2024

Drug Formulary

Formulario de Medicamentos

C-SNP

Imperial Senior Value (HMO C-SNP) 005

IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Senior Value (HMO C-SNP)

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 24456, Version Number 17.

This formulary was updated on 07/23/2024. This is not a complete list of drugs covered by our plan. For more recent information or other questions, please contact Member Service at 1-800-838-8271, or, for TTY users, 711, October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. and Saturday-Sunday from 10:00 a.m. – 2:00 p.m., or visit www.imperialhealthplan.com.

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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 Senior Value (HMO C-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of 07/23/2024. 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 Senior Value (HMO C-SNP) 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 Senior Value (HMO C-SNP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change (s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Imperial Senior Value (HMO C-SNP)’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Imperial Senior Value (HMO C-SNP) 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 07/23/2024. 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 332. 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 Health Plan of California, Inc. (HMO) (HMO SNP) before you fill your prescriptions. If you don’t get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, Imperial Senior Value (HMO C-SNP) 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 Senior Value (HMO C-SNP) 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 Senior Value (HMO C-SNP) 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 Senior Value (HMO C-SNP) does not cover your drug, you have two options:

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

How do I request an exception to the Imperial Senior Value (HMO C-SNP) Formulary?

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

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

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

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

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

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

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

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

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

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

1. Beneficiary was discharged from the hospital and was provided a discharge list of medications based upon the formulary of the hospital.

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

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

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

For more information

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

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

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

Imperial Senior Value's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Imperial Senior Value (HMO C-SNP). If you have trouble finding your drug in the list, turn to the Index that begins on page 332.

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 Senior Value (HMO C-SNP)

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 24456, Version Number 17.

Este formulario se actualizó el 23/07/24. Esta no es una lista completa de los medicamentos cubiertos por nuestro plan. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Departamento de Servicio al Cliente llamando al 1-800-838-8271, o para los usuarios de TTY al 711, del 1 de octubre al 31 de marzo: lunes a domingo, de 8:00 a.m. a 8:00 p.m. o del 1 de abril al 30 de septiembre: lunes a viernes, de 8:00 a.m. a 8:00 p.m. y sábado a domingo, de 10:00 a.m. a 2:00 p.m., o visite www.imperialhealthplan.com.

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

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

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 23/07/24. 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 Senior Value (HMO C-SNP)?

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 Senior Value (HMO C-SNP) 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 Senior Value (HMO C-SNP)?”

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

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

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

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

El Formulario adjunto es vigente a partir del 23/07/24. 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 332. 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 Senior Value (HMO C-SNP) antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que no cubramos el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Por ejemplo, Imperial Senior Value (HMO C-SNP) 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 Senior Value (HMO C-SNP) 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 Senior Value (HMO C-SNP)?” 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 Senior Value (HMO C-SNP) no cubre el medicamento que toma, tiene dos alternativas:

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

¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Senior Value (HMO C-SNP)?

Puede solicitar que Imperial Senior Value (HMO C-SNP) haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Para obtener más información

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

Si tiene alguna pregunta sobre Imperial Senior Value (HMO C-SNP), 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 Senior Value

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos cubiertos por Imperial Senior Value (HMO C-SNP). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 332.

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

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

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Imperial CSNP 2024 6-Tier (Lista de Medicamentos Cubiertos)

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

Legend

1: Preferred Generics

2: Generics

3: Preferred Brands

4: Non-Preferred Drugs

5: Specialty

6: Select Care

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

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

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

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

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

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

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

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

La leyenda

1: Medicamentos genericos preferidos

2: Medicamentos genericos

3: Medicamentos demarca preferidos

4: Medicamentos no preferidos

5: Medicamentos de especialidad

6: Medicamentos de atención selecta

BvD: Parte B vs. Parte D: este medicamento recetado puede estar cubierto por la Parte B o D de Medicare, según las circunstancias. Es posible que se deba presentar información que describa el uso y la configuración del medicamento para tomar la determinación.

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

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

MO: El pedido por correo es elegible.

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

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

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

Imperial Standard CSNP 2024 6-Tier (List of Covered Drugs)

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 19 de la introducción.

Drug Name		Drug Tier	Requirements/Limits
indomethacin oral capsule, extended release 75 mg		2	GC
ketorolac oral tablet 10 mg		1	GC
meloxicam oral tablet 15 mg, 7.5 mg		1	GC
nabumetone oral tablet 500 mg, 750 mg		1	GC
naproxen oral suspension 125 mg/5 ml	(Naprosyn)	2	GC
naproxen oral tablet 250 mg, 375 mg		1	GC
naproxen oral tablet 500 mg	(Naprosyn)	1	GC
naproxen oral tablet, delayed release (dr/ec) 375 mg	(EC-Naprosyn)	2	GC
naproxen sodium oral tablet 275 mg		2	GC
naproxen sodium oral tablet 550 mg	(Anaprox DS)	2	GC
oxaprozin oral tablet 600 mg	(Daypro)	2	GC
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	2	GC
sulindac oral tablet 150 mg, 200 mg		1	GC
Opioid Analgesics, Long-Acting			
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour		4	PA NSO; QL (10 per 30 days)
methadone oral tablet 10 mg, 5 mg		2	GC; QL (240 per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	(MS Contin)	2	GC; QL (90 per 30 days)
oxycodone oral tablet, oral only, ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg	(OxyContin)	4	QL (60 per 30 days)
Opioid Analgesics, Short-Acting			
acetaminophen-codeine oral solution 120-12 mg/5 ml		2	GC; QL (5000 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg		2	GC; QL (360 per 30 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg		2	GC; QL (180 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 600 mcg, 800 mcg		5	PA; NM; NDS; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 19 de la introducción.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 19 de la introducción.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 19 de la introducción.

Drug Name		Drug Tier	Requirements/Limits
naloxone injection solution 0.4 mg/ml		2	GC
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		2	GC
naloxone nasal spray, non-aerosol 4 mg/actuation	(Narcan)	2	GC
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	(naloxone)	3	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION		3	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML		3	
Smoking Cessation Agents			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		1	GC
NICOTROL INHALATION CARTRIDGE 10 MG		4	
varenicline oral tablet 0.5 mg, 1 mg (56 pack)		3	
varenicline oral tablet 1 mg	(Chantix)	3	
varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	3	
ANTIBACTERIALS			
Aminoglycosides			
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml		4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		4	PA
gentamicin 800 mg/20 ml vial muv, outer 40 mg/ml		2	GC
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		2	GC
gentamicin injection solution 40 mg/ml		2	GC
gentamicin topical cream 0.1 %		2	GC
gentamicin topical ointment 0.1 %		2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 19 de la introducción.

Drug Name		Drug Tier	Requirements/Limits
neomycin oral tablet 500 mg		2	GC
paromomycin oral capsule 250 mg	(Humatin)	4	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		4	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML		5	NM; NDS
Antibacterials, Other			
aztreonam injection recon soln 1 gram	(Azactam)	2	GC
aztreonam injection recon soln 2 gram	(Azactam)	4	
CLINDAMYCIN 600 MG/50 ML-NS OUTER, SINGLE-USE		4	
clindamycin hcl oral capsule 150 mg, 75 mg	(Cleocin HCl)	1	GC
clindamycin hcl oral capsule 300 mg	(Cleocin HCl)	2	GC
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml		4	
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML		4	
clindamycin pediatric oral recon soln 75 mg/5 ml	(clindamycin palmitate hcl)	4	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	4	
clindamycin phosphate vaginal cream 2 %	(Cleocin)	2	GC
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	4	
daptomycin intravenous recon soln 350 mg		4	
daptomycin intravenous recon soln 500 mg	(Cubicin RF)	5	NM; NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	(vancomycin)	4	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	4	PA
linezolid oral tablet 600 mg	(Zyvox)	4	PA
methenamine hippurate oral tablet 1 gram	(Hiprex)	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 19 de la introducción.

Drug Name		Drug Tier	Requirements/Limits
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	2	GC
metronidazole oral tablet 250 mg, 500 mg		2	GC
metronidazole topical cream 0.75 %	(Rosadan)	2	GC
metronidazole topical gel 0.75 %	(Rosadan)	2	GC
metronidazole topical gel 1 %	(Metrogel)	2	GC
metronidazole topical lotion 0.75 %	(MetroLotion)	2	GC
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	3	
metronidazole vaginal gel 1.3 % (65 mg/5 gram)	(Nuvessa)	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	(Macrodantin)	2	GC
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	2	GC
rosadan topical cream 0.75 %	(metronidazole)	2	GC
tigecycline intravenous recon soln 50 mg	(Tygacil)	5	NM; NDS
tinidazole oral tablet 250 mg, 500 mg		2	GC
trimethoprim oral tablet 100 mg		1	GC
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg		4	
vancomycin oral capsule 125 mg, 250 mg	(Vancocin)	4	
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	(Firvanq)	4	
XIFAXAN ORAL TABLET 200 MG, 550 MG		4	
Beta-Lactam, Cephalosporins			
cefaclor oral capsule 250 mg, 500 mg		2	GC
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		4	
cefaclor oral tablet extended release 12 hr 500 mg		4	
cefadroxil oral capsule 500 mg		1	GC

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Drug Name	Drug Tier	Requirements/Limits
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	GC
cefadroxil oral tablet 1 gram	2	GC
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	4	
cefazolin intravenous recon soln 3 gram	4	
cefdinir oral capsule 300 mg	2	GC
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	GC
cefepime injection recon soln 1 gram, 2 gram	4	
cefixime oral capsule 400 mg	4	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	4	
cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	4	
cefotetan injection recon soln 1 gram, 2 gram (Cefotan)	4	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	4	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	4	
cefpodoxime oral tablet 100 mg, 200 mg	4	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	GC
cefprozil oral tablet 250 mg, 500 mg	2	GC
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	4	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	GC
cefuroxime sodium injection recon soln 750 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	4	
cephalexin oral capsule 250 mg, 500 mg	1	GC
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	GC
cephalexin oral tablet 250 mg, 500 mg	2	GC
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
Beta-Lactam, Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	1	GC
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	GC
amoxicillin oral tablet 500 mg, 875 mg	1	GC
amoxicillin oral tablet, chewable 125 mg, 250 mg	1	GC
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml	2	GC
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml (Augmentin)	2	GC
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml (Augmentin ES-600)	2	GC
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg	2	GC
amoxicillin-pot clavulanate oral tablet 500-125 mg (Augmentin)	2	GC
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg (Augmentin XR)	4	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	2	GC
ampicillin oral capsule 500 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	4	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram (Unasyn)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
dicloxacillin oral capsule 250 mg, 500 mg	2	GC
nafcillin 1 gm/ 50 ml inj 1 gram/50 ml	4	
nafcillin injection recon soln 1 gram	4	
nafcillin injection recon soln 10 gram, 2 gram	4	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	4	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	4	
oxacillin intravenous recon soln 1 gram, 2 gram	4	
penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml	4	
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	4	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	4	
penicillin g sodium injection recon soln 5 million unit	4	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	2	GC
penicillin v potassium oral tablet 250 mg, 500 mg	1	GC
pfizerpen-g injection recon soln 20 million unit (penicillin g potassium)	4	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	4	

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Drug Name		Drug Tier	Requirements/Limits
Carbapenems			
ertapenem injection recon soln 1 gram		4	
imipenem-cilastatin intravenous recon soln 250 mg		4	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	4	
meropenem intravenous recon soln 1 gram, 500 mg		4	
Macrolides			
azithromycin intravenous recon soln 500 mg	(Zithromax)	2	GC
azithromycin oral packet 1 gram	(Zithromax)	2	GC
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	2	GC
azithromycin oral tablet 250 mg	(Zithromax)	1	GC
azithromycin oral tablet 250 mg (6 pack)		1	GC
azithromycin oral tablet 500 mg	(Zithromax)	2	GC
azithromycin oral tablet 500 mg (3 pack), 600 mg		2	GC
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		2	GC
clarithromycin oral tablet 250 mg, 500 mg		2	GC
clarithromycin oral tablet extended release 24 hr 500 mg		2	GC
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		5	PA; NM; NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG		5	PA; NM; NDS; QL (20 per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	(erythromycin lactobionate)	4	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	4	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	4	

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Drug Name		Drug Tier	Requirements/Limits
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	4	
erythromycin oral capsule, delayed release(dr/ec) 250 mg		4	
erythromycin oral tablet 250 mg, 500 mg		4	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	4	
Quinolones			
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		1	GC
ciprofloxacin hcl oral tablet 100 mg, 750 mg		2	GC
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	1	GC
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		4	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		4	
levofloxacin oral solution 250 mg/10 ml		4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		2	GC
moxifloxacin 400 mg/250 ml bag		4	
moxifloxacin oral tablet 400 mg		4	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	(Avelox in NaCl (iso-osmotic))	4	
ofloxacin oral tablet 300 mg, 400 mg		2	GC
Sulfonamides			
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	2	GC
sulfadiazine oral tablet 500 mg		2	GC
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	2	GC
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	GC
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	GC

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

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Drug Name		Drug Tier	Requirements/Limits
FINTEPLA ORAL SOLUTION 2.2 MG/ML		4	PA NSO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		4	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG		5	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG		4	ST; QL (30 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	1	GC
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	2	GC
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	2	GC
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	2	GC
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	4	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	2	GC
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	4	
lamotrigine oral tablets, dose pack 25 mg (35)	(Lamictal Starter (Blue) Kit)	2	GC
lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	2	GC
lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	2	GC
levetiracetam oral solution 100 mg/ml	(Keppra)	2	GC
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	GC
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	2	GC
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		4	QL (10 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		2	GC; QL (1500 per 30 days)
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg		2	GC; QL (90 per 30 days)
phenobarbital oral tablet 15 mg, 60 mg		2	GC; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
phenobarbital oral tablet 30 mg	2	GC; QL (300 per 30 days)
primidone oral tablet 125 mg	1	GC
primidone oral tablet 250 mg, 50 mg (Mysoline)	1	GC
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	GC
valproic acid oral capsule 250 mg	2	GC
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	QL (28 per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NM; NDS; QL (1100 per 30 days)
Calcium Channel Modifying Agents		
ethosuximide oral capsule 250 mg (Zarontin)	2	GC
ethosuximide oral solution 250 mg/5 ml (Zarontin)	2	GC
methsuximide oral capsule 300 mg (Celontin)	4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	QL (900 per 30 days)
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	2	GC
zonisamide oral capsule 50 mg	2	GC
Gamma-Aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml (Onfi)	4	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg (Onfi)	4	QL (60 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	4	

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Drug Name		Drug Tier	Requirements/Limits
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	1	GC; QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	2	GC
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	1	GC; QL (180 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)		4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		5	ST; NM; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		4	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		4	ST
vigabatrin oral powder in packet 500 mg	(Sabril)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
Sodium Channel Agents			
APTIOM ORAL TABLET 200 MG, 400 MG		5	ST; NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG		5	ST; NM; NDS; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	2	GC
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	2	GC
carbamazepine oral tablet 200 mg	(Epitol)	2	GC
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	2	GC
carbamazepine oral tablet, chewable 100 mg		1	GC
DILANTIN ORAL CAPSULE 30 MG		4	ST
epitol oral tablet 200 mg	(carbamazepine)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
lacosamide oral solution 10 mg/ml	(Vimpat)	4	QL (1395 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	4	QL (60 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	GC
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	GC
phenytoin oral tablet, chewable 50 mg	(Dilantin Infatabs)	1	GC
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	GC
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	GC
rufinamide oral suspension 40 mg/ml	(Banzel)	5	NM; NDS; QL (2760 per 30 days)
rufinamide oral tablet 200 mg	(Banzel)	4	QL (480 per 30 days)
rufinamide oral tablet 400 mg	(Banzel)	5	NM; NDS; 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)	3	QL (30 per 30 days)
memantine oral solution 2 mg/ml		2	GC; QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg		2	GC; QL (60 per 30 days)
memantine oral tablets, dose pack 5-10 mg	(Namenda Titration Pak)	2	GC; QL (49 per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG		3	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		3	PA
Cholinesterase Inhibitors			
donepezil oral tablet 10 mg	(Aricept)	1	GC; QL (60 per 30 days)
donepezil oral tablet 23 mg	(Aricept)	2	GC; QL (30 per 30 days)
donepezil oral tablet 5 mg	(Aricept)	1	GC; QL (30 per 30 days)
donepezil oral tablet, disintegrating 10 mg		1	GC; QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
donepezil oral tablet, disintegrating 5 mg		1	GC; QL (30 per 30 days)
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		2	GC; QL (30 per 30 days)
galantamine oral solution 4 mg/ml		2	GC; QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		2	GC; QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		2	GC; QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	2	GC; QL (30 per 30 days)
ANTIDEPRESSANTS			
Antidepressants, Other			
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		4	ST; QL (60 per 30 days)
bupropion hcl oral tablet 100 mg		1	GC; QL (180 per 30 days)
bupropion hcl oral tablet 75 mg		1	GC; QL (120 per 30 days)
bupropion hcl oral tablet extended release 24 hr 150 mg	(Wellbutrin XL)	2	GC; QL (60 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	(Wellbutrin XL)	2	GC; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 450 mg	(Forfivo XL)	3	QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg	(Wellbutrin SR)	1	GC; QL (120 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 150 mg	(Wellbutrin SR)	1	GC; QL (90 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 200 mg	(Wellbutrin SR)	1	GC; QL (60 per 30 days)
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	1	GC; QL (30 per 30 days)
mirtazapine oral tablet 45 mg		1	GC; QL (30 per 30 days)
mirtazapine oral tablet 7.5 mg		1	GC; QL (45 per 30 days)
mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	2	GC; QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg		4	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
olanzapine-fluoxetine oral capsule 12-50 mg	(Symbyax)	4	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg	(Symbyax)	4	QL (90 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		5	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		5	PA NSO; NM; NDS; QL (14 per 14 days)
Monoamine Oxidase Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		5	ST; NM; NDS; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG		4	ST; QL (180 per 30 days)
phenelzine oral tablet 15 mg	(Nardil)	2	GC
tranylcypromine oral tablet 10 mg	(Parnate)	4	
SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)			
citalopram oral capsule 30 mg		1	GC; QL (30 per 30 days)
citalopram oral solution 10 mg/5 ml		2	GC; QL (600 per 30 days)
citalopram oral tablet 10 mg, 40 mg	(Celexa)	1	GC; QL (30 per 30 days)
citalopram oral tablet 20 mg	(Celexa)	1	GC; QL (60 per 30 days)
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		4	QL (30 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	4	QL (30 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	2	GC; QL (60 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 40 mg		2	GC; QL (60 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml		2	GC; QL (600 per 30 days)
escitalopram oxalate oral tablet 10 mg	(Lexapro)	1	GC; QL (45 per 30 days)
escitalopram oxalate oral tablet 20 mg	(Lexapro)	1	GC; QL (60 per 30 days)
escitalopram oxalate oral tablet 5 mg	(Lexapro)	1	GC; QL (30 per 30 days)

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

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Drug Name		Drug Tier	Requirements/Limits
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		2	GC; QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)		3	QL (30 per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	3	QL (30 per 30 days)
Tricyclics			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	GC
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		2	GC
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	4	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	2	GC
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		2	GC
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	GC
doxepin oral concentrate 10 mg/ml		2	GC
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		2	GC
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	GC
nortriptyline oral solution 10 mg/5 ml		2	GC
protriptyline oral tablet 10 mg, 5 mg		4	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		4	
ANTIEMETICS			
Antiemetics, Other			
meclizine oral tablet 12.5 mg		1	GC
meclizine oral tablet 25 mg	(Dramamine (meclizine))	1	GC
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	GC
prochlorperazine rectal suppository 25 mg	(Compazine)	4	
promethazine oral syrup 6.25 mg/5 ml		2	GC
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	GC

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

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Drug Name		Drug Tier	Requirements/Limits
clotrimazole mucous membrane troche 10 mg		2	GC
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	1	GC
clotrimazole topical solution 1 %		2	GC
econazole topical cream 1 %		2	GC
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG		5	NM; NDS
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG		4	
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml		2	GC
fluconazole oral suspension for reconstitution 10 mg/ml		2	GC
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	2	GC
fluconazole oral tablet 100 mg, 200 mg	(Diflucan)	2	GC
fluconazole oral tablet 150 mg, 50 mg		2	GC
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	5	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml		2	GC
griseofulvin microsize oral tablet 500 mg		2	GC
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		2	GC
itraconazole oral capsule 100 mg	(Sporanox)	4	PA
itraconazole oral solution 10 mg/ml	(Sporanox)	4	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %		4	
ketoconazole oral tablet 200 mg		1	GC
ketoconazole topical cream 2 %		2	GC
ketoconazole topical shampoo 2 %		1	GC
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG		5	PA; NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
nyamyc topical powder 100,000 unit/gram	(nystatin)	3	
nystatin oral suspension 100,000 unit/ml		2	GC
nystatin oral tablet 500,000 unit		2	GC
nystatin topical cream 100,000 unit/gram		1	GC
nystatin topical ointment 100,000 unit/gram		1	GC
nystatin topical powder 100,000 unit/gram	(Nyamyc)	2	GC
nystop topical powder 100,000 unit/gram	(nystatin)	3	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	(Noxafil)	5	PA; NM; NDS
posaconazole oral tablet, delayed release (dr/ec) 100 mg	(Noxafil)	4	PA
terbinafine hcl oral tablet 250 mg		2	GC
terconazole vaginal cream 0.4 %, 0.8 %		2	GC
terconazole vaginal suppository 80 mg		2	GC
voriconazole intravenous recon soln 200 mg	(Vfend IV)	5	PA; NM; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	5	PA; NM; NDS
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	4	PA
ANTIGOUT AGENTS			
Antigout Agents			
allopurinol oral tablet 100 mg	(Zyloprim)	1	GC
allopurinol oral tablet 300 mg		1	GC
colchicine oral capsule 0.6 mg	(Mitigare)	3	
colchicine oral tablet 0.6 mg	(Colcrys)	3	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	3	PA
probenecid oral tablet 500 mg		2	GC
probenecid-colchicine oral tablet 500-0.5 mg		3	

