

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 18.

This formulary was updated on 08/20/2024. This is not a complete list of drugs covered by our plan. For more recent information or other questions, please contact Member Service at 1-800-838-8271, or, for TTY users, 711, October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. and Saturday-Sunday from 10:00 a.m. – 2:00 p.m., or visit www.imperialhealthplan.com.

IR_385 H5496 Drug Formulary 6T_C ENG

Contents

What is the Imperial Health Plan Formulary?	3
Can the Formulary (drug list) change?	3
How do I use the Formulary?	4
What are generic drugs?.....	4
Are there any restrictions on my coverage?	4
What if my drug is not on the Formulary?	5
How do I request an exception to the Imperial Health Plan Formulary?	5
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?	5
For more information	6
Imperial Senior Value’s Formulary	6
Index of Drugs	335

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 08/20/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Imperial 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 08/20/2024. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. In the event of non-maintenance changes to the formulary throughout the plan year, we may make changes via errata sheets mailed to you. Additionally, you may visit our website for a link to the errata sheet.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 335. 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 335.

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 18.

Este formulario se actualizó el 20/08/24. 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.

Contenido

¿Qué es el Formulario de Imperial Health Plan?	9
¿Puede cambiar el Formulario (lista de medicamentos)?	9
¿Cómo utilizo el Formulario?	10
¿Qué son los medicamentos genéricos?	10
¿Hay alguna restricción en mi cobertura?	11
¿Qué pasa si mi medicamento no está en el Formulario?	11
¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Health Plan?	11
¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?	12
Para obtener más información.....	13
Formulario de Imperial Senior Value.....	13
Índice de drogas	335

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 20/08/24. 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 20/08/24. 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 335. 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 335.

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

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

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

List of Drugs by Medical Condition

Analgesics	20
Anesthetics.....	23
Anti-Addiction/ Substance Abuse Treatment Agents	23
Antibacterials	24
Anticonvulsants	32
Antidementia Agents.....	36
Antidepressants.....	37
Antiemetics.....	40
Antifungals	41
Antigout Agents	43
Antimigraine Agents.....	44
Antimyasthenic Agents.....	45
Antimycobacterials.....	45
Antineoplastics	46
Antiparasitics	56
Antiparkinson Agents	57
Antipsychotics	58
Antispasticity Agents.....	62
Antivirals.....	62
Anxiolytics.....	68
Bipolar Agents	69
Blood Glucose Regulators	69
Blood Products And Modifiers.....	109
Cardiovascular Agents.....	110
Central Nervous System Agents.....	121
Dental And Oral Agents	124
Dermatological Agents.....	124
Electrolytes/Minerals/Metals/Vitamins	129
Excluded Drug Coverage.....	138
Gastrointestinal Agents	138
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment.....	140

Genitourinary Agents	141
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	143
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	144
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	144
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	153
Hormonal Agents, Suppressant (Pituitary)	154
Hormonal Agents, Suppressant (Thyroid)	156
Immunological Agents	156
Inflammatory Bowel Disease Agents	164
Metabolic Bone Disease Agents	165
Non-FRF	166
Ophthalmic Agents	166
Otic Agents	170
Respiratory Tract/ Pulmonary Agents	170
Skeletal Muscle Relaxants	176
Sleep Disorder Agents	176

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

Lista de medicamentos por condición médica

Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias	180
Agentes Antidemencia	181
Agentes Antiespásticos	182
Agentes Antigota	182
Agentes Antimiasténicos	182
Agentes Antimigraña	182
Agentes Antiparkinson	184
Agentes Bipolares	185
Agentes Cardiovasculares	185
Agentes De Enfermedad Intestinal Inflamatoria	196
Agentes De Enfermedad Ósea Metabólica	196
Agentes De Trastorno De Sueño	197
Agentes Del Sistema Nervioso Central	198
Agentes Dentales Y Orales	201
Agentes Dermatológicos	201
Agentes Gastrointestinales	206
Agentes Genitourinarios	209
Agentes Hormonales, Estimulante/Reemplazo/Modificacor (Tiroides)	210
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Hormonas Sexuales/Modificadores).....	211
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Pituitario).....	219
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Suprarrenal).....	220
Agentes Hormonales, Supresores (Pituitario)	221
Agentes Hormonales, Supresores (Tiroides).....	223
Agentes Inmunológicos	223
Agentes Oftálmicos	232
Agentes Óticos.....	236
Analgésicos	236
Anestésicos	239
Ansiolíticos.....	239
Antibacterianos	241
Anticonvulsivos	249

Antidepresivos	253
Antieméticos.....	256
Antifúngicos	257
Antimicrobacteriales.....	259
Antineoplásicos	260
Antiparasitarios.....	270
Antipsicóticos	271
Antivirales.....	275
Electrolitos/Minerales/Metales/Vitaminas	280
Excluded Drug.....	289
Non-FRF.....	289
Reguladores De Glucosa En Sangre	289
Relajantes Musculares Esqueléticos	328
Vía Respiratoria/Agentes Pulmonares	328

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 600 mcg, 800 mcg</i>	5	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	4	PA; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	GC; QL (5500 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	GC; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	GC
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	GC; QL (150 per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	4	QL (1920 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i> (Dilaudid)	2	GC; QL (360 per 30 days)
<i>hydromorphone oral tablet 8 mg</i> (Dilaudid)	2	GC; QL (240 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	GC; QL (600 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	GC; QL (1800 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	GC; QL (1500 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	2	GC; QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	4	QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	4	QL (1080 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	2	GC; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	GC; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	GC; QL (1080 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	2	GC; QL (360 per 30 days)
<i>tramadol oral tablet 100 mg</i>	1	GC; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	GC; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
tramadol-acetaminophen oral tablet 37.5-325 mg	2	GC; QL (240 per 30 days)
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 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	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone injection solution 0.4 mg/ml</i>	2	GC
<i>naloxone injection syringe 0.4 mg/ml</i>	2	GC
<i>naloxone injection syringe 1 mg/ml</i>	2	GC
<i>naloxone nasal spray, non-aerosol</i> (Narcan) <i>4 mg/actuation</i>	2	GC
NARCAN NASAL SPRAY, (naloxone) NON-AEROSOL 4 MG/ACTUATION	3	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
Smoking Cessation Agents		
<i>bupropion hcl (smoking deter) oral</i> <i>tablet extended release 12 hr</i> <i>150 mg</i>	1	GC
NICOTROL INHALATION CARTRIDGE 10 MG	4	
<i>varenicline oral tablet 0.5 mg, 1 mg</i> <i>(56 pack)</i>	3	
<i>varenicline oral tablet 1 mg</i> (Chantix)	3	
<i>varenicline oral tablets, dose pack</i> (Chantix Starting Month <i>0.5 mg (11)- 1 mg (42)</i> Box)	3	
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin injection solution</i> <i>1,000 mg/4 ml, 500 mg/2 ml</i>	4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA
<i>gentamicin 800 mg/20 ml vial muv,</i> <i>outer 40 mg/ml</i>	2	GC
<i>gentamicin in nacl (iso-osm)</i> <i>intravenous piggyback</i> <i>100 mg/100 ml, 100 mg/50 ml,</i> <i>120 mg/100 ml, 60 mg/50 ml,</i> <i>80 mg/100 ml, 80 mg/50 ml</i>	2	GC
<i>gentamicin injection solution</i> <i>40 mg/ml</i>	2	GC
<i>gentamicin topical cream 0.1 %</i>	2	GC
<i>gentamicin topical ointment 0.1 %</i>	2	GC

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
Carbapenems		
<i>ertapenem injection recon soln 1 gram</i>	4	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	4	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	4	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	GC
<i>azithromycin oral packet 1 gram</i> (Zithromax)	2	GC
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	GC
<i>azithromycin oral tablet 250 mg</i> (Zithromax)	1	GC
<i>azithromycin oral tablet 250 mg (6 pack)</i>	1	GC
<i>azithromycin oral tablet 500 mg</i> (Zithromax)	2	GC
<i>azithromycin oral tablet 500 mg (3 pack), 600 mg</i>	2	GC
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	GC
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	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	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	4	

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

Drug Name	Drug Tier	Requirements/Limits
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	4	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	GC
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	GC
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	GC
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	GC
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	GC
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	2	GC
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	GC
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	GC
<i>mondoxyne nl oral capsule 100 mg</i> (doxycycline monohydrate)	1	GC
<i>tetracycline oral capsule 250 mg, 500 mg</i>	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
<i>felbamate oral suspension 600 mg/5 ml</i>	5	NM; NDS
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	4	

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)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	GC
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	2	GC
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	2	GC
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	2	GC
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	GC
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	4	
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit)	2	GC
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	2	GC
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	2	GC
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	GC
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	GC
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (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)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	GC; QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	GC; QL (90 per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	2	GC; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet 30 mg</i>	2	GC; QL (300 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	GC
<i>primidone oral tablet 250 mg, 50 mg</i> (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)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	GC
<i>valproic acid oral capsule 250 mg</i>	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		
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	GC
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	GC
<i>methsuximide oral capsule 300 mg</i> (Celontin)	4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	QL (900 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	GC
<i>zonisamide oral capsule 50 mg</i>	2	GC
Gamma-Aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	4	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	4	QL (60 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	GC
<i>gabapentin oral tablet 600 mg, 800 mg</i> (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)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	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
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (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)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	GC
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	GC
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	2	GC
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	GC
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	GC
DILANTIN ORAL CAPSULE 30 MG	4	ST
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	4	QL (1395 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	4	QL (60 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	GC
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	GC
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	GC
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	GC
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	GC
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	NM; NDS; QL (2760 per 30 days)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	4	QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	NM; NDS; QL (240 per 30 days)

ANTIDEMENTIA AGENTS

Antidementia Agents, Other

<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	3	QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	GC; QL (360 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	GC; QL (60 per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (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

<i>donepezil oral tablet 10 mg</i> (Aricept)	1	GC; QL (60 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	GC; QL (30 per 30 days)
<i>donepezil oral tablet 5 mg</i> (Aricept)	1	GC; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	1	GC; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine oral capsule 12-50 mg</i> (Symbyax)	4	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i> (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)
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	GC
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	4	
SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram oral capsule 30 mg</i>	1	GC; QL (30 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	2	GC; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i> (Celexa)	1	GC; QL (30 per 30 days)
<i>citalopram oral tablet 20 mg</i> (Celexa)	1	GC; QL (60 per 30 days)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	4	QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	4	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	GC; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	GC; QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	GC; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i> (Lexapro)	1	GC; QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i> (Lexapro)	1	GC; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i> (Lexapro)	1	GC; QL (30 per 30 days)

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)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	GC; QL (60 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	GC; QL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	2	GC; QL (60 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	GC; QL (120 per 30 days)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	GC; QL (90 per 30 days)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	4	QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i> (Paxil)	1	GC; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i> (Paxil)	1	GC; QL (60 per 30 days)
<i>sertraline oral capsule 150 mg, 200 mg</i>	2	GC; QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	GC; QL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i> (Zoloft)	1	GC; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg, 50 mg</i> (Zoloft)	1	GC; QL (90 per 30 days)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>trazodone oral tablet 300 mg</i>	2	GC
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	2	GC; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	1	GC; QL (60 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GC; QL (90 per 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	2	GC
<i>clotrimazole mucous membrane troche 10 mg</i>	2	GC
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	GC
<i>clotrimazole topical solution 1 %</i>	2	GC
<i>econazole topical cream 1 %</i>	2	GC
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	5	NM; NDS
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	GC
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	GC
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	2	GC
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	2	GC
<i>fluconazole oral tablet 150 mg, 50 mg</i>	2	GC
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	GC
<i>griseofulvin microsize oral tablet 500 mg</i>	2	GC
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	GC
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	4	PA
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	4	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	4	
<i>ketoconazole oral tablet 200 mg</i>	1	GC
<i>ketoconazole topical cream 2 %</i>	2	GC
<i>ketoconazole topical shampoo 2 %</i>	1	GC
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	5	PA; NM; NDS

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

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

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

Drug Name	Drug Tier	Requirements/Limits
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	4	
ANTINEOPLASTICS		
<i>Alkylating Agents</i>		
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	PA BvD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	PA BvD; GC
GLEOSTINE ORAL CAPSULE (lomustine) 10 MG, 100 MG, 40 MG	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)
<i>Antiandrogens</i>		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (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
<i>nilutamide oral tablet 150 mg</i> (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)

Drug Name	Drug Tier	Requirements/Limits
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (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
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	GC
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	PA NSO; NM; NDS
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	GC
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS
<i>mercaptopurine oral tablet 50 mg</i>	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)

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
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	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 100 MG TAB (400 MG DOSE) 400 MG/WEEK (100 MG X 4)	5	PA NSO; NM; NDS; QL (48 per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	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

Drug Name	Drug Tier	Requirements/Limits
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
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)
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole oral tablet 1 mg (Arimidex)</i>	1	GC
<i>exemestane oral tablet 25 mg (Aromasin)</i>	4	
<i>letrozole oral tablet 2.5 mg (Femara)</i>	1	GC
<i>Molecular Target Inhibitors</i>		
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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
<i>erlotinib oral tablet 100 mg, 150 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg</i> (Afinitor Disperz)	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i> (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)
<i>gefitinib oral tablet 250 mg</i> (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)
<i>imatinib oral tablet 100 mg</i> (Gleevec)	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
<i>lapatinib oral tablet 250 mg</i> (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 X 2), 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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
<i>pazopanib oral tablet 200 mg</i> (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 100 MG, 20 MG, 40 MG	5	PA NSO; NM; NDS
<i>sorafenib oral tablet 200 mg</i> (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)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>sunitinib malate oral capsule</i> (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)
<i>torpenz oral tablet 10 mg, 2.5 mg,</i> (everolimus <i>5 mg, 7.5 mg</i> (antineoplastic))	5	PA NSO; NM; NDS; QL (30 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

Drug Name	Drug Tier	Requirements/Limits
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)
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 PELLETT 150 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 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		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NDS; QL (300 per 30 days)
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NM; NDS
ANTIPARASITICS		
<i>Anthelmintics</i>		
<i>albendazole oral tablet 200 mg</i>	4	
EMVERM ORAL TABLET, CHEWABLE 100 MG (mebendazole)	5	NM; NDS
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	PA; GC
<i>Antiprotozoals</i>		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	5	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	GC
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	GC
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	GC
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	GC
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	2	GC
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	GC
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	2	GC
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	GC
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	4	QL (40 per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	4	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	4	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; GC

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	GC
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	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
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	4	
<i>selegiline hcl oral capsule 5 mg</i>	2	GC
<i>selegiline hcl oral tablet 5 mg</i>	2	GC
ANTIPSYCHOTICS		
1st Generation/Typical		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	GC
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	GC
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	2	GC
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	2	GC
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	GC
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	2	GC
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	GC
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	GC
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	GC
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	GC
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	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
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, (Abilify) 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	NM; NDS; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	NM; NDS; QL (60 per 30 days)
<i>asenapine maleate sublingual tablet (Saphris) 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
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
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> (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
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	4	QL (60 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	GC; QL (30 per 30 days)
<i>olanzapine oral tablet 20 mg</i> (Zyprexa)	1	GC; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i> (Zyprexa Zydis)	4	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i> (Zyprexa Zydis)	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	4	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST; QL (7 per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	GC; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	4	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	4	ST
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	GC; QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	4	QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	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		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	GC
<i>tizanidine oral tablet 2 mg</i>	2	GC
<i>tizanidine oral tablet 4 mg</i> (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)
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	4	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
Anti-Hepatitis B (HBV) Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	4	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	NM; NDS; QL (600 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	4	QL (30 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	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
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS
<i>ribavirin oral capsule 200 mg</i>	4	
<i>ribavirin oral tablet 200 mg</i>	2	GC
<i>sofosbuvir-velpatasvir oral tablet</i> (Epclusa) 400-100 mg	5	PA; NM; NDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS
Antitherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	1	GC
<i>acyclovir oral suspension</i> (Zovirax) 200 mg/5 ml	2	GC
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	GC
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD; GC
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	GC
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	GC
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (360 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 per 30 days)
<i>etravirine oral tablet 100 mg</i> (Intelligence)	5	NM; NDS; QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i> (Intelligence)	5	NM; NDS; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	GC; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	QL (120 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	4	QL (960 per 30 days)
<i>abacavir oral tablet 300 mg</i>	4	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	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)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	5	NM; NDS; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NM; NDS; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i> (Symfi)	5	NM; NDS; QL (30 per 30 days)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	4	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	5	NM; NDS; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (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)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	4	QL (900 per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	3	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	3	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (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)

