandina Oftálmica Y Prostanida	
<i>latanoprost ophthalmic (eye) drops</i> 0.005 % (Xalatan)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	
<i>travoprost ophthalmic (eye) drops</i> 0.004 % (Travatan Z)	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	
Antiinflamatorios Oftálmicos	
<i>bromfenac ophthalmic (eye) drops</i> 0.075 % (BromSite)	
<i>bromfenac ophthalmic (eye) drops</i> 0.09 %	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i> 0.1 %	
<i>diclofenac sodium ophthalmic (eye) drops</i> 0.1 %	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	

Nombre del Medicamento	Requerimientos / Límites
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 %	
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 %	

Nombre del Medicamento	Requerimientos / Límites
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	
<i>ofloxacin otic (ear) drops 0.3 %</i>	
ANALGÉSICOS	
Analgésicos	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	QL (180 per 30 days)
Analgésicos Opiáceos, De Acción Corta	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	QL (5000 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	QL (360 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	QL (180 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 600 mcg, 800 mcg</i>	PA; NM; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	PA; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	QL (5500 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	QL (150 per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	QL (1920 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i> (Dilaudid)	QL (360 per 30 days)
<i>hydromorphone oral tablet 8 mg</i> (Dilaudid)	QL (240 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<i>morphine concentrate oral solution</i> 100 mg/5 ml (20 mg/ml)	QL (600 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	QL (1800 per 30 days)
<i>morphine oral solution 20 mg/5 ml</i> (4 mg/ml)	QL (1500 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	QL (1080 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral solution</i> 5-325 mg/5 ml	QL (1080 per 30 days)
<i>oxycodone-acetaminophen oral tablet</i> 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (Endocet)	QL (360 per 30 days)
<i>tramadol oral tablet 100 mg</i>	QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg	QL (240 per 30 days)
Analgésicos Opiáceos, De Acción Prolongada	
<i>fentanyl transdermal patch 72 hour</i> 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)
<i>methadone oral tablet 10 mg, 5 mg</i>	QL (240 per 30 days)
<i>morphine oral tablet extended release</i> 100 mg, 15 mg, 200 mg, 30 mg, 60 mg (MS Contin)	QL (90 per 30 days)
<i>oxycodone oral tablet, oral only,</i> ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg (OxyContin)	QL (60 per 30 days)
Medicamentos No-Esteroideos Antiinflamatorios	
<i>celecoxib oral capsule 100 mg, 200 mg,</i> 400 mg, 50 mg (Celebrex)	
<i>diclofenac potassium oral tablet 50 mg</i>	
<i>diclofenac sodium oral tablet extended</i> <i>release 24 hr 100 mg</i>	
<i>diclofenac sodium oral tablet, delayed</i> <i>release (dr/ec) 25 mg, 50 mg, 75 mg</i>	
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	
<i>diflunisal oral tablet 500 mg</i>	
<i>ec-naproxen oral tablet, delayed release</i> (dr/ec) 500 mg (naproxen)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
<i>etodolac oral tablet 400 mg</i> (Lodine)	
<i>etodolac oral tablet 500 mg</i>	
<i>flurbiprofen oral tablet 100 mg</i>	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	
<i>indomethacin oral capsule, extended release 75 mg</i>	
<i>ketorolac oral tablet 10 mg</i>	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	
<i>naproxen oral tablet 250 mg, 375 mg</i>	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	
<i>naproxen sodium oral tablet 275 mg</i>	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	

ANESTÉSICOS

Anestesia Local

<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	PA; QL (90 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	QL (50 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	QL (30 per 30 days)
<i>lidocan iii topical adhesive patch, medicated 5 %</i> (lidocaine)	PA; QL (90 per 30 days)
<i>tridacaine topical adhesive patch, medicated 5 %</i> (lidocaine)	PA; QL (90 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
ANSIOLÍTICOS	
Ansiolíticos, Otros	
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	
<i>hydroxyzine pamoate oral capsule 25 mg (Vistaril)</i>	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	QL (120 per 30 days)
Benzodiazepinas	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	QL (300 per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg (Xanax)</i>	QL (120 per 30 days)
<i>alprazolam oral tablet 1 mg (Xanax)</i>	QL (240 per 30 days)
<i>alprazolam oral tablet 2 mg (Xanax)</i>	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg (Klonopin)</i>	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg (Klonopin)</i>	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	QL (180 per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml (diazepam)</i>	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg (Valium)</i>	QL (120 per 30 days)
<i>diazepam oral tablet 5 mg (Valium)</i>	QL (240 per 30 days)
<i>lorazepam 2 mg/ml oral concent (Lorazepam Intensol)</i>	QL (240 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml (lorazepam)</i>	QL (240 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)</i>	QL (150 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
ANTIBACTERIANOS	
Aminoglicósidos	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	PA
<i>gentamicin 800 mg/20 ml vial muv, outer 40 mg/ml</i>	
<i>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</i>	
<i>gentamicin injection solution 40 mg/ml</i>	
<i>gentamicin topical cream 0.1 %</i>	
<i>gentamicin topical ointment 0.1 %</i>	
<i>neomycin oral tablet 500 mg</i>	
<i>paromomycin oral capsule 250 mg (Humatin)</i>	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	NM
Antibacterianos, Otros	
<i>aztreonam injection recon soln 1 gram, 2 gram (Azactam)</i>	
CLINDAMYCIN 600 MG/50 ML-NS OUTER, SINGLE-USE	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)</i>	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml</i>	
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml (clindamycin palmitate hcl)</i>	
<i>clindamycin phosphate injection solution 150 mg/ml (Cleocin)</i>	
<i>clindamycin phosphate vaginal cream 2 % (Cleocin)</i>	
<i>colistin (colistimethate na) injection recon soln 150 mg (Coly-Mycin M Parenteral)</i>	
<i>daptomycin intravenous recon soln 350 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
<i>daptomycin intravenous recon soln</i> 500 mg (Cubicin RF)	NM
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML (vancomycin)	
<i>linezolid in dextrose 5% intravenous</i> <i>piggyback 600 mg/300 ml</i> (Zyvox)	PA
<i>linezolid oral tablet 600 mg</i> (Zyvox)	PA
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	
<i>metronidazole in nacl (iso-os) intravenous</i> <i>piggyback 500 mg/100 ml</i> (Metro I.V.)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	
<i>metronidazole topical gel 1 %</i> (Metrogel)	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	
<i>metronidazole vaginal gel 0.75 %</i> <i>(37.5mg/5 gram)</i> (Vandazole)	
<i>metronidazole vaginal gel 1.3 %</i> <i>(65 mg/5 gram)</i> (Nuversa)	
<i>nitrofurantoin macrocrystal oral capsule</i> 100 mg, 25 mg, 50 mg (Macrochantin)	
<i>nitrofurantoin monohyd/m-cryst oral</i> <i>capsule 100 mg</i> (Macrobid)	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	NM
<i>tinidazole oral tablet 250 mg, 500 mg</i>	
<i>trimethoprim oral tablet 100 mg</i>	
<i>vancomycin intravenous recon soln</i> 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	
<i>vancomycin oral recon soln 25 mg/ml,</i> <i>50 mg/ml</i> (Firvanq)	
XIFAXAN ORAL TABLET 200 MG, 550 MG	
Betalactámico, Cefalosporinas	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	
<i>cefaclor oral suspension for reconstitution</i> 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	
<i>cefaclor oral tablet extended release 12 hr</i> 500 mg	
<i>cefadroxil oral capsule 500 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	
<i>cefadroxil oral tablet 1 gram</i>	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	
<i>cefazolin intravenous recon soln 3 gram</i>	
<i>cefdinir oral capsule 300 mg</i>	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	
<i>cefixime oral capsule 400 mg</i>	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	
<i>cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	
<i>cefotetan injection recon soln 1 gram, 2 gram</i> (Cefotan)	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	
<i>cefuroxime sodium injection recon soln 750 mg</i>	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	NM

Nombre del Medicamento	Requerimientos / Límites
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	
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	

Nombre del Medicamento	Requerimientos / Límites
<i>oxacillin intravenous recon soln 1 gram, 2 gram</i>	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	
<i>penicillin g sodium injection recon soln 5 million unit</i>	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	
<i>pfizerpen-g injection recon soln 20 million unit</i> (penicillin g potassium)	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	
Carbapenemasas	
<i>ertapenem injection recon soln 1 gram</i>	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	
Macrólidos	
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	PA; NM; QL (136 per 10 days)

Nombre del Medicamento	Requerimientos / Límites
DIFICID ORAL TABLET 200 MG	PA; NM; QL (20 per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG (erythromycin lactobionate)	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	
Quinolonas	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	
<i>levofloxacin oral solution 250 mg/10 ml</i>	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	
<i>moxifloxacin 400 mg/250 ml bag</i>	
<i>moxifloxacin oral tablet 400 mg</i>	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	
Sulfonamidas	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	
<i>sulfadiazine oral tablet 500 mg</i>	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	

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
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)	
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	

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

Nombre del Medicamento	Requerimientos / Límites
ZONISADE ORAL SUSPENSION 100 MG/5 ML	QL (900 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg (Zonegran)</i>	
<i>zonisamide oral capsule 50 mg</i>	
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
<i>felbamate oral suspension 600 mg/5 ml</i>	NM
<i>felbamate oral tablet 400 mg, 600 mg (Felbatol)</i>	
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)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg (Lamictal)</i>	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7) (Lamictal ODT Starter (Blue))</i>	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7) (Lamictal ODT Starter (Orange))</i>	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14) (Lamictal ODT Starter (Green))</i>	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg (Lamictal XR)</i>	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg (Lamictal)</i>	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg (Lamictal ODT)</i>	
<i>lamotrigine oral tablets, dose pack 25 mg (35) (Lamictal Starter (Blue) Kit)</i>	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7) (Lamictal Starter (Orange) Kit)</i>	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14) (Lamictal Starter (Green) Kit)</i>	

Nombre del Medicamento	Requerimientos / Límites
<i>levetiracetam oral solution 100 mg/ml (Keppra)</i>	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)</i>	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg (Keppra XR)</i>	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	QL (10 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	QL (90 per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	QL (120 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	QL (300 per 30 days)
<i>primidone oral tablet 125 mg</i>	
<i>primidone oral tablet 250 mg, 50 mg (Mysoline)</i>	
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)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	
<i>valproic acid oral capsule 250 mg</i>	
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	
<i>citalopram oral capsule 30 mg</i>	QL (30 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg (Celexa)</i>	QL (30 per 30 days)
<i>citalopram oral tablet 20 mg (Celexa)</i>	QL (60 per 30 days)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)</i>	QL (30 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i> (Lexapro)	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i> (Lexapro)	QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i> (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)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	QL (60 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	QL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	QL (60 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	QL (120 per 30 days)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	QL (90 per 30 days)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i> (Paxil)	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i> (Paxil)	QL (60 per 30 days)
<i>sertraline oral capsule 150 mg, 200 mg</i>	QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	QL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i> (Zoloft)	QL (60 per 30 days)
<i>sertraline oral tablet 25 mg, 50 mg</i> (Zoloft)	QL (90 per 30 days)
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	ST; QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	QL (60 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	QL (30 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
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)
MARPLAN ORAL TABLET 10 MG	ST; QL (180 per 30 days)
phenelzine oral tablet 15 mg (Nardil)	
tranylcypromine oral tablet 10 mg (Parnate)	

Nombre del Medicamento	Requerimientos / Límites
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)	
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)

Nombre del Medicamento	Requerimientos / Límites
<i>aprepitant oral capsule 80 mg (Emend)</i>	PA BvD; QL (30 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2) (Emend)</i>	PA BvD; QL (12 per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)</i>	PA; QL (60 per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	PA BvD; QL (60 per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	PA BvD
VARUBI ORAL TABLET 90 MG	PA BvD
ANTIFÚNGICOS	
Antifúngicos	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg (AmBisome)</i>	PA BvD; NM
<i>casprofungin intravenous recon soln 50 mg (Cancidas)</i>	NM
<i>casprofungin intravenous recon soln 70 mg (Cancidas)</i>	
<i>ciclopirox topical cream 0.77 % (Ciclodan)</i>	
<i>ciclopirox topical suspension 0.77 % (Loprox (as olamine))</i>	
<i>clotrimazole mucous membrane troche 10 mg</i>	
<i>clotrimazole topical cream 1 % (Antifungal (clotrimazole))</i>	
<i>clotrimazole topical solution 1 %</i>	
<i>econazole topical cream 1 %</i>	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	NM
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	
<i>fluconazole oral suspension for reconstitution 40 mg/ml (Diflucan)</i>	
<i>fluconazole oral tablet 100 mg, 200 mg (Diflucan)</i>	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	
<i>flucytosine oral capsule 250 mg, 500 mg (Ancobon)</i>	NM

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

Nombre del Medicamento	Requerimientos / Límites
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	
<i>isoniazid oral solution 50 mg/5 ml</i>	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	
<i>pyrazinamide oral tablet 500 mg</i>	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	
SIRTURO ORAL TABLET 100 MG, 20 MG	PA; NM
TRECTOR ORAL TABLET 250 MG	
ANTINEOPLÁSICOS	
Agentes Alquilantes	
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	PA BvD; NM
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	PA BvD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	PA BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Iomustine)	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	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (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	
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	PA NSO; NM; QL (120 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (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
<i>nilutamide oral tablet 150 mg</i> (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)