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Drug Name		Drug Tier	Requirements/Limits
ANTIMIGRAINE AGENTS			
Ergot Alkaloids			
dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	5	NM; NDS
ergotamine-caffeine oral tablet 1-100 mg		2	GC; QL (40 per 28 days)
Prophylactic			
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		3	PA
EPRONTIA ORAL SOLUTION 25 MG/ML		3	
propranolol oral capsule, extended release 24 hr 80 mg	(Inderal LA)	2	GC
propranolol oral tablet 80 mg		6	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	2	GC
topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	(Qudexy XR)	4	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	GC
UBRELVY ORAL TABLET 100 MG, 50 MG		4	PA; QL (16 per 30 days)
Serotonin (5-HT) Receptor Agonist			
naratriptan oral tablet 1 mg, 2.5 mg		2	GC; QL (9 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	2	GC; QL (12 per 30 days)
rizatriptan oral tablet 5 mg		2	GC; QL (12 per 30 days)
rizatriptan oral tablet, disintegrating 10 mg	(Maxalt-MLT)	2	GC; QL (12 per 30 days)
rizatriptan oral tablet, disintegrating 5 mg		2	GC; QL (12 per 30 days)
sumatriptan nasal spray, non-aerosol 20 mg/actuation		4	QL (12 per 30 days)
sumatriptan nasal spray, non-aerosol 5 mg/actuation		4	QL (18 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	1	GC; QL (9 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	(Imitrex STATdose Refill)	2	GC; QL (4 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	(Imitrex STATdose Pen)	2	GC; QL (4 per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex STATdose Pen)	2	GC; QL (4 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	2	GC; QL (4 per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		2	GC; QL (4 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	2	GC; QL (6 per 30 days)
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg		2	GC; QL (6 per 30 days)
ANTIMYASTHENIC AGENTS			
Parasympathomimetics			
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	2	GC
pyridostigmine bromide oral tablet 30 mg		2	GC
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	2	GC
ANTIMYCOBACTERIALS			
Antimycobacterials, Other			
dapsone oral tablet 100 mg, 25 mg		2	GC
PRIFTIN ORAL TABLET 150 MG		4	
rifabutin oral capsule 150 mg	(Mycobutin)	4	
Antituberculars			
ethambutol oral tablet 100 mg		2	GC
ethambutol oral tablet 400 mg	(Myambutol)	2	GC
isoniazid oral solution 50 mg/5 ml		1	GC
isoniazid oral tablet 100 mg, 300 mg		1	GC
pyrazinamide oral tablet 500 mg		2	GC
rifampin intravenous recon soln 600 mg	(Rifadin)	4	
rifampin oral capsule 150 mg, 300 mg		2	GC

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Drug Name	Drug Tier	Requirements/Limits
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG	4	
ANTINEOPLASTICS		
Alkylating Agents		
cyclophosphamide intravenous solution 500 mg/ml	5	PA BvD; NM; NDS
cyclophosphamide oral capsule 25 mg, 50 mg	4	PA BvD
cyclophosphamide oral tablet 25 mg, 50 mg	2	PA BvD; GC
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	4	PA NSO
LEUKERAN ORAL TABLET 2 MG	4	
MATULANE ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NM; NDS; QL (60 per 14 days)
Antiandrogens		
abiraterone oral tablet 250 mg, 500 mg (Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
bicalutamide oral tablet 50 mg (Casodex)	1	GC
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
nilutamide oral tablet 150 mg (Nilandron)	5	NM; NDS; QL (60 per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Antiangiogenic Agents		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	5	PA NSO; NM; NDS; QL (28 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	3	
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	PA NSO
tamoxifen oral tablet 10 mg, 20 mg	1	GC
toremifene oral tablet 60 mg (Fareston)	5	PA NSO; NM; NDS
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
hydroxyurea oral capsule 500 mg (Hydrea)	1	GC
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS
mercaptopurine oral tablet 50 mg	2	GC
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	PA NSO
Antineoplastics, Other		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NM; NDS; QL (1.6 per 28 days)
ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML	5	PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NM; NDS; QL (9.5 per 28 days)
IDHIFA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IDHIFA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	4	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	5	PA NSO; NM; NDS
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	GC
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA NSO; NM; NDS
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NM; NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LYNPARZA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
MESNEX ORAL TABLET 400 MG	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA NSO; NM; NDS; QL (48 per 28 days)
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD
XCOPRI ORAL TABLET 25 MG	4	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)	5	PA NSO; NM; NDS
ZOLINZA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
Aromatase Inhibitors, 3rd Generation		
anastrozole oral tablet 1 mg (Arimidex)	1	GC
exemestane oral tablet 25 mg (Aromasin)	4	
letrozole oral tablet 2.5 mg (Femara)	1	GC
Molecular Target Inhibitors		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS
ALUNBRIG ORAL TABLET 180 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; NDS; QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA NSO; NM; NDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA NSO; NM; NDS; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (63 per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS
erlotinib oral tablet 100 mg, 150 mg (Tarceva)	5	PA NSO; NM; NDS; QL (30 per 30 days)
erlotinib oral tablet 25 mg (Tarceva)	5	PA NSO; NM; NDS; QL (90 per 30 days)
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (Afinitor)	5	PA NSO; NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg (Afinitor Disperz)	5	PA NSO; NM; NDS; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg (Afinitor Disperz)	5	PA NSO; NM; NDS; QL (60 per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg (Iressa)	5	PA NSO; NM; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
imatinib oral tablet 100 mg (Gleevec)	5	PA NSO; NM; NDS; QL (90 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	5	PA NSO; NM; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg (Tykerb)	5	PA NSO; NM; NDS; 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)	5	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA NSO; NM; NDS; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA NSO; NM; NDS; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA NSO; NM; NDS; QL (140 per 28 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
pazopanib oral tablet 200 mg (Votrient)	5	PA NSO; NM; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; 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)	5	PA NSO; NM; NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA NSO; NM; NDS
sorafenib oral tablet 200 mg (Nexavar)	5	PA NSO; NM; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
sunitinib malate oral capsule (Sutent) *12.5 mg, 25 mg, 37.5 mg, 50 mg*	5	PA NSO; NM; NDS; QL (28 per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NM; NDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA NSO
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; NDS
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	3	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (310 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (150 per 30 days)
Retinoids		
bexarotene oral capsule 75 mg (Targretin)	5	PA NSO; NM; NDS; QL (300 per 30 days)
bexarotene topical gel 1 % (Targretin)	5	PA NSO; NM; NDS
tretinoin (antineoplastic) oral capsule 10 mg	5	NM; NDS
ANTIPARASITICS		
Anthelmintics		
albendazole oral tablet 200 mg	4	

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Drug Name		Drug Tier	Requirements/Limits
EMVERM ORAL TABLET, CHEWABLE 100 MG	(mebendazole)	5	NM; NDS
ivermectin oral tablet 3 mg	(Stromectol)	2	PA; GC
Antiprotozoals			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	5	NM; NDS
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	2	GC
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	2	GC
benznidazole oral tablet 100 mg, 12.5 mg		2	GC
chloroquine phosphate oral tablet 250 mg, 500 mg		2	GC
COARTEM ORAL TABLET 20-120 MG		4	
hydroxychloroquine oral tablet 100 mg, 400 mg		2	GC
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	2	GC
hydroxychloroquine oral tablet 300 mg	(Sovuna)	2	GC
LAMPIT ORAL TABLET 120 MG, 30 MG		4	
mefloquine oral tablet 250 mg		2	GC
nitazoxanide oral tablet 500 mg	(Alinia)	4	QL (40 per 30 days)
pentamidine inhalation recon soln 300 mg	(Nebupent)	4	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	4	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		4	
quinine sulfate oral capsule 324 mg	(Qualaquin)	2	PA; GC
ANTIPARKINSON AGENTS			
Anticholinergics			
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		1	GC
trihexyphenidyl oral elixir 0.4 mg/ml		1	GC
trihexyphenidyl oral tablet 2 mg, 5 mg		1	GC

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Drug Name		Drug Tier	Requirements/Limits
Antiparkinson Agents, Other			
amantadine hcl oral capsule 100 mg		2	GC
amantadine hcl oral solution 50 mg/5 ml		2	GC
amantadine hcl oral tablet 100 mg		2	GC
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		2	GC
entacapone oral tablet 200 mg		2	GC
Dopamine Agonists			
bromocriptine oral capsule 5 mg	(Parlodel)	2	GC
bromocriptine oral tablet 2.5 mg	(Parlodel)	2	GC
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		4	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		1	GC
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		1	GC
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	2	GC
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	2	GC
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	2	GC
carbidopa-levodopa oral tablet 25-250 mg		2	GC
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		2	GC
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg		2	GC
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG		5	PA; NM; NDS

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

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Drug Name	Drug Tier	Requirements/Limits
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	2	GC
pimozide oral tablet 1 mg, 2 mg	2	GC
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	GC
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	GC
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	GC
2nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	5	NM; NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	5	NM; NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	5	NM; NDS
aripiprazole oral solution 1 mg/ml	4	QL (750 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	4	QL (30 per 30 days)
aripiprazole oral tablet, disintegrating 10 mg	5	NM; NDS; QL (90 per 30 days)
aripiprazole oral tablet, disintegrating 15 mg	5	NM; NDS; QL (60 per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	NM; NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST; QL (60 per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	5	NM; NDS

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

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Drug Name		Drug Tier	Requirements/Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	NM; NDS
risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	4	
risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	(Risperdal Consta)	5	NM; NDS
risperidone oral solution 1 mg/ml	(Risperdal)	2	GC; QL (480 per 30 days)
risperidone oral tablet 0.25 mg		1	GC; QL (60 per 30 days)
risperidone oral tablet 0.5 mg	(Risperdal)	1	GC; QL (120 per 30 days)
risperidone oral tablet 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	1	GC; QL (60 per 30 days)
risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg		2	GC; QL (60 per 30 days)
risperidone oral tablet, disintegrating 0.5 mg		2	GC; QL (120 per 30 days)
risperidone oral tablet, disintegrating 3 mg		4	QL (60 per 30 days)
risperidone oral tablet, disintegrating 4 mg		4	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG		5	ST; NM; NDS; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG		5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)		4	ST; QL (7 per 28 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	2	GC; QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	(Geodon)	4	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG		4	ST

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Drug Name		Drug Tier	Requirements/Limits
Treatment-Resistant			
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Clozaril)	2	GC; QL (120 per 30 days)
clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg		4	QL (120 per 30 days)
clozapine oral tablet, disintegrating 200 mg		5	NM; NDS; QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	ST; NM; NDS; QL (540 per 30 days)
ANTISPASTICITY AGENTS			
Antispasticity Agents			
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		1	GC
tizanidine oral tablet 2 mg		2	GC
tizanidine oral tablet 4 mg	(Zanaflex)	2	GC
ANTIVIRALS			
Anti-Cytomegalovirus (CMV) Agents			
LIVTENCITY ORAL TABLET 200 MG		5	PA; NM; NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG		5	PA; NM; NDS; QL (28 per 28 days)
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	4	
valganciclovir oral tablet 450 mg	(Valcyte)	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		4	
Anti-Hepatitis B (HBV) Agents			
adefovir oral tablet 10 mg	(Hepsera)	4	QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		5	NM; NDS; QL (600 per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	4	QL (30 per 30 days)
lamivudine oral tablet 100 mg		2	GC; QL (90 per 30 days)
VEMLIDY ORAL TABLET 25 MG		5	NM; NDS; QL (30 per 30 days)
Anti-Hepatitis C (HCV) Agents			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS
ribavirin oral capsule 200 mg	4	
ribavirin oral tablet 200 mg	2	GC
sofosbuvir-velpatasvir oral tablet 400-100 mg (Epclusa)	5	PA; NM; NDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS
Antiherpetic Agents		
acyclovir oral capsule 200 mg	1	GC
acyclovir oral suspension 200 mg/5 ml (Zovirax)	2	GC
acyclovir oral tablet 400 mg, 800 mg	1	GC
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	2	PA BvD; GC
acyclovir sodium intravenous solution 50 mg/ml	2	PA BvD; GC
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	GC
trifluridine ophthalmic (eye) drops 1 %	2	GC
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	2	GC
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; NDS; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS; QL (30 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS; QL (30 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS; QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	4	QL (180 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	QL (360 per 30 days)
Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS; QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
efavirenz oral capsule 200 mg	4	QL (120 per 30 days)
efavirenz oral capsule 50 mg	4	QL (360 per 30 days)
efavirenz oral tablet 600 mg	4	QL (30 per 30 days)
etravirine oral tablet 100 mg (Intelence)	5	NM; NDS; QL (120 per 30 days)
etravirine oral tablet 200 mg (Intelence)	5	NM; NDS; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 per 30 days)
nevirapine oral suspension 50 mg/5 ml	4	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	2	GC; QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	4	QL (120 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg	4	QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS; QL (30 per 30 days)
Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir oral solution 20 mg/ml (Ziagen)	4	QL (960 per 30 days)
abacavir oral tablet 300 mg	4	QL (60 per 30 days)
abacavir-lamivudine oral tablet 600-300 mg	4	QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NM; NDS; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	(Atripla)	5	NM; NDS; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	(Symfi Lo)	5	NM; NDS; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	5	NM; NDS; QL (30 per 30 days)
emtricitabine oral capsule 200 mg	(Emtriva)	4	QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	5	NM; NDS; QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	4	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML		4	QL (680 per 28 days)
JULUCA ORAL TABLET 50-25 MG		5	NM; NDS; QL (30 per 30 days)
lamivudine oral solution 10 mg/ml	(Epivir)	4	QL (900 per 30 days)
lamivudine oral tablet 150 mg	(Epivir)	3	QL (60 per 30 days)
lamivudine oral tablet 300 mg	(Epivir)	3	QL (30 per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg		4	QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG		5	NM; NDS; QL (30 per 30 days)
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	4	QL (30 per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG		5	NM; NDS; QL (60 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		5	NM; NDS; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	NM; NDS; QL (30 per 30 days)
zidovudine oral capsule 100 mg	(Retrovir)	2	GC; QL (180 per 30 days)
zidovudine oral syrup 10 mg/ml	(Retrovir)	2	GC; QL (1680 per 28 days)
zidovudine oral tablet 300 mg		2	GC; QL (60 per 30 days)
Anti-HIV Agents, Other			
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		5	NM; NDS; QL (60 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	5	NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NM; NDS; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	NM; NDS; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300 MG	5	NM; NDS; QL (5 per 180 days)
SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)	5	NM; NDS; QL (4 per 180 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NM; NDS; QL (180 per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS; QL (120 per 30 days)
atazanavir oral capsule 150 mg	4	QL (60 per 30 days)
atazanavir oral capsule 200 mg (Reyataz)	4	QL (60 per 30 days)
atazanavir oral capsule 300 mg (Reyataz)	4	QL (30 per 30 days)
darunavir oral tablet 600 mg (Prezista)	5	NM; NDS; QL (60 per 30 days)
darunavir oral tablet 800 mg (Prezista)	5	NM; NDS; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS; QL (30 per 30 days)
fosamprenavir oral tablet 700 mg	5	NM; NDS; QL (120 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1575 per 28 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	4	QL (400 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	4	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	4	QL (150 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	QL (360 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
PREZCOBIX ORAL TABLET 800-150 MG-MG		5	NM; NDS; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML		5	NM; NDS; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG		4	QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG		4	QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG		4	QL (180 per 30 days)
ritonavir oral tablet 100 mg	(Norvir)	3	QL (360 per 30 days)
VIRACEPT ORAL TABLET 250 MG		5	NM; NDS; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG		5	NM; NDS; QL (120 per 30 days)
Anti-Influenza Agents			
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	(Tamiflu)	2	GC
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	2	GC
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		4	
rimantadine oral tablet 100 mg	(Flumadine)	2	GC
XOFLUZA ORAL TABLET 20 MG, 80 MG		3	
XOFLUZA ORAL TABLET 40 MG		3	
Antivirals, Other			
lagevrio (eua) oral capsule 200 mg		4	QL (40 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG		3	$0 copay; QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG		3	$0 copay; QL (30 per 5 days)
ANXIOLYTICS			
Anxiolytics, Other			
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	GC
hydroxyzine hcl oral solution 10 mg/5 ml		4	
hydroxyzine hcl oral tablet 10 mg, 25 mg		1	GC

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Drug Name		Drug Tier	Requirements/Limits
hydroxyzine hcl oral tablet 50 mg		2	GC
hydroxyzine pamoate oral capsule 100 mg, 50 mg		2	GC
hydroxyzine pamoate oral capsule 25 mg	(Vistaril)	2	GC
oxazepam oral capsule 10 mg, 15 mg, 30 mg		2	GC; QL (120 per 30 days)
Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		2	GC; QL (300 per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg	(Xanax)	2	GC; QL (120 per 30 days)
alprazolam oral tablet 1 mg	(Xanax)	2	GC; QL (240 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	2	GC; QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		2	GC; QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	GC; QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	GC; QL (300 per 30 days)
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		2	GC; QL (90 per 30 days)
clonazepam oral tablet, disintegrating 2 mg		2	GC; QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		2	GC; QL (180 per 30 days)
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	2	GC; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		2	GC; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg	(Valium)	1	GC; QL (120 per 30 days)
diazepam oral tablet 5 mg	(Valium)	1	GC; QL (240 per 30 days)
lorazepam 2 mg/ml oral concent	(Lorazepam Intensol)	2	GC; QL (240 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	2	GC; QL (240 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	2	GC; QL (150 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
BIPOLAR AGENTS			
Mood Stabilizers			
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	2	GC
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	2	GC
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	GC
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	GC
lithium carbonate oral tablet 300 mg		1	GC
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	1	GC
lithium carbonate oral tablet extended release 450 mg		1	GC
lithium citrate oral solution 8 meq/5 ml		2	GC
BLOOD GLUCOSE REGULATORS			
Antidiabetic Agents			
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	2	GC
glimepiride oral tablet 1 mg, 2 mg, 4 mg		1	GC
glipizide oral tablet 10 mg, 5 mg		1	GC
glipizide oral tablet 2.5 mg		2	GC
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	(Glucotrol XL)	1	GC
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		1	GC
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		1	GC
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	GC
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	GC
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG		3	

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Drug Name	Drug Tier	Requirements/Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	
INVOKANA ORAL TABLET 100 MG, 300 MG	3	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	GC
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	GC
miglitol oral tablet 100 mg, 25 mg, 50 mg	6	
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	3	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	GC
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)	3	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	GC
pioglitazone-metformin oral tablet 15-500 mg	1	GC
pioglitazone-metformin oral tablet 15-850 mg (Actoplus MET)	1	GC
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	GC
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	
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	3	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	4	PA; QL (9 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	max $35 copay per month supply
Glycemic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
diazoxide oral suspension 50 mg/ml (Proglycem)	5	NM; NDS
GLUCAGEN DIAGNOSTIC 1 MG VIAL OUTER, SUV 1 MG/ML	3	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
mifepristone oral tablet 300 mg (Korlym)	5	PA; NM; NDS
Insulins		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	6	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	6	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	6	
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16" (pen needle, diabetic)	6	
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	6	
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	6	

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

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Drug Name		Drug Tier	Requirements/Limits
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		6	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		6	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		6	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		6	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		6	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		6	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		6	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		6	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		6	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		6	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "		6	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		6	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"		6	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"		6	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	6	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		6	

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.3 ML 30GX12.5MM (insulin syringe-needle u-100) 0.3 ML 30 GAUGE X 1/2"	6	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	6	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	6	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	6	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	6	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	6	
DROPLET INS SYR 0.3 ML (insulin syringe-needle u-100) 30GX8MM 0.3 ML 30 GAUGE X 5/16"	6	
DROPLET INS SYR 0.3 ML (insulin syringe-needle u-100) 31GX6MM 0.3 ML 31 GAUGE X 15/64"	6	
DROPLET INS SYR 0.3 ML (insulin syringe-needle u-100) 31GX8MM 0.3 ML 31 GAUGE X 5/16"	6	
DROPLET INS SYR 1 ML (insulin syringe-needle u-100) 29GX12.5MM 1 ML 29 GAUGE X 1/2"	6	
DROPLET INS SYR 1 ML (insulin syringe-needle u-100) 30GX12.5MM 1 ML 30 GAUGE X 1/2"	6	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	6	
DROPLET INS SYR 1 ML (insulin syringe-needle u-100) 30GX8MM 1 ML 30 GAUGE X 5/16	6	
DROPLET INS SYR 1 ML (insulin syringe-needle u-100) 31GX6MM 1 ML 31 GAUGE X 15/64"	6	
DROPLET INS SYR 1 ML (insulin syringe-needle u-100) 31GX8MM 1 ML 31 GAUGE X 5/16	6	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	6	

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

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Drug Name		Drug Tier	Requirements/Limits
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)	6	
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		6	
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		6	
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		6	
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		6	
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		6	
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	6	

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Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	6	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	6	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6	
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	6	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		6	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		6	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		6	
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		6	
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		6	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		6	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		6	
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)	6	
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)	6	

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Drug Name		Drug Tier	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)	6	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		6	
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		6	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		6	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		6	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		6	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		6	
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	6	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	6	
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	6	
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		6	
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		6	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		6	

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Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		6	
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"		6	
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	6	
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		6	
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	6	
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	6	
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	6	
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	6	
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	6	
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply

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Drug Name		Drug Tier	Requirements/Limits
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		3	max $35 copay per month supply
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	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)	6	
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	6	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Ultra Comfort Insulin Syringe)	6	
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	6	
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		6	
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	6	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	6	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		6	
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	6	
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	

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Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		6	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)	(Lantus Solostar U-100 Insulin)	3	max $35 copay per month supply
insulin glargine subcutaneous solution 100 unit/ml	(Lantus U-100 Insulin)	3	max $35 copay per month supply

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Drug Name		Drug Tier	Requirements/Limits
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insuln Syr(half *unit*))	6	
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	6	
INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	6	
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	6	
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	6	
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	6	
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	6	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	6	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	6	
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	6	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	6	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		6	
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	6	
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	6	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	6	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	6	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	6	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	6	
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	6	

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Drug Name		Drug Tier	Requirements/Limits
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	6	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	6	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	3	max $35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	3	max $35 copay per month supply
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	max $35 copay per month supply
LISCO SPONGES 100/BAG 2 X 2 "		6	
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
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)	6	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	6	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		6	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	