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS; QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	GC; QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	GC; QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>	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)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (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)
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)
<i>atazanavir oral capsule 150 mg</i>	4	QL (60 per 30 days)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	4	QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	4	QL (30 per 30 days)
<i>darunavir oral tablet 600 mg</i> (Prezista)	5	NM; NDS; QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i> (Prezista)	5	NM; NDS; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir oral tablet 700 mg</i>	5	NM; NDS; QL (120 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	4	QL (400 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	4	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	4	QL (150 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	QL (360 per 30 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)
<i>ritonavir oral tablet 100 mg</i> (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		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu)	2	GC
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	GC
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	GC
XOFLUZA ORAL TABLET 20 MG, 80 MG	3	
XOFLUZA ORAL TABLET 40 MG	3	
Antivirals, Other		
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG	3	\$0 copay; QL (20 per 5 days)

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	3	\$0 copay; QL (30 per 5 days)
ANXIOLYTICS		
Anxiolytics, Other		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	GC
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	GC
<i>hydroxyzine hcl oral tablet 50 mg</i>	2	GC
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	2	GC
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	2	GC
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	GC; QL (120 per 30 days)
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	GC; QL (300 per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i> (Xanax)	2	GC; QL (120 per 30 days)
<i>alprazolam oral tablet 1 mg</i> (Xanax)	2	GC; QL (240 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	2	GC; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	GC; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	GC; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	GC; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	GC; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	GC; QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	GC; QL (180 per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	GC; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin oral tablet</i> 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	GC
<i>glyburide micronized oral tablet</i> 1.5 mg, 3 mg, 6 mg	1	GC
<i>glyburide oral tablet</i> 1.25 mg, 2.5 mg, 5 mg	1	GC
<i>glyburide-metformin oral tablet</i> 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	
<i>metformin oral tablet</i> 1,000 mg, 500 mg, 850 mg	1	GC
<i>metformin oral tablet extended</i> <i>release 24 hr</i> 500 mg, 750 mg	1	GC
<i>migliitol oral tablet</i> 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)
<i>nateglinide oral tablet</i> 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)

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	GC
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	1	GC
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	1	GC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	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
Glycemic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	5	NM; NDS
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	

Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NM; NDS
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
Insulins		
1ST TIER UNIFINE PENTP 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	6	
1ST TIER UNIFINE PNTIP 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	6	
1ST TIER UNIFINE PNTIP 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	6	
1ST TIER UNIFINE PNTIP 8MM (pen needle, diabetic) 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16"	6	
1ST TIER UNIFINE PNTTP 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	6	
1ST TIER UNIFINE PNTTP 31GX3/16 (pen needle, diabetic) 31 GAUGE X 3/16"	6	
1ST TIER UNIFINE PNTTP 32GX5/32 (pen needle, diabetic) 32 GAUGE X 5/32"	6	
ABOUTTIME PEN NEEDLE 30G X (pen needle, diabetic) 8MM 30 GAUGE X 5/16"	6	
ABOUTTIME PEN NEEDLE 31G X (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	6	
ABOUTTIME PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	6	
ABOUTTIME PEN NEEDLE 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	6	
ADVOCATE INS 0.3 ML 30GX5/16" (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	6	
ADVOCATE INS 0.3 ML 31GX5/16" (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100)	6	
ADVOCATE INS 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	6	

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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	
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

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

Drug Name	Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLE 4MM 32G (pen needle, diabetic) 32 GAUGE X 5/32"	6	
CAREFINE PEN NEEDLE 5MM 32G (pen needle, diabetic) 32 GAUGE X 3/16"	6	
CAREFINE PEN NEEDLE 6MM 31G (pen needle, diabetic) 31 GAUGE X 1/4"	6	
CAREFINE PEN NEEDLE 8MM 30G (pen needle, diabetic) 30 GAUGE X 5/16"	6	
CAREFINE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	6	
CAREFINE PEN NEEDLES 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	6	
CARETOUCH PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	6	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	6	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	6	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	6	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16"	6	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	6	
CARETOUCH SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	6	
CARETOUCH SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	6	
CARETOUCH SYR 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	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" (insulin syringe-needle 1 ML 30 GAUGE X 5/16 u-100)	6	
CARETOUCH SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	6	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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

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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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 (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	6	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	6	
DRUG MART ULTRA COMFORT (insulin syringe-needle SYR 0.3 ML 29 GAUGE X 1/2", u-100) 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"	6	
EASY CMFT SFTY PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" 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	

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
EASY GLIDE PEN NEEDLE 4MM (pen needle, diabetic) 33G 33 GAUGE X 5/32"	6	
EASY TOUCH 0.3 ML SYR (insulin syringe-needle 30GX1/2" 0.3 ML 30 GAUGE X 1/2" u-100)	6	
EASY TOUCH 0.5 ML SYR (insulin syringe-needle 27GX1/2" 1/2 ML 27 GAUGE X 1/2" 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 (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X 1/2" 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" (insulin syringe-needle 1 ML 27 GAUGE X 1/2" 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 FLIPLK 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 (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16", 0.3 ML u-100) 31 GAUGE X 5/16"	6	
EASY TOUCH INSULIN SYR 0.5 ML (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16", 0.5 ML u-100) 31 GAUGE X 5/16"	6	
EASY TOUCH INSULIN SYR 1 ML (insulin syringe-needle 1 ML 30 GAUGE X 5/16, 1 ML 31 u-100) GAUGE X 5/16	6	
EASY TOUCH INSULIN SYR 1 ML (insulin syringe-needle RETRACTABLE 1 ML 30 GAUGE X u-100) 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 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	6	

Drug Name	Drug Tier	Requirements/Limits
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"	6	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	6	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	6	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	6	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	6	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	6	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	6	(pen needle, diabetic)
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	6	(pen needle, diabetic)
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"	6	(insulin syringe-needle u-100)
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	6	(insulin syringe-needle u-100)
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"	6	(insulin syringe-needle u-100)
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	6	(insulin syringe-needle u-100)

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
FIFTY50 PEN 31G X 3/16" NEEDLE (pen needle, diabetic) (OTC) 31 GAUGE X 3/16"	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 PENTIP 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	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	
<i>insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Lantus Solostar U-100 Insulin)	3	max \$35 copay per month supply
<i>insulin glargine subcutaneous solution 100 unit/ml</i> (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 Insulin 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	

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRIN 0.5 ML 30GX5/16" (Advocate Syringes) SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	6	
INSULIN SYRING 0.5 ML 27G 1/2" (Easy Touch Insulin INNER 1/2 ML 27 GAUGE X 1/2" Syringe)	6	
INSULIN SYRINGE 0.3 ML 0.3 ML (insulin syringe-needle 29 GAUGE u-100)	6	
INSULIN SYRINGE 0.3 ML 31GX1/4 (Sure Comfort Insulin 0.3 ML 31 GAUGE X 1/4" Syringe)	6	
INSULIN SYRINGE 0.5 ML 1/2 ML (insulin syringe-needle 29 u-100)	6	
INSULIN SYRINGE 0.5 ML 31GX1/4 (Sure Comfort Insulin 1/2 ML 31 GAUGE X 1/4" Syringe)	6	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	6	
INSULIN SYRINGE 1 ML 30GX1/2" (BD Eclipse Luer-Lok) (RX) 1 ML 30 GAUGE X 1/2"	6	
INSULIN SYRINGE 1 ML 30GX5/16" (Advocate Syringes) SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16"	6	
INSULIN SYRINGE 1 ML 31GX1/4" (Sure Comfort Insulin 1 ML 31 GAUGE X 1/4" Syringe)	6	
INSULIN SYRINGE-NEEDLE U-100 (Ultilet Insulin Syringe) SYRINGE 0.3 ML 29 GAUGE	6	
INSULIN SYRINGE-NEEDLE U-100 (Comfort EZ Insulin SYRINGE 1 ML 29 GAUGE X 1/2" Syringe)	6	
INSULIN SYRINGE-NEEDLE U-100 (Monoject Syringe) SYRINGE 1/2 ML 28 GAUGE	6	
INSUPEN 30G ULTRAFIN NEEDLE (pen needle, diabetic) 30 GAUGE X 5/16"	6	
INSUPEN 31G ULTRAFIN NEEDLE (pen needle, diabetic) 31 GAUGE X 1/4", 31 GAUGE X 5/16"	6	
INSUPEN 32G 6MM PEN NEEDLE (pen needle, diabetic) 32 GAUGE X 1/4"	6	
INSUPEN 32G 8MM PEN NEEDLE (pen needle, diabetic) 32 GAUGE X 5/16"	6	
INSUPEN PEN NEEDLE (pen needle, diabetic) 29GX12MM 29 GAUGE X 1/2"	6	
INSUPEN PEN NEEDLE 31GX3/16" (pen needle, diabetic) 31 GAUGE X 3/16"	6	
INSUPEN PEN NEEDLE 32GX4MM (pen needle, diabetic) 32 GAUGE X 5/32"	6	

Drug Name	Drug Tier	Requirements/Limits
INSUPEN PEN NEEDLE 33GX4MM (pen needle, diabetic) 33 GAUGE X 5/32"	6	
LANTUS SOLOSTAR U-100 (insulin glargine) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	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 (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	6	
LITE TOUCH INSULIN 0.5 ML SYR (insulin syringe-needle 1/2 ML 28 GAUGE, 1/2 ML 29 , u-100) 1/2 ML 30 GAUGE	6	
LITE TOUCH INSULIN 1 ML SYR (insulin syringe-needle 1 ML 28 GAUGE, 1 ML 30 GAUGE X u-100) 7/16"	6	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	6	
LITE TOUCH INSULIN SYR 1 ML (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	6	
LITE TOUCH PEN NEEDLE 29G 29 (pen needle, diabetic) GAUGE X 1/2"	6	
LITE TOUCH PEN NEEDLE 31G 31 (pen needle, diabetic) GAUGE X 3/16", 31 GAUGE X 5/16"	6	
LITETOUCH INS 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	6	
LITETOUCH INS 0.3 ML 30GX5/16" (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	6	
LITETOUCH INS 0.3 ML 31GX5/16" (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100)	6	
LITETOUCH INS 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	6	
LITETOUCH SYR 0.5 ML 28GX1/2" (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	6	
LITETOUCH SYR 0.5 ML 29GX1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	6	

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH SYR 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	6	
LITETOUCH SYRIN 1 ML 28GX1/2" (insulin syringe-needle 1 ML 28 GAUGE X 1/2" u-100)	6	
LITETOUCH SYRIN 1 ML 29GX1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	6	
LITETOUCH SYRIN 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X 5/16 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 (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	6	
MAXICOMFORT INS 0.5 ML (insulin syringe-needle 27GX1/2" 1/2 ML 27 GAUGE X 1/2" u-100)	6	
MAXI-COMFORT INS 0.5 ML 28G (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	6	
MAXICOMFORT INS 1 ML 27GX1/2" (insulin syringe-needle 1 ML 27 GAUGE X 1/2" u-100)	6	
MAXI-COMFORT INS 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X 1/2" 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 (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	6	
MICRODOT PEN NEEDLE (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	6	
MICRODOT PEN NEEDLE (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"	6	
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	6	
MINI PEN NEEDLE 32G 4MM 32 (1st Tier Unifine GAUGE X 5/32" Pentips)	6	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	6	
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	6	
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	6	
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	6	
RAYA SURE PEN NEEDLE 31G (Comfort Touch Pen 4MM 31 GAUGE X 5/32" 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 (BD Veo Insulin Syringe 0.3 ML 31 GAUGE X 15/64" UF)	6	
RELION INS SYR 0.5 ML 31GX6MM (BD Veo Insulin Syringe 1/2 ML 31 GAUGE X 15/64" UF)	6	
RELION INS SYR 1 ML 31GX15/64" (BD Veo Insulin Syringe 1 ML 31 GAUGE X 15/64" UF)	6	
RELI-ON INSULIN 0.5 ML SYR (Ultilet Insulin Syringe) 1/2 ML 29	6	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	6	
RELION MINI PEN 31G X 1/4" NDL (pen needle, diabetic) 31 GAUGE X 1/4"	6	
RELION NEEDLES NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4"	6	
RELION PEN NEEDLES NEEDLE (pen needle, diabetic) 32 GAUGE X 5/32"	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	

Drug Name	Drug Tier	Requirements/Limits
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	
SECURES SAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	6	
SECURES SAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	6	
SECURES SAFE 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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSULIN SYRINGE (insulin syringe-needle 1 ML 1 ML 31 GAUGE X 5/16 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 (insulin syringe-needle 29GX12MM 1 ML 29 GAUGE X 1/2" u-100)	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX12MM 1 ML 30 GAUGE X 1/2" u-100)	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX8MM 1 ML 30 GAUGE X 5/16 u-100)	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX6MM 1 ML 31 GAUGE X u-100 15/64"	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX8MM 1 ML 31 GAUGE X 5/16 u-100)	6	
TECHLITE PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	6	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	6	
TECHLITE PEN NEEDLE 31GX1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	6	
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	6	
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	6	