Nombre del Medicamento	Requerimientos / Límites
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
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	
<i>toremifene oral tablet 60 mg</i> (Fareston)	PA NSO; NM
Antimetabolitos	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM
<i>mercaptopurine oral tablet 50 mg</i>	
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	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	PA NSO; NM; QL (1.6 per 28 days)
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)
JYLAMVO ORAL SOLUTION 2 MG/ML	PA BvD
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)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	PA NSO; NM

Nombre del Medicamento	Requerimientos / Límites
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)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	PA NSO; NM; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	PA NSO; NM; QL (48 per 28 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
XCOPRI ORAL TABLET 25 MG	QL (28 per 28 days)
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)
<i>Inhibidores De Aromatasa, 3era Generación</i>	
<i>anastrozole oral tablet 1 mg</i>	<i>(Arimidex)</i>
<i>exemestane oral tablet 25 mg</i>	<i>(Aromasin)</i>
<i>letrozole oral tablet 2.5 mg</i>	<i>(Femara)</i>
<i>Inhibidores De Objetivo Molecular</i>	
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)

Nombre del Medicamento	Requerimientos / Límites
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)
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
<i>erlotinib oral tablet 100 mg, 150 mg (Tarceva)</i>	PA NSO; NM; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg (Tarceva)</i>	PA NSO; NM; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (Afinitor)</i>	PA NSO; NM; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg (Afinitor Disperz)</i>	PA NSO; NM; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg (Afinitor Disperz)</i>	PA NSO; NM; QL (60 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
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)
<i>gefitinib oral tablet 250 mg</i> (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)
<i>imatinib oral tablet 100 mg</i> (Gleevec)	PA NSO; NM; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (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)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	PA NSO; NM; QL (180 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
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 12 MG DOSE (3X 4 MG TB) 12 MG/DAY (4 MG X 3)	PA NSO; NM; QL (84 per 28 days)
LYTGOBI 16 MG DOSE (4X 4 MG TB) 16 MG/DAY (4 MG X 4)	PA NSO; NM; QL (112 per 28 days)
LYTGOBI 20 MG DOSE (5X 4 MG TB) 20 MG/DAY (4 MG X 5)	PA NSO; NM; QL (140 per 28 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)
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)
<i>pazopanib oral tablet 200 mg</i> (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)

Nombre del Medicamento	Requerimientos / Límites
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)
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	PA NSO; NM
<i>sorafenib oral tablet 200 mg</i> (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)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (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)
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

Nombre del Medicamento	Requerimientos / Límites
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 PELLETT 150 MG	PA NSO; NM; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	PA NSO; NM; QL (240 per 30 days)
XALKORI ORAL PELLETT 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)
Retinoides	
<i>bexarotene oral capsule 75 mg</i> (Targretin)	PA NSO; NM; QL (300 per 30 days)
<i>bexarotene topical gel 1 %</i> (Targretin)	PA NSO; NM
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	NM
ANTIPARASITARIOS	
Antihelmínticos	
<i>albendazole oral tablet 200 mg</i>	
EMVERM ORAL TABLET, CHEWABLE 100 MG (mebendazole)	NM
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	PA
Antiprotozoarios	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	NM
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
COARTEM ORAL TABLET 20-120 MG	
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	
<i>hydroxychloroquine oral tablet 200 mg (Plaquenil)</i>	
<i>hydroxychloroquine oral tablet 300 mg (Sovuna)</i>	
LAMPIT ORAL TABLET 120 MG, 30 MG	
<i>mefloquine oral tablet 250 mg</i>	
<i>nitazoxanide oral tablet 500 mg (Alinia)</i>	QL (40 per 30 days)
<i>pentamidine inhalation recon soln 300 mg (Nebupent)</i>	PA BvD
<i>pentamidine injection recon soln 300 mg (Pentam)</i>	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	
<i>quinine sulfate oral capsule 324 mg (Qualaquin)</i>	PA
ANTIPSIKÓTICOS	
1er Generación/Típico	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml (Haldol Decanoate)</i>	
<i>haloperidol lactate injection solution 5 mg/ml</i>	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	
<i>pimozide oral tablet 1 mg, 2 mg</i>	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	
2da Generación/Atípico	
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
<i>aripiprazole oral solution 1 mg/ml</i>	QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	NM; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	NM; QL (60 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (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	

Nombre del Medicamento	Requerimientos / Límites
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
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> (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
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	QL (60 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Zyprexa)	QL (30 per 30 days)
<i>olanzapine oral tablet 20 mg</i> (Zyprexa)	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i> (Zyprexa Zydis)	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i> (Zyprexa Zydis)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	QL (60 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i> (Seroquel XR)	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg, 300 mg, 400 mg</i> (Seroquel XR)	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i> (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
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)	
<i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta)	NM
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	QL (60 per 30 days)

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

Nombre del Medicamento	Requerimientos / Límites
<i>risperidone oral tablet 0.5 mg</i> (Risperdal)	QL (120 per 30 days)
<i>risperidone oral tablet 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg</i>	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg, 4 mg</i>	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)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	ST
Resistente-Tratamiento	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	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)
<i>atazanavir oral capsule 150 mg</i>	QL (60 per 30 days)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	QL (30 per 30 days)
<i>darunavir oral tablet 600 mg</i> (Prezista)	NM; QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i> (Prezista)	NM; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	NM; QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	NM; QL (120 per 30 days)
<i>lagevrio (eua) oral capsule 200 mg</i>	QL (40 per 5 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	QL (1575 per 28 days)

Nombre del Medicamento	Requerimientos / Límites
<i>lopinavir-ritonavir oral solution</i> 400-100 mg/5 ml <i>(Kaletra)</i>	QL (400 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> <i>(Kaletra)</i>	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> <i>(Kaletra)</i>	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)
PREZISTA ORAL TABLET 75 MG	QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	QL (180 per 30 days)
<i>ritonavir oral tablet 100 mg</i> <i>(Norvir)</i>	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)
<i>valganciclovir oral recon soln 50 mg/ml</i> <i>(Valcyte)</i>	
<i>valganciclovir oral tablet 450 mg</i> <i>(Valcyte)</i>	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	
Agentes Anti-Hepatitis B (HBV)	
<i>adefovir oral tablet 10 mg</i> <i>(Hepsera)</i>	QL (30 per 30 days)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	NM; QL (600 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> <i>(Baraclude)</i>	QL (30 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	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
<i>ribavirin oral capsule 200 mg</i>	
<i>ribavirin oral tablet 200 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
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 %	
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)
SYM TUZA ORAL TABLET 800-150-200-10 MG	NM; QL (30 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
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)
<i>efavirenz oral capsule 200 mg</i>	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	QL (360 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	QL (30 per 30 days)
<i>etravirine oral tablet 100 mg (Intelence)</i>	NM; QL (120 per 30 days)
<i>etravirine oral tablet 200 mg (Intelence)</i>	NM; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	QL (120 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	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)	
<i>abacavir oral solution 20 mg/ml (Ziagen)</i>	QL (960 per 30 days)
<i>abacavir oral tablet 300 mg</i>	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	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)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg (Atripla)</i>	NM; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg (Symfi Lo)</i>	NM; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg (Symfi)</i>	NM; QL (30 per 30 days)
<i>emtricitabine oral capsule 200 mg (Emtriva)</i>	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg (Truvada)</i>	NM; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg (Truvada)</i>	QL (30 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
EMTRIVA ORAL SOLUTION 10 MG/ML	QL (680 per 28 days)
JULUCA ORAL TABLET 50-25 MG	NM; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	QL (900 per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	NM; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (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)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	NM; QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>	QL (60 per 30 days)
Agentes Anti-VIH, Otros	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	NM; QL (60 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (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	
<i>bal-care dha combo pack 27-1-430 mg</i>	
<i>bal-care dha essential pack 27 mg</i>	
<i>iron-1 mg -374 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX 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
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
<i>completenate tablet chew 29 mg iron- 1 mg</i>	
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	PA; NM
<i>folivane-ob capsule 85-1 mg</i>	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	PA BvD
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	
<i>levocarnitine sf 1 g/10 ml sol 100 mg/ml</i> (Carnitor (sugar-free))	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (prn, calcium 72-iron-folic acid)	
<i>mynatal advance oral tablet 90-1-50 mg</i>	
<i>mynatal capsule 65 mg iron- 1 mg</i>	
<i>mynatal oral tablet 90-1-50 mg</i>	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	
<i>newgen tablet 32-1,000 mg-mcg</i>	

Nombre del Medicamento	Requerimientos / Límites
<i>niva-plus tablet 27 mg iron- 1 mg</i>	
NUTRILIPID INTRAVENOUS EMULSION 20 %	PA BvD
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	
<i>obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg</i>	
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron-folic acid)</i>
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	
<i>pnv-omega softgel 28-1-300 mg</i>	
<i>pr natal 400 combo pack 29-1-400 mg</i>	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	PA BvD
<i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	
<i>prenatabs fa tablet 29-1 mg</i>	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron, carb-folic)</i>
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron-folic acid)</i>
<i>prenatal-u capsule 106.5-1 mg</i>	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron-folic acid)</i>
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	PA BvD
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	
<i>taron-c dha capsule 35-1-200 mg</i>	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	
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
<i>triveen-duo dha combo pack 29-1-400 mg</i>	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	PA BvD
<i>vinate care oral tablet, chewable 40 mg iron- 1 mg</i>	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	
<i>zatean-pn plus softgel 28-1-300 mg</i>	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
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	
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)	

Nombre del Medicamento	Requerimientos / Límites
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 (sodium)) fluoride)	
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
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

Nombre del Medicamento	Requerimientos / Límites
<i>potassium chloride in Ir-d5 intravenous parenteral solution 20 meq/l</i>	
<i>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</i>	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	
<i>potassium chloride oral packet 20 meq (Klor-Con)</i>	
<i>potassium chloride oral tablet extended release 10 meq (Klor-Con 10)</i>	
<i>potassium chloride oral tablet extended release 20 meq (K-Tab)</i>	
<i>potassium chloride oral tablet extended release 8 meq (Klor-Con 8)</i>	
<i>potassium chloride oral tablet, er particles/crystals 10 meq (Klor-Con M10)</i>	
<i>potassium chloride oral tablet, er particles/crystals 15 meq (Klor-Con M15)</i>	
<i>potassium chloride oral tablet, er particles/crystals 20 meq (Klor-Con M20)</i>	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)</i>	
<i>potassium citrate oral tablet extended release 15 meq (Urocit-K 15)</i>	
<i>potassium citrate oral tablet extended release 5 meq (540 mg) (Urocit-K 5)</i>	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	

Nombre del Medicamento	Requerimientos / Límites
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
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	

Nombre del Medicamento	Requerimientos / Límites
JARDIANCE ORAL TABLET 10 MG, 25 MG	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	
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)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	
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)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
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)

Nombre del Medicamento	Requerimientos / Límites
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	max \$35 copay per month supply
Agentes Glucémicos	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	NM
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	
<i>mifepristone oral tablet 300 mg</i> (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 PNTTP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	
1ST TIER UNIFINE PNTTP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	
1ST TIER UNIFINE PNTTP 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)	

Nombre del Medicamento	Requerimientos / Límites
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)
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"	

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
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"	
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"	

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
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)
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)

Nombre del Medicamento	Requerimientos / Límites
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" (pen needle, diabetic)	
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	
CARETOUCH SYR 0.3 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)	

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
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" (pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16" (pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI,HRI 32 GAUGE X 3/16" (pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16" (pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" (pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4" (pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16" (pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16" (pen needle, diabetic)	
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	
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)	

Nombre del Medicamento	Requerimientos / Límites
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)
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 GAUZE 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"	

Nombre del Medicamento	Requerimientos / Límites
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"	
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)

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

Nombre del Medicamento	Requerimientos / Límites
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
DROPSAFE INS SYR 0.3 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"	

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
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"	
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)

Nombre del Medicamento	Requerimientos / Límites
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)
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"	

Nombre del Medicamento		Requerimientos / Límites
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)	
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)	

Nombre del Medicamento	Requerimientos / Límites
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" (pen needle, diabetic)	
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" (pen needle, diabetic)	
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	
EQL INSULIN 0.3 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)	max \$35 copay per month supply
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	max \$35 copay per month supply
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	max \$35 copay per month supply
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)	

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
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		
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)	

Nombre del Medicamento	Requerimientos / Límites
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)	
<i>insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Lantus Solostar U-100 Insulin)	max \$35 copay per month supply
<i>insulin glargine subcutaneous solution 100 unit/ml</i> (Lantus U-100 Insulin)	max \$35 copay per month supply
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 Insulin 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 SYRINGE 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)	