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Drug Name		Drug Tier	Requirements/Limits
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		6	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		6	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		6	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		6	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		6	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	

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

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Drug Name		Drug Tier	Requirements/Limits
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	6	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	6	
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		6	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
NOVOFINE 30 NEEDLE		6	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		6	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		3	max $35 copay per month supply
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		3	max $35 copay per month supply
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply

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Drug Name		Drug Tier	Requirements/Limits
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	max $35 copay per month supply
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		3	max $35 copay per month supply
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	3	max $35 copay per month supply
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	3	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)	3	max $35 copay per month supply
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	3	max $35 copay per month supply
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	3	max $35 copay per month supply
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"		6	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	6	
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	6	
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	6	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	6	
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	6	

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Drug Name		Drug Tier	Requirements/Limits
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		6	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		6	
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	6	

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

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Drug Name		Drug Tier	Requirements/Limits
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		6	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		6	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		6	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"		6	
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"		6	
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort EZ PRO Safety Pen Ndl)	6	
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		6	
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		6	
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"		6	
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"		6	
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"		6	
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"		6	
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"		6	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		3	max $35 copay per month supply
STERILE PADS 2" X 2" 2 X 2 "	(gauze bandage)	6	

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

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

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Drug Name		Drug Tier	Requirements/Limits
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		6	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	6	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
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)	6	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	6	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	6	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	6	
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)	6	
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)	6	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		6	

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Drug Name		Drug Tier	Requirements/Limits
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)	6	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		6	
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)	6	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		6	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
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)	6	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	3	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)	3	max $35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	3	max $35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	3	max $35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	3	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)	6	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	

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Drug Name		Drug Tier	Requirements/Limits
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		6	
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		6	
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		6	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	6	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		6	
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	6	

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Drug Name		Drug Tier	Requirements/Limits
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	6	
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	6	
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	6	
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	6	
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	6	
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	6	

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

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

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Drug Name		Drug Tier	Requirements/Limits
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		6	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		6	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		6	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	

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

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	6	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32" (pen needle, diabetic)	6	
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" (pen needle, diabetic)	6	
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	6	
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" (pen needle, diabetic)	6	
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	6	
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	6	
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" (pen needle, diabetic)	6	
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	6	
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16" (pen needle, diabetic)	6	
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16" (pen needle, diabetic)	6	
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	6	
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32" (pen needle, diabetic)	6	
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	6	
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	6	
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	6	
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	6	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	6	
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	6	
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	6	

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

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

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

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Drug Name		Drug Tier	Requirements/Limits
clopidogrel oral tablet 75 mg	(Plavix)	2	GC
prasugrel oral tablet 10 mg, 5 mg	(Effient)	4	
CARDIOVASCULAR AGENTS			
Alpha-Adrenergic Agonists			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	GC
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	2	GC; QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	2	GC; QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	2	GC; QL (4 per 28 days)
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	5	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		1	GC
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		2	GC
Alpha-Adrenergic Blocking Agents			
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	GC
prazosin oral capsule 1 mg, 2 mg, 5 mg		2	GC
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	GC
Angiotensin II Receptor Antagonists			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	1	GC
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	1	GC
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	GC
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	GC
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	1	GC
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
Angiotensin-Converting Enzyme (ACE) Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	GC
benazepril oral tablet 5 mg		1	GC
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		2	GC
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	GC
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	GC
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	GC
moexipril oral tablet 15 mg, 7.5 mg		1	GC
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	GC
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	GC
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	GC
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	GC
Antiarrhythmics			
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Pacerone)	2	GC
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	2	GC
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	4	
flecainide oral tablet 100 mg, 150 mg, 50 mg		1	GC
mexiletine oral capsule 150 mg, 200 mg, 250 mg		2	GC
MULTAQ ORAL TABLET 400 MG		3	
propafenone oral tablet 150 mg, 225 mg, 300 mg		2	GC
quinidine sulfate oral tablet 200 mg, 300 mg		1	GC
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	2	GC
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
sotalol oral tablet 240 mg	(Betapace)	1	GC
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		6	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	GC
betaxolol oral tablet 10 mg, 20 mg		6	
bisoprolol fumarate oral tablet 10 mg, 5 mg		1	GC
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	GC
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	(Coreg CR)	2	GC
labetalol oral tablet 100 mg, 200 mg, 300 mg		6	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	GC
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	6	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		6	
nadolol oral tablet 20 mg, 40 mg, 80 mg	(Corgard)	2	GC
nebivolol oral tablet 10 mg, 20 mg, 5 mg	(Bystolic)	4	
nebivolol oral tablet 2.5 mg	(Bystolic)	6	
pindolol oral tablet 10 mg, 5 mg		2	GC
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg	(Inderal LA)	2	GC
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		2	GC
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg		6	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		6	
Calcium Channel Blocking Agents, Dihydropyridines			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		1	GC; QL (30 per 30 days)
isradipine oral capsule 2.5 mg, 5 mg		6	
KATERZIA ORAL SUSPENSION 1 MG/ML		4	
nicardipine oral capsule 20 mg, 30 mg		2	GC
nifedipine oral capsule 10 mg, 20 mg		2	GC
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	(Procardia XL)	1	GC; QL (60 per 30 days)
nifedipine oral tablet extended release 24hr 90 mg	(Procardia XL)	1	GC; QL (30 per 30 days)
nifedipine oral tablet extended release 30 mg, 60 mg		1	GC; QL (60 per 30 days)
nifedipine oral tablet extended release 90 mg		1	GC; QL (30 per 30 days)
Calcium Channel Blocking Agents, Nondihydropyridines			
cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	GC; QL (60 per 30 days)
cartia xt oral capsule, extended release 24hr 300 mg	(diltiazem hcl)	2	GC; QL (30 per 30 days)
diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg		2	GC
diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	2	GC; QL (30 per 30 days)
diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg	(Cartia XT)	2	GC; QL (60 per 30 days)
diltiazem hcl oral capsule, extended release 24hr 300 mg	(Cartia XT)	2	GC; QL (30 per 30 days)
diltiazem hcl oral tablet 120 mg	(Cardizem)	2	GC
diltiazem hcl oral tablet 30 mg, 60 mg	(Cardizem)	1	GC
diltiazem hcl oral tablet 90 mg		2	GC
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg	(Matzim LA)	2	GC
dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	GC; QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	2	GC
taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	GC; QL (60 per 30 days)
taztia xt oral capsule, extended release 24 hr 300 mg, 360 mg	(diltiazem hcl)	2	GC; QL (30 per 30 days)
tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	GC; QL (60 per 30 days)
tiadylt er oral capsule, extended release 24 hr 300 mg, 360 mg, 420 mg	(diltiazem hcl)	2	GC; QL (30 per 30 days)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	2	GC
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		2	GC
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	GC
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		6	
Cardiovascular Agents, Other			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	3	QL (30 per 30 days)
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	GC
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)	1	GC; QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		1	GC; QL (30 per 30 days)
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	1	GC
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		1	GC
amlodipine-olmesartan oral tablet 10-20 mg	(Azor)	6	
amlodipine-olmesartan oral tablet 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	GC
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	GC
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	GC
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	GC
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	GC
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		1	GC
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		5	PA; NM; NDS; QL (30 per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	1	GC
CORLANOR ORAL TABLET 5 MG, 7.5 MG		4	PA
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(digoxin)	1	GC; QL (30 per 30 days)
digox oral tablet 125 mcg (0.125 mg)	(digoxin)	1	GC; QL (30 per 30 days)
digoxin 250 mcg tablet 250 mcg (0.25 mg)	(Digitek)	1	GC; QL (30 per 30 days)
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)		2	GC; QL (255 per 30 days)
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	1	GC; QL (30 per 30 days)
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	4	QL (60 per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	GC
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		3	
FILSPARI ORAL TABLET 200 MG, 400 MG		5	PA; NM; NDS; QL (30 per 30 days)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		1	GC

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Drug Name		Drug Tier	Requirements/Limits
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	GC
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	2	GC
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	(digoxin)	4	QL (30 per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	GC
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	GC
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		6	
metyrosine oral capsule 250 mg	(Demser)	5	NM; NDS
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	1	GC
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	GC
pentoxifylline oral tablet extended release 400 mg		1	GC
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	1	GC
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg		3	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		1	GC
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		1	GC
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	GC
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		1	GC
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	GC

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Drug Name		Drug Tier	Requirements/Limits
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		1	GC
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	GC
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		4	PA
Diuretics, Loop			
bumetanide injection solution 0.25 mg/ml		2	GC
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		2	GC
furosemide injection solution 10 mg/ml		2	GC
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		6	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	GC
torsemide oral tablet 10 mg, 100 mg, 5 mg		1	GC
torsemide oral tablet 20 mg	(Soaanz)	1	GC
Diuretics, Potassium-Sparing			
amiloride oral tablet 5 mg		6	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	2	GC
KERENDIA ORAL TABLET 10 MG, 20 MG		3	QL (30 per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	GC
Diuretics, Thiazide			
chlorthalidone oral tablet 25 mg, 50 mg		6	
hydrochlorothiazide oral capsule 12.5 mg		1	GC
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	GC
indapamide oral tablet 1.25 mg, 2.5 mg		1	GC
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		6	

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Drug Name		Drug Tier	Requirements/Limits
Dyslipidemics, Fibric Acid Derivatives			
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg		2	GC; QL (30 per 30 days)
fenofibrate micronized oral capsule 43 mg		2	GC; QL (60 per 30 days)
fenofibrate nanocrystallized oral tablet 145 mg	(Tricor)	2	GC; QL (30 per 30 days)
fenofibrate nanocrystallized oral tablet 48 mg	(Tricor)	2	GC; QL (60 per 30 days)
fenofibrate oral capsule 150 mg	(Lipofen)	2	GC; QL (30 per 30 days)
fenofibrate oral capsule 50 mg	(Lipofen)	2	GC; QL (60 per 30 days)
fenofibrate oral tablet 160 mg		2	GC; QL (30 per 30 days)
fenofibrate oral tablet 54 mg		2	GC; QL (60 per 30 days)
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	2	GC; QL (30 per 30 days)
gemfibrozil oral tablet 600 mg	(Lopid)	1	GC; QL (60 per 30 days)
Dyslipidemics, HMG COA Reductase Inhibitors			
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	GC; QL (30 per 30 days)
fluvastatin oral capsule 20 mg, 40 mg		1	GC
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	2	GC
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	(pitavastatin calcium)	3	QL (30 per 30 days)
lovastatin oral tablet 10 mg		1	GC; QL (45 per 30 days)
lovastatin oral tablet 20 mg		1	GC; QL (30 per 30 days)
lovastatin oral tablet 40 mg		1	GC; QL (60 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		1	GC; QL (30 per 30 days)
rosuvastatin oral tablet 10 mg, 20 mg, 5 mg		1	GC; QL (30 per 30 days)
rosuvastatin oral tablet 40 mg	(Crestor)	1	GC; QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	1	GC; QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		1	GC; QL (30 per 30 days)
Dyslipidemics, Other			
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
cholestyramine light oral powder in packet 4 gram	(cholestyramine-aspartame)	2	GC
colestipol oral packet 5 gram		2	GC
colestipol oral tablet 1 gram	(Colestid)	2	GC
ezetimibe oral tablet 10 mg	(Zetia)	1	GC; QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	2	GC
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	2	GC
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	2	GC
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	2	GC
icosapent ethyl oral capsule 0.5 gram, 1 gram	(Vascepa)	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG		5	PA; NM; NDS
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		2	GC
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	2	GC
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		3	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		3	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		3	PA
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	(icosapent ethyl)	3	
Vasodilators, Direct-Acting Arterial/ Venous			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	GC
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		6	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	6	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	GC

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Drug Name		Drug Tier	Requirements/Limits
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		6	
minoxidil oral tablet 10 mg, 2.5 mg		1	GC
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	3	
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	3	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	6	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	6	
nitroglycerin translingual spray, non-aerosol 400 mcg/spray	(Nitrolingual)	2	GC
CENTRAL NERVOUS SYSTEM AGENTS			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
dextroamphetamine sulfate oral capsule, extended release 10 mg	(Dexedrine Spansule)	4	QL (180 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg		4	QL (120 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		4	QL (360 per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	(ProCentra)	4	QL (1800 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	(Zenzedi)	4	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	(Zenzedi)	4	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 2.5 mg, 20 mg, 7.5 mg	(Zenzedi)	4	QL (90 per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	(Zenzedi)	4	QL (60 per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	(Zenzedi)	4	QL (150 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	(Adderall)	2	GC; QL (90 per 30 days)
dextroamphetamine-amphetamine oral tablet 30 mg	(Adderall)	2	GC; QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
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)	4	QL (30 per 30 days)
dexmethylphenidate oral tablet 10 mg	(Focalin)	1	GC; QL (60 per 30 days)
dexmethylphenidate oral tablet 2.5 mg	(Focalin)	1	GC; QL (240 per 30 days)
dexmethylphenidate oral tablet 5 mg	(Focalin)	1	GC; QL (120 per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	4	QL (30 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	2	GC; QL (90 per 30 days)
Central Nervous System, Other			
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG		5	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG		5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG		5	PA; NM; NDS; QL (30 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)		5	PA; NM; NDS
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		5	PA; NM; NDS
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)		5	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		5	PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG		5	PA; NM; NDS; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG		4	PA

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

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Drug Name		Drug Tier	Requirements/Limits
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)		5	PA; NM; NDS
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	1	GC
KOURZEQ DENTAL PASTE 0.1 %	(triamcinolone acetonide)	2	GC
oralone dental paste 0.1 %	(triamcinolone acetonide)	2	GC
paroex oral rinse mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	GC
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	GC
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	2	GC
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	2	GC
DERMATOLOGICAL AGENTS			
Acne And Rosacea Agents			
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	3	
acitretin oral capsule 10 mg, 17.5 mg, 22.5 mg, 25 mg		4	PA
amnesteem oral capsule 10 mg, 20 mg, 40 mg	(isotretinoin)	4	
avita topical gel 0.025 %	(tretinoin)	2	PA; GC
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	4	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	2	GC
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	2	GC
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Accutane)	4	
tazarotene topical cream 0.1 %	(Tazorac)	2	PA; GC
tazarotene topical gel 0.05 %, 0.1 %	(Tazorac)	4	PA
TAZORAC TOPICAL CREAM 0.05 %		4	PA

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Drug Name		Drug Tier	Requirements/Limits
tretinoin topical cream 0.025 %	(Avita)	2	PA; GC
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	2	PA; GC
tretinoin topical gel 0.01 %	(Retin-A)	2	PA; GC
tretinoin topical gel 0.025 %	(Avita)	2	PA; GC
tretinoin topical gel 0.05 %	(Atralin)	2	PA; GC
Dermatitis And Pruitus Agents			
alclometasone topical cream 0.05 %		2	GC
alclometasone topical ointment 0.05 %		2	GC
amcinonide topical ointment 0.1 %		4	
ammonium lactate topical cream 12 %		1	GC
ammonium lactate topical lotion 12 %	(Skin Treatment)	1	GC
betamethasone dipropionate topical cream 0.05 %		2	GC
betamethasone dipropionate topical lotion 0.05 %		2	GC
betamethasone dipropionate topical ointment 0.05 %		2	GC
betamethasone valerate topical cream 0.1 %		2	GC
betamethasone valerate topical lotion 0.1 %		2	GC
betamethasone valerate topical ointment 0.1 %		2	GC
betamethasone, augmented topical cream 0.05 %		1	GC
betamethasone, augmented topical lotion 0.05 %		2	GC
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	2	GC
clobetasol scalp solution 0.05 %		2	GC
clobetasol topical cream 0.05 %		4	
clobetasol topical gel 0.05 %		4	
clobetasol topical ointment 0.05 %		4	
clobetasol-emollient topical cream 0.05 %		4	
desonide topical cream 0.05 %	(DesOwen)	4	
desonide topical lotion 0.05 %		4	
desonide topical ointment 0.05 %		2	GC

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Drug Name		Drug Tier	Requirements/Limits
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	4	
desoximetasone topical gel 0.05 %	(Topicort)	4	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	4	
EUCRISA TOPICAL OINTMENT 2 %		4	
fluocinolone topical cream 0.01 %		2	GC
fluocinolone topical cream 0.025 %	(Synalar)	2	GC
fluocinolone topical ointment 0.025 %	(Synalar)	2	GC
fluocinolone topical solution 0.01 %	(Synalar)	4	
fluocinonide topical gel 0.05 %		4	
fluocinonide topical ointment 0.05 %		2	GC
fluocinonide topical solution 0.05 %		2	GC
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	2	GC
fluticasone propionate topical cream 0.05 %		1	GC
fluticasone propionate topical ointment 0.005 %		1	GC
halobetasol propionate topical cream 0.05 %		4	
halobetasol propionate topical ointment 0.05 %		2	GC
hydrocortisone 2.5% cream		1	GC
hydrocortisone topical cream 1 %	(Ala-Cort)	1	GC
hydrocortisone topical cream with perineal applicator 2.5 %	(Proctozone-HC)	1	GC
hydrocortisone topical lotion 2 %	(Ala-Scalp)	1	GC
hydrocortisone topical lotion 2.5 %		1	GC
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	2	GC
hydrocortisone topical ointment 2.5 %		1	GC
hydrocortisone valerate topical cream 0.2 %		2	GC
hydrocortisone valerate topical ointment 0.2 %		2	GC
mometasone topical cream 0.1 %		2	GC
mometasone topical ointment 0.1 %		2	GC
mometasone topical solution 0.1 %		2	GC
pimecrolimus topical cream 1 %	(Elidel)	4	

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Drug Name		Drug Tier	Requirements/Limits
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	4	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	4	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	3	
selenium sulfide topical lotion 2.5 %		1	GC
tacrolimus topical ointment 0.03 %, 0.1 %		4	
triamcinolone acetonide topical cream 0.025 %		1	GC
triamcinolone acetonide topical cream 0.1 %, 0.5 %	(Triderm)	1	GC
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		2	GC
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		1	GC
Dermatological Agents, Other			
ALCOH-GLOVE TOWELETTE 70 %		6	
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	6	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	6	
ALCOHOL SWABS TOPICAL PADS, MEDICATED	(Alcohol Pads)	6	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	6	
ALCOH-WIPE TOWELETTE 70 %		6	
BD SINGLE USE SWAB	(alcohol swabs)	6	
calcipotriene scalp solution 0.005 %		4	
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	6	
clotrimazole-betamethasone topical cream 1-0.05 %		2	GC
clotrimazole-betamethasone topical lotion 1-0.05 %		2	GC
CURITY ALCOHOL PREPS 2 PLY, MEDIUM	(alcohol swabs)	6	
diclofenac sodium topical gel 3 %		4	PA
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	6	

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Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	6	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	6	
fluorouracil topical cream 5 %	(Efudex)	3	
fluorouracil topical solution 2 %, 5 %		2	GC
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	6	
hydrocortisone-pramoxine rectal cream 1-1 %	(Analpram-HC)	2	GC
HYFTOR TOPICAL GEL 0.2 %		5	PA; NM; NDS
imiquimod topical cream in packet 5 %		2	GC
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %		6	
IV ANTISEPTIC WIPES	(alcohol swabs)	6	
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	6	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		2	GC
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		2	GC
PANRETIN TOPICAL GEL 0.1 %		5	PA NSO; NM; NDS
podofilox topical solution 0.5 %		2	GC
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	6	
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	6	
REGRANEX TOPICAL GEL 0.01 %		5	PA; NM; NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		4	
silver sulfadiazine topical cream 1 %	(SSD)	2	GC
ssd topical cream 1 %	(silver sulfadiazine)	1	GC
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	6	
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	6	
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	6	
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	6	
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	6	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 19 de la introducción.