Drug Name	Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLE 32GX1/4" (pen needle, diabetic) 32 GAUGE X 1/4"	6	
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16"	6	
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	6	
TECHLITE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	6	
TERUMO INS SYRINGE U100-1 ML (insulin syringe-needle 1 ML 27 GAUGE X 1/2", 1 ML 28 u-100) GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	6	
TERUMO INS SYRINGE U100-1 ML (Thinpro Insulin Syringe) 1 ML 30 GAUGE X 3/8"	6	
TERUMO INS SYRINGE (insulin syringe-needle U100-1/2 ML 1/2 ML 30 X 3/8" u-100)	6	
TERUMO INS SYRINGE (insulin syringe-needle U100-1/3 ML 0.3 ML 30 X 3/8" u-100)	6	
TERUMO INS SYRNG U100-1/2 ML (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 u-100) GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	6	
THINPRO INS SYRIN U100-0.3 ML (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 u-100) X 3/8"	6	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"	6	
THINPRO INS SYRIN U100-0.5 ML (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 u-100) GAUGE X 1/2", 1/2 ML 30 X 3/8"	6	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"	6	
THINPRO INS SYRIN U100-1 ML (insulin syringe-needle 1 ML 28 GAUGE X 1/2", 1 ML 29 u-100) GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	6	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	6	
TOPCARE CLICKFINE 31G X 1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	6	
TOPCARE CLICKFINE 31G X 5/16" (pen needle, diabetic) 31 GAUGE X 5/16"	6	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 COMFORT 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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 0.3 ML (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16")	6	
ULTILET INSULIN SYRINGE 0.5 ML (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16")	6	
ULTILET INSULIN SYRINGE 1 ML (insulin syringe-needle 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16")	6	
ULTILET PEN NEEDLE 29 GAUGE	6	
ULTILET PEN NEEDLE 4MM 32G (pen needle, diabetic) 32 GAUGE X 5/32"	6	
ULTRA COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X 5/16")	6	
ULTRA COMFORT 0.5 ML 28GX1/2" (insulin syringe-needle CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2")	6	
ULTRA COMFORT 0.5 ML 29GX1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2")	6	
ULTRA COMFORT 0.5 ML (insulin syringe-needle SYRINGE 1/2 ML 28 GAUGE u-100)	6	
ULTRA COMFORT 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	6	
ULTRA COMFORT 1 ML SYRINGE (insulin syringe-needle 1 ML 28 GAUGE X 1/2" 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 (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	6	
ULTRA FLO PEN NEEDLE 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	6	
ULTRA FLO PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	6	
ULTRA FLO PEN NEEDLE 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	6	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
BLOOD PRODUCTS AND MODIFIERS		
<i>Anticoagulants</i>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous syringe</i> <i>100 mg/ml, 150 mg/ml</i> (Lovenox)	4	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> <i>120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	4	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe</i> <i>30 mg/0.3 ml</i> (Lovenox)	4	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe</i> <i>40 mg/0.4 ml</i> (Lovenox)	4	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe</i> <i>60 mg/0.6 ml</i> (Lovenox)	4	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe</i> <i>10 mg/0.8 ml</i> (Arixtra)	5	NM; NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe</i> <i>2.5 mg/0.5 ml</i> (Arixtra)	4	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> <i>5 mg/0.4 ml</i> (Arixtra)	5	NM; NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> <i>7.5 mg/0.6 ml</i> (Arixtra)	5	NM; NDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution</i> <i>1,000 unit/ml, 10,000 unit/ml,</i> <i>20,000 unit/ml, 5,000 unit/ml</i>	2	GC
<i>jantoven oral tablet 1 mg, 10 mg,</i> <i>2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg,</i> <i>6 mg, 7.5 mg</i> (warfarin)	1	GC
<i>warfarin oral tablet 1 mg, 10 mg,</i> <i>2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg,</i> <i>6 mg, 7.5 mg</i> (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	

Drug Name	Drug Tier	Requirements/Limits
Blood Products And Modifiers, Other		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	GC
<i>anagrelide oral capsule 1 mg</i>	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)
<i>tranexamic acid oral tablet 650 mg</i>	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		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	GC
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; NM; NDS
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	GC
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	2	GC
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	4	
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	GC; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	GC
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	2	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	GC
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	4	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	GC
MULTAQ ORAL TABLET 400 MG	3	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	GC
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	GC
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	2	GC
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	1	GC
<i>sotalol oral tablet 240 mg</i> (Betapace)	1	GC
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	6	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	GC
<i>betaxolol oral tablet 10 mg, 20 mg</i>	6	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	GC
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	GC

Drug Name	Drug Tier	Requirements/Limits
carvedilol phosphate oral capsule, er (Coreg CR) multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	2	GC
labetalol oral tablet 100 mg, 200 mg, 300 mg	6	
metoprolol succinate oral tablet (Toprol XL) extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	GC
metoprolol tartrate oral tablet (Lopressor) 100 mg, 50 mg	6	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	6	
nadolol oral tablet 20 mg, 40 mg, (Corgard) 80 mg	2	GC
nebivolol oral tablet 10 mg, 20 mg, (Bystolic) 5 mg	4	
nebivolol oral tablet 2.5 mg (Bystolic)	6	
pindolol oral tablet 10 mg, 5 mg	2	GC
propranolol oral capsule, extended (Inderal LA) release 24 hr 120 mg, 160 mg, 60 mg	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, (Norvasc) 5 mg	1	GC
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 (Procardia XL) release 24hr 30 mg, 60 mg	1	GC; QL (60 per 30 days)
nifedipine oral tablet extended (Procardia XL) release 24hr 90 mg	1	GC; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	GC
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine)	4	PA
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	GC; QL (30 per 30 days)
<i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)	1	GC; QL (30 per 30 days)
<i>digoxin 250 mcg tablet 250 mcg (0.25 mg)</i> (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)
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	GC; QL (30 per 30 days)
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	4	QL (60 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	GC
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	2	GC
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	4	PA
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)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	6	
<i>metyrosine oral capsule 250 mg</i> (Demser)	5	NM; NDS
<i>olmesartan-amlodipin-hcthiiazid 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</i> (Tribenzor)	1	GC
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	GC
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	GC
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	3	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	GC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	GC
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	1	GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	GC
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
Diuretics, Loop		
<i>bumetanide injection solution</i> 0.25 mg/ml	2	GC
<i>bumetanide oral tablet</i> 0.5 mg, 1 mg, 2 mg	2	GC
<i>furosemide injection solution</i> 10 mg/ml	2	GC
<i>furosemide oral solution</i> 10 mg/ml, 40 mg/5 ml (8 mg/ml)	6	
<i>furosemide oral tablet</i> 20 mg, 40 mg, (Lasix) 80 mg	1	GC
<i>torseamide oral tablet</i> 10 mg, 100 mg, 5 mg	1	GC
<i>torseamide oral tablet</i> 20 mg (Soaanz)	1	GC
Diuretics, Potassium-Sparing		
<i>amiloride oral tablet</i> 5 mg	6	
<i>eplerenone oral tablet</i> 25 mg, 50 mg (Inspra)	2	GC
KERENDIA ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
<i>spironolactone oral tablet</i> 100 mg, (Aldactone) 25 mg, 50 mg	1	GC
Diuretics, Thiazide		
<i>chlorthalidone oral tablet</i> 25 mg, 50 mg	6	
<i>hydrochlorothiazide oral capsule</i> 12.5 mg	1	GC
<i>hydrochlorothiazide oral tablet</i> 12.5 mg, 25 mg, 50 mg	1	GC
<i>indapamide oral tablet</i> 1.25 mg, 2.5 mg	1	GC
<i>metolazone oral tablet</i> 10 mg, 2.5 mg, 5 mg	6	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule</i> 130 mg, 134 mg, 200 mg, 67 mg	2	GC; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule</i> 43 mg	2	GC; QL (60 per 30 days)
<i>fenofibrate nanocrystallized oral</i> (Tricor) <i>tablet</i> 145 mg	2	GC; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	GC
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	GC
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	GC
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i> (Vascepa)	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; NM; NDS
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	GC
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (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		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GC
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	6	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	6	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	6	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	GC
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	3	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	3	

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin sublingual tablet 0.3 mg, (Nitrostat) 0.4 mg, 0.6 mg	6	
nitroglycerin transdermal patch (Nitro-Dur) 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	6	
nitroglycerin translingual spray, (Nitrolingual) non-aerosol 400 mcg/spray	2	GC
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
dextroamphetamine sulfate oral (Dexedrine Spansule) capsule, extended release 10 mg	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 (ProCentra) solution 5 mg/5 ml	4	QL (1800 per 30 days)
dextroamphetamine sulfate oral (Zenzedi) tablet 10 mg	4	QL (180 per 30 days)
dextroamphetamine sulfate oral (Zenzedi) tablet 15 mg	4	QL (120 per 30 days)
dextroamphetamine sulfate oral (Zenzedi) tablet 2.5 mg, 20 mg, 7.5 mg	4	QL (90 per 30 days)
dextroamphetamine sulfate oral (Zenzedi) tablet 30 mg	4	QL (60 per 30 days)
dextroamphetamine sulfate oral (Zenzedi) tablet 5 mg	4	QL (150 per 30 days)
dextroamphetamine-amphetamine (Adderall) oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	GC; QL (90 per 30 days)
dextroamphetamine-amphetamine (Adderall) oral tablet 30 mg	2	GC; QL (60 per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine oral capsule 10 mg, (Strattera) 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	4	QL (30 per 30 days)
dexmethylphenidate oral tablet (Focalin) 10 mg	1	GC; QL (60 per 30 days)
dexmethylphenidate oral tablet (Focalin) 2.5 mg	1	GC; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate oral tablet 5 mg</i> (Focalin)	1	GC; QL (120 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	4	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (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 18 MG	5	PA; NM; NDS
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 12-18-24-30 MG, 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
<i>riluzole oral tablet 50 mg</i> (Rilutek)	4	PA
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	5	PA; NM; NDS; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	5	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	1	GC
KOURZEQ DENTAL PASTE 0.1 % (triamcinolone acetonide)	2	GC
<i>oralone dental paste 0.1 %</i> (triamcinolone acetonide)	2	GC
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	GC
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	GC
<i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq)	2	GC
DERMATOLOGICAL AGENTS		
Acne And Rosacea Agents		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	3	
<i>acitretin oral capsule 10 mg, 17.5 mg, 22.5 mg, 25 mg</i>	4	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	4	
<i>avita topical gel 0.025 %</i> (tretinoin)	2	PA; GC
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	4	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Neuac)	2	GC
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	2	GC
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	4	
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	PA; GC
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	4	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA; GC
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA; GC

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA; GC
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA; GC
Dermatitis And Pruitus Agents		
<i>alclometasone topical cream 0.05 %</i>	2	GC
<i>alclometasone topical ointment 0.05 %</i>	2	GC
<i>amcinonide topical ointment 0.1 %</i>	4	
<i>ammonium lactate topical cream 12 %</i>	1	GC
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	1	GC
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	GC
<i>betamethasone valerate topical cream 0.1 %</i>	2	GC
<i>betamethasone valerate topical lotion 0.1 %</i>	2	GC
<i>betamethasone valerate topical ointment 0.1 %</i>	2	GC
<i>betamethasone, augmented topical cream 0.05 %</i>	1	GC
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	GC
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	GC
<i>clobetasol scalp solution 0.05 %</i>	2	GC
<i>clobetasol topical cream 0.05 %</i>	4	
<i>clobetasol topical gel 0.05 %</i>	4	
<i>clobetasol topical ointment 0.05 %</i>	4	
<i>clobetasol-emollient topical cream 0.05 %</i>	4	
<i>desonide topical cream 0.05 %</i> (DesOwen)	4	
<i>desonide topical lotion 0.05 %</i>	4	
<i>desonide topical ointment 0.05 %</i>	2	GC
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	4	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	4	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	4	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	3	
<i>selenium sulfide topical lotion 2.5 %</i>	1	GC
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	4	
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	GC
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	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	
<i>calcipotriene scalp solution 0.005 %</i>	4	
CARETOUCH ALCOHOL 70% PREP PAD (alcohol swabs)	6	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	GC
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	GC
CURITY ALCOHOL PREPS 2 PLY, MEDIUM (alcohol swabs)	6	
<i>diclofenac sodium topical gel 3 %</i>	4	PA
DROPSAFE ALCOHOL 70% PREP PADS (alcohol swabs)	6	

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

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

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

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

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 (Sterile Saline) 0.9 %	1	GC
sodium fluoride 0.5 mg/ml drop (rx) (SoluVita) 0.5 mg (1.1 mg sod.fluorid)/ml	2	GC
Electrolyte/Mineral/Metal Modifiers		
deferasirox oral granules in packet (Jadenu Sprinkle) 180 mg, 360 mg, 90 mg	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
FERRIPROX ORAL TABLET (deferiprone) 1,000 MG	5	PA; NM; NDS
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	3	
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)

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	5	PA; NM; NDS; QL (60 per 30 days)
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NM; NDS
Electrolytes/Minerals/Metals/Vitamins		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	GC
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	GC
<i>levocarnitine sf 1 g/10 ml sol</i> (Carnitor (sugar-free)) <i>100 mg/ml</i>	2	GC
<i>marnatal-f capsule 60 mg iron-1 mg</i>	2	GC
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv, calcium 72-iron-folic acid)	2	GC
<i>mynatal advance oral tablet</i> <i>90-1-50 mg</i>	2	GC
<i>mynatal capsule 65 mg iron- 1 mg</i>	2	GC
<i>mynatal oral tablet 90-1-50 mg</i>	2	GC
<i>mynatal plus captab 65 mg</i> <i>iron- 1 mg</i>	2	GC
<i>mynatal-z captab 65 mg iron- 1 mg</i>	2	GC
<i>mynate 90 plus oral tablet extended</i> <i>release 90 mg iron-1 mg</i>	2	GC
<i>newgen tablet 32-1,000 mg-mcg</i>	2	GC
<i>niva-plus tablet 27 mg iron- 1 mg</i>	2	GC
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
<i>obstetrix dha combo pack 29 mg</i> <i>iron- 1,700 mcg dfe</i>	2	GC
<i>obstetrix dha oral combo pack, tablet</i> <i>and cap, dr 29 mg iron-1 mg -50 mg</i>	2	GC
<i>o-cal prenatal tablet 15 mg</i> <i>iron- 1,000 mcg</i>	2	GC
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	2	GC
<i>pnv prenatal plus multivit tab</i> (pnv, calcium <i>gluten-free (rx) 27 mg iron- 1 mg</i> 72-iron-folic acid)	2	GC
<i>pnv-dha + docusate oral capsule</i> <i>27-1.25-55-300 mg</i>	2	GC
<i>pnv-omega softgel 28-1-300 mg</i>	2	GC
<i>pr natal 400 combo pack</i> <i>29-1-400 mg</i>	2	GC
<i>pr natal 400 ec combo pack</i> <i>29-1-400 mg</i>	2	GC
<i>pr natal 430 combo pack 29 mg</i> <i>iron-1 mg -430 mg</i>	2	GC
<i>pr natal 430 ec combo pack</i> <i>29-1-430 mg</i>	2	GC
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	(Cytotec)	2 GC
<i>sucralfate oral suspension 100 mg/ml</i>	(Carafate)	4
<i>sucralfate oral tablet 1 gram</i>	(Carafate)	1 GC
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg</i>	(Dexilant)	3
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	(Acid Reducer (esomeprazole))	2 GC
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	(Nexium)	2 GC
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	(Acid Reducer (lansoprazole))	2 GC
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	(Prevacid)	2 GC
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>		1 GC
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	(Protonix)	1 GC
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder 1 gram/scoop</i>	(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
<i>cromolyn oral concentrate 100 mg/5 ml</i>	(Gastrocrom)	4
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		4 PA
ENDARI ORAL POWDER IN PACKET 5 GRAM	(glutamine (sickle cell))	4 PA

Drug Name	Drug Tier	Requirements/Limits
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NM; NDS
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	4	PA
<i>miglustat oral capsule 100 mg</i> (Yargesa)	5	PA; NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (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
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	5	PA; NM; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (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
<i>yargesa oral capsule 100 mg</i> (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		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</i>		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	GC
<i>fludrocortisone oral tablet 0.1 mg</i>	1	GC
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (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)
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	GC
<i>methylprednisolone oral tablet 32 mg</i>	2	GC
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	2	GC
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD; GC
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD; GC
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)</i>	4	PA BvD
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	4	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	4	PA BvD
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	2	PA BvD; GC
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	2	PA BvD; GC
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD; GC
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	GC
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	5	PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	5	PA; NM; NDS; QL (30 per 30 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	GC
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	GC
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (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)		
<i>Androgens</i>		
<i>danazol oral capsule 100 mg, 50 mg</i>	2	GC
<i>danazol oral capsule 200 mg</i>	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	GC
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	GC
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	3	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i> (Vogelxo)	3	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	3	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	3	
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	3	
Estrogens		
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	GC
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	GC
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	4	
<i>estradiol vaginal tablet 10 mcg</i> (Vagifem)	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	4	