Nombre del Medicamento	Requerimientos / Límites
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE (Advocate Syringes) X 5/16	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML (Sure Comfort Insulin 31 GAUGE X 1/4" Syringe)	
INSULIN SYRINGE-NEEDLE U-100 (Ultilet Insulin Syringe) SYRINGE 0.3 ML 29 GAUGE	
INSULIN SYRINGE-NEEDLE U-100 (Comfort EZ Insulin SYRINGE 1 ML 29 GAUGE X 1/2" Syringe)	
INSULIN SYRINGE-NEEDLE U-100 (Monoject Syringe) SYRINGE 1/2 ML 28 GAUGE	
INSUPEN 30G ULTRAFIN NEEDLE 30 (pen needle, diabetic) GAUGE X 5/16"	
INSUPEN 31G ULTRAFIN NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4", 31 GAUGE X 5/16"	
INSUPEN 32G 6MM PEN NEEDLE 32 (pen needle, diabetic) GAUGE X 1/4"	
INSUPEN 32G 8MM PEN NEEDLE 32 (pen needle, diabetic) GAUGE X 5/16"	
INSUPEN PEN NEEDLE 29GX12MM 29 (pen needle, diabetic) GAUGE X 1/2"	
INSUPEN PEN NEEDLE 31GX3/16" 31 (pen needle, diabetic) GAUGE X 3/16"	
INSUPEN PEN NEEDLE 32GX4MM 32 (pen needle, diabetic) GAUGE X 5/32"	
INSUPEN PEN NEEDLE 33GX4MM 33 (pen needle, diabetic) GAUGE X 5/32"	
LANTUS SOLOSTAR U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	max \$35 copay per month supply
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	max \$35 copay per month supply
LEVEMIR FLEXPEN SUBCUTANEOUS (insulin glargine) INSULIN PEN 100 UNIT/ML (3 ML)	max \$35 copay per month supply
LEVEMIR U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	max \$35 copay per month supply
LISCO SPONGES 100/BAG 2 X 2 "	
LITE TOUCH 31GX1/4" PEN NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4"	
LITE TOUCH INSULIN 0.5 ML SYR (insulin syringe-needle 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 u-100) GAUGE	

Nombre del Medicamento	Requerimientos / Límites
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)
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)

Nombre del Medicamento		Requerimientos / Límites
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"		
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)	

Nombre del Medicamento	Requerimientos / Límites
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))
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)	max \$35 copay per month supply
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	max \$35 copay per month supply

Nombre del Medicamento	Requerimientos / Límites
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	max \$35 copay per month supply
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	max \$35 copay per month supply
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	max \$35 copay per month supply
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	max \$35 copay per month supply
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100) max \$35 copay per month supply
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart) max \$35 copay per month supply
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart) max \$35 copay per month supply
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100) max \$35 copay per month supply
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100) max \$35 copay per month supply
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)

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
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	
PRO COMFORT 0.5 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)

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
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)
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 GAUGE X 7/16"	(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"	

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
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)
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	max \$35 copay per month supply
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)

Nombre del Medicamento	Requerimientos / Límites
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)
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)

Nombre del Medicamento	Requerimientos / Límites
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"	
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)

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 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)	
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)	

Nombre del Medicamento		Requerimientos / Límites
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	max \$35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	max \$35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	max \$35 copay per month supply
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)	

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

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
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)
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"	

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

Nombre del Medicamento	Requerimientos / Límites
ULTIGUARD SAFE0.3 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"	
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)

Nombre del Medicamento	Requerimientos / Límites
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)	
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)	

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
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)
ULTRA-THIN II 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)

Nombre del Medicamento	Requerimientos / Límites
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" (pen needle, diabetic)	
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" (pen needle, diabetic)	
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" (pen needle, diabetic)	
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16" (pen needle, diabetic)	
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16" (pen needle, diabetic)	
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32" (pen needle, diabetic)	
UNIFINE 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 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	
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)	

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
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)
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)

Nombre del Medicamento	Requerimientos / Límites
VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE,3PLY 2 X 2 "	
RELAJANTES MUSCULARES ESQUELÉTICOS	
Relajantes Musculares Esqueléticos	
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	
<i>chlorzoxazone oral tablet 375 mg, 750 mg (Lorzone)</i>	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	
<i>cyclobenzaprine oral tablet 7.5 mg (Fexmid)</i>	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	
VÍA RESPIRATORIA/AGENTES PULMONARES	
Agentes De Fibrosis Pulmonar	
OFEV ORAL CAPSULE 100 MG, 150 MG	PA; NM
<i>pirfenidone oral capsule 267 mg (Esbriet)</i>	PA; NM
<i>pirfenidone oral tablet 267 mg, 801 mg (Esbriet)</i>	PA; NM
<i>pirfenidone oral tablet 534 mg</i>	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

Nombre del Medicamento	Requerimientos / Límites
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (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
Agentes Del Tracto Respiratorio, Otros	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	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)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (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)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	QL (4 per 20 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PA; NM; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	PA; NM; QL (1 per 28 days)

Nombre del Medicamento	Requerimientos / Límites
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i> 113- 14 mcg/actuation, 232- 14 mcg/actuation, 55- 14 mcg/actuation <i>(AirDuo RespiClick)</i>	QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose <i>(Advair Diskus)</i>	QL (60 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization</i> 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)
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)
<i>ambisentan oral tablet</i> 10 mg, 5 mg <i>(Letairis)</i>	PA; NM; QL (30 per 30 days)
<i>bosentan oral tablet</i> 125 mg, 62.5 mg <i>(Tracleer)</i>	PA; NM; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	PA; NM; QL (90 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet</i> 20 mg <i>(Revatio)</i>	PA; QL (90 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	PA; NM; QL (1 per 21 days)
Antihistamínicos	
<i>azelastine nasal aerosol, spray</i> 137 mcg (0.1 %)	QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol</i> 205.5 mcg (0.15 %) <i>(Astepro Allergy)</i>	QL (30 per 25 days)
<i>cetirizine oral solution</i> 1 mg/ml <i>(All Day Allergy (cetirizine))</i>	
<i>cyproheptadine oral syrup</i> 2 mg/5 ml	
<i>cyproheptadine oral tablet</i> 4 mg	
<i>levocetirizine oral solution</i> 2.5 mg/5 ml <i>(Xyzal)</i>	
<i>levocetirizine oral tablet</i> 5 mg <i>(24HR Allergy Relief)</i>	

Nombre del Medicamento	Requerimientos / Límites
Antiinflamatorios, Corticoesteroides Inhalados	
ARNUIITY 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)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	PA BvD
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	QL (50 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	QL (16 per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	QL (34 per 30 days)
Antileucotrinos	
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	QL (30 per 30 days)
<i>montelukast oral tablet 10 mg</i> (Singulair)	QL (30 per 30 days)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	QL (30 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	QL (60 per 30 days)
Broncodilatadores, Anticolinérgicos	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	QL (26 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<i>ipratropium bromide inhalation solution</i> 0.02 %	PA BvD
<i>ipratropium bromide nasal spray,</i> <i>non-aerosol 21 mcg (0.03 %)</i>	QL (60 per 30 days)
<i>ipratropium bromide nasal spray,</i> <i>non-aerosol 42 mcg (0.06 %)</i>	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 (tiotropium bromide) DEVICE 18 MCG	QL (30 per 30 days)
Broncodilatadores, Simpaticomiméticos	
<i>albuterol sulfate inhalation hfa aerosol</i> <i>inhaler 90 mcg/actuation</i> (Ventolin HFA)	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol</i> <i>inhaler 90 mcg/actuation (nda020503)</i>	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol</i> <i>inhaler 90 mcg/actuation (nda020983)</i>	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for</i> <i>nebulization 0.63 mg/3 ml, 1.25 mg/3 ml,</i> <i>2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	
<i>epinephrine injection auto-injector</i> <i>0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	
<i>epinephrine injection auto-injector</i> <i>0.15 mg/0.3 ml</i> (EpiPen Jr)	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	QL (60 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER (albuterol sulfate) 90 MCG/ACTUATION	QL (36 per 30 days)
Inhibidores De Fosfodiesterasa, Enfermedad Pulmonar	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	QL (30 per 30 days)
<i>theophylline oral tablet extended release</i> <i>12 hr 100 mg, 200 mg</i>	
<i>theophylline oral tablet extended release</i> <i>12 hr 300 mg, 450 mg</i>	
<i>theophylline oral tablet extended release</i> <i>24 hr 400 mg, 600 mg</i>	

Index of Drugs / Índice de drogas

1

1ST TIER UNIFINE PENTIPS
.....60, 247
1ST TIER UNIFINE PENTIPS
PLUS60, 247

A

abacavir55, 236
abacavir-lamivudine55, 236
ABELCET.....36, 220
ABILIFY ASIMTUFII50, 231
ABILIFY MAINTENA50, 231
abiraterone40, 222
ABOUTTIME PEN NEEDLE
.....61, 247
ABRYSVO..... 138, 196
acamprosate21, 156
acarbose58, 245
accutane 107, 173, 177
acebutolol.....97, 162
acetaminophen-codeine ..20, 203
acetazolamide 145, 199
acetic acid 146, 202
acetylcysteine..... 150, 282
acitretin 107, 173, 177
ACTHIB (PF)..... 138, 196
ACTIMMUNE 136, 192
acyclovir53, 235
acyclovir sodium.....53, 235
ADACEL(TDAP
ADOLESN/ADULT)(PF)
..... 138, 196
adefovir53, 234
ADEMPAS 150, 283
ADVAIR HFA..... 150, 282
ADVOCATE PEN NEEDLE
.....61, 248
ADVOCATE SYRINGES
.....61, 247, 248
afirmelle 125, 181
AKEEGA43, 224
albendazole.....47, 229
albuterol sulfate 148, 285
alclometasone 108, 173
ALCOH-GLOVE 110, 176

ALCOHOL PADS 110, 176
ALCOHOL PREP PADS.....
..... 110, 177
ALCOHOL PREP SWABS.....
..... 110, 176
ALCOHOL SWABS 110, 176
ALCOHOL WIPES..... 110, 176
ALCOH-WIPE 110, 176
ALECENSA43, 224
alendronate 142, 169
alfuzosin..... 122, 180
aliskiren.....99, 162
allopurinol.....38, 157
alosetron 119, 177
alprazolam57, 206
ALPRAZOLAM INTENSOL.....
.....57, 206
altavera (28)..... 125, 181
ALUNBRIG..... 43, 224, 225
alyacen 1/35 (28) 125, 181
alyacen 7/7/7 (28)..... 126, 181
amantadine hcl.....48, 159
ambrisentan 150, 283
amcinonide..... 108, 173
amikacin..... 22, 207
amiloride 102, 167
amiloride-hydrochlorothiazide
..... 100, 162
amiodarone97, 165
amitriptyline35, 219
amlodipine.....98, 160
amlodipine-atorvastatin
..... 100, 162
amlodipine-benazepril
..... 100, 162, 163
amlodipine-olmesartan .. 100, 163
amlodipine-valsartan 100, 163
ammonium lactate 108, 173
amnesteem 107, 173
amoxapine 35, 219
amoxicillin25, 210
amoxicillin-pot clavulanate.....
.....26, 210
amphotericin b.....36, 220
amphotericin b liposome..36, 220
ampicillin26, 210
ampicillin sodium26, 210

ampicillin-sulbactam26, 210
anagrelide95, 153
anastrozole42, 224
ANKTIVA.....41, 223
ANORO ELLIPTA..... 150, 282
apraclonidine..... 146, 199
aprepitant 36, 219, 220
apri..... 126, 181
APTIOM31, 214
APTIVUS.....56, 233
AQINJECT PEN NEEDLE
.....61, 248
aranelle (28)..... 126, 182
ARCALYST 135, 192
AREXVY (PF)..... 138, 196
AREXVY ANTIGEN
COMPONENT 138, 196
ARIKAYCE.....22, 207
aripiprazole50, 231
armodafinil 152, 170
ARNUITY ELLIPTA 147, 284
asenapine maleate50, 231
ASMANEX HFA 147, 284
ASMANEX TWISTHALER.....
..... 147, 284
aspirin-dipyridamole95, 154
ASSURE ID DUO PRO SFTY
PEN NDL61, 248
ASSURE ID DUO-SHIELD
.....61, 62, 248
ASSURE ID INSULIN SAFETY
..... 62, 248, 249
ASSURE ID PEN NEEDLE.....
.....62, 248
ASSURE ID PRO PEN NEEDLE
.....62, 248
atazanavir56, 233
atenolol97, 162
atenolol-chlorthalidone .. 100, 163
atomoxetine 105, 172
atorvastatin 103, 166
atovaquone47, 229
atovaquone-proguanil.....47, 229
atropine 143, 200
ATROVENT HFA..... 148, 284
aubra eq 126, 182
AUGTYRO43, 225

aurovela 1.5/30 (21) 126, 182
aurovela 1/20 (21) 126, 182
aurovela fe 1.5/30 (28) .. 126, 182
aurovela fe 1-20 (28) 126, 182
AURYXIA 118, 242
AUSTEDO..... 105, 172
AUSTEDO XR..... 105, 172
AUSTEDO XR TITRATION
KT(WK1-4)..... 105, 172
AUVELITY..... 33, 218
aviane 126, 182
avita 107, 177
AVONEX..... 106, 170
ayuna 126, 182
AYVAKIT..... 43, 225
AZASITE 144, 202
azathioprine 136, 192
azelastine..... 144, 147, 200, 283
azithromycin..... 27, 211
AZOPT..... 146, 199
aztreonam 23, 207
azurette (28)..... 126, 182