Drug Name		Drug Tier	Requirements/Limits
WEBCOL ALCOHOL PREPS 20'S, LARGE	(alcohol swabs)	6	
Pediculicides/Scabicides			
malathion topical lotion 0.5 %	(Ovide)	4	
permethrin topical cream 5 %	(Elimite)	2	GC
Topical Anti-Infectives			
ciclopirox topical gel 0.77 %		2	GC
ciclopirox topical shampoo 1 %		2	GC
ciclopirox topical solution 8 %	(Ciclodan)	2	GC
clindamycin phosphate topical gel 1 %		2	GC
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	2	GC
clindamycin phosphate topical lotion 1 %	(Cleocin T)	2	GC
clindamycin phosphate topical solution 1 %		2	GC
ery pads topical swab 2 %	(erythromycin with ethanol)	3	
erythromycin with ethanol topical gel 2 %	(Erygel)	2	GC
erythromycin with ethanol topical solution 2 %		2	GC
mupirocin calcium topical cream 2 %		4	
mupirocin topical ointment 2 %	(Centany)	1	GC
ELECTROLYTES/MINERALS/METALS/VITAMINS			
Electrolyte/ Mineral Replacement			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	5	PA; NM; NDS
electrolyte-148 intravenous parenteral solution		3	
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)		2	GC
fluoride (sodium) oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(Ludent Fluoride)	2	GC
fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(fluoride (sodium))	2	GC

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Drug Name		Drug Tier	Requirements/Limits
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE		4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		4	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	1	GC
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	(potassium chloride)	1	GC
klor-con m10 oral tablet, er particles/crystals 10 meq	(potassium chloride)	1	GC
klor-con m15 oral tablet, er particles/crystals 15 meq	(potassium chloride)	1	GC
klor-con m20 oral tablet, er particles/crystals 20 meq	(potassium chloride)	1	GC
KLOR-CON ORAL PACKET 20 MEQ	(potassium chloride)	2	GC
ludent fluoride 0.25 mg tb chw d/f, chewable (rx) 0.25 mg(0.55 mg sod. fluoride)	(fluoride (sodium))	2	GC
ludent fluoride 0.5 mg tb chew d/f, chewable (rx) 0.5 mg (1.1 mg sodium fluorid)	(fluoride (sodium))	2	GC
ludent fluoride 1 mg tab chew d/f, chewable (rx) 1 mg (2.2 mg sod. fluoride)	(fluoride (sodium))	2	GC
magnesium sulfate injection solution 500 mg/ml (50 %)		2	GC
magnesium sulfate injection syringe 500 mg/ml (50 %)		2	GC
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-a)	3	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l		2	PA BvD; GC
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		3	PA BvD
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l		2	PA BvD; GC
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l		2	GC

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Drug Name		Drug Tier	Requirements/Limits
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		2	PA BvD; GC
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)		2	PA BvD; GC
potassium chloride oral capsule, extended release 10 meq, 8 meq		2	GC
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		2	GC
potassium chloride oral packet 20 meq	(Klor-Con)	2	GC
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	1	GC
potassium chloride oral tablet extended release 20 meq	(K-Tab)	1	GC
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	1	GC
potassium chloride oral tablet, er particles/crystals 10 meq	(Klor-Con M10)	1	GC
potassium chloride oral tablet, er particles/crystals 15 meq	(Klor-Con M15)	1	GC
potassium chloride oral tablet, er particles/crystals 20 meq	(Klor-Con M20)	1	GC
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		3	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l		2	GC
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		2	GC
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	2	GC
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	2	GC
potassium citrate oral tablet extended release 5 meq (540 mg)	(Urocit-K 5)	2	GC
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		2	GC

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Drug Name		Drug Tier	Requirements/Limits
sodium chloride 0.9 % intravenous parenteral solution		2	GC
sodium chloride 0.9% solution mini-bag, single use		2	GC
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %		2	GC
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %		2	GC
sodium chloride irrigation solution 0.9 %	(Sterile Saline)	1	GC
sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml		2	GC
Electrolyte/Mineral/Metal Modifiers			
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	5	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg	(Jadenu)	5	PA; NM; NDS
deferasirox oral tablet 90 mg	(Jadenu)	4	PA
deferasirox oral tablet, dispersible 125 mg	(Exjade)	4	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	(Exjade)	5	PA; NM; NDS
deferiprone oral tablet 1,000 mg, 500 mg	(Ferriprox)	5	PA; NM; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG		5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML		5	PA; NM; NDS
kionex (with sorbitol) oral suspension 15-20 gram/60 ml		5	NM; NDS
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		4	
sodium polystyrene sulfonate oral powder		2	GC
sps (with sorbitol) oral suspension 15-20 gram/60 ml		3	
tolvaptan oral tablet 15 mg	(Samsca)	5	PA; NM; NDS; QL (120 per 30 days)
tolvaptan oral tablet 30 mg	(Samsca)	5	PA; NM; NDS; QL (60 per 30 days)
trientine oral capsule 250 mg	(Syprine)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
Electrolytes/Minerals/Metals/Vitamins		
bal-care dha combo pack 27-1-430 mg	2	GC
bal-care dha essential pack 27 mg iron-1 mg -374 mg	2	GC
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	PA BvD
c-nate dha softgel 28 mg iron-1 mg -200 mg	2	GC
completenate tablet chew 29 mg iron- 1 mg	2	GC
d10 %-0.45 % sodium chloride intravenous parenteral solution	3	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	3	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	3	
d5 %-0.45 % sodium chloride intravenous parenteral solution	3	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	3	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	2	PA BvD; GC
dextrose 5 % in water (d5w) intravenous parenteral solution	2	GC
dextrose 5 % in water (d5w) intravenous piggyback 5 %	2	GC
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	3	
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	5	PA; NM; NDS
folivane-ob capsule 85-1 mg	2	GC
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
kosher prenatal plus iron tab 30 mg iron- 1 mg	2	GC
levocarnitine (with sugar) oral solution 100 mg/ml (Carnitor)	2	GC
levocarnitine oral tablet 330 mg (Carnitor)	2	GC
levocarnitine sf 1 g/10 ml sol 100 mg/ml (Carnitor (sugar-free))	2	GC

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Drug Name	Drug Tier	Requirements/Limits
marnatal-f capsule 60 mg iron-1 mg	2	GC
m-natal plus tablet 27 mg iron- 1 mg (pnv, calcium 72-iron-folic acid)	2	GC
mynatal advance oral tablet 90-1-50 mg	2	GC
mynatal capsule 65 mg iron- 1 mg	2	GC
mynatal oral tablet 90-1-50 mg	2	GC
mynatal plus captab 65 mg iron- 1 mg	2	GC
mynatal-z captab 65 mg iron- 1 mg	2	GC
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	2	GC
newgen tablet 32-1,000 mg-mcg	2	GC
niva-plus tablet 27 mg iron- 1 mg	2	GC
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe	2	GC
obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg	2	GC
o-cal prenatal tablet 15 mg iron- 1,000 mcg	2	GC
pnv 29-1 tablet (rx) 29 mg iron- 1 mg	2	GC
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg (pnv, calcium 72-iron-folic acid)	2	GC
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	2	GC
pnv-omega softgel 28-1-300 mg	2	GC
pr natal 400 combo pack 29-1-400 mg	2	GC
pr natal 400 ec combo pack 29-1-400 mg	2	GC
pr natal 430 combo pack 29 mg iron-1 mg -430 mg	2	GC
pr natal 430 ec combo pack 29-1-430 mg	2	GC
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
prena1 true combo pack 30 mg iron- 1.4 mg-300 mg	2	GC
prenaissance oral capsule 29-1.25-55-325 mg	2	GC

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Drug Name		Drug Tier	Requirements/Limits
prenaissance plus oral capsule 28-1-50-250 mg		2	GC
prenatabs fa tablet 29-1 mg		2	GC
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		2	GC
prenatal 19 chewable tablet 29 mg iron- 1 mg		2	GC
prenatal low iron tablet (rx) 27 mg iron- 1 mg		2	GC
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv, calcium 72-iron, carb-folic)	2	GC
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(pnv, calcium 72-iron-folic acid)	2	GC
prenatal-u capsule 106.5-1 mg		2	GC
preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg	(pnv, calcium 72-iron-folic acid)	2	GC
pretab 29 mg-1 mg tablet (rx) 29-1 mg		2	GC
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION		4	PA BvD
r-natal ob softgel 20 mg iron- 1 mg-320 mg		2	GC
select-ob chewable caplet 29 mg iron- 1 mg		2	GC
select-ob chewable caplet 29 mg iron- 1 mg		2	GC
se-natal 19 chewable tablet 29 mg iron- 1 mg		2	GC
taron-c dha capsule 35-1-200 mg		2	GC
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg		2	GC
TPN ELECTROLYTES II INTRAVENOUS SOLUTION 18-18-5-4.5-35 MEQ/20 ML		2	GC
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML		2	GC
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		4	PA BvD
triveen-duo dha combo pack 29-1-400 mg		2	GC

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

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

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Drug Name		Drug Tier	Requirements/Limits
BYLVAY ORAL PELLET 200 MCG, 600 MCG		5	PA; NM; NDS
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML		4	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		5	PA; NM; NDS
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	1	GC
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	1	GC
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	2	GC
LIVMARLI ORAL SOLUTION 9.5 MG/ML		5	PA; NM; NDS
metoclopramide hcl oral solution 5 mg/5 ml		1	GC
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	GC
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	2	GC
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	2	GC
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	4	
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		4	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		4	
ursodiol oral capsule 300 mg		2	GC
ursodiol oral tablet 250 mg	(URSO 250)	2	GC
ursodiol oral tablet 500 mg	(URSO Forte)	2	GC
Histamine2 (H2) Receptor Antagonists			
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		2	GC
famotidine oral tablet 20 mg	(Acid Controller)	1	GC
famotidine oral tablet 40 mg	(Pepcid)	1	GC
nizatidine oral capsule 150 mg, 300 mg		2	GC

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Drug Name		Drug Tier	Requirements/Limits
Protectants			
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	GC
sucralfate oral suspension 100 mg/ml	(Carafate)	4	
sucralfate oral tablet 1 gram	(Carafate)	1	GC
Proton Pump Inhibitors			
dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg	(Dexilant)	3	
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg	(Nexium)	2	GC
lansoprazole oral capsule, delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	2	GC
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	(Prevacid)	2	GC
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	GC
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	1	GC
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)	5	NM; NDS
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		3	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		4	PA
ENDARI ORAL POWDER IN PACKET 5 GRAM		4	PA
GALAFOLD ORAL CAPSULE 123 MG		5	PA; NM; NDS
miglustat oral capsule 100 mg	(Yargesa)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg (Orfadin)	5	PA; NM; NDS
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA; NM; NDS
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; NDS
sapropterin oral powder in packet 100 mg, 500 mg (Javygtor)	5	PA; NM; NDS
sapropterin oral tablet, soluble 100 mg (Javygtor)	5	PA; NM; NDS
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	5	PA; NM; NDS
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	5	PA; NM; NDS
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NM; NDS; QL (30 per 30 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NM; NDS
yargesa oral capsule 100 mg (miglustat)	5	PA; NM; NDS
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; NM; NDS
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	4	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg (Toviaz)	4	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	3	QL (300 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	3	QL (30 per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml		2	GC; QL (600 per 30 days)
oxybutynin chloride oral tablet 5 mg		1	GC; QL (120 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		2	GC; QL (60 per 30 days)
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	2	GC; QL (30 per 30 days)
tolterodine oral capsule, extended release 24hr 2 mg, 4 mg	(Detrol LA)	2	GC; QL (30 per 30 days)
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	2	GC; QL (60 per 30 days)
trospium oral capsule, extended release 24hr 60 mg		2	GC; QL (30 per 30 days)
trospium oral tablet 20 mg		2	GC; QL (60 per 30 days)
Benign Prostatic Hypertrophy Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	GC; QL (30 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG		3	
dutasteride oral capsule 0.5 mg	(Avodart)	1	GC; QL (30 per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	2	GC; QL (30 per 30 days)
finasteride oral tablet 5 mg	(Proscar)	1	GC; QL (30 per 30 days)
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	4	QL (30 per 30 days)
tamsulosin oral capsule 0.4 mg	(Flomax)	1	GC; QL (60 per 30 days)
Genitourinary Agents, Other			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		2	GC
ELMIRON ORAL CAPSULE 100 MG		4	
penicillamine oral tablet 250 mg	(Depen Titratabs)	5	NM; NDS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			
dexamethasone oral solution 0.5 mg/5 ml		2	GC

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Drug Name	Drug Tier	Requirements/Limits
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	GC
fludrocortisone oral tablet 0.1 mg	1	GC
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)	1	GC
ISTURISA ORAL TABLET 1 MG	5	PA; NM; NDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	5	PA; NM; NDS; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; NM; NDS; QL (120 per 30 days)
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg (Medrol)	2	GC
methylprednisolone oral tablet 32 mg	2	GC
methylprednisolone oral tablets, dose pack 4 mg (Medrol (Pak))	2	GC
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	2	PA BvD; GC
prednisolone oral solution 15 mg/5 ml	2	PA BvD; GC
prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)	4	PA BvD
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml) (Veripred 20)	4	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)	4	PA BvD
prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg (Orapred ODT)	2	PA BvD; GC
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	PA BvD; GC
prednisone oral solution 5 mg/5 ml	2	PA BvD; GC
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	PA BvD; GC
prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	2	GC
desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)	2	GC
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	2	GC
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	4	
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	4	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; NM; NDS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
Androgens		
danazol oral capsule 100 mg, 50 mg	2	GC
danazol oral capsule 200 mg	4	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml (Depo-Testosterone)	2	GC
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	2	GC
testosterone enanthate intramuscular oil 200 mg/ml	2	GC
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	3	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Vogelxo)	3	

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Drug Name		Drug Tier	Requirements/Limits
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	3	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	(AndroGel)	3	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		3	
Estrogens			
DUAVEE ORAL TABLET 0.45-20 MG		3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	GC
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	2	GC
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	2	GC
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	4	
estradiol vaginal tablet 10 mcg	(Vagifem)	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG		4	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG		4	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	GC
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	GC
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		2	GC
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	GC
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	GC
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
balziva (28) oral tablet 0.4-35 mg-mcg		2	GC
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
briellyn oral tablet 0.4-35 mg-mcg		2	GC
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg		2	GC
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	GC
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	GC
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	2	GC
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	1	GC
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	2	GC
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	2	GC
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	GC
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	GC
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
estarylla oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	2	GC
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1-50 (28))	2	GC
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	4	
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
hailey oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	GC
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	
iclevia oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	GC
INTRAROSA VAGINAL INSERT 6.5 MG		3	PA

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Drug Name		Drug Tier	Requirements/Limits
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
jasmiel (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	GC
jolessa oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	GC
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	GC
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	GC
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
kalliga oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	GC
kelnor 1-50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	GC
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	GC
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	GC
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg		2	GC
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	GC
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	1	GC
levonorgestrel-ethinyl estrad oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	2	GC
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	1	GC
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
loryna (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	GC
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	GC
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	GC
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	GC
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	GC
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	GC
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
mili oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
mono-linyah oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		2	GC
nikki (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	GC
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	2	GC
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	2	GC
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	(Fyavolv)	2	GC
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	1	GC

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Drug Name		Drug Tier	Requirements/Limits
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	1	GC
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Estarylla)	1	GC
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	1	GC
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg		2	GC
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		1	GC
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	GC
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	GC
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	GC
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	GC
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
ocella oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	GC
OSPHENA ORAL TABLET 60 MG		3	PA
philith oral tablet 0.4-35 mg-mcg		2	GC
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg		1	GC
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	GC
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
sprintec (28) oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	GC
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	GC
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	GC
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		2	GC
vestura (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	GC
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
vyfemla (28) oral tablet 0.4-35 mg-mcg		2	GC
vylibra oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
wera (28) oral tablet 0.5-35 mg-mcg		2	GC
zarah oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	GC
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	GC
Progestins			
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		2	GC
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	2	GC
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	2	GC
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	GC
megestrol oral suspension 400 mg/10 ml (40 mg/ml)		2	GC
megestrol oral suspension 625 mg/5 ml (125 mg/ml)		4	
megestrol oral tablet 20 mg, 40 mg		1	GC
nora-be oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	GC
norethindrone acetate oral tablet 5 mg		2	GC

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Drug Name		Drug Tier	Requirements/Limits
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	2	GC
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
tulana oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
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)	1	GC
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)	1	GC
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)	1	GC
levothyroxine oral tablet 300 mcg	(Levo-T)	1	GC
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)	1	GC
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	1	GC
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)	3	
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)	3	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)			
Hormonal Agents, Suppressant (Pituitary)			
cabergoline oral tablet 0.5 mg		2	GC

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA NSO; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA NSO
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	4	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml	4	PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA NSO; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml	5	PA; NM; NDS

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

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Drug Name	Drug Tier	Requirements/Limits
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
leflunomide oral tablet 10 mg, 20 mg (Arava)	2	GC
OTEZLA ORAL TABLET 30 MG	5	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NM; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NM; NDS
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NM; NDS
Immunosuppressants		
azathioprine oral tablet 100 mg, 75 mg (Azasan)	3	PA BvD
azathioprine oral tablet 50 mg (Imuran)	2	PA BvD; GC
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	2	PA BvD; GC
cyclosporine modified oral capsule 50 mg	2	PA BvD; GC
cyclosporine modified oral solution 100 mg/ml (Gengraf)	2	PA BvD; GC
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	2	PA BvD; GC
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA NSO; NM; NDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg, 1 mg (Zortress)	5	PA BvD; NM; NDS; QL (60 per 30 days)
everolimus (immunosuppressive) oral tablet 0.5 mg (Zortress)	5	PA BvD; NM; NDS; QL (120 per 30 days)
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	2	PA BvD; GC
gengraf oral solution 100 mg/ml (cyclosporine modified)	2	PA BvD; GC
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NM; NDS; 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	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; 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	5	PA; NM; NDS; Only NDCs starting with 00074

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Drug Name		Drug Tier	Requirements/Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		5	PA; NM; NDS; 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		5	PA; NM; NDS; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		5	PA; NM; NDS
LUPKYNIS ORAL CAPSULE 7.9 MG		5	PA; NM; NDS; QL (180 per 30 days)
methotrexate sodium (pf) injection solution 25 mg/ml		1	GC
methotrexate sodium injection solution 25 mg/ml		1	GC
methotrexate sodium oral tablet 2.5 mg		2	PA BvD; GC
mycophenolate mofetil oral capsule 250 mg	(CellCept)	4	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	5	PA BvD; NM; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	2	PA BvD; GC
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	2	PA BvD; GC
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		4	PA BvD
REZUROCK ORAL TABLET 200 MG		5	PA; NM; NDS
sirolimus oral solution 1 mg/ml	(Rapamune)	5	PA BvD; NM; NDS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	(Rapamune)	4	PA BvD
tacrolimus 0.5 mg capsule (immediate release)	(Prograf)	2	PA BvD; GC
tacrolimus 1 mg capsule (immediate release)	(Prograf)	4	PA BvD
tacrolimus 5 mg capsule (immediate release)	(Prograf)	4	PA BvD
tacrolimus oral capsule 0.5 mg	(Prograf)	2	PA BvD; GC
tacrolimus oral capsule 1 mg, 5 mg	(Prograf)	4	PA BvD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	4	$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	4	$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	3	$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	4	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; $0 copay

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Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; $0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	4	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	4	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	$0 copay

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Drug Name	Drug Tier	Requirements/Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	4	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	4	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD; $0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	4	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	4	

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Drug Name	Drug Tier	Requirements/Limits
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	$0 copay
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	3	$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	$0 copay
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	4	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	3	$0 copay

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Drug Name		Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML		3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML		3	$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML		3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML		3	$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		3	$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)		3	$0 copay
INFLAMMATORY BOWEL DISEASE AGENTS			
Aminosalicylates			
balsalazide oral capsule 750 mg	(Colazal)	2	GC
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	(mesalamine)	3	
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	4	
mesalamine oral capsule, extended release 24hr 0.375 gram	(Apriso)	4	
mesalamine oral tablet, delayed release (dr/ec) 800 mg		4	
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	4	
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	GC
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	1	GC
Glucocorticoids			
budesonide oral capsule, delayed, extend.release 3 mg		4	
budesonide oral tablet, delayed and ext.release 9 mg	(Uceris)	5	NM; NDS
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	4	

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Drug Name		Drug Tier	Requirements/Limits
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
alendronate oral tablet 10 mg, 5 mg		1	GC; QL (30 per 30 days)
alendronate oral tablet 35 mg		1	GC; QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	GC; QL (4 per 28 days)
calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation		2	GC; QL (4 per 28 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	GC
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	4	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	4	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	5	NM; NDS; QL (120 per 30 days)
ibandronate oral tablet 150 mg		1	GC; QL (1 per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		5	PA; NM; NDS
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	4	
paricalcitol oral capsule 4 mcg		4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		4	QL (1 per 180 days)
raloxifene oral tablet 60 mg	(Evista)	2	GC
risedronate oral tablet 150 mg	(Actonel)	2	GC; QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg		2	GC; QL (30 per 30 days)
risedronate oral tablet 35 mg	(Actonel)	2	GC; QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		2	GC; QL (4 per 28 days)
risedronate oral tablet, delayed release (dr/ec) 35 mg	(Atelvia)	2	GC; QL (4 per 28 days)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)		5	PA; NM; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		5	PA; NM; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		5	PA; NM; NDS; QL (2 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
NON-FRF			
Non-FRF			
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML		5	PA; NM; NDS
OPHTHALMIC AGENTS			
Ophthalmic Agents, Other			
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	2	GC
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	2	GC; QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %		5	PA; NM; NDS
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		5	PA; NM; NDS
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	2	GC
neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	GC
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	2	GC
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		2	GC
neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml		2	GC
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		1	GC
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		3	QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	3	QL (60 per 30 days)
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		2	GC

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Drug Name		Drug Tier	Requirements/Limits
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %		2	GC
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		3	QL (60 per 30 days)
Ophthalmic Anti-Allergy Agents			
azelastine ophthalmic (eye) drops 0.05 %		2	GC
cromolyn ophthalmic (eye) drops 4 %		1	GC
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	3	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	4	
Ophthalmic Anti-Infectives			
AZASITE OPHTHALMIC (EYE) DROPS 1 %		4	
bacitracin ophthalmic (eye) ointment 500 unit/gram		2	GC
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	2	GC
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		1	GC
gatifloxacin ophthalmic (eye) drops 0.5 %		2	GC
gentamicin ophthalmic (eye) drops 0.3 %		1	GC
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	2	GC
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %		4	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	2	GC
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	2	GC
sulfacetamide sodium ophthalmic (eye) drops 10 %		2	GC
tobramycin ophthalmic (eye) drops 0.3 %		1	GC

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Drug Name		Drug Tier	Requirements/Limits
Ophthalmic Anti-Inflammatories			
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	4	
bromfenac ophthalmic (eye) drops 0.09 %		2	GC
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		2	GC
diclofenac sodium ophthalmic (eye) drops 0.1 %		2	GC
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	(difluprednate)	3	
fluorometholone ophthalmic (eye) drops, suspension 0.1 %	(FML Liquifilm)	2	GC
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		1	GC
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %		3	
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	2	GC
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	2	GC
loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %	(Lotemax)	2	GC
prednisolone acetate ophthalmic (eye) drops, suspension 1 %	(Pred Forte)	2	GC
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		2	GC
Ophthalmic Beta-Adrenergic Blocking Agents			
betaxolol ophthalmic (eye) drops 0.5 %		2	GC
carteolol ophthalmic (eye) drops 1 %		1	GC
levobunolol ophthalmic (eye) drops 0.5 %		1	GC
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		1	GC
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	2	GC
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		2	GC

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Drug Name		Drug Tier	Requirements/Limits
Ophthalmic Intraocular Pressure Lowering Agents, Other			
acetazolamide oral capsule, extended release 500 mg		2	GC
acetazolamide oral tablet 125 mg, 250 mg		2	GC
apraclonidine ophthalmic (eye) drops 0.5 %		2	GC
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	(brinzolamide)	3	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	2	GC
brimonidine ophthalmic (eye) drops 0.2 %		2	GC
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	3	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	(brimonidine-timolol)	4	
dorzolamide ophthalmic (eye) drops 2 %		1	GC
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	(Cosopt (PF))	2	GC
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	2	GC
methazolamide oral tablet 25 mg, 50 mg		4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		2	GC
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		4	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		4	
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %		4	
Ophthalmic Prostaglandin And Prostamide Analogs			
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	2	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		3	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		4	