Drug Name	Drug Tier	Requirements/Limits
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 (conjugated estrogens) 0.625 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	GC
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	GC
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	GC
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	GC
<i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	GC
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	GC
<i>abra eq oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	GC
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	2	GC
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)	1	GC
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	GC
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	GC
<i>aviane oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	GC
<i>ayuna oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	GC
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	2	GC
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1/20 (28) oral tablet</i> 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1 GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		2 GC
<i>caziant (28) oral tablet</i> 0.1/.125/.15-25 mg-mcg		2 GC
<i>chateal eq (28) oral tablet</i> 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1 GC
<i>cryselle (28) oral tablet</i> 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2 GC
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1 GC
<i>dasetta 1/35 (28) oral tablet</i> 1-35 mg-mcg	(norethindrone-ethin estradiol)	1 GC
<i>dasetta 7/7/7 (28) oral tablet</i> 0.5/0.75/1 mg- 35 mcg		1 GC
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	2 GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	1 GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	2 GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	2 GC
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2 GC
<i>eluryng vaginal ring</i> 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4
<i>enilloring vaginal ring</i> 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1 GC
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1 GC
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	2 GC
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	2 GC
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	4
<i>falmina (28) oral tablet</i> 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1 GC

Drug Name		Drug Tier	Requirements/Limits
<i>hailey fe 1.5/30 (28) oral tablet</i> <i>1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>hailey fe 1/20 (28) oral tablet</i> <i>1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>haloette vaginal ring</i> <i>0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	4	
<i>iclevia oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	GC
INTRAROSA VAGINAL INSERT 6.5 MG		3	PA
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>jolessa oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>junel 1.5/30 (21) oral tablet</i> <i>1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>junel 1/20 (21) oral tablet</i> <i>1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC
<i>junel fe 1.5/30 (28) oral tablet</i> <i>1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>junel fe 1/20 (28) oral tablet</i> <i>1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>kariva (28) oral tablet</i> <i>0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	GC
<i>kelnor 1/35 (28) oral tablet</i> <i>1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	GC
<i>kelnor 1-50 (28) oral tablet</i> <i>1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	GC
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>larin 1.5/30 (21) oral tablet</i> <i>1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>larin 1/20 (21) oral tablet</i> <i>1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	GC
<i>nikki (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i> (Fyavolv)	2	GC
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	1	GC
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	1	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla)	1	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	GC
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	GC
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	GC
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	GC
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	GC
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	GC
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	GC
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	GC
<i>ocella oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	2	GC
OSPHENA ORAL TABLET 60 MG	3	PA
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	2	GC
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	GC
<i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>portia</i> 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	
<i>reclipsen</i> (28) oral tablet 0.15-0.03 mg (desogestrel-ethinyl estradiol)	1	GC
<i>setlakin</i> oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	2	GC
<i>simliya</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradiol/e.estradiol)	2	GC
<i>sprintec</i> (28) oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)	1	GC
<i>sronyx</i> oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)	1	GC
<i>syeda</i> oral tablet 3-0.03 mg (drospirenone-ethinyl estradiol)	2	GC
<i>tarina fe</i> 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (norethindrone-e.estradiol-iron)	1	GC
<i>tri-estarylla</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (norgestimate-ethinyl estradiol)	1	GC
<i>tri-linyah</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (norgestimate-ethinyl estradiol)	1	GC
<i>tri-mili</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (norgestimate-ethinyl estradiol)	1	GC
<i>tri-nymyo</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (norgestimate-ethinyl estradiol)	1	GC
<i>tri-sprintec</i> (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (norgestimate-ethinyl estradiol)	1	GC
<i>trivora</i> (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	1	GC
<i>tri-vylibra</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (norgestimate-ethinyl estradiol)	1	GC
<i>turqoz</i> (28) oral tablet 0.3-30 mg-mcg (norgestrel-ethinyl estradiol)	2	GC
<i>velivet</i> triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	2	GC
<i>vestura</i> (28) oral tablet 3-0.02 mg (drospirenone-ethinyl estradiol)	2	GC
<i>vienva</i> oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradiol/e.estradiol)	2	GC
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradiol/e.estradiol)	2	GC
<i>vyfemla (28) oral tablet</i> 0.4-35 mg-mcg	2	GC
<i>vylibra oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	GC
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	GC
<i>zarah oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	2	GC
<i>zovia 1-35 (28) oral tablet</i> 1-35 mg-mcg (ethynodiol diac-eth estradiol)	1	GC
<i>zumandimine (28) oral tablet</i> 3-0.03 mg (drospirenone-ethinyl estradiol)	2	GC
Progestins		
<i>camila oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>deblitane oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	GC
<i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>jencycla oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>lyza oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	GC
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	GC
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol oral suspension</i> 400 mg/10 ml (40 mg/ml)	2	GC
<i>megestrol oral suspension</i> 625 mg/5 ml (125 mg/ml)	4	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	GC
<i>nora-be oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	GC
<i>norethindrone acetate oral tablet 5 mg</i>	2	GC
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	GC
<i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>tulana oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (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
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	GC
<i>levothyroxine oral tablet 300 mcg</i> (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
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	GC

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID ORAL TABLET (levothyroxine) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET (levothyroxine) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline oral tablet 0.5 mg</i>	2	GC
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
<i>lanreotide subcutaneous syringe</i> <i>60 mg/0.2 ml</i> (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
<i>lanreotide subcutaneous syringe</i> <i>90 mg/0.3 ml</i> (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.3 per 28 days)
<i>leuprolide (3 month) intramuscular</i> <i>suspension for reconstitution</i> <i>22.5 mg</i>	4	PA NSO
<i>leuprolide subcutaneous kit</i> <i>1 mg/0.2 ml</i>	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

Drug Name	Drug Tier	Requirements/Limits
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
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml</i>	5	PA; NM; NDS
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml</i>	2	PA; GC
<i>octreotide acetate injection solution</i> <i>200 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution</i> (Sandostatin) <i>500 mcg/ml</i>	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)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NM; NDS; QL (0.3 per 28 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

Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	1	GC
IMMUNOLOGICAL AGENTS		
<i>Angioedema Agents</i>		
<i>icatibant subcutaneous syringe (Firazyr) 30 mg/3 ml</i>	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
<i>Immunoglobulins</i>		
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
<i>Immunological Agents, Other</i>		
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

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	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
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

Drug Name	Drug Tier	Requirements/Limits
Immunosuppressants		
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	3	PA BvD
<i>azathioprine oral tablet 50 mg</i> (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
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD; GC
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD; GC
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD; GC
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (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
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
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg, 1 mg</i> (Zortress)	5	PA BvD; NM; NDS; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i> (Zortress)	5	PA BvD; NM; NDS; QL (120 per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	PA BvD; GC
<i>gengraf oral solution 100 mg/ml</i> (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

Drug Name	Drug Tier	Requirements/Limits
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
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)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; GC
<i>mycophenolate mofetil oral capsule (CellCept) 250 mg</i>	4	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD; GC
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (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
<i>sirolimus oral solution 1 mg/ml</i>	5	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	PA BvD
<i>tacrolimus 0.5 mg capsule (immediate release)</i> (Prograf)	2	PA BvD; GC
<i>tacrolimus 1 mg capsule (immediate release)</i> (Prograf)	4	PA BvD
<i>tacrolimus 5 mg capsule (immediate release)</i> (Prograf)	4	PA BvD
<i>tacrolimus oral capsule 0.5 mg</i> (Prograf)	2	PA BvD; GC
<i>tacrolimus oral capsule 1 mg, 5 mg</i> (Prograf)	4	PA BvD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA BvD
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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
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	3	\$0 copay
(tetanus-diphtheria toxoids-td)		
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
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	
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		
<i>Aminosalicylates</i>		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	GC
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	3	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	GC
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	GC; QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	GC; QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	GC; QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	GC; QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	2	GC; QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	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)
NON-FRF		
Non-FRF		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NM; NDS
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	GC
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (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)
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	GC

Drug Name	Drug Tier	Requirements/Limits
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)
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

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	GC
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	GC
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	2	GC
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	GC
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	GC
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	GC
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	GC
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 % (brinzolamide)	3	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	2	GC
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	GC
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	3	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine-timolol)	4	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	GC
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	2	GC
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	2	GC
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
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 Prostanoid Analogs		
<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	2	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic (ear) solution</i> 2 %	1	GC
<i>ciprofloxacin hcl otic (ear)</i> (Cetraxal) <i>dropperette</i> 0.2 %	4	
<i>ciprofloxacin-dexamethasone otic</i> <i>(ear) drops, suspension</i> 0.3-0.1 %	3	
<i>ciprofloxacin-fluocinolone otic (ear)</i> (Otovel) <i>solution</i> 0.3-0.025 % (0.25 ml)	4	
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops</i> 0.01 %	2	GC
<i>neomycin-polymyxin-hc otic (ear)</i> <i>drops, suspension</i> 3.5-10,000-1 mg/ml-unit/ml-%	2	GC
<i>neomycin-polymyxin-hc otic (ear)</i> <i>solution</i> 3.5-10,000-1 mg/ml-unit/ml-%	2	GC
<i>ofloxacin otic (ear) drops</i> 0.3 %	4	
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
<i>azelastine nasal spray, non-aerosol</i> 137 mcg (0.1 %)	2	GC; QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol</i> (Astepro Allergy) 205.5 mcg (0.15 %)	2	GC; QL (30 per 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	1	GC
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	4	
<i>cyproheptadine oral tablet 4 mg</i>	4	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	2	GC
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	GC
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUIITY 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)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	4	PA BvD
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	GC; QL (50 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	3	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	3	QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	GC; QL (16 per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	2	GC; QL (34 per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	2	GC; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
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 (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	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

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	4	
VENTOLIN HFA INHALATION HFA (albuterol sulfate) AEROSOL INHALER 90 MCG/ACTUATION	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
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
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (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

Drug Name	Drug Tier	Requirements/Limits
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)
ambisentan 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)
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 (fluticasone propion-salmeterol) 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>breynd inhalation hfa aerosol inhaler</i> (budesonide-formoterol) 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	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)
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i> (Breynd) 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	3	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	4	QL (4 per 20 days)
<i>cromolyn inhalation solution for nebulization</i> 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)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i> 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation (AirDuo RespiClick)	3	QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (Advair Diskus)	3	QL (60 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization</i> 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

Drug Name	Drug Tier	Requirements/Limits
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		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	2	GC
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i> (Lorzone)	2	GC
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	GC
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	GC
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	GC
SLEEP DISORDER AGENTS		
<i>Sleep Promoting Agents</i>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	QL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	3	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	4	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	4	QL (120 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	GC; QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	2	GC; QL (30 per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	3	PA; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	4	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; NM; NDS; QL (540 per 30 days)

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	GC
<i>anagrelide oral capsule 1 mg</i>	2	GC
<i>betaine oral powder 1 gram/scoop</i> (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	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))	4	PA
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NM; NDS
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA; NM; NDS
<i>miglustat oral capsule 100 mg</i> (Yargesa)	5	PA; NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sapropterin oral powder in packet</i> (Javygtor) 100 mg, 500 mg	5	PA; NM; NDS
<i>sapropterin oral tablet, soluble</i> (Javygtor) 100 mg	5	PA; NM; NDS
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	5	PA; NM; NDS
<i>tranexamic acid oral tablet 650 mg</i>	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
<i>yargesa oral capsule 100 mg</i> (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		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	GC
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; NM; NDS
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	GC
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	2	GC
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	4	

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	
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml	4	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	4	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 30 mg/0.3 ml	4	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 40 mg/0.4 ml	4	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 60 mg/0.6 ml	4	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 10 mg/0.8 ml	5	NM; NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	4	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 5 mg/0.4 ml	5	NM; NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml	5	NM; NDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	GC
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	1	GC
<i>warfarin oral tablet</i> 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS		
<i>buprenorphine hcl sublingual tablet</i> 2 mg, 8 mg	2	GC
<i>buprenorphine-naloxone sublingual film</i> 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	1	GC
<i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg, 8-2 mg	2	GC
SUBOXONE SUBLINGUAL FILM (buprenorphine-naloxone) 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG e)	4	
Agentes De Abandono Del Tabaquismo		
<i>bupropion hcl (smoking deterrent) oral tablet extended release 12 hr</i> 150 mg	1	GC
NICOTROL INHALATION CARTRIDGE 10 MG	4	
<i>varenicline oral tablet</i> 0.5 mg, 1 mg (56 pack)	3	
<i>varenicline oral tablet</i> 1 mg (Chantix)	3	
<i>varenicline oral tablets, dose pack</i> 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	
<i>naloxone injection solution</i> 0.4 mg/ml	2	GC
<i>naloxone injection syringe</i> 0.4 mg/ml	2	GC
<i>naloxone injection syringe</i> 1 mg/ml	2	GC
<i>naloxone nasal spray, non-aerosol</i> 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		
<i>acamprosate oral tablet, delayed release (dr/ec)</i> 333 mg	2	GC
<i>disulfiram oral tablet</i> 250 mg	2	GC

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

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; QL (16 per 30 days)
AGENTES ANTIPARKINSON		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	GC
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	2	GC
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	2	GC
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	GC
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	GC
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	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		
<i>amantadine hcl oral capsule 100 mg</i>	2	GC
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	GC
<i>amantadine hcl oral tablet 100 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	GC
<i>entacapone oral tablet 200 mg</i>	2	GC
Agonistas De Dopamina		
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	GC
<i>bromocriptine oral tablet 2.5 mg</i> (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	

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

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	6	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	GC
<i>nebivolol oral tablet 10 mg, 20 mg, 5 mg</i> (Bystolic)	4	
<i>nebivolol oral tablet 2.5 mg</i> (Bystolic)	6	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	GC
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg</i> (Inderal LA)	2	GC
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	GC
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	6	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	6	
Agentes Cardiovasculares, Otros		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	3	QL (30 per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	GC
<i>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</i> (Caduet)	1	GC; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	GC; QL (30 per 30 days)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	GC
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	GC
<i>amlodipine-olmesartan oral tablet 10-20 mg</i> (Azor)	6	
<i>amlodipine-olmesartan oral tablet 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	1	GC
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GC
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	GC
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine)	4	PA
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	GC; QL (30 per 30 days)
<i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)	1	GC; QL (30 per 30 days)
<i>digoxin 250 mcg tablet 250 mcg (0.25 mg)</i> (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)
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	GC; QL (30 per 30 days)
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	4	QL (60 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>isosorbide-hydralazine oral tablet</i> (BiDil) 20-37.5 mg	2	GC
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	4	PA
LANOXIN ORAL TABLET 125 MCG (digoxin) (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	4	QL (30 per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet</i> (Zestoretic) 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	GC
<i>losartan-hydrochlorothiazide oral tablet</i> (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> 100-25 mg, 100-50 mg, 50-25 mg	6	
<i>metyrosine oral capsule</i> 250 mg (Demser)	5	NM; NDS
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i> (Tribenzor) 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	GC
<i>olmesartan-hydrochlorothiazide oral tablet</i> (Benicar HCT) 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	GC
<i>pentoxifylline oral tablet extended release</i> 400 mg	1	GC
<i>quinapril-hydrochlorothiazide oral tablet</i> (Accuretic) 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	GC
<i>ranolazine oral tablet extended release</i> 12 hr 1,000 mg, 500 mg	3	
<i>spironolacton-hydrochlorothiaz oral tablet</i> 25-25 mg	1	GC
<i>telmisartan-amlodipine oral tablet</i> 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	GC
<i>telmisartan-hydrochlorothiazid oral tablet</i> (Micardis HCT) 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic</i> 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	GC
<i>triamterene-hydrochlorothiazid oral capsule</i> 37.5-25 mg	1	GC