B

bacitracin..... 144, 202
bacitracin-polymyxin b ... 144, 202
baclofen 53, 157
bal-care dha 114, 237
bal-care dha essential ... 114, 237
balsalazide 142, 169
BALVERSA 43, 225
balziva (28) 126, 182
BAQSIMI..... 60, 247
BARACLUDGE 53, 234
BCG VACCINE, LIVE (PF)
..... 138, 196
BD ALCOHOL SWABS . 110, 176
BD AUTOSHIELD DUO PEN
NEEDLE 62, 249
BD ECLIPSE LUER-LOK
..... 62, 249
BD INSULIN SYRINGE ... 62, 249
BD INSULIN SYRINGE (HALF
UNIT) 62, 249
BD INSULIN SYRINGE SLIP TIP
..... 62, 249
BD INSULIN SYRINGE U-500....
..... 62, 249
BD INSULIN SYRINGE ULTRA-
FINE 62, 249
BD NANO 2ND GEN PEN
NEEDLE 63, 249

BD SAFETYGLIDE INSULIN
SYRINGE..... 63, 249, 250
BD SAFETYGLIDE SYRINGE....
..... 63, 250
BD ULTRA-FINE MICRO PEN
NEEDLE 63, 250
BD ULTRA-FINE MINI PEN
NEEDLE 63, 250
BD ULTRA-FINE NANO PEN
NEEDLE 63, 250
BD ULTRA-FINE ORIG PEN
NEEDLE 63, 250
BD ULTRA-FINE SHORT PEN
NEEDLE 63, 250
BD VEO INSULIN SYR (HALF
UNIT) 63, 250
BD VEO INSULIN SYRINGE UF
..... 63, 250
BELSOMRA 152, 170
benazepril 96, 168
benazepril-hydrochlorothiazide
..... 100, 163
BENLYSTA 136, 192
benznidazole 48, 229
benztropine 48, 159
BESREMI..... 136, 192
betaine 121, 153
betamethasone dipropionate
..... 108, 173
betamethasone valerate
..... 108, 173
betamethasone, augmented
..... 108, 173, 174
BETASERON..... 106, 170
betaxolol..... 97, 145, 162, 199
bethanechol chloride 123, 180
bexarotene 47, 229
BEXSERO..... 138, 196
bicalutamide 40, 222
BICILLIN L-A..... 26, 210
BIKTARVY 54, 235
bisoprolol fumarate 97, 162
bisoprolol-hydrochlorothiazide
..... 100, 163
blisovi fe 1.5/30 (28) 126, 182
blisovi fe 1/20 (28) 126, 182
BOOSTRIX TDAP 138, 196
BORDERED GAUZE..... 63, 250
bosentan 150, 283
BOSULIF..... 43, 225
BRAFTOVI..... 43, 225
BREO ELLIPTA..... 150, 282
breyana 150, 282

BREZTRI AEROSPHERE
..... 150, 282
briellyn 126, 182
BRILINTA..... 96, 154
brimonidine 146, 199
brimonidine-timolol 146, 199
BRIVIACT 29, 215
bromfenac 145, 201
bromocriptine 48, 159
BRONCHITOL..... 149, 281
BRUKINSA..... 43, 225
budesonide ... 142, 147, 169, 284
budesonide-formoterol... 151, 282
bumetanide 102, 167
buprenorphine hcl..... 22, 155
buprenorphine-naloxone.. 22, 155
bupropion hcl..... 33, 218
bupropion hcl (smoking deter)
..... 22, 155
buspirone 57, 206
butalbital-acetaminophen-caff.....
..... 19, 203
butalbital-aspirin-caffeine.....
..... 19, 203
BYLVAY 119, 178

C

cabergoline 133, 191
CABLIVI 96, 154
CABOMETYX..... 43, 225
calcipotriene 110, 176
calcitonin (salmon) 142, 169
calcitriol 142, 169
calcium acetate(phosphat bind)
..... 118, 119, 242
CALQUENCE 43, 225
CALQUENCE (ACALABRUTINIB
MAL) 43, 225
camila 131, 188
CAMZYOS 100, 163
candesartan 96, 165
candesartan-hydrochlorothiazid
..... 100, 163
CAPLYTA..... 50, 231
CAPRELSA 43, 225
captopril 97, 168
carbamazepine..... 31, 32, 214
carbidopa 49, 159
carbidopa-levodopa 49, 159
carbidopa-levodopa-entacapone
..... 48, 159
CARDURA XL..... 122, 180

CAREFINE PEN NEEDLE.....	ciprofloxacin in 5 % dextrose	clobetasol.....
.....64, 250	.....28, 212	108, 174
CARETOUCH ALCOHOL PREP	ciprofloxacin-dexamethasone	clobetasol-emollient.....
PAD.....	.....	108, 174
110, 176	146, 202	clomipramine.....
CARETOUCH INSULIN	ciprofloxacin-fluocinolone	35, 219
SYRINGE.....	.....	clonazepam.....
64, 251	146, 203	57, 58, 206
CARETOUCH PEN NEEDLE	citalopram	clonidine.....
64, 251	34, 216	96, 165
carglumic acid	claravis.....	clonidine hcl
111, 242	107, 174	96, 164
carteolol	clarithromycin	clopidogrel.....
145, 200	27, 211	96, 154
cartia xt	CLENPIQ	clorazepate dipotassium..
99, 160	120, 178	58, 206
carvedilol.....	CLICKFINE PEN NEEDLE	clotrimazole
97, 162	.....	37, 220
carvedilol phosphate .....	.....64, 65, 251	clotrimazole-betamethasone.....
98, 162	clindamycin hcl.....	.....
caspofungin.....	23, 207	110, 176
36, 220	CLINDAMYCIN IN 0.9 % SOD	clozapine.....
CAYSTON.....	CHLOR	52, 233
149, 281	23, 207	c-nate dha
caziant (28)	clindamycin in 5 % dextrose	115, 238
126, 182	.....	COARTEM
cefaclor	23, 207	48, 230
24, 208	CLINDAMYCIN IN 5 %	codeine sulfate
cefadroxil.....	DEXTROSE	20, 203
24, 208, 209	23, 207	codeine-butalbital-asa-caff
cefazolin.....	clindamycin pediatric .....	.....
24, 209	23, 207	19, 203
cefdinir	clindamycin phosphate	colchicine
24, 209	.....	38, 157
cefepime	23, 111, 174, 207	colestipol
25, 209	clindamycin-benzoyl peroxide	103, 166
cefixime.....	.....	colistin (colistimethate na)
25, 209	107, 174	.....
cefotetan	CLINIMIX 5%/D15W SULFITE	23, 207
25, 209	FREE	COMBIGAN
cefotetan in dextrose, iso-osm....	114, 238	146, 200
.....	CLINIMIX 4.25%/D10W SULF	COMBIVENT RESPIMAT.....
25, 209	FREE .....	.....
cefoxitin.....	115, 238	151, 282
25, 209	CLINIMIX 4.25%/D5W SULFIT	COMETRIQ.....
cefpodoxime.....	FREE	43, 225
25, 209	115, 238	COMFORT EZ INSULIN
cefprozil.....	CLINIMIX 5%-D20W(SULFITE- FREE).....	SYRINGE.....
25, 209	115, 238	65, 66,
ceftazidime	CLINIMIX 6%-D5W (SULFITE- FREE).....	251, 252, 253
25, 209	115, 238	COMFORT EZ PEN NEEDLES
ceftriaxone	CLINIMIX 8%-D10W(SULFITE- FREE).....	.....
25, 209	115, 238	65, 252
cefuroxime axetil	CLINIMIX 8%-D14W(SULFITE- FREE).....	COMFORT EZ PRO SAFETY
25, 209	115, 238	PEN NDL
cefuroxime sodium	CLINIMIX E 2.75%/D5W SULF	65, 66, 252
25, 209	FREE	COMFORT TOUCH PEN
celecoxib	115, 238	NEEDLE
19, 204	CLINIMIX E 4.25%/D10W SUL	66, 253
cephalexin.....	FREE	COMPLERA.....
25, 209	115, 238	54, 236
cetirizine.....	CLINIMIX E 4.25%/D5W SULF	completenate.....
147, 283	FREE	115, 239
chateal eq (28)	115, 238	constulose.....
126, 182	CLINIMIX E 5%/D15W SULFIT	119, 177, 179
chlordiazepoxide hcl.....	FREE	COPAXONE.....
57, 206	115, 238	106, 170
chlorhexidine gluconate.....	CLINIMIX E 5%/D20W SULFIT	COPIKTRA.....
.....	FREE	43, 225
107, 173	115, 238	CORLANOR.....
chloroquine phosphate	CLINIMIX E 8%-D10W	100, 163
48, 229	SULFITEFREE.....	COSENTYX
chlorpromazine.....	115, 238	135, 192, 195
49, 230	CLINIMIX E 8%-D14W	COSENTYX (2 SYRINGES).....
chlorthalidone	SULFITEFREE.....	.....
102, 167	115, 238	135, 192
chlorthalidone	CLINIMIX E 8%-D14W	COSENTYX PEN (2 PENS)
102, 167	SULFITEFREE.....	.....
chlorzoxazone	115, 238	135, 192
151, 281	clobazam.....	COSENTYX UNOREADY PEN
cholestyramine (with sugar).....	31, 213	.....
.....		135, 192
103, 166		135, 192
cholestyramine light.....		COTELLIC
103, 166		43, 225
ciclopirox		CREON.....
36, 111, 174, 220		121, 153
cilostazol		cromolyn
96, 154		121, 144, 151,
CIMDUO		153, 200, 282
55, 236		cryselle (28)
cinacalcet.....		126, 182
142, 169		CURAD GAUZE PAD.....
ciprofloxacin hcl.....		67, 253
.....		
28, 146, 202, 212		

CURITY ALCOHOL SWABS
 110, 176
 CURITY GAUZE67, 253
 cyclobenzaprine 151, 281
 cyclophosphamide.....40, 222
 cyclosporine .. 136, 143, 193, 200
 cyclosporine modified
 136, 192, 193
 cyproheptadine..... 147, 283
 cyred eq 126, 182
 CYSTADROPS 143, 200
 CYSTAGON..... 121, 153
 CYSTARAN 143, 200

D

d10 %-0.45 % sodium chloride
 115, 239
 d2.5 %-0.45 % sodium chloride
 116, 239
 d5 % and 0.9 % sodium chloride
 116, 239
 d5 %-0.45 % sodium chloride
 116, 239
 dalfampridine..... 106, 170
 danazol 124, 187
 dapson39, 221
 DAPTACEL (DTAP PEDIATRIC)
 (PF)..... 139, 196
 daptomycin.....23, 207, 208
 darifenacin 122, 180
 darunavir56, 233
 dasetta 1/35 (28) 126, 182
 dasetta 7/7/7 (28) 126, 182
 DAURISMO.....43, 225
 deblitane 131, 188
 deferasirox 114, 242
 deferiprone 114, 242
 DELSTRIGO55, 236
 DEPO-SUBQ PROVERA 104
 131, 188
 DERMACEA.....67, 253
 DERMACEA NON-WOVEN.....
67, 253
 dermacinrx lidocan21, 205
 DESCOVY55, 236
 desipramine35, 219
 desmopressin 124, 189
 desog-e.estradiol/e.estradiol.....
 126, 182
 desogestrel-ethinyl estradiol
 126, 182
 desonide 108, 174

desoximetasone 108, 174
 desvenlafaxine34, 216
 desvenlafaxine succinate
34, 216
 dexamethasone..... 123, 190
 dexamethasone sodium
 phosphate 145, 201
 dexlansoprazole 120, 179
 dexmethylphenidate 105, 172
 dextroamphetamine sulfate
 104, 105, 171
 dextroamphetamine-
 amphetamine 105, 172
 dextrose 10 % and 0.2 % nacl
 116, 239
 dextrose 10 % in water (d10w)
 116, 239
 dextrose 5 % in water (d5w)
 116, 239
 dextrose 5%-0.2 % sod chloride
 116, 239
 DIACOMIT29, 215
 diazepam 31, 58, 206, 213
 diazepam intensol58, 206
 diazoxide60, 247
 diclofenac potassium 19, 204
 diclofenac sodium... 19, 110, 145,
 176, 201, 204
 dicloxacillin26, 210
 dicyclomine 119, 179
 DIFICID27, 211, 212
 diflunisal 19, 204
 digitek 100, 163
 digox 100, 163
 digoxin 100, 163
 DIGOXIN..... 100, 163
 dihydroergotamine.....38, 158
 DILANTIN.....32, 214
 diltiazem hcl99, 160
 dilt-xr99, 161
 dimethyl fumarate..... 106, 171
 diphenoxylate-atropine .. 119, 178
 disopyramide phosphate
97, 165
 disulfiram.....21, 156
 divalproex.....58, 160
 dofetilide.....97, 165
 DOJOLVI..... 116, 239
 donepezil..... 32, 33, 156, 157
 dorzolamide 146, 200
 dorzolamide-timolol 146, 200
 dorzolamide-timolol (pf)
 146, 200