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Drug Name		Drug Tier	Requirements/Limits
OTIC AGENTS			
Otic Agents			
acetic acid otic (ear) solution 2 %		1	GC
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	4	
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %		3	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	4	
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	2	GC
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%		2	GC
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		2	GC
ofloxacin otic (ear) drops 0.3 %		4	
RESPIRATORY TRACT/ PULMONARY AGENTS			
Antihistamines			
azelastine nasal spray, non-aerosol 137 mcg (0.1 %)		2	GC; QL (30 per 25 days)
azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	2	GC; QL (30 per 25 days)
cetirizine oral solution 1 mg/ml	(All Day Allergy (cetirizine))	1	GC
cyproheptadine oral syrup 2 mg/5 ml		4	
cyproheptadine oral tablet 4 mg		4	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	2	GC
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	GC
Anti-Inflammatories, Inhaled Corticosteroids			
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		3	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		3	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)		3	QL (2 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	4	PA BvD
flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)		2	GC; QL (50 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation		3	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		3	QL (10.6 per 30 days)
fluticasone propionate nasal spray, suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	GC; QL (16 per 30 days)
mometasone nasal spray, non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	2	GC; QL (34 per 30 days)
Antileukotrienes			
montelukast oral granules in packet 4 mg	(Singulair)	2	GC; QL (30 per 30 days)
montelukast oral tablet 10 mg	(Singulair)	1	GC; QL (30 per 30 days)
montelukast oral tablet, chewable 4 mg, 5 mg	(Singulair)	1	GC; QL (30 per 30 days)
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	2	GC; QL (60 per 30 days)
Bronchodilators, Anticholinergic			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		4	QL (26 per 30 days)
ipratropium bromide inhalation solution 0.02 %		2	PA BvD; GC
ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)		2	GC; QL (60 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NM; NDS
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NM; NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	PA; NM; NDS
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml (Tobi)	5	PA BvD; NM; NDS
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; NM; NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NM; NDS
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast oral tablet 250 mcg, 500 mcg (Daliresp)	3	QL (30 per 30 days)
theophylline oral tablet extended release 12 hr 100 mg, 200 mg	2	GC
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	2	GC
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	2	GC
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg (Letairis)	5	PA; NM; NDS; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	5	PA; NM; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		5	PA; NM; NDS; QL (90 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	2	PA; GC; QL (90 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)		5	PA; NM; NDS; QL (1 per 21 days)
Pulmonary Fibrosis Agents			
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; NM; NDS
pirfenidone oral capsule 267 mg	(Esbriet)	5	PA; NM; NDS
pirfenidone oral tablet 267 mg, 801 mg	(Esbriet)	5	PA; NM; NDS
pirfenidone oral tablet 534 mg		5	PA; NM; NDS
Respiratory Tract Agents, Other			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		2	PA BvD; GC
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	3	QL (12 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION		3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		3	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	3	QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		3	QL (10.7 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation (Breyna)	3	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	4	QL (4 per 20 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	2	PA BvD; GC
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation (AirDuo RespiClick)	3	QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (Advair Diskus)	3	QL (60 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	2	PA BvD; GC
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	5	PA; NM; NDS
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
chlorzoxazone oral tablet 250 mg, 500 mg	2	GC
chlorzoxazone oral tablet 375 mg, 750 mg (Lorzone)	2	GC

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

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Imperial Standard CSNP 2024 6-Tier (Lista de medicamentos cubiertos)

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

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
sapropterin oral powder in packet 100 mg, 500 mg (Javygtor)	5	PA; NM; NDS
sapropterin oral tablet, soluble 100 mg (Javygtor)	5	PA; NM; NDS
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	5	PA; NM; NDS
tranexamic acid oral tablet 650 mg	2	GC
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	5	PA; NM; NDS
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NM; NDS; QL (30 per 30 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NM; NDS
yargesa oral capsule 100 mg (miglustat)	5	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; NM; NDS
Agentes Modificadores De Plaquetas		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	2	GC
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; NM; NDS
cilostazol oral tablet 100 mg, 50 mg	2	GC
clopidogrel oral tablet 75 mg (Plavix)	2	GC
prasugrel oral tablet 10 mg, 5 mg (Effient)	4	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Anticoagulantes			
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)		3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		3	
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	4	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	4	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	4	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	4	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	4	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	5	NM; NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	4	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	5	NM; NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	5	NM; NDS; 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		2	GC
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	1	GC
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	1	GC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)		3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML		3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG		3	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS			
buprenorphine hcl sublingual tablet 2 mg, 8 mg		2	GC
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	1	GC
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		2	GC
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	(buprenorphine-naloxone)	4	
Agentes De Abandono Del Tabaquismo			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		1	GC
NICOTROL INHALATION CARTRIDGE 10 MG		4	
varenicline oral tablet 0.5 mg, 1 mg (56 pack)		3	
varenicline oral tablet 1 mg	(Chantix)	3	
varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	3	
Agentes De Reversión De Opioides			
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION		3	
naloxone injection solution 0.4 mg/ml		2	GC
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		2	GC
naloxone nasal spray, non-aerosol 4 mg/actuation	(Narcan)	2	GC
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	(naloxone)	3	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION		3	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML		3	
Disuasorios De Alcohol/Anti-Ansiedad			
acamprosate oral tablet, delayed release (dr/ec) 333 mg		2	GC
disulfiram oral tablet 250 mg		2	GC

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
naltrexone oral tablet 50 mg	2	GC
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	5	NM; NDS
AGENTES ANTIDEMENCIA		
Agentes Antidemencia, Otros		
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	3	QL (30 per 30 days)
memantine oral solution 2 mg/ml	2	GC; QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg	2	GC; QL (60 per 30 days)
memantine oral tablets, dose pack 5-10 mg (Namenda Titration Pak)	2	GC; QL (49 per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA
Inhibidores De Colinesterasa		
donepezil oral tablet 10 mg (Aricept)	1	GC; QL (60 per 30 days)
donepezil oral tablet 23 mg (Aricept)	2	GC; QL (30 per 30 days)
donepezil oral tablet 5 mg (Aricept)	1	GC; QL (30 per 30 days)
donepezil oral tablet, disintegrating 10 mg	1	GC; QL (60 per 30 days)
donepezil oral tablet, disintegrating 5 mg	1	GC; QL (30 per 30 days)
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	2	GC; QL (30 per 30 days)
galantamine oral solution 4 mg/ml	2	GC; QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	2	GC; QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	GC; QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch)	2	GC; QL (30 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
AGENTES ANTIESPÁSTICOS			
Agentes Antiespásticos			
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		1	GC
tizanidine oral tablet 2 mg		2	GC
tizanidine oral tablet 4 mg	(Zanaflex)	2	GC
AGENTES ANTIGOTA			
Agentes Antigota			
allopurinol oral tablet 100 mg	(Zyloprim)	1	GC
allopurinol oral tablet 300 mg		1	GC
colchicine oral capsule 0.6 mg	(Mitigare)	3	
colchicine oral tablet 0.6 mg	(Colcrys)	3	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	3	PA
probenecid oral tablet 500 mg		2	GC
probenecid-colchicine oral tablet 500-0.5 mg		3	
AGENTES ANTIMIASTÉNICOS			
Parasimpaticomiméticos			
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	2	GC
pyridostigmine bromide oral tablet 30 mg		2	GC
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	2	GC
AGENTES ANTIMIGRAÑA			
naratriptan oral tablet 1 mg, 2.5 mg		2	GC; QL (9 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	2	GC; QL (12 per 30 days)
rizatriptan oral tablet 5 mg		2	GC; QL (12 per 30 days)
rizatriptan oral tablet, disintegrating 10 mg	(Maxalt-MLT)	2	GC; QL (12 per 30 days)
rizatriptan oral tablet, disintegrating 5 mg		2	GC; QL (12 per 30 days)
sumatriptan nasal spray, non-aerosol 20 mg/actuation		4	QL (12 per 30 days)
sumatriptan nasal spray, non-aerosol 5 mg/actuation		4	QL (18 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	1	GC; QL (9 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	(Imitrex STATdose Refill)	2	GC; QL (4 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	2	GC; QL (4 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	2	GC; QL (4 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	2	GC; QL (6 per 30 days)
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg		2	GC; QL (6 per 30 days)
Alcaloides De Cornezuelo			
dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	5	NM; NDS
ergotamine-caffeine oral tablet 1-100 mg		2	GC; QL (40 per 28 days)
Non-FRF			
sumatriptan 4 mg/0.5 ml inject outer, suv	(Imitrex STATdose Pen)	2	GC; QL (4 per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		2	GC; QL (4 per 30 days)
Profiláctico			
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		3	PA
EPRONTIA ORAL SOLUTION 25 MG/ML		3	
propranolol oral capsule, extended release 24 hr 80 mg	(Inderal LA)	2	GC
propranolol oral tablet 80 mg		6	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	2	GC
topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	(Qudexy XR)	4	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
UBRELVY ORAL TABLET 100 MG, 50 MG		4	PA; QL (16 per 30 days)
AGENTES ANTIPARKINSON			
carbidopa oral tablet 25 mg	(Lodosyn)	2	GC
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	2	GC
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	2	GC
carbidopa-levodopa oral tablet 25-250 mg		2	GC
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		2	GC
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg		2	GC
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG		5	PA; NM; NDS
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG		4	ST
Agentes Antiparkinson, Otros			
amantadine hcl oral capsule 100 mg		2	GC
amantadine hcl oral solution 50 mg/5 ml		2	GC
amantadine hcl oral tablet 100 mg		2	GC
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		2	GC
entacapone oral tablet 200 mg		2	GC
Agonistas De Dopamina			
bromocriptine oral capsule 5 mg	(Parlodel)	2	GC
bromocriptine oral tablet 2.5 mg	(Parlodel)	2	GC
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		4	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		1	GC
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		1	GC
Anticolinérgicos			
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		1	GC
trihexyphenidyl oral elixir 0.4 mg/ml		1	GC
trihexyphenidyl oral tablet 2 mg, 5 mg		1	GC
Inhibidores De Monoamino Oxidasa B (MAO-B)			
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	4	
selegiline hcl oral capsule 5 mg		2	GC
selegiline hcl oral tablet 5 mg		2	GC
AGENTES BIPOLARES			
Estabilizadores De Ánimo			
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	2	GC
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	2	GC
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	GC
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	GC
lithium carbonate oral tablet 300 mg		1	GC
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	1	GC
lithium carbonate oral tablet extended release 450 mg		1	GC
lithium citrate oral solution 8 meq/5 ml		2	GC
AGENTES CARDIOVASCULARES			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	GC; QL (60 per 30 days)
cartia xt oral capsule, extended release 24hr 300 mg	(diltiazem hcl)	2	GC; QL (30 per 30 days)
diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg		2	GC
diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	2	GC; QL (30 per 30 days)
diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg	(Cartia XT)	2	GC; QL (60 per 30 days)
diltiazem hcl oral capsule, extended release 24hr 300 mg	(Cartia XT)	2	GC; QL (30 per 30 days)
diltiazem hcl oral tablet 120 mg	(Cardizem)	2	GC
diltiazem hcl oral tablet 30 mg, 60 mg	(Cardizem)	1	GC
diltiazem hcl oral tablet 90 mg		2	GC
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg	(Matzim LA)	2	GC
dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	GC; QL (60 per 30 days)
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		1	GC; QL (30 per 30 days)
isradipine oral capsule 2.5 mg, 5 mg		6	
KATERZIA ORAL SUSPENSION 1 MG/ML		4	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	2	GC
nicardipine oral capsule 20 mg, 30 mg		2	GC
nifedipine oral capsule 10 mg, 20 mg		2	GC
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	(Procardia XL)	1	GC; QL (60 per 30 days)
nifedipine oral tablet extended release 24hr 90 mg	(Procardia XL)	1	GC; QL (30 per 30 days)
nifedipine oral tablet extended release 30 mg, 60 mg		1	GC; QL (60 per 30 days)
nifedipine oral tablet extended release 90 mg		1	GC; QL (30 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	GC; QL (60 per 30 days)
taztia xt oral capsule, extended release 24 hr 300 mg, 360 mg	(diltiazem hcl)	2	GC; QL (30 per 30 days)
tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	GC; QL (60 per 30 days)
tiadylt er oral capsule, extended release 24 hr 300 mg, 360 mg, 420 mg	(diltiazem hcl)	2	GC; QL (30 per 30 days)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	2	GC
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		2	GC
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	GC
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		6	
Agentes Bloqueadores Alfa-Adrenérgicos			
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	GC
prazosin oral capsule 1 mg, 2 mg, 5 mg		2	GC
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	GC
Agentes Bloqueadores Beta-Adrenérgicos			
acebutolol oral capsule 200 mg, 400 mg		6	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	GC
betaxolol oral tablet 10 mg, 20 mg		6	
bisoprolol fumarate oral tablet 10 mg, 5 mg		1	GC
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	GC
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	(Coreg CR)	2	GC
labetalol oral tablet 100 mg, 200 mg, 300 mg		6	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	GC
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	6	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		6	
nadolol oral tablet 20 mg, 40 mg, 80 mg	(Corgard)	2	GC
nebivolol oral tablet 10 mg, 20 mg, 5 mg	(Bystolic)	4	
nebivolol oral tablet 2.5 mg	(Bystolic)	6	
pindolol oral tablet 10 mg, 5 mg		2	GC
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg	(Inderal LA)	2	GC
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		2	GC
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg		6	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		6	
Agentes Cardiovasculares, Otros			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	3	QL (30 per 30 days)
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	GC
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)	1	GC; QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		1	GC; QL (30 per 30 days)
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	1	GC
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		1	GC
amlodipine-olmesartan oral tablet 10-20 mg	(Azor)	6	
amlodipine-olmesartan oral tablet 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	1	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	GC
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	GC
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	GC
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	GC
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	GC
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		1	GC
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		5	PA; NM; NDS; QL (30 per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	1	GC
CORLANOR ORAL TABLET 5 MG, 7.5 MG		4	PA
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(digoxin)	1	GC; QL (30 per 30 days)
digox oral tablet 125 mcg (0.125 mg)	(digoxin)	1	GC; QL (30 per 30 days)
digoxin 250 mcg tablet 250 mcg (0.25 mg)	(Digitek)	1	GC; QL (30 per 30 days)
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)		2	GC; QL (255 per 30 days)
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	1	GC; QL (30 per 30 days)
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	4	QL (60 per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	GC
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		3	
FILSPARI ORAL TABLET 200 MG, 400 MG		5	PA; NM; NDS; QL (30 per 30 days)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		1	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	GC
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	2	GC
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	(digoxin)	4	QL (30 per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	GC
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	GC
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		6	
metyrosine oral capsule 250 mg	(Demser)	5	NM; NDS
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	1	GC
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	GC
pentoxifylline oral tablet extended release 400 mg		1	GC
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	1	GC
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg		3	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		1	GC
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		1	GC
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	GC
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		1	GC
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		1	GC
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	GC
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		4	PA
Agonistas Alfa-Adrenérgicos			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	GC
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	2	GC; QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	2	GC; QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	2	GC; QL (4 per 28 days)
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	5	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		1	GC
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		2	GC
Antagonistas De Receptores De Angiotensina II			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	1	GC
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	1	GC
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	GC
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	GC
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	1	GC
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	GC
Antiarrítmicos			
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Pacerone)	2	GC
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	4	
flecainide oral tablet 100 mg, 150 mg, 50 mg		1	GC
mexiletine oral capsule 150 mg, 200 mg, 250 mg		2	GC
MULTAQ ORAL TABLET 400 MG		3	
propafenone oral tablet 150 mg, 225 mg, 300 mg		2	GC
quinidine sulfate oral tablet 200 mg, 300 mg		1	GC
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	2	GC
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	1	GC
sotalol oral tablet 240 mg	(Betapace)	1	GC
Dislipidémicos, Derivados De Ácido Fíbrico			
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg		2	GC; QL (30 per 30 days)
fenofibrate micronized oral capsule 43 mg		2	GC; QL (60 per 30 days)
fenofibrate nanocrystallized oral tablet 145 mg	(Tricor)	2	GC; QL (30 per 30 days)
fenofibrate nanocrystallized oral tablet 48 mg	(Tricor)	2	GC; QL (60 per 30 days)
fenofibrate oral capsule 150 mg	(Lipofen)	2	GC; QL (30 per 30 days)
fenofibrate oral capsule 50 mg	(Lipofen)	2	GC; QL (60 per 30 days)
fenofibrate oral tablet 160 mg		2	GC; QL (30 per 30 days)
fenofibrate oral tablet 54 mg		2	GC; QL (60 per 30 days)
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	2	GC; QL (30 per 30 days)
gemfibrozil oral tablet 600 mg	(Lopid)	1	GC; QL (60 per 30 days)
Dislipidémicos, Inhibidores De Reductasa HMG COA			
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	GC; QL (30 per 30 days)
fluvastatin oral capsule 20 mg, 40 mg		1	GC
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	(pitavastatin calcium)	3	QL (30 per 30 days)
lovastatin oral tablet 10 mg		1	GC; QL (45 per 30 days)
lovastatin oral tablet 20 mg		1	GC; QL (30 per 30 days)
lovastatin oral tablet 40 mg		1	GC; QL (60 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		1	GC; QL (30 per 30 days)
rosuvastatin oral tablet 10 mg, 20 mg, 5 mg		1	GC; QL (30 per 30 days)
rosuvastatin oral tablet 40 mg	(Crestor)	1	GC; QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	1	GC; QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		1	GC; QL (30 per 30 days)
Dislipidémicos, Otros			
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	2	GC
cholestyramine light oral powder in packet 4 gram	(cholestyramine-aspartame)	2	GC
colestipol oral packet 5 gram		2	GC
colestipol oral tablet 1 gram	(Colestid)	2	GC
ezetimibe oral tablet 10 mg	(Zetia)	1	GC; QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	2	GC
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	2	GC
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	2	GC
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	2	GC
icosapent ethyl oral capsule 0.5 gram, 1 gram	(Vascepa)	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG		5	PA; NM; NDS
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		2	GC
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	2	GC
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		3	PA

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		3	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		3	PA
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	(icosapent ethyl)	3	
Diuréticos, Ahorradores De Potasio			
amiloride oral tablet 5 mg		6	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	2	GC
KERENDIA ORAL TABLET 10 MG, 20 MG		3	QL (30 per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	GC
Diuréticos, Ciclo			
bumetanide injection solution 0.25 mg/ml		2	GC
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		2	GC
furosemide injection solution 10 mg/ml		2	GC
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		6	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	GC
torsemide oral tablet 10 mg, 100 mg, 5 mg		1	GC
torsemide oral tablet 20 mg	(Soaanz)	1	GC
Diuréticos, Tiazidas			
chlorthalidone oral tablet 25 mg, 50 mg		6	
hydrochlorothiazide oral capsule 12.5 mg		1	GC
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	GC
indapamide oral tablet 1.25 mg, 2.5 mg		1	GC
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		6	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Inhibidores De Enzima Convertidora De Angiotensina (ECA)			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	GC
benazepril oral tablet 5 mg		1	GC
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		2	GC
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	GC
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	GC
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	GC
moexipril oral tablet 15 mg, 7.5 mg		1	GC
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	GC
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	GC
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	GC
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	GC
Vasodilatadores, De Acción Directa/Venosa			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	GC
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		6	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	6	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	GC
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		6	
minoxidil oral tablet 10 mg, 2.5 mg		1	GC
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	3	
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	3	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	6	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	6	
nitroglycerin translingual spray, non-aerosol 400 mcg/spray	(Nitrolingual)	2	GC
AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA			
Aminosalicilatos			
balsalazide oral capsule 750 mg	(Colazal)	2	GC
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	(mesalamine)	3	
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	4	
mesalamine oral capsule, extended release 24hr 0.375 gram	(Apriso)	4	
mesalamine oral tablet, delayed release (dr/ec) 800 mg		4	
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	4	
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	GC
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	1	GC
Glucocorticoides			
budesonide oral capsule, delayed, extend.release 3 mg		4	
budesonide oral tablet, delayed and ext.release 9 mg	(Uceris)	5	NM; NDS
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	4	
AGENTES DE ENFERMEDAD ÓSEA METABÓLICA			
Agentes De Enfermedad Ósea Metabólica			
alendronate oral tablet 10 mg, 5 mg		1	GC; QL (30 per 30 days)
alendronate oral tablet 35 mg		1	GC; QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	GC; QL (4 per 28 days)
calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation		2	GC; QL (4 per 28 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	GC
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	4	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	4	QL (60 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
cinacalcet oral tablet 90 mg	(Sensipar)	5	NM; NDS; QL (120 per 30 days)
ibandronate oral tablet 150 mg		1	GC; QL (1 per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		5	PA; NM; NDS
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	4	
paricalcitol oral capsule 4 mcg		4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		4	QL (1 per 180 days)
raloxifene oral tablet 60 mg	(Evista)	2	GC
risedronate oral tablet 150 mg	(Actonel)	2	GC; QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg		2	GC; QL (30 per 30 days)
risedronate oral tablet 35 mg	(Actonel)	2	GC; QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		2	GC; QL (4 per 28 days)
risedronate oral tablet, delayed release (dr/ec) 35 mg	(Atelvia)	2	GC; QL (4 per 28 days)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)		5	PA; NM; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		5	PA; NM; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		5	PA; NM; NDS; QL (2 per 28 days)
AGENTES DE TRASTORNO DE SUEÑO			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	3	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		4	QL (30 per 30 days)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	4	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	5	PA; NM; NDS; QL (540 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	3	QL (30 per 30 days)
temazepam oral capsule 22.5 mg	(Restoril)	4	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	4	QL (120 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
zaleplon oral capsule 10 mg, 5 mg		2	GC; QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	2	GC; QL (30 per 30 days)
AGENTES DEL SISTEMA NERVIOSO CENTRAL			
Agentes De Esclerosis Múltiple			
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		5	PA; NM; NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		5	PA; NM; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG		5	PA; NM; NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	5	PA; NM; NDS
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	3	PA; QL (60 per 30 days)
dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	(Tecfidera)	5	PA; NM; NDS
fingolimod oral capsule 0.5 mg	(Gilenya)	5	PA; NM; NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG		5	PA; NM; NDS
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)		4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)		5	PA; NM; NDS
Agentes De Fibromialgia			
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	(Lyrica)	2	GC; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	2	GC; QL (60 per 30 days)
pregabalin oral capsule 75 mg	(Lyrica)	2	GC; QL (120 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	2	GC; QL (900 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		3	QL (60 per 30 days)