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

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

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

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 (icosapent ethyl) 0.5 GRAM, 1 GRAM	3	
Diuréticos, Ahorradores De Potasio		
<i>amiloride oral tablet 5 mg</i>	6	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	GC
KERENDIA ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	GC
Diuréticos, Ciclo		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	GC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	GC
<i>furosemide injection solution 10 mg/ml</i>	2	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	6	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	GC
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	1	GC
<i>toremide oral tablet 20 mg</i> (Soanz)	1	GC
Diuréticos, Tiazidas		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	6	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	

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
Non-FRF		
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)
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 Titradoso)	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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

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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	1	GC
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	4	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	4	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NM; NDS; QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	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
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	4	
<i>paricalcitol oral capsule 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	GC
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	GC; QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	GC; QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	GC; QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	GC; QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	2	GC; QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	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		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (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)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	4	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; NM; NDS; QL (540 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>pregabalin oral solution 20 mg/ml</i> (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)
Agentes De Trastorno Por Déficit De Atención Con Hiperactividad, Anfetaminas		
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	4	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	4	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	4	QL (360 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	4	QL (1800 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	4	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenedi)	4	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 20 mg, 7.5 mg</i> (Zenedi)	4	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenedi)	4	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenedi)	4	QL (150 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> (Adderall)	2	GC; QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i> (Adderall)	2	GC; QL (60 per 30 days)
Agentes De Trastorno Por Déficit De Atención Con Hiperactividad, No-Anfetaminas		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	4	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg</i> (Focalin)	1	GC; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg</i> (Focalin)	1	GC; QL (240 per 30 days)
<i>dexmethylphenidate oral tablet 5 mg</i> (Focalin)	1	GC; QL (120 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	4	QL (30 per 30 days)
<i>methyphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (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 18 MG	5	PA; NM; NDS
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 12-18-24-30 MG, 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)
NUDEXTA ORAL CAPSULE 20-10 MG	4	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	4	PA
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	5	PA; NM; NDS; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	5	PA; NM; NDS; QL (120 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AGENTES DENTALES Y ORALES		
Agentes Dentales Y Orales		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Pareox Oral Rinse)	1	GC
KOURZEQ DENTAL PASTE 0.1 % (triamcinolone acetonide)	2	GC
<i>oralone dental paste 0.1 %</i> (triamcinolone acetonide)	2	GC
<i>pareox oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	GC
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	GC
<i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq)	2	GC
AGENTES DERMATOLÓGICOS		
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	3	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	PA
<i>alclometasone topical cream 0.05 %</i>	2	GC
<i>alclometasone topical ointment 0.05 %</i>	2	GC
<i>amcinonide topical ointment 0.1 %</i>	4	
<i>ammonium lactate topical cream 12 %</i>	1	GC
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	1	GC
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	4	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	GC
<i>betamethasone valerate topical cream 0.1 %</i>	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>betamethasone valerate topical lotion 0.1 %</i>	2	GC
<i>betamethasone valerate topical ointment 0.1 %</i>	2	GC
<i>betamethasone, augmented topical cream 0.05 %</i>	1	GC
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	GC
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	GC
<i>ciclopirox topical gel 0.77 %</i>	2	GC
<i>ciclopirox topical shampoo 1 %</i>	2	GC
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	GC
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	4	
<i>clindamycin phosphate topical gel 1 %</i>	2	GC
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	2	GC
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	2	GC
<i>clindamycin phosphate topical solution 1 %</i>	2	GC
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Neuac)	2	GC
<i>clobetasol scalp solution 0.05 %</i>	2	GC
<i>clobetasol topical cream 0.05 %</i>	4	
<i>clobetasol topical gel 0.05 %</i>	4	
<i>clobetasol topical ointment 0.05 %</i>	4	
<i>clobetasol-emollient topical cream 0.05 %</i>	4	
<i>desonide topical cream 0.05 %</i> (DesOwen)	4	
<i>desonide topical lotion 0.05 %</i>	4	
<i>desonide topical ointment 0.05 %</i>	2	GC
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	4	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	4	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	4	
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>erythromycin with ethanol topical gel</i> (Erygel) 2 %	2	GC
<i>erythromycin with ethanol topical solution</i> 2 %	2	GC
<i>erythromycin-benzoyl peroxide topical gel</i> 3-5 % (Benzamycin)	2	GC
EUCRISA TOPICAL OINTMENT 2 %	4	
<i>fluocinolone topical cream</i> 0.01 %	2	GC
<i>fluocinolone topical cream</i> 0.025 % (Synalar)	2	GC
<i>fluocinolone topical ointment</i> 0.025 % (Synalar)	2	GC
<i>fluocinolone topical solution</i> 0.01 % (Synalar)	4	
<i>fluocinonide topical gel</i> 0.05 %	4	
<i>fluocinonide topical ointment</i> 0.05 %	2	GC
<i>fluocinonide topical solution</i> 0.05 %	2	GC
<i>fluocinonide-emollient topical cream</i> 0.05 % (Fluocinonide-E)	2	GC
<i>fluticasone propionate topical cream</i> 0.05 %	1	GC
<i>fluticasone propionate topical ointment</i> 0.005 %	1	GC
<i>halobetasol propionate topical cream</i> 0.05 %	4	
<i>halobetasol propionate topical ointment</i> 0.05 %	2	GC
<i>hydrocortisone topical cream</i> 1 % (Ala-Cort)	1	GC
<i>hydrocortisone topical cream with perineal applicator</i> 2.5 % (Proctozone-HC)	1	GC
<i>hydrocortisone topical lotion</i> 2.5 %	1	GC
<i>hydrocortisone topical ointment</i> 1 % (Anti-Itch (HC))	2	GC
<i>hydrocortisone topical ointment</i> 2.5 %	1	GC
<i>hydrocortisone valerate topical cream</i> 0.2 %	2	GC
<i>hydrocortisone valerate topical ointment</i> 0.2 %	2	GC
<i>isotretinoin oral capsule</i> 10 mg, 20 mg, 30 mg, 40 mg (Accutane)	4	
<i>mometasone topical cream</i> 0.1 %	2	GC
<i>mometasone topical ointment</i> 0.1 %	2	GC
<i>mometasone topical solution</i> 0.1 %	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>mupirocin calcium topical cream 2 %</i>	4	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	GC
<i>pimecrolimus topical cream 1 %</i> (Elidel)	4	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	4	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	4	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	3	
<i>selenium sulfide topical lotion 2.5 %</i>	1	GC
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	4	
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	PA; GC
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	4	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA; GC
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA; GC
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA; GC
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	GC
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BD SINGLE USE SWAB (alcohol swabs)	6	
<i>calcipotriene scalp solution 0.005 %</i>	4	
CARETOUCH ALCOHOL 70% (alcohol swabs) PREP PAD	6	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	GC
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	GC
CURITY ALCOHOL PREPS 2 PLY, (alcohol swabs) MEDIUM	6	
<i>diclofenac sodium topical gel 3 %</i>	4	PA
DROPSAFE ALCOHOL 70% PREP (alcohol swabs) PADS	6	
EASY COMFORT ALCOHOL 70% (alcohol swabs) PAD	6	
EASY TOUCH ALCOHOL 70% (alcohol swabs) PADS GAMMA-STERILIZED	6	
<i>fluorouracil topical cream 5 %</i> (Efudex)	3	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	GC
HEB INCONTROL ALCOHOL 70% (alcohol swabs) PADS	6	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i> (Analpram-HC)	2	GC
HYFTOR TOPICAL GEL 0.2 %	5	PA; NM; NDS
<i>imiquimod topical cream in packet 5 %</i>	2	GC
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	6	
IV ANTISEPTIC WIPES (alcohol swabs)	6	
KENDALL ALCOHOL 70% PREP (alcohol swabs) PAD	6	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	GC
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	GC
PANRETIN TOPICAL GEL 0.1 %	5	PA NSO; NM; NDS
<i>podofilox topical solution 0.5 %</i>	2	GC
PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS	6	
PURE COMFORT ALCOHOL 70% (alcohol swabs) PADS	6	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
REGRANEX TOPICAL GEL 0.01 %	5	PA; NM; NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	GC
<i>ssd topical cream 1 %</i> (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	
WEBCOL ALCOHOL PREPS 20'S, LARGE (alcohol swabs)	6	
Non-FRF		
<i>accutane oral capsule 30 mg</i> (isotretinoin)	3	
<i>acitretin oral capsule 22.5 mg</i>	4	PA
<i>avita topical gel 0.025 %</i> (tretinoin)	2	PA; GC
<i>hydrocortisone 2.5% cream</i>	1	GC
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	1	GC
Pediculicidas/Escabicidas		
<i>malathion topical lotion 0.5 %</i> (Ovide)	4	
<i>permethrin topical cream 5 %</i> (Elimite)	2	GC
AGENTES GASTROINTESTINALES		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	5	NM; NDS; QL (60 per 30 days)
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	GC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	GC
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	GC
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	GC
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	GC
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (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)
Agentes Gastrointestinales, Otros		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	5	PA; NM; NDS
BYLVAY ORAL PELLETT 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
<i>gavilyte-c oral recon soln</i> (peg 3350-electrolytes) <i>240-22.72-6.72 -5.84 gram</i>	1	GC
<i>gavilyte-g oral recon soln</i> (peg 3350-electrolytes) <i>236-22.74-6.74 -5.86 gram</i>	1	GC
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	2	GC
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; NM; NDS
<i>metoclopramide hcl oral solution</i> <i>5 mg/5 ml</i>	1	GC
<i>metoclopramide hcl oral tablet</i> (Reglan) <i>10 mg, 5 mg</i>	1	GC
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) <i>236-22.74-6.74 -5.86 gram</i>	2	GC
<i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) <i>420 gram</i>	2	GC
<i>sodium, potassium, mag sulfates oral</i> (Suprep Bowel Prep Kit) <i>recon soln 17.5-3.13-1.6 gram</i>	4	
<i>sodium, potassium, mag sulfates oral</i> <i>recon soln 17.5-3.13-1.6 gram 2</i> <i>pack (480ml)</i>	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	4	
<i>ursodiol oral capsule 300 mg</i>	2	GC
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	GC
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	GC
Antagonistas De Receptores De Histamina2 (H2)		
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	GC
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	GC
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	GC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	GC
Antiespasmódicos, Gastrointestinales		
<i>dicyclomine oral capsule 10 mg</i>	1	GC
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	GC
<i>dicyclomine oral tablet 20 mg</i>	1	GC
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	GC
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	GC
Inhibidores De Bomba De Protones		
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg</i> (Dexilant)	3	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	2	GC
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	2	GC
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	2	GC
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	2	GC
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	GC
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	GC
Protectores		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sucralfate oral suspension</i> (Carafate) 100 mg/ml	4	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	GC
AGENTES GENITOURINARIOS		
Agentes De Hipertrofia Prostática Benigna		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	GC; QL (30 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	GC; QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	GC; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	GC; QL (30 per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	4	QL (30 per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	GC; QL (60 per 30 days)
Agentes Genitourinarios, Otros		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
ELMIRON ORAL CAPSULE 100 MG	4	
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	NM; NDS
Antiespasmódicos, Urinario		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	4	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (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)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	GC; QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	GC; QL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	GC; QL (60 per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	2	GC; QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	GC; QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	GC; QL (60 per 30 days)
<i>tropium oral capsule, extended release 24hr 60 mg</i>	2	GC; QL (30 per 30 days)
<i>tropium oral tablet 20 mg</i>	2	GC; QL (60 per 30 days)
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (TIROIDES)		
<i>Agentes Hormonales, Estimulante/Reemplazo/Modificador (Tiroides)</i>		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (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
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	GC
<i>levothyroxine oral tablet 300 mcg</i> (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
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES)		
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Hormonas Sexuales/Modificadores)		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1 GC
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1 GC
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1 GC
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1 GC
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1 GC
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		2 GC
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1 GC
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2 GC
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1 GC
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1 GC
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1 GC
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1 GC
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1 GC
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2 GC
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		2 GC
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1 GC
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1 GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		2 GC
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		2 GC

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>chateal eq (28) oral tablet</i> 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	GC
<i>cryselle (28) oral tablet</i> 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	GC
<i>cyred eq oral tablet</i> 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
<i>dasetta 1/35 (28) oral tablet</i> 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	GC
<i>dasetta 7/7/7 (28) oral tablet</i> 0.5/0.75/1 mg- 35 mcg		1	GC
<i>desog-e.estradiol/e.estradiol oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	2	GC
<i>desogestrel-ethinyl estradiol oral tablet</i> 0.15-0.03 mg	(Apri)	1	GC
<i>drospirenone-ethinyl estradiol oral tablet</i> 3-0.02 mg	(Jasmiel (28))	2	GC
<i>drospirenone-ethinyl estradiol oral tablet</i> 3-0.03 mg	(Ocella)	2	GC
<i>elimest oral tablet</i> 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	GC
<i>eluryng vaginal ring</i> 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	
<i>enilloring vaginal ring</i> 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	
<i>enpresse oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	GC
<i>enskyce oral tablet</i> 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	GC
<i>estarylla oral tablet</i> 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	GC
<i>ethynodiol diac-eth estradiol oral tablet</i> 1-35 mg-mcg	(Kelnor 1/35 (28))	2	GC
<i>ethynodiol diac-eth estradiol oral tablet</i> 1-50 mg-mcg	(Kelnor 1-50 (28))	2	GC
<i>etonogestrel-ethinyl estradiol vaginal ring</i> 0.12-0.015 mg/24 hr	(EluRyng)	4	
<i>falmina (28) oral tablet</i> 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	GC
<i>hailey fe 1.5/30 (28) oral tablet</i> 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC
<i>hailey fe 1/20 (28) oral tablet</i> 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	GC

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	4	
<i>iclevia oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	GC
INTRAROSA VAGINAL INSERT 6.5 MG		3	PA
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>jolessa oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	GC
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	GC
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	GC
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>		2	GC
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	1	GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	1	GC
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	2	GC
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	1	GC
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	GC
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		2	GC
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i> (Fyavolv)	2	GC
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	1	GC
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	1	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla)	1	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	GC
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	GC
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	GC
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	GC
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	GC
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	GC
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	GC
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	GC
<i>ocella oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	2	GC
OSPHENA ORAL TABLET 60 MG	3	PA
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	2	GC
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	GC
<i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	GC
<i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1 GC
<i>setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estradiol)	2 GC
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estr adiol)	2 GC
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	1 GC
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2 GC
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradi ol-iron)	1 GC
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1 GC
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2 GC
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		2 GC
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2 GC
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	1 GC
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estr adiol)	2 GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol) 2	GC
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol) 1	GC
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	GC
<i>zarah oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol) 2	GC
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol) 1	GC
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol) 2	GC
Andrógenos		
<i>danazol oral capsule 100 mg, 50 mg</i>	2	GC
<i>danazol oral capsule 200 mg</i>	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	(Depo-Testosterone) 2	GC
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	GC
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	GC
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	3	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i>	(Vogelxo) 3	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	(AndroGel) 3	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	(AndroGel) 3	
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	3	
Estrógenos		
DUAVEE ORAL TABLET 0.45-20 MG	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	GC
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	GC
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	4	
<i>estradiol vaginal tablet 10 mcg</i> (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	
Progestinas		
<i>camila oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>deblitane oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	GC
<i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>jencycla oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>lyza oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	GC
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	GC
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	GC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	GC
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	GC
<i>nora-be oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	GC
<i>norethindrone acetate oral tablet 5 mg</i>	2	GC
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	GC
<i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>tulana oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC

AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (PITUITARIO)