DOVATO.....54, 235
 doxazosin.....96, 161
 doxepin35, 219
 doxy-10028, 213
 doxycycline hyclate ...28, 29, 213
 doxycycline monohydrate
29, 213
 dronabinol36, 220
 DROPLET INSULIN SYR(HALF
 UNIT)67, 253, 254
 DROPLET INSULIN SYRINGE
67, 68, 254
 DROPLET MICRON PEN
 NEEDLE68, 254
 DROPLET PEN NEEDLE
68, 254, 255
 DROPSAFE ALCOHOL PREP
 PADS..... 110, 176
 DROPSAFE INSULIN SYRINGE
68, 255
 DROPSAFE PEN NEEDLE
68, 69, 255
 drospirenone-ethinyl estradiol
 127, 182
 DROXIA41, 223
 droxidopa96, 165
 DUAVEE 125, 188
 duloxetine.....34, 217
 DUPIXENT PEN..... 135, 193
 DUPIXENT SYRINGE ... 135, 193
 DUREZOL 145, 201
 dutasteride 122, 180
 dutasteride-tamsulosin .. 122, 180

E

EASY COMFORT ALCOHOL
 PAD 110, 176
 EASY COMFORT INSULIN
 SYRINGE.....69, 70, 256
 EASY COMFORT PEN
 NEEDLES69, 70, 256
 EASY COMFORT SAFETY PEN
 NEEDLE69, 255
 EASY GLIDE INSULIN
 SYRINGE.....70, 256
 EASY GLIDE PEN NEEDLE.....
70, 256
 EASY TOUCH.....71, 258
 EASY TOUCH ALCOHOL PREP
 PADS 110, 176
 EASY TOUCH FLIPLOCK
 INSULIN.....71, 257

EASY TOUCH FLIPLOCK			
SYRINGE.....	70, 257		
EASY TOUCH INSULIN			
SAFETY SYR.....	70, 257		
EASY TOUCH INSULIN			
SYRINGE.....	70, 71, 72,		
	257, 258		
EASY TOUCH LUER LOCK			
INSULIN.....	71, 258		
EASY TOUCH PEN NEEDLE.....			
	71, 258		
EASY TOUCH SAFETY PEN			
NEEDLE	71, 72, 258		
EASY TOUCH SHEATHLOCK			
INSULIN.....	70, 71, 257, 258		
EASY TOUCH UNI-SLIP .	72, 258		
ec-naproxen	19, 204		
econazole.....	37, 220		
EDURANT.....	54, 236		
efavirenz	54, 236		
efavirenz-emtricitabin-tenofov.....			
	55, 236		
efavirenz-lamivu-tenofov disop			
	55, 236		
electrolyte-148.....	112, 242		
ELIGARD	133, 191		
ELIGARD (3 MONTH) ...	133, 191		
ELIGARD (4 MONTH) ...	133, 191		
ELIGARD (6 MONTH) ...	133, 191		
elimest	127, 183		
ELIQUIS.....	94, 154		
ELIQUIS DVT-PE TREAT 30D			
START	94, 154		
ELMIRON.....	123, 180		
ELREXFIO	41, 223		
eluryng	127, 183		
EMBRACE PEN NEEDLE			
	72, 258, 259		
EMCYT	41, 223		
EMGALITY PEN.....	38, 158		
EMGALITY SYRINGE	38, 158		
EMSAM.....	34, 218		
emtricitabine.....	55, 236		
emtricitabine-tenofov (tdf).....			
	55, 236		
EMTRIVA	55, 237		
EMVERM	47, 229		
enalapril maleate	97, 168		
enalapril-hydrochlorothiazide.....			
	100, 101, 163		
ENBREL.....	136, 193		
ENBREL MINI	136, 193		
ENBREL SURECLICK...	136, 193		
ENDARI	121, 153		
ENGERIX-B (PF).....	139, 196		
ENGERIX-B PEDIATRIC (PF)			
	139, 196		
enilloring.....	127, 183		
enoxaparin	94, 154, 155		
enpresse	127, 183		
enskyce.....	127, 183		
ENSPRYNG	136, 193		
entacapone	48, 159		
entecavir	53, 234		
ENTRESTO	101, 163		
enulose	119, 178		
ENVARUSUS XR	137, 193		
EPIDIOLEX	29, 215		
epinephrine	149, 285		
epitol	32, 214		
eplerenone	102, 167		
EPRONTIA.....	38, 158		
ERAXIS(WATER DILUENT).....			
	37, 220		
ergotamine-caffeine.....	38, 158		
ERIVEDGE	43, 225		
ERLEADA	40, 222		
erlotinib	43, 225		
errin.....	131, 189		
ertapenem	27, 211		
ery pads	111, 174		
ERYTHROCIN	27, 212		
erythromycin.....	28, 144, 202, 212		
erythromycin ethylsuccinate			
	27, 212		
erythromycin with ethanol.....			
	111, 174		
erythromycin-benzoyl peroxide			
	107, 174		
escitalopram oxalate	34, 217		
esomeprazole magnesium			
	121, 179		
estarylla.....	127, 183		
estradiol	125, 188		
ethambutol	40, 221, 222		
ethosuximide	31, 214		
ethynodiol diac-eth estradiol.....			
	127, 183		
etodolac	19, 204, 205		
etonogestrel-ethinyl estradiol.....			
	127, 183		
etravirine	54, 236		
EUCRISA	108, 174		
euthyrox	132, 181		
everolimus (antineoplastic).....			
	44, 225		
everolimus (immunosuppressive)			
	137, 193		
EVOTAZ.....	56, 233		
EVRYSDI	105, 172		
EXEL INSULIN.....	72, 259		
exemestane	42, 224		
EXKIVITY.....	44, 226		
EYSUVIS	143, 200		
ezetimibe.....	103, 166		
ezetimibe-simvastatin	103, 167		
F			
falmina (28)	127, 183		
famciclovir	54, 235		
famotidine	120, 179		
FANAPT.....	50, 231		
FASENRA	151, 282		
FASENRA PEN.....	151, 282		
febuxostat	38, 157		
felbamate	29, 215		
felodipine.....	98, 161		
fenofibrate	102, 103, 166		
fenofibrate micronized ...	102, 166		
fenofibrate nanocrystallized.....			
	102, 166		
fenofibric acid (choline).....			
	103, 166		
fentanyl	20, 204		
fentanyl citrate.....	20, 203		
FERRIPROX	114, 242		
FERRIPROX (2 TIMES A DAY)			
	114, 242		
fesoterodine	122, 180		
FETZIMA.....	34, 217		
FIASP FLEXTOUCH U-100			
INSULIN.....	72, 259		
FIASP PENFILL U-100 INSULIN			
	72, 259		
FIASP U-100 INSULIN	72, 259		
FILSPARI	101, 163		
finasteride	123, 180		
fingolimod.....	106, 171		
FINTEPLA.....	29, 215		
FIRMAGON KIT W DILUENT			
SYRINGE.....	133, 191		
FIRVANQ	23, 208		
flecainide.....	97, 165		
fluconazole	37, 220		
fluconazole in nacl (iso-osm)			
	37, 220		
flucytosine	37, 220		
fludrocortisone.....	123, 190		

flunisolide 147, 284
fluocinolone 108, 174
fluocinolone acetonide oil
..... 147, 203
fluocinonide ... 108, 109, 174, 175
fluocinonide-emollient.... 109, 175
fluoride (sodium) 112, 114,
..... 242, 243, 245
fluoritab 112, 243
fluorometholone 145, 202
fluorouracil 110, 176
fluoxetine..... 34, 217
fluphenazine decanoate .. 49, 230
fluphenazine hcl 49, 230
flura-drops 112, 243
flurbiprofen 19, 205
flurbiprofen sodium 145, 202
fluticasone propionate
..... 109, 148, 175, 284
fluticasone propion-salmeterol
..... 151, 283
fluvastatin..... 103, 166
fluvoxamine 34, 217
folivane-ob 116, 239
fondaparinux 94, 95, 155
fosamprenavir 56, 233
fosinopril..... 97, 168
fosinopril-hydrochlorothiazide
..... 101, 163
FOTIVDA 44, 226
FREESTYLE PRECISION.....
..... 73, 259, 260
FRUZAQLA 44, 226
furosemide 102, 167
FUZEON 55, 237
FYCOMPA 29, 215

G

gabapentin 31, 213
GALAFOLD 121, 153
galantamine 33, 157
GARDASIL 9 (PF) 139, 196
gatifloxacin 144, 202
GATTEX 30-VIAL 120, 178
GAUZE PAD 73, 260
gavilyte-c 120, 178
gavilyte-g 120, 178
GAVRETO 44, 226
gefitinib 44, 226
gemfibrozil..... 103, 166
generlac 119, 178
gengraf..... 137, 193

gentamicin..... 22, 23,
..... 144, 202, 207
gentamicin in nacl (iso-osm)
..... 23, 207
GENVOYA 54, 235
GILOTRIF 44, 226
GLEOSTINE..... 40, 222
glimepiride..... 58, 245
glipizide 58, 245
glipizide-metformin 58, 245
GLUCAGEN HYPOKIT.... 60, 247
glyburide 59, 245
glyburide micronized 58, 245
glyburide-metformin..... 59, 245
glycopyrrolate 119, 179
granisetron hcl..... 36, 220
griseofulvin microsize 37, 221
griseofulvin ultramicrosize
..... 37, 221
guanfacine 96, 105, 165, 172

H

hailey 127, 183
hailey fe 1.5/30 (28)..... 127, 183
hailey fe 1/20 (28)..... 127, 183
halobetasol propionate .. 109, 175
haloette 127, 183
haloperidol 50, 230
haloperidol decanoate 49, 230
haloperidol lactate 49, 50, 230
HAVRIX (PF)..... 139, 197
HEALTHWISE INSULIN
SYRINGE 73, 260
HEALTHWISE PEN NEEDLE.....
..... 73, 74, 260
HEALTHY ACCENTS UNIFINE
PENTIP 74, 260
heather..... 131, 189
heparin (porcine) 95, 155
HEPLISAV-B (PF) 139, 197
HIBERIX (PF)..... 139, 197
HUMIRA..... 137, 193
HUMIRA PEN..... 137, 193
HUMIRA PEN CROHNS-UC-HS
START 137, 195
HUMIRA PEN PSOR-UEVETS-
ADOL HS 137, 193
HUMIRA(CF)..... 137, 194
HUMIRA(CF) PEDI CROHNS
STARTER 137, 193
HUMIRA(CF) PEN..... 137, 194

HUMIRA(CF) PEN CROHNS-
UC-HS 137, 193
HUMIRA(CF) PEN PEDIATRIC
UC 137, 193
HUMIRA(CF) PEN PSOR-UV-
ADOL HS 137, 194
hydralazine..... 104, 168
hydrochlorothiazide
..... 102, 167, 168
hydrocodone-acetaminophen
..... 20, 203
hydrocodone-ibuprofen.... 20, 203
hydrocortisone..... 109, 123, 142,
..... 169, 175, 177, 190
hydrocortisone valerate
..... 109, 175
hydrocortisone-pramoxine
..... 110, 177
hydromorphone 20, 203
hydroxychloroquine 48, 230
hydroxyurea 41, 223
hydroxyzine hcl 57, 206
hydroxyzine pamoate 57, 206
HYFTOR 109, 175

I

ibandronate 142, 169
IBRANCE 44, 226
ibu 19, 205
ibuprofen 19, 205
icatibant..... 134, 195
iclevia 127, 183
ICLUSIG..... 44, 226
icosapent ethyl 103, 167
IDHIFA 41, 223
ILEVRO 145, 202
imatinib 44, 226
IMBRUVICA 44, 226
imipenem-cilastatin..... 27, 211
imipramine hcl 35, 219
imiquimod..... 110, 177
IMOVAX RABIES VACCINE (PF)
..... 139, 197
IMVEXXY MAINTENANCE
PACK 125, 188
IMVEXXY STARTER PACK.....
..... 125, 188
INBRIJA 49, 159
incassia 131, 189
INCONTROL ALCOHOL PADS
..... 110, 176

INCONTROL PEN NEEDLE
 74, 260, 261
 INCRELEX 124, 189
 indapamide 102, 168
 indomethacin 19, 205
 INFANRIX (DTAP) (PF)
 139, 197
 INGREZZA 105, 172
 INGREZZA INITIATION
 PK(TARDIV) 105, 172
 INGREZZA SPRINKLE
 106, 172
 INLYTA 44, 226
 INQOVI 41, 223
 INREBIC 44, 226
 insulin glargine 74, 261
 INSULIN SYR/NDL U100 HALF
 MARK 74, 261
 INSULIN SYRINGE 63, 249
 INSULIN SYRINGE MICROFINE
 62, 249
 INSULIN SYRINGE
 NEEDLELESS 63, 249
 INSULIN SYRINGE-NEEDLE U-
 100 62, 64, 72, 73, 74, 75,
 81, 82, 85, 249, 250,
 259, 261, 262, 268, 272
 INSUPEN PEN NEEDLE
 75, 262
 INTELENCE 54, 236
 INTRALIPID 116, 239
 INTRAROSA 127, 183
 INVEGA HAFYERA 51, 231
 INVEGA SUSTENNA 51, 231
 INVEGA TRINZA 51, 232
 INVOKAMET 59, 245
 INVOKAMET XR 59, 245
 INVOKANA 59, 245
 IPOL 139, 197
 ipratropium bromide 148, 285
 ipratropium-albuterol 151, 283
 irbesartan 96, 165
 irbesartan-hydrochlorothiazide
 101, 163
 ISENTRESS 54, 235
 ISENTRESS HD 54, 235
 isibloom 127, 183
 ISOLYTE S PH 7.4 112, 243
 ISOLYTE-P IN 5 % DEXTROSE
 116, 239
 ISOLYTE-S 112, 243
 isoniazid 40, 222