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	2	GC; QL (90 per 30 days)
Sistema Nervioso Central, Otros			
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG		5	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG		5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG		5	PA; NM; NDS; QL (30 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)		5	PA; NM; NDS
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		5	PA; NM; NDS
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)		5	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		5	PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG		5	PA; NM; NDS; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG		4	PA
riluzole oral tablet 50 mg	(Rilutek)	4	PA
tetrabenazine oral tablet 12.5 mg	(Xenazine)	5	PA; NM; NDS; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	(Xenazine)	5	PA; NM; NDS; QL (120 per 30 days)
AGENTES DENTALES Y ORALES			
Agentes Dentales Y Orales			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	1	GC
KOURZEQ DENTAL PASTE 0.1 %	(triamcinolone acetonide)	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
oralone dental paste 0.1 %	(triamcinolone acetonide)	2	GC
paroex oral rinse mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	GC
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	GC
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	2	GC
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	2	GC
AGENTES DERMATOLÓGICOS			
accutane oral capsule 10 mg, 20 mg, 40 mg	(isotretinoin)	3	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		4	PA
alclometasone topical cream 0.05 %		2	GC
alclometasone topical ointment 0.05 %		2	GC
amcinonide topical ointment 0.1 %		4	
ammonium lactate topical cream 12 %		1	GC
ammonium lactate topical lotion 12 %	(Skin Treatment)	1	GC
amnesteem oral capsule 10 mg, 20 mg, 40 mg	(isotretinoin)	4	
betamethasone dipropionate topical cream 0.05 %		2	GC
betamethasone dipropionate topical lotion 0.05 %		2	GC
betamethasone dipropionate topical ointment 0.05 %		2	GC
betamethasone valerate topical cream 0.1 %		2	GC
betamethasone valerate topical lotion 0.1 %		2	GC
betamethasone valerate topical ointment 0.1 %		2	GC
betamethasone, augmented topical cream 0.05 %		1	GC
betamethasone, augmented topical lotion 0.05 %		2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	2	GC
ciclopirox topical gel 0.77 %		2	GC
ciclopirox topical shampoo 1 %		2	GC
ciclopirox topical solution 8 %	(Ciclodan)	2	GC
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	4	
clindamycin phosphate topical gel 1 %		2	GC
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	2	GC
clindamycin phosphate topical lotion 1 %	(Cleocin T)	2	GC
clindamycin phosphate topical solution 1 %		2	GC
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	2	GC
clobetasol scalp solution 0.05 %		2	GC
clobetasol topical cream 0.05 %		4	
clobetasol topical gel 0.05 %		4	
clobetasol topical ointment 0.05 %		4	
clobetasol-emollient topical cream 0.05 %		4	
desonide topical cream 0.05 %	(DesOwen)	4	
desonide topical lotion 0.05 %		4	
desonide topical ointment 0.05 %		2	GC
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	4	
desoximetasone topical gel 0.05 %	(Topicort)	4	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	4	
ery pads topical swab 2 %	(erythromycin with ethanol)	3	
erythromycin with ethanol topical gel 2 %	(Erygel)	2	GC
erythromycin with ethanol topical solution 2 %		2	GC
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	2	GC
EUCRISA TOPICAL OINTMENT 2 %		4	
fluocinolone topical cream 0.01 %		2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
fluocinolone topical cream 0.025 %	(Synalar)	2	GC
fluocinolone topical ointment 0.025 %	(Synalar)	2	GC
fluocinolone topical solution 0.01 %	(Synalar)	4	
fluocinonide topical gel 0.05 %		4	
fluocinonide topical ointment 0.05 %		2	GC
fluocinonide topical solution 0.05 %		2	GC
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	2	GC
fluticasone propionate topical cream 0.05 %		1	GC
fluticasone propionate topical ointment 0.005 %		1	GC
halobetasol propionate topical cream 0.05 %		4	
halobetasol propionate topical ointment 0.05 %		2	GC
hydrocortisone topical cream 1 %	(Ala-Cort)	1	GC
hydrocortisone topical cream with perineal applicator 2.5 %	(Proctozone-HC)	1	GC
hydrocortisone topical lotion 2.5 %		1	GC
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	2	GC
hydrocortisone topical ointment 2.5 %		1	GC
hydrocortisone valerate topical cream 0.2 %		2	GC
hydrocortisone valerate topical ointment 0.2 %		2	GC
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Accutane)	4	
mometasone topical cream 0.1 %		2	GC
mometasone topical ointment 0.1 %		2	GC
mometasone topical solution 0.1 %		2	GC
mupirocin calcium topical cream 2 %		4	
mupirocin topical ointment 2 %	(Centany)	1	GC
pimecrolimus topical cream 1 %	(Elidel)	4	
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	4	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	4	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	3	
selenium sulfide topical lotion 2.5 %		1	GC
tacrolimus topical ointment 0.03 %, 0.1 %		4	
tazarotene topical cream 0.1 %	(Tazorac)	2	PA; GC
tazarotene topical gel 0.05 %, 0.1 %	(Tazorac)	4	PA
TAZORAC TOPICAL CREAM 0.05 %		4	PA
tretinoin topical cream 0.025 %	(Avita)	2	PA; GC
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	2	PA; GC
tretinoin topical gel 0.01 %	(Retin-A)	2	PA; GC
tretinoin topical gel 0.025 %	(Avita)	2	PA; GC
tretinoin topical gel 0.05 %	(Atralin)	2	PA; GC
triamcinolone acetonide topical cream 0.025 %		1	GC
triamcinolone acetonide topical cream 0.1 %, 0.5 %	(Triderm)	1	GC
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		2	GC
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		1	GC
Agentes Dermatológicos, Otros			
ALCOH-GLOVE TOWELETTE 70 %		6	
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	6	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	6	
ALCOHOL SWABS TOPICAL PADS, MEDICATED	(Alcohol Pads)	6	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	6	
ALCOH-WIPE TOWELETTE 70 %		6	
BD SINGLE USE SWAB	(alcohol swabs)	6	
calcipotriene scalp solution 0.005 %		4	
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	6	
clotrimazole-betamethasone topical cream 1-0.05 %		2	GC
clotrimazole-betamethasone topical lotion 1-0.05 %		2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
CURITY ALCOHOL PREPS 2 PLY, MEDIUM	(alcohol swabs)	6	
diclofenac sodium topical gel 3 %		4	PA
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	6	
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	6	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	6	
fluorouracil topical cream 5 %	(Efudex)	3	
fluorouracil topical solution 2 %, 5 %		2	GC
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	6	
hydrocortisone-pramoxine rectal cream 1-1 %	(Analpram-HC)	2	GC
HYFTOR TOPICAL GEL 0.2 %		5	PA; NM; NDS
imiquimod topical cream in packet 5 %		2	GC
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %		6	
IV ANTISEPTIC WIPES	(alcohol swabs)	6	
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	6	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		2	GC
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		2	GC
PANRETIN TOPICAL GEL 0.1 %		5	PA NSO; NM; NDS
podofilox topical solution 0.5 %		2	GC
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	6	
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	6	
REGRANEX TOPICAL GEL 0.01 %		5	PA; NM; NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		4	
silver sulfadiazine topical cream 1 %	(SSD)	2	GC
ssd topical cream 1 %	(silver sulfadiazine)	1	GC
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	6	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	6	
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	6	
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	6	
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	6	
WEBCOL ALCOHOL PREPS 20'S, LARGE	(alcohol swabs)	6	
Non-FRF			
accutane oral capsule 30 mg	(isotretinoin)	3	
acitretin oral capsule 22.5 mg		4	PA
avita topical gel 0.025 %	(tretinoin)	2	PA; GC
hydrocortisone 2.5% cream		1	GC
hydrocortisone topical lotion 2 %	(Ala-Scalp)	1	GC
Pediculicidas/Escabicidas			
malathion topical lotion 0.5 %	(Ovide)	4	
permethrin topical cream 5 %	(Elimite)	2	GC
AGENTES GASTROINTESTINALES			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	5	NM; NDS; QL (60 per 30 days)
constulose oral solution 10 gram/15 ml	(lactulose)	1	GC
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	2	GC
enulose oral solution 10 gram/15 ml	(lactulose)	1	GC
generlac oral solution 10 gram/15 ml	(lactulose)	1	GC
lactulose oral solution 10 gram/15 ml	(Constulose)	1	GC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	QL (30 per 30 days)
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	1	GC
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	3	QL (60 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG		5	NM; NDS; QL (90 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Agentes Gastrointestinales, Otros			
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG		5	PA; NM; NDS
BYLVAY ORAL PELLET 200 MCG, 600 MCG		5	PA; NM; NDS
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 M L, 10 MG-3.5 GRAM- 12 GRAM/175 M L		4	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		5	PA; NM; NDS
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	1	GC
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	1	GC
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	2	GC
LIVMARLI ORAL SOLUTION 9.5 MG/ML		5	PA; NM; NDS
metoclopramide hcl oral solution 5 mg/5 ml		1	GC
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	GC
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	2	GC
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	2	GC
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	4	
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		4	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		4	
ursodiol oral capsule 300 mg		2	GC
ursodiol oral tablet 250 mg	(URSO 250)	2	GC
ursodiol oral tablet 500 mg	(URSO Forte)	2	GC
Antagonistas De Receptores De Histamina2 (H2)			
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		2	GC
famotidine oral tablet 20 mg	(Acid Controller)	1	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
famotidine oral tablet 40 mg	(Pepcid)	1	GC
nizatidine oral capsule 150 mg, 300 mg		2	GC
Antiespasmódicos, Gastrointestinales			
dicyclomine oral capsule 10 mg		1	GC
dicyclomine oral solution 10 mg/5 ml		2	GC
dicyclomine oral tablet 20 mg		1	GC
glycopyrrolate oral tablet 1 mg	(Robinul)	2	GC
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	2	GC
Inhibidores De Bomba De Protones			
dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg	(Dexilant)	3	
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg	(Nexium)	2	GC
lansoprazole oral capsule, delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	2	GC
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	(Prevacid)	2	GC
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	GC
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	1	GC
Protectores			
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	GC
sucralfate oral suspension 100 mg/ml	(Carafate)	4	
sucralfate oral tablet 1 gram	(Carafate)	1	GC
AGENTES GENITOURINARIOS			
Agentes De Hipertrofia Prostática Benigna			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	GC; QL (30 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG		3	
dutasteride oral capsule 0.5 mg	(Avodart)	1	GC; QL (30 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	2	GC; QL (30 per 30 days)
finasteride oral tablet 5 mg	(Proscar)	1	GC; QL (30 per 30 days)
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	4	QL (30 per 30 days)
tamsulosin oral capsule 0.4 mg	(Flomax)	1	GC; QL (60 per 30 days)
Agentes Genitourinarios, Otros			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		2	GC
ELMIRON ORAL CAPSULE 100 MG		4	
penicillamine oral tablet 250 mg	(Depen Titratabs)	5	NM; NDS
Antiespasmódicos, Urinario			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		4	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	4	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML		3	QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	3	QL (30 per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml		2	GC; QL (600 per 30 days)
oxybutynin chloride oral tablet 5 mg		1	GC; QL (120 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		2	GC; QL (60 per 30 days)
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	2	GC; QL (30 per 30 days)
tolterodine oral capsule, extended release 24hr 2 mg, 4 mg	(Detrol LA)	2	GC; QL (30 per 30 days)
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	2	GC; QL (60 per 30 days)
trospium oral capsule, extended release 24hr 60 mg		2	GC; QL (30 per 30 days)
trospium oral tablet 20 mg		2	GC; QL (60 per 30 days)
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICACOR (TIROIDES)			
Agentes Hormonales, Estimulante/Reemplazo/Modificacor (Tiroides)			
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(levothyroxine)	1	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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)	1	GC
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)	1	GC
levothyroxine oral tablet 300 mcg	(Levo-T)	1	GC
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)	1	GC
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	1	GC
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)	3	
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)	3	
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES)			
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Hormonas Sexuales/Modificadores)			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	GC
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	GC
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	GC
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	GC
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
balziva (28) oral tablet 0.4-35 mg-mcg		2	GC
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
briellyn oral tablet 0.4-35 mg-mcg		2	GC
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg		2	GC
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	GC
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	GC
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	GC
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	2	GC
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	1	GC
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	2	GC
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	GC
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	GC
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
estarylla oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	2	GC
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1-50 (28))	2	GC
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	4	
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
hailey oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	GC
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	
iclevia oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	GC
INTRAROSA VAGINAL INSERT 6.5 MG		3	PA
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
jasmiel (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	GC
jolessa oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	GC
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	GC
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	GC
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
kalliga oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	GC
kelnor 1-50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	GC
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	GC
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	GC
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg		2	GC
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	GC
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	GC
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	1	GC
levonorgestrel-ethinyl estrad oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	2	GC
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	1	GC
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
loryna (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	GC
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	GC
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	GC
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	GC
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	GC
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	GC
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
mili oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
mono-linyah oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		2	GC
nikki (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	GC
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	2	GC
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	2	GC
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	(Fyavolv)	2	GC
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	1	GC
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	1	GC
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Estarylla)	1	GC
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	1	GC
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg		2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		1	GC
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	GC
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	GC
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	GC
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	GC
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
ocella oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	GC
OSPHENA ORAL TABLET 60 MG		3	PA
philith oral tablet 0.4-35 mg-mcg		2	GC
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg		1	GC
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	GC
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	GC
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
sprintec (28) oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	GC
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	GC
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		2	GC
vestura (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	GC
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
vyfemla (28) oral tablet 0.4-35 mg-mcg		2	GC
vylibra oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
wera (28) oral tablet 0.5-35 mg-mcg		2	GC
zarah oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	GC
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	GC
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	GC
Andrógenos			
danazol oral capsule 100 mg, 50 mg		2	GC
danazol oral capsule 200 mg		4	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	2	GC
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		2	GC
testosterone enanthate intramuscular oil 200 mg/ml		2	GC
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation		3	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	3	
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	3	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	(AndroGel)	3	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		3	
Estrógenos			
DUAVEE ORAL TABLET 0.45-20 MG		3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	GC
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	2	GC
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	2	GC
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	4	
estradiol vaginal tablet 10 mcg	(Vagifem)	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG		4	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG		4	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		3	
Progestinas			
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		2	GC
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	2	GC
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	2	GC
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	GC
megestrol oral suspension 400 mg/10 ml (40 mg/ml)		2	GC
megestrol oral suspension 625 mg/5 ml (125 mg/ml)		4	
megestrol oral tablet 20 mg, 40 mg		1	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
nora-be oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	GC
norethindrone acetate oral tablet 5 mg		2	GC
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	2	GC
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
tulana oral tablet 0.35 mg	(norethindrone (contraceptive))	1	GC
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (PITUITARIO)			
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Pituitario)			
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)		2	GC
desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)		2	GC
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	2	GC
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		5	PA; NM; NDS
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG		4	
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG		4	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		5	PA; NM; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG		5	PA; NM; NDS
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (SUPRARRENAL)			
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Suprarrenal)			
dexamethasone oral solution 0.5 mg/5 ml		2	GC
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		1	GC

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
fludrocortisone oral tablet 0.1 mg	1	GC
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)	1	GC
ISTURISA ORAL TABLET 1 MG	5	PA; NM; NDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	5	PA; NM; NDS; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; NM; NDS; QL (120 per 30 days)
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg (Medrol)	2	GC
methylprednisolone oral tablet 32 mg	2	GC
methylprednisolone oral tablets, dose pack 4 mg (Medrol (Pak))	2	GC
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	2	PA BvD; GC
prednisolone oral solution 15 mg/5 ml	2	PA BvD; GC
prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)	4	PA BvD
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml) (Veripred 20)	4	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)	4	PA BvD
prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg (Orapred ODT)	2	PA BvD; GC
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	PA BvD; GC
prednisone oral solution 5 mg/5 ml	2	PA BvD; GC
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	PA BvD; GC
prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	1	GC
AGENTES HORMONALES, SUPRESORES (PITUITARIO)		
Agentes Hormonales, Supresores (Pituitario)		
cabergoline oral tablet 0.5 mg	2	GC

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA NSO; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA NSO
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	4	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml	4	PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA NSO; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml	5	PA; NM; NDS

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (Sandostatin)	2	PA; GC
octreotide acetate injection solution 200 mcg/ml	4	PA
octreotide acetate injection solution 500 mcg/ml (Sandostatin)	5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS; QL (60 per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	PA; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
AGENTES HORMONALES, SUPRESORES (TIROIDES)		
Agentes Antitiroideos		
methimazole oral tablet 10 mg, 5 mg	1	GC
propylthiouracil oral tablet 50 mg	1	GC
AGENTES INMUNOLÓGICOS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NM; NDS
azathioprine oral tablet 100 mg, 75 mg (Azasan)	3	PA BvD
azathioprine oral tablet 50 mg (Imuran)	2	PA BvD; GC
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	2	PA BvD; GC
cyclosporine modified oral capsule 50 mg	2	PA BvD; GC
cyclosporine modified oral solution 100 mg/ml (Gengraf)	2	PA BvD; GC
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	2	PA BvD; GC
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA NSO; NM; NDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg, 1 mg (Zortress)	5	PA BvD; NM; NDS; QL (60 per 30 days)
everolimus (immunosuppressive) oral tablet 0.5 mg (Zortress)	5	PA BvD; NM; NDS; QL (120 per 30 days)
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	2	PA BvD; GC

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
gengraf oral solution 100 mg/ml (cyclosporine modified)	2	PA BvD; GC
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; 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	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NM; NDS; 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	5	PA; NM; NDS; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS
leflunomide oral tablet 10 mg, 20 mg (Arava)	2	GC
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NM; NDS; QL (180 per 30 days)
methotrexate sodium (pf) injection solution 25 mg/ml	1	GC
methotrexate sodium injection solution 25 mg/ml	1	GC
methotrexate sodium oral tablet 2.5 mg	2	PA BvD; GC
mycophenolate mofetil oral capsule 250 mg (CellCept)	4	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	5	PA BvD; NM; NDS
mycophenolate mofetil oral tablet 500 mg (CellCept)	2	PA BvD; GC

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

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NM; NDS
Agentes De Angioedema		
icatibant subcutaneous syringe 30 mg/3 ml (Firazyr)	5	PA; NM; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
Non-FRF		
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NM; NDS
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; 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	5	PA; NM; NDS; Only NDCs starting with 00074
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NM; NDS
tacrolimus 0.5 mg capsule (immediate release) (Prograf)	2	PA BvD; GC
tacrolimus 1 mg capsule (immediate release) (Prograf)	4	PA BvD
tacrolimus 5 mg capsule (immediate release) (Prograf)	4	PA BvD
Vacunas		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	$0 copay

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	4	$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	4	$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	3	$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	4	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	$0 copay

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; $0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	4	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	4	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	4	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	4	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD; $0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	4	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	4	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD; $0 copay

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	$0 copay
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	3	$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	$0 copay
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	4	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	3	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	$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)	3	$0 copay
AGENTES OFTÁLMICOS		
acetazolamide oral capsule, extended release 500 mg	2	GC
acetazolamide oral tablet 125 mg, 250 mg	2	GC
apraclonidine ophthalmic (eye) drops 0.5 %	2	GC
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 % (brinzolamide)	3	
betaxolol ophthalmic (eye) drops 0.5 %	2	GC
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)	2	GC
brimonidine ophthalmic (eye) drops 0.2 %	2	GC
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)	3	
carteolol ophthalmic (eye) drops 1 %	1	GC
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine-timolol)	4	
dorzolamide ophthalmic (eye) drops 2 %	1	GC
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))	2	GC
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
levobunolol ophthalmic (eye) drops 0.5 %		1	GC
methazolamide oral tablet 25 mg, 50 mg		4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		2	GC
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		4	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		4	
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %		4	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		1	GC
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	2	GC
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		2	GC
Agentes Anti-Alérgicos Oftálmicos			
azelastine ophthalmic (eye) drops 0.05 %		2	GC
cromolyn ophthalmic (eye) drops 4 %		1	GC
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	3	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	4	
Agentes Oftálmicos, Otros			
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	2	GC
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	2	GC; QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %		5	PA; NM; NDS
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		5	PA; NM; NDS
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	GC
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	2	GC
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		2	GC
neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml		2	GC
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		1	GC
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		3	QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	3	QL (60 per 30 days)
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		2	GC
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %		2	GC
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		3	QL (60 per 30 days)
Análogos De Prostaglandina Oftálmica Y Prostamida			
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	2	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		3	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		4	
Antiinflamatorios Oftálmicos			
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	4	
bromfenac ophthalmic (eye) drops 0.09 %		2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		2	GC
diclofenac sodium ophthalmic (eye) drops 0.1 %		2	GC
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	(difluprednate)	3	
fluorometholone ophthalmic (eye) drops, suspension 0.1 %	(FML Liquifilm)	2	GC
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		1	GC
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %		3	
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	2	GC
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	2	GC
loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %	(Lotemax)	2	GC
prednisolone acetate ophthalmic (eye) drops, suspension 1 %	(Pred Forte)	2	GC
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		2	GC
Oftálmicos Antiinfecciosos			
AZASITE OPHTHALMIC (EYE) DROPS 1 %		4	
bacitracin ophthalmic (eye) ointment 500 unit/gram		2	GC
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	2	GC
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		1	GC
gatifloxacin ophthalmic (eye) drops 0.5 %		2	GC
gentamicin ophthalmic (eye) drops 0.3 %		1	GC
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	2	GC
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %		4	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	2	GC
sulfacetamide sodium ophthalmic (eye) drops 10 %		2	GC
tobramycin ophthalmic (eye) drops 0.3 %		1	GC
AGENTES ÓTICOS			
Agentes Óticos			
acetic acid otic (ear) solution 2 %		1	GC
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	4	
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %		3	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	4	
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	2	GC
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%		2	GC
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		2	GC
ofloxacin otic (ear) drops 0.3 %		4	
ANALGÉSICOS			
Analgésicos			
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	2	GC; QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		2	GC; QL (180 per 30 days)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		2	GC; QL (180 per 30 days)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	4	QL (180 per 30 days)
Analgésicos Opiáceos, De Acción Corta			
acetaminophen-codeine oral solution 120-12 mg/5 ml		2	GC; QL (5000 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg		2	GC; QL (360 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg		2	GC; QL (180 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 600 mcg, 800 mcg		5	PA; NM; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg		4	PA; QL (120 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		2	GC; QL (5500 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg		2	GC; QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg		2	GC
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		2	GC; QL (150 per 30 days)
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	4	QL (1920 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg	(Dilaudid)	2	GC; QL (360 per 30 days)
hydromorphone oral tablet 8 mg	(Dilaudid)	2	GC; QL (240 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		2	GC; QL (600 per 30 days)
morphine oral solution 10 mg/5 ml		2	GC; QL (1800 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		2	GC; QL (1500 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG		2	GC; QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml		4	QL (180 per 30 days)
oxycodone oral solution 5 mg/5 ml		4	QL (1080 per 30 days)
oxycodone oral tablet 10 mg, 20 mg, 5 mg		2	GC; QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	2	GC; QL (180 per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml		2	GC; QL (1080 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	2	GC; QL (360 per 30 days)
tramadol oral tablet 100 mg		1	GC; QL (120 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
tramadol oral tablet 50 mg		1	GC; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		2	GC; QL (240 per 30 days)
Analgésicos Opiáceos, De Acción Prolongada			
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour		4	PA NSO; QL (10 per 30 days)
methadone oral tablet 10 mg, 5 mg		2	GC; QL (240 per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	(MS Contin)	2	GC; QL (90 per 30 days)
oxycodone oral tablet, oral only, ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg	(OxyContin)	4	QL (60 per 30 days)
Medicamentos No-Esteroideos Antiinflamatorios			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	2	GC
diclofenac potassium oral tablet 50 mg		2	GC
diclofenac sodium oral tablet extended release 24 hr 100 mg		1	GC
diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg		1	GC
diclofenac sodium topical gel 1 %	(Aleve (diclofenac))	2	GC
diflunisal oral tablet 500 mg		2	GC
ec-naproxen oral tablet, delayed release (dr/ec) 500 mg	(naproxen)	2	GC
etodolac oral capsule 200 mg, 300 mg		2	GC
etodolac oral tablet 400 mg	(Lodine)	2	GC
etodolac oral tablet 500 mg		2	GC
flurbiprofen oral tablet 100 mg		1	GC
ibu oral tablet 400 mg, 600 mg, 800 mg	(ibuprofen)	1	GC
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	1	GC