Agentes Hormonales, Estimulante/Reemplazo/Modificador (Pituitario)

ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	5	PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	5	PA; NM; NDS; QL (30 per 30 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	GC
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (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)		
<i>Agentes Hormonales, Estimulante/Reemplazo/Modificador (Suprarrenal)</i>		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	GC
<i>fludrocortisone oral tablet 0.1 mg</i>	1	GC
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (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)
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	GC
<i>methylprednisolone oral tablet 32 mg</i>	2	GC
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	2	GC
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD; GC
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD; GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)</i>	4	PA BvD
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	4	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	4	PA BvD
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	2	PA BvD; GC
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	2	PA BvD; GC
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD; GC
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	GC
AGENTES HORMONALES, SUPRESORES (PITUITARIO)		
<i>Agentes Hormonales, Supresores (Pituitario)</i>		
<i>cabergoline oral tablet 0.5 mg</i>	2	GC
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
<i>lanreotide subcutaneous syringe 60 mg/0.2 ml</i> (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
<i>lanreotide subcutaneous syringe 90 mg/0.3 ml</i> (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.3 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>leuprolide (3 month) intramuscular suspension for reconstitution</i> 22.5 mg	4	PA NSO
<i>leuprolide subcutaneous kit</i> 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
<i>octreotide acetate injection solution</i> 1,000 mcg/ml	5	PA; NM; NDS
<i>octreotide acetate injection solution</i> (Sandostatin) 100 mcg/ml, 50 mcg/ml	2	PA; GC
<i>octreotide acetate injection solution</i> 200 mcg/ml	4	PA
<i>octreotide acetate injection solution</i> (Sandostatin) 500 mcg/ml	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)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NM; NDS; QL (0.3 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	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
<i>azathioprine oral tablet 100 mg,</i> (Azasan) <i>75 mg</i>	3	PA BvD
<i>azathioprine oral tablet 50 mg</i> (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
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
<i>cyclosporine modified oral capsule</i> (Gengraf) <i>100 mg, 25 mg</i>	2	PA BvD; GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD; GC
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD; GC
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (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
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg, 1 mg</i> (Zortress)	5	PA BvD; NM; NDS; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i> (Zortress)	5	PA BvD; NM; NDS; QL (120 per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	PA BvD; GC
<i>gengraf oral solution 100 mg/ml</i> (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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	GC
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NM; NDS; QL (180 per 30 days)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; GC
<i>mycophenolate mofetil oral capsule</i> (CellCept) <i>250 mg</i>	4	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution</i> (CellCept) <i>200 mg/ml</i>	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet</i> (CellCept) <i>500 mg</i>	2	PA BvD; GC
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
<i>sirolimus oral solution 1 mg/ml</i>	5	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	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
<i>tacrolimus oral capsule 0.5 mg</i> (Prograf)	2	PA BvD; GC
<i>tacrolimus oral capsule 1 mg, 5 mg</i> (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
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes De Angioedema		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (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
<i>tacrolimus 0.5 mg capsule (immediate release)</i> (Prograf)	2	PA BvD; GC
<i>tacrolimus 1 mg capsule (immediate release)</i> (Prograf)	4	PA BvD
<i>tacrolimus 5 mg capsule (immediate release)</i> (Prograf)	4	PA BvD
Vacunas		
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 ML 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 (typhoid vi polysacch SYRINGE 25 MCG/0.5 ML vaccine)	3	\$0 copay
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	GC
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	GC
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	GC
AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS, SUSPENSION 1 %	3	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>brimonidine ophthalmic (eye) drops (Alphagan P) 0.1 %, 0.15 %</i>	2	GC
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	GC
<i>brimonidine-timolol ophthalmic (eye) (Combigan) drops 0.2-0.5 %</i>	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	GC
COMBIGAN OPHTHALMIC (EYE) (brimonidine-timolol) DROPS 0.2-0.5 %	4	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	GC
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))</i>	2	GC
<i>dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml</i>	2	GC
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	GC
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) (Istalol) drops, once daily 0.5 %</i>	2	GC
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	GC
Agentes Anti-Alérgicos Oftálmicos		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	GC
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	GC
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	3	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	4	
Agentes Oftálmicos, Otros		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	GC
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (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)
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	GC
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension</i> 3.5-10,000-10 mg-unit-mg/ml	2	GC
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i> 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) (cyclosporine) DROPPERETTE 0.05 %	3	QL (60 per 30 days)
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	GC
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension</i> 0.3-0.1 %	2	GC
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Análogos De Prostaglandina Oftálmica Y Prostanida		
<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	2	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	
Antiinflamatorios Oftálmicos		
<i>bromfenac ophthalmic (eye) drops</i> (BromSite) 0.075 %	4	
<i>bromfenac ophthalmic (eye) drops</i> 0.09 %	2	GC
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	GC
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	GC
DUREZOL OPHTHALMIC (EYE) (difluprednate) DROPS 0.05 %	3	
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i> (FML Liquifilm)	2	GC

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AGENTES ÓTICOS		
Agentes Óticos		
<i>acetic acid otic (ear) solution 2 %</i>	1	GC
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	4	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	3	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	4	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	2	GC
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	GC
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	GC
<i>ofloxacin otic (ear) drops 0.3 %</i>	4	
ANALGÉSICOS		
Analgésicos		
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	2	GC; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	GC; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	GC; QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	4	QL (180 per 30 days)
Analgésicos Opiáceos, De Acción Corta		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	GC; QL (5000 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	GC; QL (360 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	GC; QL (180 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 600 mcg, 800 mcg</i>	5	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	4	PA; QL (120 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	GC; QL (5500 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	GC; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	GC
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	GC; QL (150 per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	4	QL (1920 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i> (Dilaudid)	2	GC; QL (360 per 30 days)
<i>hydromorphone oral tablet 8 mg</i> (Dilaudid)	2	GC; QL (240 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	GC; QL (600 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	GC; QL (1800 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	GC; QL (1500 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	2	GC; QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	4	QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	4	QL (1080 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	2	GC; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	GC; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	GC; QL (1080 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	2	GC; QL (360 per 30 days)
<i>tramadol oral tablet 100 mg</i>	1	GC; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	GC; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	GC; QL (240 per 30 days)

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>indomethacin oral capsule, extended release 75 mg</i>	2	GC
<i>ketorolac oral tablet 10 mg</i>	1	GC
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	GC
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	2	GC
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	GC
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	GC
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	2	GC
<i>naproxen sodium oral tablet 275 mg</i>	2	GC
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	2	GC
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	2	GC
<i>piroxicam oral capsule 10 mg</i>	2	GC
<i>piroxicam oral capsule 20 mg</i> (Feldene)	2	GC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	GC

ANESTÉSICOS

Anestesia Local

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

ANSIOLÍTICOS

Ansiolíticos, Otros

<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	GC
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	

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

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	GC
<i>trimethoprim oral tablet 100 mg</i>	1	GC
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	4	
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	4	
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i> (Firvanq)	4	
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	
Betalactámico, Cefalosporinas		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	GC
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	4	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	1	GC
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	GC
<i>cefadroxil oral tablet 1 gram</i>	2	GC
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	4	
<i>cefazolin intravenous recon soln 3 gram</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	GC
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>cefepime injection recon soln 1 gram, 2 gram</i>	4	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	4	
<i>cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>cefotetan injection recon soln</i> (Cefotan) 1 gram, 2 gram	4	
<i>cefoxitin intravenous recon soln</i> 1 gram, 10 gram, 2 gram	4	
<i>cefpodoxime oral suspension for reconstitution</i> 100 mg/5 ml, 50 mg/5 ml	4	
<i>cefpodoxime oral tablet</i> 100 mg, 200 mg	4	
<i>cefprozil oral suspension for reconstitution</i> 125 mg/5 ml, 250 mg/5 ml	2	GC
<i>cefprozil oral tablet</i> 250 mg, 500 mg	2	GC
<i>ceftazidime injection recon soln</i> (Tazicef) 1 gram, 2 gram, 6 gram	4	
<i>ceftriaxone injection recon soln</i> 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	
<i>cefuroxime axetil oral tablet</i> 250 mg, 500 mg	2	GC
<i>cefuroxime sodium injection recon soln</i> 750 mg	4	
<i>cefuroxime sodium intravenous recon soln</i> 1.5 gram, 7.5 gram	4	
<i>cephalexin oral capsule</i> 250 mg, 500 mg	1	GC
<i>cephalexin oral suspension for reconstitution</i> 125 mg/5 ml, 250 mg/5 ml	2	GC
<i>cephalexin oral tablet</i> 250 mg, 500 mg	2	GC
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
Betalactámico, Penicilinas		
<i>amoxicillin oral capsule</i> 250 mg, 500 mg	1	GC
<i>amoxicillin oral suspension for reconstitution</i> 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	GC
<i>amoxicillin oral tablet</i> 500 mg, 875 mg	1	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>amoxicillin oral tablet, chewable</i> 125 mg, 250 mg	1	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i> 200-28.5 mg/5 ml, 400-57 mg/5 ml	2	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i> 250-62.5 mg/5 ml (Augmentin)	2	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i> 600-42.9 mg/5 ml (Augmentin ES-600)	2	GC
<i>amoxicillin-pot clavulanate oral tablet</i> 250-125 mg, 875-125 mg	2	GC
<i>amoxicillin-pot clavulanate oral tablet</i> 500-125 mg (Augmentin)	2	GC
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i> 1,000-62.5 mg (Augmentin XR)	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i> 200-28.5 mg, 400-57 mg	2	GC
<i>ampicillin oral capsule</i> 500 mg	1	GC
<i>ampicillin sodium injection recon soln</i> 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	4	
<i>ampicillin-sulbactam injection recon soln</i> 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	
<i>dicloxacillin oral capsule</i> 250 mg, 500 mg	2	GC
<i>nafcillin 1 gm/ 50 ml inj</i> 1 gram/50 ml	4	
<i>nafcillin injection recon soln</i> 1 gram	4	
<i>nafcillin injection recon soln</i> 10 gram, 2 gram	4	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i> 1 gram/50 ml, 2 gram/50 ml	4	
<i>oxacillin injection recon soln</i> 1 gram, 10 gram, 2 gram	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>oxacillin intravenous recon soln 1 gram, 2 gram</i>	4	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	4	
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	4	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	
<i>penicillin g sodium injection recon soln 5 million unit</i>	4	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>pfizerpen-g injection recon soln 20 (penicillin g potassium) million unit</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	
Carbapenemasas		
<i>ertapenem injection recon soln 1 gram</i>	4	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous (Primaxin IV) recon soln 500 mg</i>	4	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	4	
Macrólidos		
<i>azithromycin intravenous recon soln (Zithromax) 500 mg</i>	2	GC
<i>azithromycin oral packet 1 gram (Zithromax)</i>	2	GC
<i>azithromycin oral suspension for (Zithromax) reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	GC
<i>azithromycin oral tablet 250 mg (Zithromax)</i>	1	GC
<i>azithromycin oral tablet 250 mg (6 pack)</i>	1	GC
<i>azithromycin oral tablet 500 mg (Zithromax)</i>	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>azithromycin oral tablet 500 mg (3 pack), 600 mg</i>	2	GC
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	GC
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	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	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	4	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	4	
Quinolonas		
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	GC
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	GC
<i>moxifloxacin 400 mg/250 ml bag</i>	4	
<i>moxifloxacin oral tablet 400 mg</i>	4	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	4	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	GC
Sulfonamidas		
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	GC
<i>sulfadiazine oral tablet 500 mg</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	GC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	GC
Tetraciclinas		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	4	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	GC
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	GC
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	GC
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	GC
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	GC
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	2	GC
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	GC
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>mondoxylene nl oral capsule 100 mg</i> (doxycycline monohydrate)	1	GC
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	GC
ANTICONVULSIVOS		
Agentes De Aumento De Ácido Gamma-Aminobutírico (GABA)		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	4	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	4	QL (60 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	GC
<i>gabapentin oral tablet 600 mg, 800 mg</i> (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)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	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
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	GC
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	GC
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	GC
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	GC
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	GC
DILANTIN ORAL CAPSULE 30 MG	4	ST
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	GC
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	4	QL (1395 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	4	QL (60 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	GC
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	GC
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	GC
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	GC
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	GC
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	NM; NDS; QL (2760 per 30 days)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	4	QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	NM; NDS; QL (240 per 30 days)
Agentes Modificadores De Canal De Calcio		
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	GC
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	GC
<i>methsuximide oral capsule 300 mg</i> (Celontin)	4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	QL (900 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	GC
<i>zonisamide oral capsule 50 mg</i>	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
<i>felbamate oral suspension 600 mg/5 ml</i>	5	NM; NDS
<i>felbamate oral tablet 400 mg, 600 mg</i> (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)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	GC
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	2	GC
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	2	GC
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	2	GC
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	GC
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit)	2	GC
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	2	GC
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	2	GC
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	GC
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	GC
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (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)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	GC; QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	GC; QL (90 per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	2	GC; QL (120 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	GC; QL (300 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	GC
<i>primidone oral tablet 250 mg, 50 mg</i> (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)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	GC
<i>valproic acid oral capsule 250 mg</i>	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)

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		
<i>citalopram oral capsule 30 mg</i>	1	GC; QL (30 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	2	GC; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i> (Celexa)	1	GC; QL (30 per 30 days)
<i>citalopram oral tablet 20 mg</i> (Celexa)	1	GC; QL (60 per 30 days)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	4	QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	4	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	GC; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	GC; QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	GC; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i> (Lexapro)	1	GC; QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i> (Lexapro)	1	GC; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i> (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)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	GC; QL (60 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	GC; QL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	2	GC; QL (60 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	GC; QL (120 per 30 days)

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> (Wellbutrin XL)	2	GC; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	3	QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i> (Wellbutrin SR)	1	GC; QL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i> (Wellbutrin SR)	1	GC; QL (90 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 200 mg</i> (Wellbutrin SR)	1	GC; QL (60 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	GC; QL (30 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	1	GC; QL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	GC; QL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	GC; QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	4	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-50 mg</i> (Symbyax)	4	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i> (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)
<i>Inhibidores De Monoamino Oxidasa</i>		
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)
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	GC
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	4	
<i>Non-FRF</i>		
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	QL (30 per 30 days)
<i>Tricíclicos</i>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	GC
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	4	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	2	GC
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	GC
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC
<i>doxepin oral concentrate 10 mg/ml</i>	2	GC
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	GC
<i>nortriptyline oral capsule 10 mg</i> (Pamelor)	1	GC
<i>nortriptyline oral capsule 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	GC
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	GC
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	

ANTIEMÉTICOS

Antieméticos, Otros

<i>meclizine oral tablet 12.5 mg</i>	1	GC
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	GC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	GC
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	GC
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Promethegan)	2	GC
<i>promethazine rectal suppository 50 mg</i> (Promethegan)	4	
<i>promethegan rectal suppository 12.5 mg</i> (promethazine)	2	GC
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	4	

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/Límites
<i>nystatin topical ointment</i> 100,000 unit/gram	1	GC
<i>nystatin topical powder</i> 100,000 unit/gram (Nyamyc)	2	GC
<i>nystop topical powder</i> 100,000 unit/gram (nystatin)	3	
<i>posaconazole oral suspension</i> 200 mg/5 ml (40 mg/ml) (Noxafil)	5	PA; NM; NDS
<i>posaconazole oral tablet, delayed release (dr/ec)</i> 100 mg (Noxafil)	4	PA
<i>terbinafine hcl oral tablet</i> 250 mg	2	GC
<i>terconazole vaginal cream</i> 0.4 %, 0.8 %	2	GC
<i>terconazole vaginal suppository</i> 80 mg	2	GC
<i>voriconazole intravenous recon soln</i> 200 mg (Vfend IV)	5	PA; NM; NDS
<i>voriconazole oral suspension for reconstitution</i> 200 mg/5 ml (40 mg/ml) (Vfend)	5	PA; NM; NDS
<i>voriconazole oral tablet</i> 200 mg, 50 mg (Vfend)	4	PA