ISOPROPYL ALCOHOL
 110, 177
 isosorbide dinitrate 104, 168
 isosorbide mononitrate .. 104, 168
 isosorbide-hydralazine... 101, 164
 isotretinoin 107, 175
 isradipine 98, 161
 ISTURISA 123, 190
 itraconazole 37, 221
 IV PREP WIPES 110, 177
 ivermectin 47, 229
 IWILFIN 41, 223
 IXCHIQ 139, 197
 IXIARO (PF) 139, 197

J

JAKAFI 44, 226
 jantoven 95, 155
 JANUMET 59, 245
 JANUMET XR 59, 245
 JANUVIA 59, 245
 JARDIANCE 59, 246
 jasmiel (28) 127, 183
 JAYPIRCA 44, 226
 jencycla 132, 189
 jolessa 127, 183
 JUBLIA 37, 221
 juleber 127, 183
 JULUCA 55, 237
 junel 1.5/30 (21) 128, 183
 junel 1/20 (21) 128, 183
 junel fe 1.5/30 (28) 128, 184
 junel fe 1/20 (28) 128, 184
 JUXTAPID 103, 167
 JYLAMVO 41, 223
 JYNNEOS (PF) 139, 197

K

kalliga 128, 184
 KALYDECO 149, 281
 kariva (28) 128, 184
 KATERZIA 98, 161
 kelnor 1/35 (28) 128, 184
 kelnor 1-50 (28) 128, 184
 KERENDIA 102, 167
 KESIMPTA PEN 106, 171
 ketoconazole 37, 221
 ketorolac 19, 145, 202, 205
 KINERET 137, 194
 KINRIX (PF) 139, 197
 KISQALI 44, 226

KISQALI FEMARA CO-PACK
 41, 223
 KLOR-CON 112, 243
 KLOR-CON 10 112, 243
 KLOR-CON 8 112, 243
 klor-con m10 112, 243
 klor-con m15 112, 243
 klor-con m20 112, 243
 KLOXXADO 22, 156
 KOSELUGO 44, 226
 kosher prenatal plus iron
 116, 239
 KOURZEQ 107, 173
 KRAZATI 41, 223
 kurvelo (28) 128, 184

L

labetalol 98, 162
 lacosamide 32, 214
 lactulose 119, 178
 lagevrio (eua) 57, 233
 lamivudine 53, 55, 234, 237
 lamivudine-zidovudine 55, 237
 lamotrigine 29, 30, 215
 LAMPIT 48, 230
 LANOXIN 101, 164
 lansoprazole 121, 179
 LANTUS SOLOSTAR U-100
 INSULIN 76, 262
 LANTUS U-100 INSULIN
 76, 262
 lapatinib 45, 226
 larin 1.5/30 (21) 128, 184
 larin 1/20 (21) 128, 184
 larin fe 1.5/30 (28) 128, 184
 larin fe 1/20 (28) 128, 184
 latanoprost 146, 201
 leena 28 128, 184
 leflunomide 135, 194
 lenalidomide 40, 222
 LENVIMA 45, 227
 lessina 128, 184
 letrozole 42, 224
 leucovorin calcium 42, 223
 LEUKERAN 40, 222
 LEUKINE 95, 153
 leuprolide 133, 191
 leuprolide (3 month) 133, 191
 LEVEMIR FLEXPEN 76, 262
 LEVEMIR U-100 INSULIN
 76, 262
 levetiracetam 30, 216

levobunolol..... 145, 200
levocarnitine..... 116, 239
levocarnitine (with sugar).....
..... 116, 239
levocetirizine 147, 283
levofloxacin28, 212
levofloxacin in d5w28, 212
levonest (28) 128, 184
levonorgestrel-ethinyl estrad.....
..... 128, 184
levonorg-eth estrad triphasic
..... 128, 184
levora-28 128, 184
LEVO-T 132, 181
levothyroxine 132, 181
LEVOXYL..... 133, 181
LEXIVA56, 233
LIALDA 142, 169
LIBERVANT30, 216
lidocaine.....21, 205
lidocaine hcl21, 205
lidocaine viscous21, 205
lidocaine-prilocaine.....21, 205
lidocan iii21, 205
linezolid.....23, 208
linezolid in dextrose 5%...23, 208
LINZESS 119, 178
liothyronine..... 133, 181
LISCO76, 262
lisinopril97, 168
lisinopril-hydrochlorothiazide
..... 101, 164
LITE TOUCH INSULIN PEN
NEEDLES 76, 262, 263
LITE TOUCH INSULIN
SYRINGE..... 76, 77, 262, 263
lithium carbonate58, 160
lithium citrate58, 160
LIVALO 103, 166
LIVMARLI..... 120, 178
LIVTENCITY 53, 234
LOKELMA 114, 242
LONSURF 42, 223
loperamide 119, 178
lopinavir-ritonavir56, 234
LOQTORZI..... 42, 224
lorazepam58, 206
lorazepam intensol58, 206
LORBRENA 45, 227
loryna (28)..... 128, 184
losartan96, 165
losartan-hydrochlorothiazide.....
..... 101, 164

loteprednol etabonate.... 145, 202
lovastatin 103, 166
low-ogestrel (28) 129, 184
loxapine succinate.....50, 230
lo-zumandimine (28)..... 129, 184
lubiprostone 119, 178
ludent fluoride..... 112, 243
LUMAKRAS 42, 224
LUMIGAN..... 146, 201
LUPKYNIS 137, 194
LUPRON DEPOT 133, 191
LUPRON DEPOT (3 MONTH)
..... 133, 191
LUPRON DEPOT (4 MONTH)
..... 133, 191
LUPRON DEPOT (6 MONTH)
..... 133, 191
LUPRON DEPOT-PED.. 134, 191
LUPRON DEPOT-PED
(3 MONTH) 134, 191
lurasidone51, 232
lutera (28)..... 129, 185
LYBALVI51, 232
lyleq 132, 189
LYNPARZA 42, 224
LYSODREN 40, 222
LYTGOBI 45, 227
lyza 132, 189

M

MAGELLAN INSULIN SAFETY
SYRNG77, 263
MAGELLAN SYRINGE77, 263
magnesium sulfate 112, 243
malathion 111, 177
maraviroc56, 237
marlissa (28) 129, 185
marnatal-f..... 116, 239
MARPLAN..... 34, 218
MATULANE 40, 222
matzim la..... 99, 161
MAVYRET 53, 234
MAXICOMFORT II PEN
NEEDLE77, 263
MAXI-COMFORT INSULIN
SYRINGE..... 77, 264
MAXICOMFORT INSULIN
SYRINGE..... 77
MAXICOMFORT INSULIN
SYRINGE..... 77
MAXICOMFORT INSULIN
SYRINGE.....264

MAXICOMFORT INSULIN
SYRINGE.....264
MAXICOMFORT SAFETY PEN
NEEDLE77, 264
MAYZENT 106, 171
MAYZENT STARTER(FOR 1MG
MAINT) 106, 171
MAYZENT STARTER(FOR 2MG
MAINT) 106, 171
meclizine36, 219
medroxyprogesterone ... 132, 189
mefloquine48, 230
megestrol 132, 189
MEKINIST45, 227
MEKTOVI.....45, 227
meloxicam 19, 205
memantine32, 156
MENACTRA (PF) 139, 197
MENEST 125, 188
MENQUADFI (PF)..... 139, 197
MENVEO A-C-Y-W-135-DIP (PF)
..... 139, 197
mercaptapurine41, 223
meropenem27, 211
mesalamine 142, 169
MESNEX..... 42, 224
metformin59, 246
methadone20, 204
methazolamide..... 146, 200
methenamine hippurate...23, 208
methimazole..... 134, 192
methocarbamol 151, 281
methotrexate sodium.....
..... 137, 138, 194
methotrexate sodium (pf).....
..... 137, 194
methsuximide31, 214
methylphenidate hcl 105, 172
methylprednisolone 123, 190
metoclopramide hcl 120, 178
metolazone 102, 168
metoprolol succinate98, 162
metoprolol ta-hydrochlorothiaz
..... 101, 164
metoprolol tartrate98, 162
metronidazole.....24, 208
metronidazole in nacl (iso-os).....
..... 24, 208
metyrosine 101, 164
mexiletine97, 165
MICRODOT INSULIN PEN
NEEDLE77, 264

MICRODOT READYGARD PEN
 NEEDLE77, 264
 microgestin 1.5/30 (21).. 129, 185
 microgestin 1/20 (21)..... 129, 185
 microgestin fe 1.5/30 (28).....
 129, 185
 microgestin fe 1/20 (28).....
 129, 185
 midodrine96, 165
 mifepristone60, 247
 miglitol.....59, 246
 miglustat..... 121, 153
 mili 129, 185
 MINI ULTRA-THIN II78, 264
 minocycline29, 213
 minoxidil 104, 168
 mirtazapine33, 218
 misoprostol..... 120, 179
 M-M-R II (PF) 140, 197
 m-natal plus 116, 239
 modafinil..... 152, 170
 moexipril.....97, 168
 molindone50, 230
 mometasone . 109, 148, 175, 284
 mondoxyne nl.....29, 213
 MONOJECT INSULIN SAFETY
 SYRING78, 265
 MONOJECT INSULIN SYRINGE
 78, 79, 264, 265
 MONOJECT SYRINGE ...78, 264
 MONOJECT ULTRA COMFORT
 INSULIN.....90, 276
 mono-lyyah 129, 185
 montelukast..... 148, 284
 morphine20, 204
 MORPHINE.....21, 204
 morphine concentrate.....20, 204
 MOUNJARO.....59, 246
 MOVANTIK 119, 178
 moxifloxacin 28, 144, 202, 212
 moxifloxacin-sod.ace,sul-water
28, 212
 moxifloxacin-sod.chloride(iso)
28, 212
 MULTAQ97, 165
 mupirocin 111, 175
 mupirocin calcium..... 111, 175
 mycophenolate mofetil... 138, 194
 mycophenolate sodium.....
 138, 194
 mynatal 116, 239
 mynatal advance 116, 239
 mynatal plus 116, 239

mynatal-z 116, 239
 mynate 90 plus..... 116, 239
 MYRBETRIQ..... 122, 180

N

nabumetone 19, 205
 nadolol98, 162
 nafcillin26, 210
 nafcillin in dextrose iso-osm.....
26, 210
 naloxone22, 156
 naltrexone21, 156
 NAMZARIC32, 156
 naproxen 19, 205
 naproxen sodium.....20, 205
 naratriptan39, 157
 NARCAN.....22, 156
 NATACYN..... 144, 202
 nateglinide.....59, 246
 NATPARA 142, 169
 NAYZILAM31, 213
 nebivolol.....98, 162
 necon 0.5/35 (28) 129, 185
 nefazodone34, 217
 neomycin.....23, 207
 neomycin-bacitracin-poly-hc.....
 143, 200
 neomycin-bacitracin-polymyxin
 144, 202
 neomycin-polymyxin b-dexameth
 143, 201
 neomycin-polymyxin-gramicidin
 144, 201
 neomycin-polymyxin-hc.....
 144, 147, 201, 203
 NERLYNX45, 227
 NEUPRO.....48, 159
 nevirapine54, 236
 newgen 116, 239
 niacin 103, 167
 nicardipine.....98, 161
 NICOTROL22, 155
 nifedipine.....98, 161
 nikki (28) 129, 185
 nilutamide.....40, 222
 NINLARO42, 224
 nitazoxanide48, 230
 nitisinone 121, 153
 NITRO-BID..... 104, 168
 nitrofurantoin macrocrystal
24, 208

nitrofurantoin monohyd/m-cryst
24, 208
 nitroglycerin..... 104, 168, 169
 niva-plus..... 116, 240
 nizatidine 120, 179
 NOCDURNA (MEN) 124, 189
 NOCDURNA (WOMEN)
 124, 190
 nora-be 132, 189
 norethindrone (contraceptive)
 132, 189
 norethindrone acetate ... 132, 189
 norethindrone ac-eth estradiol
 129, 185
 norethindrone-e.estradiol-iron
 129, 185
 norgestimate-ethinyl estradiol
 129, 185
 nortrel 0.5/35 (28)..... 129, 185
 nortrel 1/35 (21)..... 129, 185
 nortrel 1/35 (28)..... 129, 185
 nortrel 7/7/7 (28)..... 130, 185
 nortriptyline35, 219
 NORVIR.....56, 234
 NOVOFINE 3079, 265
 NOVOFINE 3279, 265
 NOVOFINE PLUS79, 265
 NOVOLIN 70/30 U-100 INSULIN
79, 265
 NOVOLIN 70-30 FLEXPEN U-
 100.....79, 265
 NOVOLIN N FLEXPEN ...79, 266
 NOVOLIN N NPH U-100
 INSULIN.....79, 266
 NOVOLIN R FLEXPEN ...79, 266
 NOVOLIN R REGULAR U100
 INSULIN.....79, 266
 NOVOLOG FLEXPEN U-100
 INSULIN.....79, 266
 NOVOLOG MIX 70-30 U-100
 INSULN.....79, 266
 NOVOLOG MIX 70-30FLEXPEN
 U-100.....79, 266
 NOVOLOG PENFILL U-100
 INSULIN.....79, 266
 NOVOLOG U-100 INSULIN
 ASPART79, 266
 NOVOTWIST 79, 266
 NOXAFIL.....37, 221
 NUBEQA40, 222
 NUCALA 151, 283
 NUEDEXTA 106, 172
 NUPLAZID51, 232