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

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
diazepam oral tablet 10 mg, 2 mg	(Valium)	1	GC; QL (120 per 30 days)
diazepam oral tablet 5 mg	(Valium)	1	GC; QL (240 per 30 days)
lorazepam 2 mg/ml oral concent	(Lorazepam Intensol)	2	GC; QL (240 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	2	GC; QL (240 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	2	GC; QL (150 per 30 days)
ANTIBACTERIANOS			
Aminoglicósidos			
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml		4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		4	PA
gentamicin 800 mg/20 ml vial muv, outer 40 mg/ml		2	GC
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		2	GC
gentamicin injection solution 40 mg/ml		2	GC
gentamicin topical cream 0.1 %		2	GC
gentamicin topical ointment 0.1 %		2	GC
neomycin oral tablet 500 mg		2	GC
paromomycin oral capsule 250 mg	(Humatin)	4	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		4	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML		5	NM; NDS
Antibacterianos, Otros			
aztreonam injection recon soln 1 gram	(Azactam)	2	GC
aztreonam injection recon soln 2 gram	(Azactam)	4	
CLINDAMYCIN 600 MG/50 ML-NS OUTER, SINGLE-USE		4	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
clindamycin hcl oral capsule 150 mg, 75 mg	(Cleocin HCl)	1	GC
clindamycin hcl oral capsule 300 mg	(Cleocin HCl)	2	GC
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml		4	
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML		4	
clindamycin pediatric oral recon soln 75 mg/5 ml	(clindamycin palmitate hcl)	4	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	4	
clindamycin phosphate vaginal cream 2 %	(Cleocin)	2	GC
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	4	
daptomycin intravenous recon soln 350 mg		4	
daptomycin intravenous recon soln 500 mg	(Cubicin RF)	5	NM; NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	(vancomycin)	4	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	4	PA
linezolid oral tablet 600 mg	(Zyvox)	4	PA
methenamine hippurate oral tablet 1 gram	(Hiprex)	2	GC
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	2	GC
metronidazole oral tablet 250 mg, 500 mg		2	GC
metronidazole topical cream 0.75 %	(Rosadan)	2	GC
metronidazole topical gel 0.75 %	(Rosadan)	2	GC
metronidazole topical gel 1 %	(Metrogel)	2	GC
metronidazole topical lotion 0.75 %	(MetroLotion)	2	GC
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	3	
metronidazole vaginal gel 1.3 % (65 mg/5 gram)	(Nuvessa)	3	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	(Macrodantin)	2	GC
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	2	GC
rosadan topical cream 0.75 %	(metronidazole)	2	GC
tigecycline intravenous recon soln 50 mg	(Tygacil)	5	NM; NDS
tinidazole oral tablet 250 mg, 500 mg		2	GC
trimethoprim oral tablet 100 mg		1	GC
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg		4	
vancomycin oral capsule 125 mg, 250 mg	(Vancocin)	4	
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	(Firvanq)	4	
XIFAXAN ORAL TABLET 200 MG, 550 MG		4	
Betalactámico, Cefalosporinas			
cefaclor oral capsule 250 mg, 500 mg		2	GC
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		4	
cefaclor oral tablet extended release 12 hr 500 mg		4	
cefadroxil oral capsule 500 mg		1	GC
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		2	GC
cefadroxil oral tablet 1 gram		2	GC
cefazolin injection recon soln 1 gram, 10 gram, 500 mg		4	
cefazolin intravenous recon soln 3 gram		4	
cefdinir oral capsule 300 mg		2	GC
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		2	GC
cefepime injection recon soln 1 gram, 2 gram		4	
cefixime oral capsule 400 mg		4	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	4	
cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	4	
cefotetan injection recon soln 1 gram, 2 gram (Cefotan)	4	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	4	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	4	
cefpodoxime oral tablet 100 mg, 200 mg	4	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	GC
cefprozil oral tablet 250 mg, 500 mg	2	GC
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	4	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	GC
cefuroxime sodium injection recon soln 750 mg	4	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	4	
cephalexin oral capsule 250 mg, 500 mg	1	GC
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	GC
cephalexin oral tablet 250 mg, 500 mg	2	GC
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
Betalactámico, Penicilinas		
amoxicillin oral capsule 250 mg, 500 mg	1	GC

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml		4	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram		4	
oxacillin intravenous recon soln 1 gram, 2 gram		4	
penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml		4	
penicillin g potassium injection recon soln 20 million unit	(Pfizerpen-G)	4	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml		4	
penicillin g sodium injection recon soln 5 million unit		4	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		2	GC
penicillin v potassium oral tablet 250 mg, 500 mg		1	GC
pfizerpen-g injection recon soln 20 million unit	(penicillin g potassium)	4	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram		4	
Carbapenemasas			
ertapenem injection recon soln 1 gram		4	
imipenem-cilastatin intravenous recon soln 250 mg		4	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	4	
meropenem intravenous recon soln 1 gram, 500 mg		4	
Macrólidos			
azithromycin intravenous recon soln 500 mg	(Zithromax)	2	GC
azithromycin oral packet 1 gram	(Zithromax)	2	GC
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
azithromycin oral tablet 250 mg	(Zithromax)	1	GC
azithromycin oral tablet 250 mg (6 pack)		1	GC
azithromycin oral tablet 500 mg	(Zithromax)	2	GC
azithromycin oral tablet 500 mg (3 pack), 600 mg		2	GC
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		2	GC
clarithromycin oral tablet 250 mg, 500 mg		2	GC
clarithromycin oral tablet extended release 24 hr 500 mg		2	GC
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		5	PA; NM; NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG		5	PA; NM; NDS; QL (20 per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	(erythromycin lactobionate)	4	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	4	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	4	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	4	
erythromycin oral capsule, delayed release(dr/ec) 250 mg		4	
erythromycin oral tablet 250 mg, 500 mg		4	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	4	
Quinolonas			
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		1	GC
ciprofloxacin hcl oral tablet 100 mg, 750 mg		2	GC
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	1	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		4	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		4	
levofloxacin oral solution 250 mg/10 ml		4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		2	GC
moxifloxacin 400 mg/250 ml bag		4	
moxifloxacin oral tablet 400 mg		4	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	(Avelox in NaCl (iso-osmotic))	4	
ofloxacin oral tablet 300 mg, 400 mg		2	GC
Sulfonamidas			
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	2	GC
sulfadiazine oral tablet 500 mg		2	GC
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	2	GC
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	GC
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	GC
Tetraciclinas			
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	4	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	2	GC
doxycycline hyclate oral tablet 100 mg, 20 mg		2	GC
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	GC
doxycycline monohydrate oral capsule 50 mg	(Monodox)	1	GC
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
doxycycline monohydrate oral tablet 50 mg, 75 mg		2	GC
minocycline oral capsule 100 mg, 50 mg, 75 mg		2	GC
minocycline oral tablet 100 mg, 50 mg, 75 mg		2	GC
mondoxyne nl oral capsule 100 mg	(doxycycline monohydrate)	1	GC
tetracycline oral capsule 250 mg, 500 mg		2	GC
ANTICONVULSIVOS			
Agentes De Aumento De Ácido Gamma-Aminobutírico (GABA)			
clobazam oral suspension 2.5 mg/ml	(Onfi)	4	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	4	QL (60 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		4	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	1	GC; QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	2	GC
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	1	GC; QL (180 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)		4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		5	ST; NM; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		4	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		4	ST
vigabatrin oral powder in packet 500 mg	(Sabril)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Agentes De Canal De Sodio			
APTIOM ORAL TABLET 200 MG, 400 MG		5	ST; NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG		5	ST; NM; NDS; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	2	GC
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	2	GC
carbamazepine oral tablet 200 mg	(Epitol)	2	GC
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	2	GC
carbamazepine oral tablet, chewable 100 mg		1	GC
DILANTIN ORAL CAPSULE 30 MG		4	ST
epitol oral tablet 200 mg	(carbamazepine)	2	GC
lacosamide oral solution 10 mg/ml	(Vimpat)	4	QL (1395 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	4	QL (60 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	GC
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	GC
phenytoin oral tablet, chewable 50 mg	(Dilantin Infatabs)	1	GC
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	GC
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	GC
rufinamide oral suspension 40 mg/ml	(Banzel)	5	NM; NDS; QL (2760 per 30 days)
rufinamide oral tablet 200 mg	(Banzel)	4	QL (480 per 30 days)
rufinamide oral tablet 400 mg	(Banzel)	5	NM; NDS; QL (240 per 30 days)
Agentes Modificadores De Canal De Calcio			
ethosuximide oral capsule 250 mg	(Zarontin)	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	2	GC
methsuximide oral capsule 300 mg	(Celontin)	4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML		4	QL (900 per 30 days)
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	2	GC
zonisamide oral capsule 50 mg		2	GC
Anticonvulsivos, Otros			
BRIVIACT ORAL SOLUTION 10 MG/ML		4	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		4	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		4	PA NSO
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		4	PA NSO
EPIDIOLEX ORAL SOLUTION 100 MG/ML		4	PA NSO
felbamate oral suspension 600 mg/5 ml		5	NM; NDS
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		4	PA NSO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		4	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG		5	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG		4	ST; QL (30 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	1	GC
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	2	GC
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	2	GC
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	2	GC
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	4	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	2	GC
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	4	
lamotrigine oral tablets, dose pack 25 mg (35)	(Lamictal Starter (Blue) Kit)	2	GC
lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	2	GC
lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	2	GC
levetiracetam oral solution 100 mg/ml	(Keppra)	2	GC
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	GC
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	2	GC
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		4	QL (10 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		2	GC; QL (1500 per 30 days)
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg		2	GC; QL (90 per 30 days)
phenobarbital oral tablet 15 mg, 60 mg		2	GC; QL (120 per 30 days)
phenobarbital oral tablet 30 mg		2	GC; QL (300 per 30 days)
primidone oral tablet 125 mg		1	GC
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	GC
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG		4	ST; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG		4	ST; QL (120 per 30 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml		2	GC
valproic acid oral capsule 250 mg		2	GC
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		4	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		4	QL (60 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		4	QL (28 per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML		5	PA NSO; NM; NDS; QL (1100 per 30 days)
ANTIDEPRESIVOS			
citalopram oral capsule 30 mg		1	GC; QL (30 per 30 days)
citalopram oral solution 10 mg/5 ml		2	GC; QL (600 per 30 days)
citalopram oral tablet 10 mg, 40 mg	(Celexa)	1	GC; QL (30 per 30 days)
citalopram oral tablet 20 mg	(Celexa)	1	GC; QL (60 per 30 days)
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		4	QL (30 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	4	QL (30 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	2	GC; QL (60 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 40 mg		2	GC; QL (60 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml		2	GC; QL (600 per 30 days)
escitalopram oxalate oral tablet 10 mg	(Lexapro)	1	GC; QL (45 per 30 days)
escitalopram oxalate oral tablet 20 mg	(Lexapro)	1	GC; QL (60 per 30 days)
escitalopram oxalate oral tablet 5 mg	(Lexapro)	1	GC; QL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		3	QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		3	QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	1	GC; QL (60 per 30 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		2	GC; QL (600 per 30 days)
fluoxetine oral tablet 10 mg		2	GC; QL (60 per 30 days)
fluoxetine oral tablet 20 mg		2	GC; QL (120 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		2	GC; QL (90 per 30 days)
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		4	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	4	QL (900 per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg	(Paxil)	1	GC; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg, 40 mg	(Paxil)	1	GC; QL (60 per 30 days)
sertraline oral capsule 150 mg, 200 mg		2	GC; QL (30 per 30 days)
sertraline oral concentrate 20 mg/ml	(Zoloft)	1	GC; QL (300 per 30 days)
sertraline oral tablet 100 mg	(Zoloft)	1	GC; QL (60 per 30 days)
sertraline oral tablet 25 mg, 50 mg	(Zoloft)	1	GC; QL (90 per 30 days)
trazodone oral tablet 100 mg, 150 mg, 50 mg		1	GC
trazodone oral tablet 300 mg		2	GC
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		4	ST; QL (30 per 30 days)
venlafaxine besylate oral tablet extended release 24hr 112.5 mg		2	GC; QL (30 per 30 days)
venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	1	GC; QL (60 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	GC; QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		2	GC; QL (30 per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	3	QL (30 per 30 days)
Antidepresivos, Otros			
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		4	ST; QL (60 per 30 days)
bupropion hcl oral tablet 100 mg		1	GC; QL (180 per 30 days)
bupropion hcl oral tablet 75 mg		1	GC; QL (120 per 30 days)
bupropion hcl oral tablet extended release 24 hr 150 mg	(Wellbutrin XL)	2	GC; QL (60 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
bupropion hcl oral tablet extended release 24 hr 300 mg	(Wellbutrin XL)	2	GC; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 450 mg	(Forfivo XL)	3	QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg	(Wellbutrin SR)	1	GC; QL (120 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 150 mg	(Wellbutrin SR)	1	GC; QL (90 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 200 mg	(Wellbutrin SR)	1	GC; QL (60 per 30 days)
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	1	GC; QL (30 per 30 days)
mirtazapine oral tablet 45 mg		1	GC; QL (30 per 30 days)
mirtazapine oral tablet 7.5 mg		1	GC; QL (45 per 30 days)
mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	2	GC; QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg		4	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-50 mg	(Symbyax)	4	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg	(Symbyax)	4	QL (90 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		5	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		5	PA NSO; NM; NDS; 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		5	ST; NM; NDS; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG		4	ST; QL (180 per 30 days)
phenelzine oral tablet 15 mg	(Nardil)	2	GC
tranylcypromine oral tablet 10 mg	(Parnate)	4	
Non-FRF			
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)		3	QL (30 per 30 days)
Tricíclicos			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		2	GC
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	4	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	2	GC
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		2	GC
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	GC
doxepin oral concentrate 10 mg/ml		2	GC
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		2	GC
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	GC
nortriptyline oral solution 10 mg/5 ml		2	GC
protriptyline oral tablet 10 mg, 5 mg		4	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		4	
ANTIEMÉTICOS			
Antieméticos, Otros			
meclizine oral tablet 12.5 mg		1	GC
meclizine oral tablet 25 mg	(Dramamine (meclizine))	1	GC
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	GC
prochlorperazine rectal suppository 25 mg	(Compazine)	4	
promethazine oral syrup 6.25 mg/5 ml		2	GC
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	GC
promethazine rectal suppository 12.5 mg, 25 mg	(Promethegan)	2	GC
promethazine rectal suppository 50 mg	(Promethegan)	4	
promethegan rectal suppository 12.5 mg	(promethazine)	2	GC
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	4	

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

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

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

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

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
Antiestrógenos/Modificadores		
EMCYT ORAL CAPSULE 140 MG	3	
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	PA NSO
tamoxifen oral tablet 10 mg, 20 mg	1	GC
toremifene oral tablet 60 mg (Fareston)	5	PA NSO; NM; NDS
Antimetabolitos		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
hydroxyurea oral capsule 500 mg (Hydrea)	1	GC
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS
mercaptopurine oral tablet 50 mg	2	GC
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	PA NSO
Antineoplásicos, Otros		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NM; NDS; QL (1.6 per 28 days)
ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML	5	PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NM; NDS; QL (9.5 per 28 days)
IDHIFA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
JYLAMVO ORAL SOLUTION 2 MG/ML	4	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	5	PA NSO; NM; NDS
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	GC
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA NSO; NM; NDS
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NM; NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LYNPARZA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
MESNEX ORAL TABLET 400 MG	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA NSO; NM; NDS; QL (48 per 28 days)
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XCOPRI ORAL TABLET 25 MG	4	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)	5	PA NSO; NM; NDS
ZOLINZA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
Inhibidores De Aromatasa, 3era Generación		
anastrozole oral tablet 1 mg (Arimidex)	1	GC
exemestane oral tablet 25 mg (Aromasin)	4	
letrozole oral tablet 2.5 mg (Femara)	1	GC
Inhibidores De Objetivo Molecular		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS
ALUNBRIG ORAL TABLET 180 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; NDS; QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

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

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg (Iressa)	5	PA NSO; NM; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
imatinib oral tablet 100 mg (Gleevec)	5	PA NSO; NM; NDS; QL (90 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	5	PA NSO; NM; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg (Tykerb)	5	PA NSO; NM; NDS; 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)	5	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA NSO; NM; NDS; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA NSO; NM; NDS; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA NSO; NM; NDS; QL (140 per 28 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
pazopanib oral tablet 200 mg (Votrient)	5	PA NSO; NM; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; 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)	5	PA NSO; NM; NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA NSO; NM; NDS
sorafenib oral tablet 200 mg (Nexavar)	5	PA NSO; NM; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	5	PA NSO; NM; NDS; QL (28 per 28 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NM; NDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA NSO
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; NDS
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	3	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
VITRAKVI ORAL CAPSULE 25 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML		5	PA NSO; NM; NDS; QL (310 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
XOSPATA ORAL TABLET 40 MG		5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL CAPSULE 100 MG		5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG		5	PA NSO; NM; NDS; QL (150 per 30 days)
Retinoides			
bexarotene oral capsule 75 mg	(Targretin)	5	PA NSO; NM; NDS; QL (300 per 30 days)
bexarotene topical gel 1 %	(Targretin)	5	PA NSO; NM; NDS
tretinoin (antineoplastic) oral capsule 10 mg		5	NM; NDS
ANTIPARASITARIOS			
Antihelmínticos			
albendazole oral tablet 200 mg		4	
EMVERM ORAL TABLET, CHEWABLE 100 MG	(mebendazole)	5	NM; NDS
ivermectin oral tablet 3 mg	(Stromectol)	2	PA; GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Antiprotozoarios			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	5	NM; NDS
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	2	GC
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	2	GC
benznidazole oral tablet 100 mg, 12.5 mg		2	GC
chloroquine phosphate oral tablet 250 mg, 500 mg		2	GC
COARTEM ORAL TABLET 20-120 MG		4	
hydroxychloroquine oral tablet 100 mg, 400 mg		2	GC
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	2	GC
hydroxychloroquine oral tablet 300 mg	(Sovuna)	2	GC
LAMPIT ORAL TABLET 120 MG, 30 MG		4	
mefloquine oral tablet 250 mg		2	GC
nitazoxanide oral tablet 500 mg	(Alinia)	4	QL (40 per 30 days)
pentamidine inhalation recon soln 300 mg	(Nebupent)	4	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	4	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		4	
quinine sulfate oral capsule 324 mg	(Qualaquin)	2	PA; GC
ANTIPSICÓTICOS			
1er Generación/Típico			
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml		4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		4	
fluphenazine decanoate injection solution 25 mg/ml		4	
fluphenazine hcl injection solution 2.5 mg/ml		4	