ANTIMICOBACTERIALES

Antimicobacterianos, Otros

<i>dapsone oral tablet</i> 100 mg, 25 mg	2	GC
PRIFTIN ORAL TABLET 150 MG	4	
<i>rifabutin oral capsule</i> 150 mg (Mycobutin)	4	

Antituberculosos

<i>ethambutol oral tablet</i> 100 mg	2	GC
<i>ethambutol oral tablet</i> 400 mg (Myambutol)	2	GC
<i>isoniazid oral solution</i> 50 mg/5 ml	1	GC
<i>isoniazid oral tablet</i> 100 mg, 300 mg	1	GC
<i>pyrazinamide oral tablet</i> 500 mg	2	GC
<i>rifampin intravenous recon soln</i> 600 mg (Rifadin)	4	
<i>rifampin oral capsule</i> 150 mg, 300 mg	2	GC
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ANTINEOPLÁSICOS		
Agentes Alquilantes		
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	PA BvD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	PA BvD; GC
GLEOSTINE ORAL CAPSULE (lomustine) 10 MG, 100 MG, 40 MG	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		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (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		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (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
<i>nilutamide oral tablet 150 mg</i> (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)

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
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	GC
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	PA NSO; NM; NDS
Antimetabolitos		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	GC
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS
<i>mercaptopurine oral tablet 50 mg</i>	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)

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
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	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 100 MG TAB (400 MG DOSE) 400 MG/WEEK (100 MG X 4)	5	PA NSO; NM; NDS; QL (48 per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
<i>Inhibidores De Aromatasa, 3era Generación</i>		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	GC
<i>exemestane oral tablet 25 mg</i> (Aromasin)	4	
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	GC
<i>Inhibidores De Objetivo Molecular</i>		
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)

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i> (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)
<i>gefitinib oral tablet 250 mg</i> (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)
<i>imatinib oral tablet 100 mg</i> (Gleevec)	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
<i>lapatinib oral tablet 250 mg</i> (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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
<i>pazopanib oral tablet 200 mg</i> (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 100 MG, 20 MG, 40 MG	5	PA NSO; NM; NDS
<i>sorafenib oral tablet 200 mg</i> (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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sunitinib malate oral capsule</i> (Sutent) <i>12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	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)
<i>torpenz oral tablet 10 mg, 2.5 mg,</i> (everolimus <i>5 mg, 7.5 mg</i> (antineoplastic))	5	PA NSO; NM; NDS; QL (30 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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 PELLETT 150 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 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		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NDS; QL (300 per 30 days)
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NM; NDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ANTIPARASITARIOS		
Antihelmínticos		
<i>albendazole oral tablet 200 mg</i>	4	
EMVERM ORAL TABLET, CHEWABLE 100 MG (mebendazole)	5	NM; NDS
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	PA; GC
Antiprotozoarios		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	5	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	GC
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	GC
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	GC
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	GC
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	2	GC
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	GC
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	2	GC
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	GC
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	4	QL (40 per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	4	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	4	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ANTIPSICÓTICOS		
1er Generación/Típico		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	GC
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	GC
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	2	GC
<i>haloperidol decanoate intramuscular (Haldol Decanoate) solution 100 mg/ml, 50 mg/ml</i>	2	GC
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	4	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	GC
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	2	GC
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	GC
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	GC
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	GC
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	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
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	5	NM; NDS
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, (Abilify) 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	NM; NDS; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	NM; NDS; QL (60 per 30 days)
<i>asenapine maleate sublingual tablet (Saphris) 10 mg, 2.5 mg, 5 mg</i>	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	5	NM; NDS
<i>lurasidone oral tablet 120 mg, 20 mg,</i> (Latuda) <i>40 mg, 60 mg, 80 mg</i>	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
<i>olanzapine intramuscular recon soln</i> (Zyprexa) <i>10 mg</i>	4	QL (60 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg,</i> (Zyprexa) <i>2.5 mg, 5 mg, 7.5 mg</i>	1	GC; QL (30 per 30 days)
<i>olanzapine oral tablet 20 mg</i> (Zyprexa)	1	GC; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating</i> (Zyprexa Zydis) <i>10 mg, 5 mg</i>	4	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating</i> (Zyprexa Zydis) <i>15 mg, 20 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	4	QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg,</i> (Seroquel) <i>200 mg, 25 mg, 300 mg, 400 mg,</i> <i>50 mg</i>	1	GC; QL (60 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	1	GC; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i> (Seroquel XR)	4	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg, 300 mg,</i> (Seroquel XR) <i>400 mg</i>	4	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i> (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
<i>risperidone microspheres</i> (Risperdal Consta) <i>intramuscular suspension, extended rel recon 12.5 mg/2 ml</i>	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta)	5	NM; NDS
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	GC; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	GC; QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg</i> (Risperdal)	1	GC; QL (120 per 30 days)
<i>risperidone oral tablet 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	GC; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg</i>	2	GC; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	2	GC; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	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)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	GC; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	4	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	4	ST
Resistente-Tratamiento		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	GC; QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	4	QL (120 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>clozapine oral tablet, disintegrating</i> 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)
<i>atazanavir oral capsule 150 mg</i>	4	QL (60 per 30 days)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	4	QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	4	QL (30 per 30 days)
<i>darunavir oral tablet 600 mg</i> (Prezista)	5	NM; NDS; QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i> (Prezista)	5	NM; NDS; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS; QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	5	NM; NDS; QL (120 per 30 days)
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution</i> (Kaletra) 400-100 mg/5 ml	4	QL (400 per 30 days)
<i>lopinavir-ritonavir oral tablet</i> (Kaletra) 100-25 mg	4	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet</i> (Kaletra) 200-50 mg	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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
REYATAZ ORAL POWDER IN PACKET 50 MG	4	QL (180 per 30 days)
<i>ritonavir oral tablet 100 mg</i> (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)
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	4	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
Agentes Anti-Hepatitis B (HBV)		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	4	QL (30 per 30 days)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	5	NM; NDS; QL (600 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	4	QL (30 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	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
<i>ribavirin oral capsule 200 mg</i>	4	
<i>ribavirin oral tablet 200 mg</i>	2	GC
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	5	PA; NM; NDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS
Agentes Antiherpéticos		
<i>acyclovir oral capsule 200 mg</i>	1	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>acyclovir oral suspension</i> (Zovirax) 200 mg/5 ml	2	GC
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	GC
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD; GC
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	GC
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	GC
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	GC
Agentes Anti-Influenza		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu)	2	GC
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	GC
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
<i>rimantadine oral tablet 100 mg</i> (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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (360 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 per 30 days)
<i>etravirine oral tablet 100 mg</i> (Intelence)	5	NM; NDS; QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i> (Intelence)	5	NM; NDS; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	GC; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	QL (120 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	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)		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	4	QL (960 per 30 days)
<i>abacavir oral tablet 300 mg</i>	4	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS; QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> (Atripla)	5	NM; NDS; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NM; NDS; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i> (Symfi)	5	NM; NDS; QL (30 per 30 days)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	4	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	5	NM; NDS; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (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)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	4	QL (900 per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	3	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	3	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (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)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	GC; QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	GC; QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>	2	GC; QL (60 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes Anti-VIH, Otros		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS; QL (60 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (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)
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		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	GC
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	GC
<i>completenate tablet chew 29 mg iron- 1 mg</i>	2	GC
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	3	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	PA BvD; GC
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	GC
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	GC
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	3	
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	5	PA; NM; NDS
<i>folivane-ob capsule 85-1 mg</i>	2	GC
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	2	GC
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	2	GC
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	GC
<i>levocarnitine sf 1 g/10 ml sol 100 mg/ml</i> (Carnitor (sugar-free))	2	GC
<i>marnatal-f capsule 60 mg iron-1 mg</i>	2	GC
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv, calcium 72-iron-folic acid)	2	GC
<i>mynatal advance oral tablet 90-1-50 mg</i>	2	GC
<i>mynatal capsule 65 mg iron- 1 mg</i>	2	GC
<i>mynatal oral tablet 90-1-50 mg</i>	2	GC
<i>mynatal plus captab 65 mg iron- 1 mg</i>	2	GC
<i>mynatal-z captab 65 mg iron- 1 mg</i>	2	GC
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	2	GC
<i>newgen tablet 32-1,000 mg-mcg</i>	2	GC
<i>niva-plus tablet 27 mg iron- 1 mg</i>	2	GC
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	2	GC
<i>obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg</i>	2	GC
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	2	GC
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	2	GC
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	(pnv, calcium 72-iron-folic acid) 2	GC
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	2	GC
<i>pnv-omega softgel 28-1-300 mg</i>	2	GC
<i>pr natal 400 combo pack 29-1-400 mg</i>	2	GC
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	2	GC
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	GC
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	GC
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
<i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>	2	GC
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	2	GC
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	2	GC
<i>prenatabs fa tablet 29-1 mg</i>	2	GC
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	GC
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	GC
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	GC
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	(pnv, calcium 72-iron, carb-folic) 2	GC
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	(pnv, calcium 72-iron-folic acid) 2	GC
<i>prenatal-u capsule 106.5-1 mg</i>	2	GC
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	(pnv, calcium 72-iron-folic acid) 2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	GC
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	GC
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	GC
<i>taron-c dha capsule 35-1-200 mg</i>	2	GC
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	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
<i>triveen-duo dha combo pack 29-1-400 mg</i>	2	GC
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
<i>vinate care oral tablet, chewable 40 mg iron- 1 mg</i>	2	GC
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	2	GC
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	GC
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	2	GC
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	2	GC
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	2	GC
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	2	GC
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	2	GC
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	2	GC
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	2	GC
<i>zatean-pn plus softgel 28-1-300 mg</i>	2	GC
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	2	GC
Enlaces De Fosfato		
AURYXIA ORAL TABLET 210 MG IRON	4	PA
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	GC
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	GC
<i>sevelamer carbonate oral powder in packet 0.8 gram</i> (Renvela)	4	QL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i> (Renvela)	4	QL (180 per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	4	QL (540 per 30 days)
VELPHORO ORAL TABLET, CHEWABLE 500 MG	4	
Modificadores De Electrolitos/Minerales/Metales		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NM; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu)	5	PA; NM; NDS
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	4	PA
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	4	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	5	PA; NM; NDS
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FERRIPROX ORAL TABLET (deferiprone) 1,000 MG	5	PA; NM; NDS
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	3	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	GC
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	3	
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	5	PA; NM; NDS; QL (120 per 30 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	5	PA; NM; NDS; QL (60 per 30 days)
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NM; NDS
Sustituto De Electrolitos/Minerales		
<i>carglumic acid oral tablet, dispersible</i> (Carbaglu) 200 mg	5	PA; NM; NDS
<i>electrolyte-148 intravenous parenteral solution</i>	3	
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	2	GC
<i>fluoride (sodium) oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	2	GC
<i>fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (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 (potassium chloride) EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON 8 ORAL TABLET (potassium chloride) EXTENDED RELEASE 8 MEQ	1	GC
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i> (potassium chloride)	1	GC
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i> (potassium chloride)	1	GC
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i> (potassium chloride)	1	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KLOR-CON ORAL PACKET 20 MEQ (potassium chloride)	2	GC
<i>ludent fluoride 0.25 mg tb chw d/f, chewable (rx) 0.25 mg(0.55 mg sod. fluoride)</i> (fluoride (sodium))	2	GC
<i>ludent fluoride 0.5 mg tb chew d/f, chewable (rx) 0.5 mg (1.1 mg sodium fluorid)</i> (fluoride (sodium))	2	GC
<i>ludent fluoride 1 mg tab chew d/f, chewable (rx) 1 mg (2.2 mg sod. fluoride)</i> (fluoride (sodium))	2	GC
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	2	GC
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	2	GC
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION (electrolyte-a)	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	2	PA BvD; GC
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	PA BvD
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	2	PA BvD; GC
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	GC
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	2	PA BvD; GC
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	2	PA BvD; GC
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	GC
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	GC
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	2	GC
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	1	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	1	GC
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	GC
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	1	GC
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	1	GC
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	1	GC
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	GC
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	GC
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	GC
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	GC
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	GC
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	GC
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	GC
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	GC
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	2	GC
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	2	GC
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	1	GC
<i>sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml</i> (SoluVita)	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EXCLUDED DRUG		
<i>Excluded Drug</i>		
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	2	GC; EX; QL (6 per 30 days)
NON-FRF		
<i>Non-FRF</i>		
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	4	PA
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NM; NDS
REGULADORES DE GLUCOSA EN SANGRE		
<i>Agentes Antidiabetico</i>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	GC
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	GC
<i>glipizide oral tablet 2.5 mg</i>	2	GC
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	1	GC
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	GC
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	GC
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	GC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	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	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 (liraglutide) INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	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	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	5	NM; NDS
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NM; NDS
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
Insulinas		
1ST TIER UNIFINE PENTP 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	6	
1ST TIER UNIFINE PNTIP 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	6	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ADVOCATE PEN NEEDLES 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	6	
ADVOCATE PEN NEEDLES 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	6	
AQINJECT PEN NEEDLE 31G 5MM (pen needle, diabetic) 31 GAUGE X 3/16"	6	
AQINJECT PEN NEEDLE 32G 4MM (pen needle, diabetic) 32 GAUGE X 5/32"	6	
ASSURE ID DUO PRO NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" 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 (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" 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 (insulin syringe-needle 1 ML 30 GAUGE X 1/2" 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
COMFORT EZ INSULIN SYR 0.5 ML (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16", 0.5 ML u-100) 31 GAUGE X 5/16"	6	
COMFORT EZ PEN NEEDLE 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	6	
COMFORT EZ PEN NEEDLES 4MM (pen needle, diabetic) 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	6	
COMFORT EZ PEN NEEDLES 4MM (pen needle, diabetic) 33G 33 GAUGE X 5/32"	6	
COMFORT EZ PEN NEEDLES 5MM (pen needle, diabetic) 31G MINI 31 GAUGE X 3/16"	6	
COMFORT EZ PEN NEEDLES 5MM (pen needle, diabetic) 32G SINGLE USE, MINI,HRI 32 GAUGE X 3/16"	6	
COMFORT EZ PEN NEEDLES 5MM (pen needle, diabetic) 33G 33 GAUGE X 3/16"	6	
COMFORT EZ PEN NEEDLES 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	6	
COMFORT EZ PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	6	
COMFORT EZ PEN NEEDLES 6MM (pen needle, diabetic) 33G 33 GAUGE X 1/4"	6	
COMFORT EZ PEN NEEDLES 8MM (pen needle, diabetic) 31G SHORT 31 GAUGE X 5/16"	6	
COMFORT EZ PEN NEEDLES 8MM (pen needle, diabetic) 32G 32 GAUGE X 5/16"	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 (pen needle, diabetic, 4MM 31 GAUGE X 5/32" safety)	6	
COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	6	
COMFORT EZ SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X 1/2" u-100)	6	
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X 1/2" u-100)	6	
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X 1/2" u-100)	6	
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X 1/2" u-100)	6	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 ND L 31GX1/3" 31 GAUGE X 1/3"	6	
COMFORT POINT PEN ND L 31GX1/6" 31 GAUGE X 1/6"	6	
COMFORT TOUCH PEN ND L 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic) 6	
COMFORT TOUCH PEN ND L 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic) 6	
COMFORT TOUCH PEN ND L 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic) 6	
COMFORT TOUCH PEN ND L 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic) 6	
COMFORT TOUCH PEN ND L 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 6	
COMFORT TOUCH PEN ND L 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic) 6	
COMFORT TOUCH PEN ND L 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic) 6	
COMFORT TOUCH PEN ND L 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic) 6	
COMFORT TOUCH PEN ND L 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic) 6	
COMFORT TOUCH PEN ND L 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic) 6	
COMFORT TOUCH PEN ND L 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 GAUZE 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	6	
DROPLET INS 0.3 ML 30GX12.5MM (insulin syringe-needle 0.3 ML 30 GAUGE X 1/2" 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 (insulin syringe-needle 30GX8MM 0.3 ML 30 GAUGE X u-100) 5/16"	6	
DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX6MM 0.3 ML 31 GAUGE X u-100) 15/64"	6	
DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX8MM 0.3 ML 31 GAUGE X u-100) 5/16"	6	
DROPLET INS SYR 1 ML (insulin syringe-needle 29GX12.5MM 1 ML 29 GAUGE X u-100) 1/2"	6	
DROPLET INS SYR 1 ML (insulin syringe-needle 30GX12.5MM 1 ML 30 GAUGE X u-100) 1/2"	6	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
EASY TOUCH 1 ML SYR 27GX1/2" (insulin syringe-needle u-100) 1 ML 27 GAUGE X 1/2"	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16", 0.3 ML u-100) 31 GAUGE X 5/16"	6	
EASY TOUCH INSULIN SYR 0.5 ML (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16", 0.5 ML u-100) 31 GAUGE X 5/16"	6	
EASY TOUCH INSULIN SYR 1 ML (insulin syringe-needle 1 ML 30 GAUGE X 5/16, 1 ML 31 u-100) GAUGE X 5/16	6	
EASY TOUCH INSULIN SYR 1 ML (insulin syringe-needle RETRACTABLE 1 ML 30 GAUGE X u-100) 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 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	6	
EASY TOUCH INSULIN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	6	
EASY TOUCH INSULIN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	6	
EASY TOUCH INSULIN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	6	
EASY TOUCH LUER LOK INSUL (insulin syringe 1 ML needleless)	6	
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	6	
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 30GX5/16 30 GAUGE X 5/16"	6	
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	6	
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX3/16 31 GAUGE X 3/16"	6	
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX5/16 31 GAUGE X 5/16"	6	
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4"	6	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16 32 GAUGE X 3/16"	6	
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32 32 GAUGE X 5/32"	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 (insulin syringe-needle 12.7MM 1/2 ML 28 GAUGE X 1/2" u-100)	6	
EASY TOUCH SYR 0.5 ML 29G (insulin syringe-needle 12.7MM 0.5 ML 29 GAUGE X 1/2" u-100)	6	
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	6	
EASY TOUCH SYR 1 ML 28G (insulin syringe-needle 12.7MM 1 ML 28 GAUGE X 1/2" u-100)	6	
EASY TOUCH SYR 1 ML 29G (insulin syringe-needle 12.7MM 1 ML 29 GAUGE X 1/2" 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 (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	6	
EMBRACE PEN NEEDLE 30G 5MM (pen needle, diabetic) 30 GAUGE X 3/16"	6	
EMBRACE PEN NEEDLE 30G 8MM (pen needle, diabetic) 30 GAUGE X 5/16"	6	
EMBRACE PEN NEEDLE 31G 5MM (pen needle, diabetic) 31 GAUGE X 3/16"	6	
EMBRACE PEN NEEDLE 31G 6MM (pen needle, diabetic) 31 GAUGE X 1/4"	6	
EMBRACE PEN NEEDLE 31G 8MM (pen needle, diabetic) 31 GAUGE X 5/16"	6	
EMBRACE PEN NEEDLE 32G 4MM (pen needle, diabetic) 32 GAUGE X 5/32"	6	
EQL INSULIN 0.3 ML SYRINGE (Ultra Comfort Insulin SHORT NEEDLE 0.3 ML 30 Syringe)	6	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites	
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
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LITE TOUCH INSULIN 1 ML SYR (insulin syringe-needle 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" u-100)	6	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	6	
LITE TOUCH INSULIN SYR 1 ML (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	6	
LITE TOUCH PEN NEEDLE 29G 29 (pen needle, diabetic) GAUGE X 1/2"	6	
LITE TOUCH PEN NEEDLE 31G 31 (pen needle, diabetic) GAUGE X 3/16", 31 GAUGE X 5/16"	6	
LITETOUCH INS 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	6	
LITETOUCH INS 0.3 ML 30GX5/16" (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	6	
LITETOUCH INS 0.3 ML 31GX5/16" (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100)	6	
LITETOUCH INS 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	6	
LITETOUCH SYR 0.5 ML 28GX1/2" (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	6	
LITETOUCH SYR 0.5 ML 29GX1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	6	
LITETOUCH SYR 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	6	
LITETOUCH SYRIN 1 ML 28GX1/2" (insulin syringe-needle 1 ML 28 GAUGE X 1/2" u-100)	6	
LITETOUCH SYRIN 1 ML 29GX1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	6	
LITETOUCH SYRIN 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X 5/16 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	3	max \$35 copay per month supply
NOVOLOG MIX 70-30 FLEXPEN 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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RELION INS SYR 0.5 ML 31GX6MM (BD Veo Insulin Syringe 1/2 ML 31 GAUGE X 15/64"	6	
RELION INS SYR 1 ML 31GX15/64" (BD Veo Insulin Syringe 1 ML 31 GAUGE X 15/64"	6	
RELI-ON INSULIN 0.5 ML SYR (Ultilet Insulin Syringe) 1/2 ML 29	6	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	6	
RELION MINI PEN 31G X 1/4" NDL (pen needle, diabetic) 31 GAUGE X 1/4"	6	
RELION NEEDLES NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4"	6	
RELION PEN NEEDLES NEEDLE (pen needle, diabetic) 32 GAUGE X 5/32"	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 (Comfort EZ PRO 31 GAUGE X 5/32" Safety Pen Ndl)	6	
SAFETY PEN NEEDLE 5MM X 31G (pen needle, diabetic, 31 GAUGE X 3/16" 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
SOLQUA 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 (insulin syringe-needle u-100) 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"	6	
SURE COMFORT 1 ML SYRINGE (insulin syringe-needle u-100) 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	6	
SURE COMFORT 3/10 ML (insulin syringe-needle u-100) 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"	6	
SURE COMFORT 3/10 ML (insulin syringe-needle u-100) SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	6	
SURE COMFORT 30G PEN (pen needle, diabetic) NEEDLE 30 GAUGE X 5/16"	6	
SURE COMFORT INS 0.3 ML (insulin syringe-needle u-100) 31GX1/4 0.3 ML 31 GAUGE X 1/4"	6	
SURE COMFORT INS 0.5 ML (insulin syringe-needle u-100) 31GX1/4 1/2 ML 31 GAUGE X 1/4"	6	
SURE COMFORT INS 1 ML (insulin syringe-needle u-100) 31GX1/4" 1 ML 31 GAUGE X 1/4"	6	
SURE COMFORT PEN NDL (pen needle, diabetic) 29GX1/2" 12.7MM 29 GAUGE X 1/2"	6	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 (insulin syringe-needle 29GX12MM 1 ML 29 GAUGE X 1/2" u-100)	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX12MM 1 ML 30 GAUGE X 1/2" u-100)	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX8MM 1 ML 30 GAUGE X 5/16 u-100)	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX6MM 1 ML 31 GAUGE X u-100) 15/64"	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX8MM 1 ML 31 GAUGE X 5/16 u-100)	6	
TECHLITE PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	6	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	6	
TECHLITE PEN NEEDLE 31GX1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	6	
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	6	
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	6	
TECHLITE PEN NEEDLE 32GX1/4" (pen needle, diabetic) 32 GAUGE X 1/4"	6	
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16"	6	
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	6	
TECHLITE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	6	
TERUMO INS SYRINGE U100-1 ML (insulin syringe-needle 1 ML 27 GAUGE X 1/2", 1 ML 28 u-100) GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	6	
TERUMO INS SYRINGE U100-1 ML (Thinpro Insulin Syringe) 1 ML 30 GAUGE X 3/8"	6	
TERUMO INS SYRINGE (insulin syringe-needle U100-1/2 ML 1/2 ML 30 X 3/8" u-100)	6	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 COMFORT 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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 u-100) GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	6	
ULTILET INSULIN SYRINGE 0.5 ML (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 u-100) GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	6	
ULTILET INSULIN SYRINGE 1 ML (insulin syringe-needle 1 ML 29 GAUGE X 1/2", 1 ML 30 u-100) GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	6	
ULTILET PEN NEEDLE 29 GAUGE	6	
ULTILET PEN NEEDLE 4MM 32G (pen needle, diabetic) 32 GAUGE X 5/32"	6	
ULTRA COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16"	6	