NUTRILIPID 116, 240
 nyamyc 37, 221
 nylia 1/35 (28) 130, 185
 nylia 7/7/7 (28) 130, 186
 nymyo 130, 186
 nystatin 37, 221
 nystatin-triamcinolone ... 110, 177
 nystop 37, 221

O

obstetrix dha..... 117, 240
 obstetrix dha prenatal duo
 117, 240
 o-cal prenatal 117, 240
 ocella 130, 186
 octreotide acetate.. 134, 191, 192
 ODEFSEY 55, 237
 ODOMZO..... 45, 227
 OFEV 150, 281
 ofloxacin..... 28, 144, 147,
 202, 203, 212
 OGSIVEO 42, 224
 OJEMDA 42, 224
 OJJAARA..... 45, 227
 olanzapine..... 51, 232
 olanzapine-fluoxetine 33, 218
 olmesartan 96, 165
 olmesartan-amlodipin-hcthiamid
 101, 164
 olmesartan-hydrochlorothiazide
 101, 164
 olopatadine 144, 200
 omega-3 acid ethyl esters
 104, 167
 omeprazole 121, 179
 OMNITROPE 124, 190
 ondansetron 36, 220
 ondansetron hcl..... 36, 220
 ONUREG 41, 223
 OPSUMIT..... 150, 283
 OPVEE 22, 156
 oralone 107, 173
 ORGOVYX..... 42, 224
 ORKAMBI 149, 281
 orphenadrine citrate 151, 281
 ORSERDU 41, 223
 oseltamivir 57, 235
 OSPHENA 130, 186
 OTEZLA 135, 194
 OTEZLA STARTER.....
 135, 194, 195
 oxacillin 26, 210, 211

oxacillin in dextrose(iso-osm)
 26, 210
 oxaprozin 20, 205
 oxazepam 57, 206
 oxcarbazepine 32, 214
 OXLUMO 143, 245
 oxybutynin chloride..... 122, 180
 oxycodone..... 20, 21, 204
 oxycodone-acetaminophen.....
 21, 204
 OZEMPIC..... 59, 246

P

paliperidone 51, 232
 PANRETIN..... 110, 177
 pantoprazole 121, 179
 PANZYGA..... 135, 194
 paricalcitol 142, 169, 170
 paroex oral rinse 107, 173
 paromomycin..... 23, 207
 paroxetine hcl..... 35, 217
 PAXLOVID 57, 234
 pazopanib 45, 227
 PEDIARIX (PF) 140, 197
 PEDVAX HIB (PF)..... 140, 197
 peg 3350-electrolytes 120, 178
 PEGASYS..... 136, 194
 peg-electrolyte soln 120, 178
 PEMAZYRE 45, 227
 PEN NEEDLE 73, 80, 82, 259,
 266, 267, 268
 PEN NEEDLE, DIABETIC
 66, 77, 78, 80, 81,
 253, 264, 266, 268
 PEN NEEDLE, DIABETIC,
 SAFETY 82, 269
 PENBRAYA (PF)..... 140, 197
 PENBRAYA MENACWY
 COMPONENT(PF) 140, 197
 PENBRAYA MENB
 COMPONENT (PF) ... 140, 198
 penicillamine 123, 180
 penicillin g pot in dextrose
 26, 211
 penicillin g potassium 26, 211
 penicillin g procaine 26, 211
 penicillin g sodium 27, 211
 penicillin v potassium 27, 211
 PENTACEL (PF) 140, 198
 pentamidine 48, 230
 PENTIPS..... 80, 267
 pentoxifylline 101, 164

perindopril erbumine..... 97, 168
 periogard..... 107, 173
 permethrin 111, 177
 perphenazine 50, 231
 pfizerpen-g 27, 211
 phenelzine..... 34, 218
 phenobarbital 30, 216
 phenytoin 32, 214
 phenytoin sodium extended.....
 32, 214
 philith 130, 186
 PIFELTRO 54, 236
 pilocarpine hcl 107, 146,
 173, 200
 pimecrolimus 109, 175
 pimoziide..... 50, 231
 pimtrea (28)..... 130, 186
 pindolol 98, 162
 pioglitazone 59, 246
 pioglitazone-metformin 59, 246
 PIP PEN NEEDLE 80, 267
 piperacillin-tazobactam.... 27, 211
 PIQRAY 45, 227
 pirfenidone 150, 281
 pirmella 130, 186
 piroxicam..... 20, 205
 PLASMA-LYTE A 112, 243
 pnv 29-1 117, 240
 pnv-dha + docusate..... 117, 240
 pnv-omega 117, 240
 podofilox..... 111, 177
 polymyxin b sulf-trimethoprim
 144, 201
 POMALYST 41, 222
 portia 28 130, 186
 posaconazole 38, 221
 potassium chlorid-d5-0.45%nacl
 112, 243
 potassium chloride 113, 244
 potassium chloride in 0.9%nacl
 113, 243
 potassium chloride in 5 % dex
 113, 243
 potassium chloride in lr-d5.....
 113, 244
 potassium chloride in water
 113, 244
 potassium chloride-0.45 % nacl
 113, 244
 potassium chloride-d5-0.2%nacl
 113, 244
 potassium chloride-d5-0.9%nacl
 113, 244

potassium citrate 113, 244
 pr natal 400 117, 240
 pr natal 400 ec 117, 240
 pr natal 430 117, 240
 pr natal 430 ec 117, 240
 pramipexole 48, 159
 prasugrel 96, 154
 pravastatin 103, 166
 prazosin 96, 161
 prednisolone 123, 190
 prednisolone acetate 145, 202
 prednisolone sodium phosphate
 123, 145, 190, 202
 prednisone 123, 190
 PREDNISONE INTENSOL
 123, 190
 pregabalin 106, 171
 PREHEVBRIO (PF) 140, 198
 PREMARIN 125, 188
 PREMASOL 10 % 117, 240
 PREMPHASE 130, 186
 PREMPRO 130, 186
 prena1 true 117, 240
 prenaissance 117, 240
 prenaissance plus 117, 240
 prenatalabs fa 117, 240
 prenatal 19 117, 240
 prenatal 19 (with docusate)
 117, 240
 prenatal low iron 117, 240
 prenatal plus 117, 240
 prenatal plus (calcium carb)
 117, 240
 prenatal vitamin plus low iron
 117, 240
 prenatal-u 117, 240
 preplus 117, 240
 pretab 117, 240
 PREVENT DROPSAFE PEN
 NEEDLE 80, 267
 PREVYMIS 53, 234
 PREZCOBIX 56, 234
 PREZISTA 56, 234
 PRIFTIN 39, 221
 PRIMAQUINE 48, 230
 primidone 30, 216
 PRIORIX (PF) 140, 198
 PRIVIGEN 135, 194
 PRO COMFORT ALCOHOL
 PADS 111, 177
 PRO COMFORT INSULIN
 SYRINGE 80, 81, 267

PRO COMFORT PEN NEEDLE
 81, 267
 probenecid 38, 157
 probenecid-colchicine 38, 157
 prochlorperazine 36, 219
 prochlorperazine maleate
 36, 219
 procto-med hc 109, 175
 proctosol hc 109, 175
 proctozone-hc 109, 175
 PRODIGY INSULIN SYRINGE
 81, 267, 268
 progesterone micronized
 132, 189
 PROGRAF 138, 194
 PROLASTIN-C 121, 153
 PROLIA 143, 170
 PROMACTA 95, 153
 promethazine 36, 219
 promethegan 36, 219
 propafenone 97, 165
 propranolol 38, 98, 158, 162
 propylthiouracil 134, 192
 PROQUAD (PF) 140, 198
 PROSOL 20 % 117, 241
 protriptyline 35, 219
 PULMOZYME 149, 281
 PURE COMFORT ALCOHOL
 PADS 111, 177
 PURE COMFORT PEN NEEDLE
 81, 268
 PURE COMFORT SAFETY PEN
 NEEDLE 81, 268
 PURIXAN 41, 223
 pyrazinamide 40, 222
 pyridostigmine bromide ... 39, 157

Q

QINLOCK 45, 227
 QUADRACEL (PF) 140, 198
 quetiapine 51, 232
 quinapril 97, 168
 quinapril-hydrochlorothiazide
 101, 164
 quinidine sulfate 97, 165
 quinine sulfate 48, 230

R

RABAVERT (PF) 140, 198
 raloxifene 143, 170
 ramipril 97, 168
 ranolazine 101, 164

rasagiline 49, 160
 RAVICTI 121, 153
 reclipen (28) 130, 186
 RECOMBIVAX HB (PF)
 140, 198
 REGRANEX 111, 177
 RELENZA DISKHALER ... 57, 235
 RELION NEEDLES 82, 268
 RELION PEN NEEDLES
 82, 268
 repaglinide 59, 246
 REPATHA PUSHTRONEX
 104, 167
 REPATHA SURECLICK
 104, 167
 REPATHA SYRINGE ... 104, 167
 RESTASIS 144, 201
 RESTASIS MULTIDOSE
 144, 201
 RETACRIT 95, 153
 RETEVMO 45, 227
 REXULTI 51, 232
 REYATAZ 56, 234
 REZLIDHIA 45, 227
 REZUROCK 138, 194
 RHOPRESSA 146, 200
 ribavirin 53, 234
 rifabutin 39, 221
 rifampin 40, 222
 riluzole 106, 172
 rimantadine 57, 235
 RINVOQ 135, 194
 risedronate 143, 170
 risperidone 52, 232, 233
 risperidone microspheres
 52, 232
 ritonavir 56, 234
 rivastigmine 33, 157
 rivastigmine tartrate 33, 157
 rizatriptan 39, 157, 158
 r-natal ob 117, 241
 ROCKLATAN 146, 200
 roflumilast 149, 285
 ropinirole 49, 159
 rosadan 24, 208
 rosuvastatin 103, 166
 ROTARIX 140, 141, 198
 ROTATEQ VACCINE ... 141, 198
 ROZLYTREK 45, 46, 227
 RUBRACA 46, 228
 rufinamide 32, 214
 RUKOBIA 56, 237
 RYBELSUS 59, 246

RYDAPT46, 228
RYTARY49, 159

S

SAFESNAP INSULIN SYRINGE
..... 82, 268, 269
SAFETY PEN NEEDLE ...82, 269
SANTYL..... 111, 177
sapropterin 121, 153
SAVELLA 106, 171
SCEMBLIX.....46, 228
scopolamine base36, 219
SECUADO52, 233
SECURESAFE INSULIN
SYRINGE.....82, 269
SECURESAFE PEN NEEDLE
.....82, 269
select-ob 118, 241
select-ob (folic acid) 118, 241
selegiline hcl.....49, 160
selenium sulfide 109, 175
SELZENTRY56, 237
se-natal 19 chewable 118, 241
SEREVENT DISKUS.....149, 285
sertraline35, 217
setlakin..... 130, 186
sevelamer carbonate 119, 242
sharobel 132, 189
SHINGRIX (PF)..... 141, 198
SIGNIFOR..... 134, 192
sildenafil (pulm.hypertension)
..... 150, 283
silodosin 123, 180
silver sulfadiazine 111, 177
SIMBRINZA 146, 200
simliya (28)..... 130, 186
simvastatin 103, 166
sirolimus..... 138, 195
SIRTURO.....40, 222
SKY SAFETY PEN NEEDLE
.....82, 269
SKYRIZI..... 135, 195
sodium chloride 114, 245
sodium chloride 0.45 %
..... 114, 244
sodium chloride 0.9 % ... 114, 244
sodium chloride 3 % hypertonic
..... 114, 245
sodium chloride 5 % hypertonic
..... 114, 245
sodium oxybate 152, 170

sodium polystyrene sulfonate
..... 114, 242
sodium,potassium,mag sulfates
..... 120, 178
sofosbuvir-velpatasvir.....53, 235
solifenacin 122, 180
SOLQUA 100/3383, 269
SOLTAMOX41, 223
SOMAVERT 134, 192
sorafenib46, 228
sotalol97, 165
sotalol af.....97, 165
SPIRIVA RESPIMAT 148, 285
SPIRIVA WITH HANDIHALER
..... 148, 285
spironolactone 102, 167
spironolacton-hydrochlorothiaz
..... 101, 164
sprintec (28) 130, 186
SPRITAM30, 216
SPRYCEL46, 228
sps (with sorbitol) 114, 242
sronyx 130, 186
ssd 111, 177
STELARA..... 135, 136, 195
STERILE PADS83, 269
STIVARGA.....46, 228
STRIBILD.....54, 235
SUBOXONE.....22, 155
sucralfate 120, 179
sulfacetamide sodium.... 145, 202
sulfacetamide sodium (acne).....
.....28, 212
sulfacetamide-prednisolone.....
..... 144, 201
sulfadiazine28, 212
sulfamethoxazole-trimethoprim
..... 28, 212, 213
sulfasalazine 142, 169
sulindac.....20, 205
sumatriptan39, 158
sumatriptan succinate39, 158
sunitinib malate46, 228
SUNLENCA56, 237
SURE COMFORT ALCOHOL
PREP PADS 111, 177
SURE COMFORT INS. SYR. U-
100.....83, 269
SURE COMFORT INSULIN
SYRINGE.....83, 269, 270
SURE COMFORT PEN NEEDLE
.....83, 270