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

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	(Zyprexa)	1	GC; QL (30 per 30 days)
olanzapine oral tablet 20 mg	(Zyprexa)	1	GC; QL (60 per 30 days)
olanzapine oral tablet, disintegrating 10 mg, 5 mg	(Zyprexa Zydis)	4	QL (60 per 30 days)
olanzapine oral tablet, disintegrating 15 mg, 20 mg	(Zyprexa Zydis)	4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg		4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	4	QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	1	GC; QL (60 per 30 days)
quetiapine oral tablet 150 mg		1	GC; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg	(Seroquel XR)	4	QL (90 per 30 days)
quetiapine oral tablet extended release 24 hr 200 mg, 300 mg, 400 mg	(Seroquel XR)	4	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 50 mg	(Seroquel XR)	4	QL (120 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	NM; NDS
risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	4	
risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	(Risperdal Consta)	5	NM; NDS
risperidone oral solution 1 mg/ml	(Risperdal)	2	GC; QL (480 per 30 days)
risperidone oral tablet 0.25 mg		1	GC; QL (60 per 30 days)
risperidone oral tablet 0.5 mg	(Risperdal)	1	GC; QL (120 per 30 days)
risperidone oral tablet 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	1	GC; QL (60 per 30 days)
risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg		2	GC; QL (60 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
risperidone oral tablet, disintegrating 0.5 mg		2	GC; QL (120 per 30 days)
risperidone oral tablet, disintegrating 3 mg		4	QL (60 per 30 days)
risperidone oral tablet, disintegrating 4 mg		4	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG		5	ST; NM; NDS; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG		5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)		4	ST; QL (7 per 28 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	2	GC; QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	(Geodon)	4	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG		4	ST
Resistente-Tratamiento			
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Clozaril)	2	GC; QL (120 per 30 days)
clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg		4	QL (120 per 30 days)
clozapine oral tablet, disintegrating 200 mg		5	NM; NDS; QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	ST; NM; NDS; QL (540 per 30 days)
ANTIVIRALES			
APTIVUS ORAL CAPSULE 250 MG		5	NM; NDS; QL (120 per 30 days)
atazanavir oral capsule 150 mg		4	QL (60 per 30 days)
atazanavir oral capsule 200 mg	(Reyataz)	4	QL (60 per 30 days)
atazanavir oral capsule 300 mg	(Reyataz)	4	QL (30 per 30 days)
darunavir oral tablet 600 mg	(Prezista)	5	NM; NDS; QL (60 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
darunavir oral tablet 800 mg (Prezista)	5	NM; NDS; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS; QL (30 per 30 days)
fosamprenavir oral tablet 700 mg	5	NM; NDS; QL (120 per 30 days)
lagevrio (eua) oral capsule 200 mg	4	QL (40 per 5 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1575 per 28 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	4	QL (400 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	4	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	4	QL (150 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	QL (360 per 30 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG	3	$0 copay; QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	3	$0 copay; QL (30 per 5 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	4	QL (180 per 30 days)
ritonavir oral tablet 100 mg (Norvir)	3	QL (360 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	NM; NDS; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	NM; NDS; QL (120 per 30 days)
Agentes Anti-Citomegalovirus (CMV)		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NM; NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
valganciclovir oral recon soln 50 mg/ml (Valcyte)	4	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
valganciclovir oral tablet 450 mg	(Valcyte)	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		4	
Agentes Anti-Hepatitis B (HBV)			
adefovir oral tablet 10 mg	(Hepsera)	4	QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		5	NM; NDS; QL (600 per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	4	QL (30 per 30 days)
lamivudine oral tablet 100 mg		2	GC; QL (90 per 30 days)
VEMLIDY ORAL TABLET 25 MG		5	NM; NDS; QL (30 per 30 days)
Agentes Anti-Hepatitis C (HCV)			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		5	PA; NM; NDS
MAVYRET ORAL TABLET 100-40 MG		5	PA; NM; NDS
ribavirin oral capsule 200 mg		4	
ribavirin oral tablet 200 mg		2	GC
sofosbuvir-velpatasvir oral tablet 400-100 mg	(Epclusa)	5	PA; NM; NDS
VOSEVI ORAL TABLET 400-100-100 MG		5	PA; NM; NDS
Agentes Antiherpéticos			
acyclovir oral capsule 200 mg		1	GC
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	2	GC
acyclovir oral tablet 400 mg, 800 mg		1	GC
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg		2	PA BvD; GC
acyclovir sodium intravenous solution 50 mg/ml		2	PA BvD; GC
famciclovir oral tablet 125 mg, 250 mg, 500 mg		2	GC
trifluridine ophthalmic (eye) drops 1 %		2	GC
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	2	GC

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes Anti-Influenza		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg (Tamiflu)	2	GC
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	2	GC
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
rimantadine oral tablet 100 mg (Flumadine)	2	GC
XOFLUZA ORAL TABLET 20 MG, 80 MG	3	
XOFLUZA ORAL TABLET 40 MG	3	
Agentes Anti-VIH, Inhibidores De Integrasa (INSTI)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; NDS; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS; QL (30 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS; QL (30 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS; QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	4	QL (180 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS; QL (30 per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	QL (360 per 30 days)
Agentes Anti-VIH, Inhibidores De Transcriptasa Inversa No-Nucleósido (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS; QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
efavirenz oral capsule 200 mg		4	QL (120 per 30 days)
efavirenz oral capsule 50 mg		4	QL (360 per 30 days)
efavirenz oral tablet 600 mg		4	QL (30 per 30 days)
etravirine oral tablet 100 mg	(Intelence)	5	NM; NDS; QL (120 per 30 days)
etravirine oral tablet 200 mg	(Intelence)	5	NM; NDS; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG		4	QL (120 per 30 days)
nevirapine oral suspension 50 mg/5 ml		4	QL (1200 per 30 days)
nevirapine oral tablet 200 mg		2	GC; QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg		4	QL (120 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg		4	QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG		5	NM; NDS; QL (30 per 30 days)
Agentes Anti-VIH, Inhibidores De Transcriptasa Inversa Nucleósido Y Nucleótido (NRTI)			
abacavir oral solution 20 mg/ml	(Ziagen)	4	QL (960 per 30 days)
abacavir oral tablet 300 mg		4	QL (60 per 30 days)
abacavir-lamivudine oral tablet 600-300 mg		4	QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG		5	NM; NDS; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG		5	NM; NDS; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		5	NM; NDS; QL (30 per 30 days)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	(Atripla)	5	NM; NDS; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	(Symfi Lo)	5	NM; NDS; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	5	NM; NDS; QL (30 per 30 days)
emtricitabine oral capsule 200 mg	(Emtriva)	4	QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	5	NM; NDS; QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	4	QL (30 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
EMTRIVA ORAL SOLUTION 10 MG/ML		4	QL (680 per 28 days)
JULUCA ORAL TABLET 50-25 MG		5	NM; NDS; QL (30 per 30 days)
lamivudine oral solution 10 mg/ml	(Epivir)	4	QL (900 per 30 days)
lamivudine oral tablet 150 mg	(Epivir)	3	QL (60 per 30 days)
lamivudine oral tablet 300 mg	(Epivir)	3	QL (30 per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg		4	QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG		5	NM; NDS; QL (30 per 30 days)
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	4	QL (30 per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG		5	NM; NDS; QL (60 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		5	NM; NDS; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	NM; NDS; QL (30 per 30 days)
zidovudine oral capsule 100 mg	(Retrovir)	2	GC; QL (180 per 30 days)
zidovudine oral syrup 10 mg/ml	(Retrovir)	2	GC; QL (1680 per 28 days)
zidovudine oral tablet 300 mg		2	GC; QL (60 per 30 days)
Agentes Anti-VIH, Otros			
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		5	NM; NDS; QL (60 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	5	NM; NDS; QL (120 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG		5	NM; NDS; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML		5	NM; NDS; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 25 MG		3	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG		5	NM; NDS; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300 MG		5	NM; NDS; QL (5 per 180 days)
SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)		5	NM; NDS; QL (4 per 180 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NM; NDS; QL (180 per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
ELECTROLITOS/MINERALES/METALES/VITAMINAS		
Electrolitos/Minerales/Metales/Vitaminas		
bal-care dha combo pack 27-1-430 mg	2	GC
bal-care dha essential pack 27 mg iron-1 mg -374 mg	2	GC
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	PA BvD
c-nate dha softgel 28 mg iron-1 mg -200 mg	2	GC
completenate tablet chew 29 mg iron- 1 mg	2	GC
d10 %-0.45 % sodium chloride intravenous parenteral solution	3	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	3	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	3	
d5 %-0.45 % sodium chloride intravenous parenteral solution	3	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	3	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	2	PA BvD; GC
dextrose 5 % in water (d5w) intravenous parenteral solution	2	GC
dextrose 5 % in water (d5w) intravenous piggyback 5 %	2	GC
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	3	
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	5	PA; NM; NDS
folivane-ob capsule 85-1 mg	2	GC
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		4	
kosher prenatal plus iron tab 30 mg iron- 1 mg		2	GC
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	2	GC
levocarnitine oral tablet 330 mg	(Carnitor)	2	GC
levocarnitine sf 1 g/10 ml sol 100 mg/ml	(Carnitor (sugar-free))	2	GC
marnatal-f capsule 60 mg iron-1 mg		2	GC
m-natal plus tablet 27 mg iron- 1 mg	(pnv, calcium 72-iron-folic acid)	2	GC
mynatal advance oral tablet 90-1-50 mg		2	GC
mynatal capsule 65 mg iron- 1 mg		2	GC
mynatal oral tablet 90-1-50 mg		2	GC
mynatal plus captab 65 mg iron- 1 mg		2	GC
mynatal-z captab 65 mg iron- 1 mg		2	GC
mynate 90 plus oral tablet extended release 90 mg iron-1 mg		2	GC
newgen tablet 32-1,000 mg-mcg		2	GC
niva-plus tablet 27 mg iron- 1 mg		2	GC
NUTRILIPID INTRAVENOUS EMULSION 20 %		4	PA BvD
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe		2	GC
obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg		2	GC
o-cal prenatal tablet 15 mg iron- 1,000 mcg		2	GC
pnv 29-1 tablet (rx) 29 mg iron- 1 mg		2	GC
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg	(pnv, calcium 72-iron-folic acid)	2	GC
pnv-dha + docusate oral capsule 27-1.25-55-300 mg		2	GC
pnv-omega softgel 28-1-300 mg		2	GC
pr natal 400 combo pack 29-1-400 mg		2	GC
pr natal 400 ec combo pack 29-1-400 mg		2	GC

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

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TPN ELECTROLYTES II INTRAVENOUS SOLUTION 18-18-5-4.5-35 MEQ/20 ML	2	GC
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	2	GC
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
triveen-duo dha combo pack 29-1-400 mg	2	GC
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
vinate care oral tablet, chewable 40 mg iron- 1 mg	2	GC
virt-c dha softgel (rx) 35-1-200 mg	2	GC
virt-nate dha softgel 28 mg iron-1 mg -200 mg	2	GC
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg	2	GC
virt-pn plus softgel (rx) 28-1-300 mg	2	GC
vitafol gummies 3.33 mg iron- 0.33 mg	2	GC
vitafol nano tablet 18 mg iron- 1 mg	2	GC
vitafol-ob+dha combo pack 65-1-250 mg	2	GC
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	2	GC
vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg	2	GC
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	2	GC
zatean-pn plus softgel 28-1-300 mg	2	GC
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	2	GC
Enlaces De Fosfato		
AURYXIA ORAL TABLET 210 MG IRON	4	PA
calcium acetate(phosphat bind) oral capsule 667 mg	2	GC
calcium acetate(phosphat bind) oral tablet 667 mg	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
sevelamer carbonate oral powder in packet 0.8 gram	(Renvela)	4	QL (540 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	(Renvela)	4	QL (180 per 30 days)
sevelamer carbonate oral tablet 800 mg	(Renvela)	4	QL (540 per 30 days)
VELPHORO ORAL TABLET, CHEWABLE 500 MG		4	
Modificadores De Electrolitos/Minerales/Metales			
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	5	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg	(Jadenu)	5	PA; NM; NDS
deferasirox oral tablet 90 mg	(Jadenu)	4	PA
deferasirox oral tablet, dispersible 125 mg	(Exjade)	4	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	(Exjade)	5	PA; NM; NDS
deferiprone oral tablet 1,000 mg, 500 mg	(Ferriprox)	5	PA; NM; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG		5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML		5	PA; NM; NDS
kionex (with sorbitol) oral suspension 15-20 gram/60 ml		5	NM; NDS
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		4	
sodium polystyrene sulfonate oral powder		2	GC
sps (with sorbitol) oral suspension 15-20 gram/60 ml		3	
tolvaptan oral tablet 15 mg	(Samsca)	5	PA; NM; NDS; QL (120 per 30 days)
tolvaptan oral tablet 30 mg	(Samsca)	5	PA; NM; NDS; QL (60 per 30 days)
trientine oral capsule 250 mg	(Syprine)	5	PA; NM; NDS
Sustituto De Electrolitos/Minerales			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	5	PA; NM; NDS

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
electrolyte-148 intravenous parenteral solution		3	
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)		2	GC
fluoride (sodium) oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(Ludent Fluoride)	2	GC
fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(fluoride (sodium))	2	GC
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE		4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		4	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	1	GC
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	(potassium chloride)	1	GC
klor-con m10 oral tablet, er particles/crystals 10 meq	(potassium chloride)	1	GC
klor-con m15 oral tablet, er particles/crystals 15 meq	(potassium chloride)	1	GC
klor-con m20 oral tablet, er particles/crystals 20 meq	(potassium chloride)	1	GC
KLOR-CON ORAL PACKET 20 MEQ	(potassium chloride)	2	GC
ludent fluoride 0.25 mg tb chw d/f, chewable (rx) 0.25 mg(0.55 mg sod. fluoride)	(fluoride (sodium))	2	GC
ludent fluoride 0.5 mg tb chew d/f, chewable (rx) 0.5 mg (1.1 mg sodium fluorid)	(fluoride (sodium))	2	GC
ludent fluoride 1 mg tab chew d/f, chewable (rx) 1 mg (2.2 mg sod. fluoride)	(fluoride (sodium))	2	GC
magnesium sulfate injection solution 500 mg/ml (50 %)		2	GC
magnesium sulfate injection syringe 500 mg/ml (50 %)		2	GC
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-a)	3	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l		2	PA BvD; GC

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	2	GC
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	2	GC
potassium citrate oral tablet extended release 5 meq (540 mg)	(Urocit-K 5)	2	GC
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		2	GC
sodium chloride 0.9 % intravenous parenteral solution		2	GC
sodium chloride 0.9% solution mini-bag, single use		2	GC
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %		2	GC
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %		2	GC
sodium chloride irrigation solution 0.9 %	(Sterile Saline)	1	GC
sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml		2	GC
EXCLUDED DRUG			
Excluded Drug			
sildenafil oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	2	GC; EX; QL (6 per 30 days)
NON-FRF			
Non-FRF			
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML		5	PA; NM; NDS
REGULADORES DE GLUCOSA EN SANGRE			
Agentes Antidiabetico			
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	2	GC
glimepiride oral tablet 1 mg, 2 mg, 4 mg		1	GC
glipizide oral tablet 10 mg, 5 mg		1	GC
glipizide oral tablet 2.5 mg		2	GC
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	(Glucotrol XL)	1	GC

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	GC
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	GC
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	GC
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	GC
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	
INVOKANA ORAL TABLET 100 MG, 300 MG	3	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	GC
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	GC
miglitol oral tablet 100 mg, 25 mg, 50 mg	6	
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	3	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	GC
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)	3	PA; QL (3 per 28 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	1	GC
pioglitazone-metformin oral tablet 15-500 mg		1	GC
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	1	GC
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg		1	GC
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG		3	PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML		4	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML		4	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		3	
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		3	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		3	PA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	(liraglutide)	4	PA; QL (9 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		3	max $35 copay per month supply
Agentes Glucémicos			
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION		3	
diazoxide oral suspension 50 mg/ml	(Proglycem)	5	NM; NDS
GLUCAGEN DIAGNOSTIC 1 MG VIAL OUTER, SUV 1 MG/ML		3	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG		3	
mifepristone oral tablet 300 mg	(Korlym)	5	PA; NM; NDS

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	6	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		6	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		6	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		6	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		6	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		6	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		6	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		6	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		6	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		6	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		6	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "		6	

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		6	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		6	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		6	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		6	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6	
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	6	
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	6	
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	6	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	6	

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

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

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

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		6	
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6	
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		6	
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		6	
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	6	
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	6	
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	6	
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		6	

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

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		6	
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		6	
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		6	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		6	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		6	
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)	6	
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)	6	
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)	6	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		6	
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		6	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		6	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		6	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		6	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		6	
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	6	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	6	

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	6	
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	6	
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	6	
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		3	max $35 copay per month supply
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	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)	6	
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	6	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Ultra Comfort Insulin Syringe)	6	
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	6	
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		6	
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	6	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	6	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		6	
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	6	
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	6	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		6	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)	(Lantus Solostar U-100 Insulin)	3	max $35 copay per month supply
insulin glargine subcutaneous solution 100 unit/ml	(Lantus U-100 Insulin)	3	max $35 copay per month supply
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insuln Syr(half *unit*))	6	
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	6	
INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	6	
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	6	
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	6	
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	6	
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	6	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	6	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	6	
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	6	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	6	

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	max $35 copay per month supply
LISCO SPONGES 100/BAG 2 X 2 "		6	
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
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)	6	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	6	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		6	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		6	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		6	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		6	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		6	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		6	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		6	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		6	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	6	
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"		6	
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	6	
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	6	
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)	6	
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	6	
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	6	
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	6	

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
NOVOFINE 30 NEEDLE		6	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		6	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		3	max $35 copay per month supply
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		3	max $35 copay per month supply
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	max $35 copay per month supply
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		3	max $35 copay per month supply
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	3	max $35 copay per month supply
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	3	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)	3	max $35 copay per month supply
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	3	max $35 copay per month supply
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	3	max $35 copay per month supply
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"		6	

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	6	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		6	
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		6	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	6	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	6	
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		6	

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		6	
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"		6	
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"		6	
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"		6	
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"		6	
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"		6	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		3	max $35 copay per month supply
STERILE PADS 2" X 2" 2 X 2 "	(gauze bandage)	6	
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		6	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		6	
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	6	
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)	6	
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)	6	
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)	6	
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	6	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	6	

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

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		6	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"		6	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		6	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		6	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		6	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		6	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		6	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	6	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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)	6	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	6	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	6	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	6	
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)	6	
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)	6	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		6	
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)	6	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		6	
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)	6	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		6	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
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)	6	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	3	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)	3	max $35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	3	max $35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	3	max $35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	3	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)	6	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		6	
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		6	
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		6	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	

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

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

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	6	
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	6	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	6	
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	6	
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	6	
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	6	
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	6	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	6	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	6	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	6	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	6	
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	6	
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	6	
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)	6	
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)	6	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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)	6	
ULTILET PEN NEEDLE 29 GAUGE		6	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	6	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		6	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		6	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		6	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	6	
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	

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

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

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

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
methocarbamol oral tablet 500 mg, 750 mg	2	GC
orphenadrine citrate oral tablet extended release 100 mg	2	GC
VÍA RESPIRATORIA/AGENTES PULMONARES		
Agentes De Fibrosis Pulmonar		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS
pirfenidone oral capsule 267 mg (Esbriet)	5	PA; NM; NDS
pirfenidone oral tablet 267 mg, 801 mg (Esbriet)	5	PA; NM; NDS
pirfenidone oral tablet 534 mg	5	PA; NM; NDS
Agentes De Fibrosis Quística		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	PA; NM; NDS
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; NDS
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NM; NDS
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NM; NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	PA; NM; NDS
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml (Tobi)	5	PA BvD; NM; NDS

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)		5	PA; NM; NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)		5	PA; NM; NDS
Agentes Del Tracto Respiratorio, Otros			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		2	PA BvD; GC
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	3	QL (12 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION		3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		3	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	3	QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		3	QL (10.7 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	3	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		4	QL (4 per 20 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml		2	PA BvD; GC
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML		5	PA; NM; NDS; QL (1 per 28 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML		5	PA; NM; NDS; QL (1 per 28 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	(AirDuo RespiClick)	3	QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Advair Diskus)	3	QL (60 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		2	PA BvD; GC
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		5	PA; NM; NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		5	PA; NM; NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML		5	PA; NM; NDS
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG		3	QL (60 per 30 days)
Antihipertensivos Pulmonares			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; NM; NDS; QL (90 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	5	PA; NM; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		5	PA; NM; NDS; QL (90 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	2	PA; GC; QL (90 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)		5	PA; NM; NDS; QL (1 per 21 days)
Antihistamínicos			
azelastine nasal spray, non-aerosol 137 mcg (0.1 %)		2	GC; QL (30 per 25 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	2	GC; QL (30 per 25 days)
cetirizine oral solution 1 mg/ml	(All Day Allergy (cetirizine))	1	GC
cyproheptadine oral syrup 2 mg/5 ml		4	
cyproheptadine oral tablet 4 mg		4	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	2	GC
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	GC
Antiinflamatorios, Corticoesteroides Inhalados			
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		3	QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		3	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)		3	QL (2 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	4	PA BvD
flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)		2	GC; QL (50 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation		3	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		3	QL (10.6 per 30 days)
fluticasone propionate nasal spray, suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	GC; QL (16 per 30 days)
mometasone nasal spray, non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	2	GC; QL (34 per 30 days)

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Antileucotrinos			
montelukast oral granules in packet 4 mg	(Singulair)	2	GC; QL (30 per 30 days)
montelukast oral tablet 10 mg	(Singulair)	1	GC; QL (30 per 30 days)
montelukast oral tablet, chewable 4 mg, 5 mg	(Singulair)	1	GC; QL (30 per 30 days)
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	2	GC; QL (60 per 30 days)
Broncodilatadores, Anticolinérgicos			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		4	QL (26 per 30 days)
ipratropium bromide inhalation solution 0.02 %		2	PA BvD; GC
ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)		2	GC; QL (60 per 30 days)
ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)		2	GC; QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide)	3	QL (30 per 30 days)
Broncodilatadores, Simpaticomiméticos			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	2	GC; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		2	GC; QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		2	GC; QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		2	PA BvD; GC
albuterol sulfate oral syrup 2 mg/5 ml		2	GC
albuterol sulfate oral tablet 2 mg, 4 mg		2	GC
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	2	GC

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Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	2	GC
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		3	QL (60 per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg		4	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	(albuterol sulfate)	3	QL (36 per 30 days)
Inhibidores De Fosfodiesterasa, Enfermedad Pulmonar			
roflumilast oral tablet 250 mcg, 500 mcg	(Daliresp)	3	QL (30 per 30 days)
theophylline oral tablet extended release 12 hr 100 mg, 200 mg		2	GC
theophylline oral tablet extended release 12 hr 300 mg, 450 mg		2	GC
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		2	GC

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

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