SURE COMFORT SAFETY PEN
NEEDLE83, 269
SURE-FINE PEN NEEDLES
.....83, 84, 270
SURE-JECT INSULIN SYRINGE
.....84, 270
SURE-PREP ALCOHOL PREP
PADS..... 111, 177
SUTAB..... 120, 179
syeda 130, 186
SYMDEKO 149, 281
SYMLINPEN 120.....60, 246
SYMLINPEN 6060, 246
SYMPAZAN31, 213
SYMTUZA.....54, 235
SYNAREL 134, 192
SYNJARDY60, 246
SYNJARDY XR60, 246
SYNRIBO.....42, 224
SYNTHROID..... 133, 181
SYRINGE WITH NEEDLE,
SAFETY.....82, 269

T

TABLOID.....41, 223
TABRECTA46, 228
tacrolimus..... 109, 138, 175,
..... 195, 196
TAFINLAR.....46, 228
TAGRISSO46, 228
TAKHZYRO 134, 195
TALVEY42, 224
TALZENNA46, 228
tamoxifen41, 223
tamsulosin 123, 180
tarina fe 1-20 eq (28) 130, 186
taron-c dha 118, 241
taron-prex prenatal-dha
..... 118, 241
TASIGNA46, 228
TAVNEOS 136, 195
tazarotene 107, 175
TAZORAC 107, 175
taztia xt99, 161
TAZVERIK46, 228
TDVAX..... 141, 198
TECHLITE INSULIN SYRINGE
.....84, 85, 271
TECHLITE INSULN SYR(HALF
UNIT)84, 271
TECHLITE PEN NEEDLE
.....85, 271, 272

TECHLITE PLUS PEN NEEDLE	85, 272	TOPCARE CLICKFINE ...	86, 272	TRIUMEQ PD.....	56, 237
TEFLARO	25, 209	TOPCARE ULTRA COMFORT	86, 272	triveen-duo dha	118, 241
TEGSEDI	121, 154	topiramate	38, 39, 158	trivora (28).....	131, 187
telmisartan	96, 165	toremifene	41, 223	tri-vylibra	131, 187
telmisartan-amlodipine ..	101, 164	torsemide	102, 167	TRIZIVIR	55, 237
telmisartan-hydrochlorothiazid	101, 164	TOUJEO MAX U-300 SOLOSTAR	86, 273	TROPHAMINE 10 %	118, 241
temazepam	152, 170	TOUJEO SOLOSTAR U-300 INSULIN.....	86, 273	trospium	122, 180
TENIVAC (PF).....	141, 198	TPN ELECTROLYTES ..	118, 241	TRUE COMFORT ALCOHOL PADS.....	111, 177
tenofovir disoproxil fumarate.....	55, 237	TPN ELECTROLYTES II	118, 241	TRUE COMFORT INSULIN SYRINGE.....	87, 273
TEPMETKO	46, 228	tramadol	21, 204	TRUE COMFORT PEN NEEDLE	87, 273, 274
terazosin	96, 161	tramadol-acetaminophen	21, 204	TRUE COMFORT PRO ALCOHOL PADS	111, 177
terbinafine hcl.....	38, 221	trandolapril	97, 168	TRUE COMFORT PRO INS SYRINGE.....	86, 87, 273, 274
terbutaline	149, 285	trandolapril-verapamil....	101, 164	TRUE COMFORT SAFETY PEN NEEDLE	86, 273
terconazole	38, 221	tranexamic acid	95, 154	TRUEPLUS INSULIN	87, 88, 274, 275
teriparatide	143, 170	tranylcypropramine	34, 218	TRUEPLUS PEN NEEDLE.....	87, 274
TERUMO INSULIN SYRINGE	85, 272	TRAVASOL 10 %.....	118, 241	TRULICITY	60, 246
testosterone ..	124, 125, 187, 188	travoprost	146, 201	TRUMENBA.....	141, 199
testosterone cypionate ..	124, 187	trazodone	35, 217	TRUQAP	46, 228
testosterone enanthate..	124, 187	TRECTOR	40, 222	TUKYSA.....	46, 228
TETANUS,DIPHThERIA TOX PED(PF)	141, 199	TRELEGY ELLIPTA	151, 283	tulana	132, 189
tetrabenazine	106, 172	TRELSTAR	134, 192	TURALIO	46, 228
tetracycline.....	29, 213	TRESIBA FLEXTOUCH U-100	86, 273	turqoz (28).....	131, 187
THALOMID	41, 222	TRESIBA FLEXTOUCH U-200	86, 273	TWINRIX (PF)	141, 199
theophylline.....	150, 285	TRESIBA U-100 INSULIN.....	86, 273	TYBOST.....	56, 237
THINPRO INSULIN SYRINGE	85, 86, 272	tretinoin	107, 175, 176	TYMLOS	143, 170
thioridazine.....	50, 231	tretinoin (antineoplastic) ..	47, 229	TYPHIM VI.....	141, 199
thiothixene.....	50, 231	TREXALL.....	138, 195		
tiadylt er	99, 161	triamcinolone acetonide.....	107, 109, 173, 176	U	
tiagabine	31, 213	triamterene-hydrochlorothiazid	101, 102, 164	UBRELVY	39, 158
TIBSOVO	46, 228	tridacaine	21, 205	ULTICARE	88, 89, 275
TICOVAC.....	141, 199	trientine	114, 242	ULTICARE INSULIN SYRINGE	88, 275
tigecycline	24, 208	tri-estarylla	130, 186	ULTICARE INSULN SYR(HALF UNIT)	88, 275
timolol maleate	98, 145, 162, 200	trifluoperazine.....	50, 231	ULTICARE PEN NEEDLE	88, 275
tinidazole.....	24, 208	trifluridine	54, 235	ULTICARE SAFETY PEN NEEDLE	88, 89, 275
TIVICAY	54, 236	trihexyphenidyl	48, 159	ULTIGUARD SAFEPACK-INSULIN SYR	89, 275, 276
TIVICAY PD.....	54, 236	TRIKAFTA.....	149, 282	ULTIGUARD SAFEPACK-PEN NEEDLE	89, 275, 276
tizanidine.....	53, 157	tri-linyah	130, 186	ULTILET ALCOHOL SWAB.....	111, 177
TOBI PODHALER	149, 281	trimethoprim	24, 208		
tobramycin	145, 202	tri-mili	130, 186		
tobramycin in 0.225 % nacl.....	149, 282	trimipramine	36, 219		
tobramycin sulfate	23, 207	TRINTELLIX.....	35, 217		
tobramycin-dexamethasone	144, 201	tri-nymyo	131, 186		
tolterodine	122, 180	tri-sprintec (28)	131, 186		
tolvaptan	114, 242	TRIUMEQ	56, 237		

ULTILET INSULIN SYRINGE
 75, 89, 90, 261, 276
 ULTILET PEN NEEDLE ..90, 276
 ULTRA CMFT INS SYR (HALF
 UNIT)..... 73, 82, 260, 269
 ULTRA COMFORT INSULIN
 SYRINGE.....69, 73, 90,
 255, 260, 276
 ULTRA FLO INSUL SYR(HALF
 UNIT).....90, 277
 ULTRA FLO INSULIN SYRINGE
 90, 277
 ULTRA FLO PEN NEEDLE
 90, 277
 ULTRA THIN PEN NEEDLE
 91, 277
 ULTRACARE INSULIN
 SYRINGE.....91, 277
 ULTRACARE PEN NEEDLE
 91, 277, 278
 ULTRA-THIN II (SHORT) INS
 SYR 91, 92, 278
 ULTRA-THIN II (SHORT) PEN
 ND92, 278
 ULTRA-THIN II INS PEN
 NEEDLES92, 278
 ULTRA-THIN II INSULIN
 SYRINGE.....91, 92, 278
 UNIFINE PEN NEEDLE ..92, 278
 UNIFINE PENTIPS.....80, 92,
 266, 278, 279
 UNIFINE PENTIPS MAXFLOW
 92, 279
 UNIFINE PENTIPS PLUS
 92, 279
 UNIFINE PENTIPS PLUS
 MAXFLOW.....92, 279
 UNIFINE PROTECT ..92, 93, 279
 UNIFINE SAFECONTROL
 93, 279
 UNIFINE SAFECONTROL PEN
 NEEDLE93, 279
 UNIFINE ULTRA PEN NEEDLE
 93, 279, 280
 UNITHROID 133, 181
 ursodiol 120, 179

V

valacyclovir54, 235
 VALCHLOR.....40, 222
 valganciclovir.....53, 234
 valproic acid30, 216

valproic acid (as sodium salt)
 30, 216
 valsartan96, 165
 valsartan-hydrochlorothiazide
 102, 164
 VALTOCO.....31, 214
 vancomycin24, 208
 VANFLYTA46, 228
 VANISHPOINT INSULIN
 SYRINGE.....93, 280
 VANISHPOINT SYRINGE
 93, 280
 VAQTA (PF)..... 141, 199
 varenicline22, 155, 156
 VARIVAX (PF)..... 141, 199
 VARUBI.....36, 220
 VASCEPA 104, 167
 velivet triphasic regimen (28).....
 131, 187
 VELPHORO 119, 242
 VEMLIDY53, 234
 VENCLEXTA.....46, 228
 VENCLEXTA STARTING PACK
 47, 228
 venlafaxine35, 217
 venlafaxine besylate.....35, 217
 VENTOLIN HFA 149, 285
 verapamil99, 161
 VERIFINE INSULIN SYRINGE
 93, 94, 280
 VERIFINE PEN NEEDLE
 93, 94, 280
 VERIFINE PLUS PEN NEEDLE
 94, 280
 VERIFINE PLUS PEN NEEDLE-
 SHARP94, 280
 VERQUVO 102, 164
 VERSACLOZ52, 233
 VERSALON 94, 281
 VERZENIO.....47, 229
 vestura (28) 131, 187
 VICTOZA60, 246
 vienna 131, 187
 vigabatrin31, 214
 vigadrone31, 214
 VIIBRYD.....35, 219
 VIJOICE 121, 154
 vilazodone35, 218
 vinate care 118, 241
 viorele (28) 131, 187
 VIRACEPT56, 234
 VIREAD.....55, 237
 virt-c dha 118, 241

virt-nate dha 118, 241
 virt-pn dha 118, 241
 virt-pn plus 118, 241
 vitafol gummies 118, 241
 vitafol nano..... 118, 241
 vitafol-ob+dha 118, 241
 VITRAKVI.....47, 229
 VIVITROL.....21, 156
 VIZIMPRO.....47, 229
 volnea (28) 131, 187
 VONJO47, 229
 voriconazole.....38, 221
 VOSEVI.....53, 235
 vp-ch-pnv 118, 241
 vp-pnv-dha 118, 241
 VRAYLAR52, 233
 vyfemla (28) 131, 187
 vylibra 131, 187
 VYNDAMAX..... 121, 154
 VYZULTA..... 146, 201

W

warfarin95, 155
 WEBCOL 111, 177
 WELIREG42, 224
 wera (28)..... 131, 187
 WINREVAIR..... 150, 283

X

XALKORI47, 229
 XARELTO95, 155
 XARELTO DVT-PE TREAT 30D
 START95, 155
 XATMEP42, 224
 XCOPRI 30, 42, 216, 224
 XCOPRI MAINTENANCE PACK
 30, 216
 XCOPRI TITRATION PACK
 31, 216
 XERMELO 119, 178
 XGEVA 143, 170
 XIFAXAN.....24, 208
 XIIDRA 144, 201
 XOFLUZA57, 235
 XOLAIR..... 136, 195
 XOSPATA47, 229
 XPOVIO42, 224
 XTANDI.....40, 222
 XULTOPHY 100/3.660, 247
 XURIDEN..... 121, 154

Y

yargesa 122, 154
YF-VAX (PF) 141, 199
YONSA 40, 223

Z

zafirlukast 148, 284
zaleplon 152, 170
zarah 131, 187
ZARXIO 95, 154
zatean-pn dha 118, 241

zatean-pn plus 118, 241
ZEJULA 47, 229
ZELBORAF 47, 229
ZEMDRI 23, 207
ZENPEP 122, 154
zidovudine 55, 237
ZIEXTENZO 95, 154
ZIMHI 22, 156
zingiber 118, 241
ziprasidone hcl 52, 233
ziprasidone mesylate 52, 233
ZIRGAN 53, 234
ZOKINVY 122, 154

ZOLINZA 42, 224
zolmitriptan 39, 158
zolpidem 152, 170
ZONISADE 31, 215
zonisamide 31, 215
zovia 1-35 (28) 131, 187
ZTALMY 31, 216
zumandimine (28) 131, 187
ZURZUVAE 33, 218
ZYDELIG 47, 229
ZYKADIA 47, 229
ZYPREXA RELPREVV 52, 233

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 06/20/2024. 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.

Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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 20/06/2024. 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).