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTRA-THIN II PEN NDL 31GX5/16 (pen needle, diabetic) 31 GAUGE X 5/16"	6	
UNIFINE PEN NEEDLE 32G 4MM (pen needle, diabetic) 32 GAUGE X 5/32"	6	
UNIFINE PENTIPS 12MM 29G (pen needle, diabetic) 29GX12MM, STRL 29 GAUGE X 1/2"	6	
UNIFINE PENTIPS 31GX3/16" (pen needle, diabetic) 31GX5MM, STRL, MINI 31 GAUGE X 3/16"	6	
UNIFINE PENTIPS 32GX1/4" 32 (pen needle, diabetic) GAUGE X 1/4"	6	
UNIFINE PENTIPS 32GX5/32" (pen needle, diabetic) 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	6	
UNIFINE PENTIPS 33GX5/32" 33 (pen needle, diabetic) GAUGE X 5/32"	6	
UNIFINE PENTIPS 6MM 31G 31 (pen needle, diabetic) GAUGE X 1/4"	6	
UNIFINE PENTIPS MAX 30GX3/16" (pen needle, diabetic) 30 GAUGE X 3/16"	6	
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	6	
UNIFINE PENTIPS PLUS 29GX1/2" (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	6	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16"	6	
UNIFINE PENTIPS PLUS 31GX1/4" (pen needle, diabetic) ULTRA SHORT, 6MM 31 GAUGE X 1/4"	6	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX3/16" MINI 31 GAUGE X 3/16"	6	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16"	6	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	6	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	6	
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	6	
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	6	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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

<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	2	GC
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i> (Lorzone)	2	GC
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	GC
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	GC
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	GC

VÍA RESPIRATORIA/AGENTES PULMONARES

Agentes De Fibrosis Pulmonar

OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	5	PA; NM; NDS
<i>pirfenidone oral tablet 534 mg</i>	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
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (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
Agentes Del Tracto Respiratorio, Otros		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD; GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
<i>breynd inhalation hfa aerosol inhaler</i> 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)
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i> 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)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	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)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	3	QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Advair Diskus)	3	QL (60 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>ipratropium-albuterol inhalation solution for nebulization</i> 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)
<i>ambisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; NM; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (90 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (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		
<i>azelastine nasal spray, non-aerosol</i> 137 mcg (0.1 %)	2	GC; QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol</i> 205.5 mcg (0.15 %) (Astepro Allergy)	2	GC; QL (30 per 25 days)
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	1	GC
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	4	
<i>cyproheptadine oral tablet 4 mg</i>	4	
<i>levocetirizine oral solution</i> 2.5 mg/5 ml (Xyzal)	2	GC
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Antiinflamatorios, Corticoesteroides Inhalados		
ARNUIITY 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)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	4	PA BvD
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	GC; QL (50 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	3	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	3	QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	GC; QL (16 per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	2	GC; QL (34 per 30 days)
Antileucotrinos		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	2	GC; QL (30 per 30 days)
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	GC; QL (30 per 30 days)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	GC; QL (30 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	GC; QL (60 per 30 days)

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VENTOLIN HFA INHALATION HFA (albuterol sulfate) AEROSOL INHALER 90 MCG/ACTUATION	3	QL (36 per 30 days)
<i>Inhibidores De Fosfodiesterasa, Enfermedad Pulmonar</i>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	3	QL (30 per 30 days)
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	GC
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	GC
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	GC

Index of Drugs / Índice de drogas

1

1ST TIER UNIFINE PENTIPS
 72, 291, 292
 1ST TIER UNIFINE PENTIPS
 PLUS 72, 292

A

abacavir 65, 278
abacavir-lamivudine 65, 278
 ABELCET 41, 257
 ABILIFY ASIMTUFII 59, 272
 ABILIFY MAINTENA 59, 272
abiraterone 46, 260
 ABOUTTIME PEN NEEDLE
 72, 292
 ABRYSCO (PF) 160, 227
acamprosate 23, 180
acarbose 69, 289
accutane 124, 201, 206
acebutolol 112, 187
acetaminophen-codeine .. 21, 236
acetazolamide 169, 232
acetic acid 170, 236
acetylcysteine 174, 329
acitretin 124, 201, 206
 ACTHAR 144, 219
 ACTHAR SELFJECT 144, 219
 ACTHIB (PF) 160, 227
 ACTIMMUNE 157, 223
acyclovir 63, 276, 277
acyclovir sodium 63, 277
 ADACEL(TDAP
 ADOLESN/ADULT)(PF)
 160, 227, 228
adefovir 62, 276
 ADEMPAS 174, 331
 ADVAIR HFA 174, 330
 ADVOCATE PEN NEEDLE
 73, 292, 293
 ADVOCATE SYRINGES
 72, 73, 292
afirmelle 146, 211
 AKEEGA 49, 263
albendazole 56, 270
albuterol sulfate 172, 333
alclometasone 125, 201
 ALCOH-GLOVE 127, 204

ALCOHOL PADS 127, 204
 ALCOHOL PREP PADS
 128, 205
 ALCOHOL PREP SWABS
 127, 204
 ALCOHOL SWABS 127, 204
 ALCOHOL WIPES 127, 204
 ALCOH-WIPE 127, 204
 ALECENSA 49, 263
alendronate 165, 196
alfuzosin 142, 209
aliskiren 115, 188
allopurinol 43, 182
alosetron 138, 206
alprazolam 68, 240
 ALPRAZOLAM INTENSOL
 68, 240
altavera (28) 146, 211
 ALUNBRIG 49, 263
alyacen 1/35 (28) 146, 211
alyacen 7/7/7 (28) 146, 211
amantadine hcl 57, 184
ambrisentan 174, 331
amcinonide 125, 201
amikacin 24, 241
amiloride 118, 194
amiloride-hydrochlorothiazide
 115, 188
amiodarone 112, 191
amitriptyline 40, 255
amlodipine 113, 185
amlodipine-atorvastatin . 115, 188
amlodipine-benazepril .. 115, 188
amlodipine-olmesartan .. 115, 188
amlodipine-valsartan 115, 188
ammonium lactate 125, 201
amnestem 124, 201
amoxapine 40, 256
amoxicillin 28, 244, 245
amoxicillin-pot clavulanate
 28, 245
amphotericin b 41, 257
amphotericin b liposome .. 41, 257
ampicillin 28, 245
ampicillin sodium 29, 245
ampicillin-sulbactam 29, 245
anagrelide 110, 177
anastrozole 49, 263
 ANKTIVA 47, 261

ANORO ELLIPTA 174, 330
apraclonidine 169, 232
aprepitant 41, 257
apri 146, 211
 APTIOM 35, 249
 APTIVUS 66, 275
 AQINJECT PEN NEEDLE
 73, 293
aranella (28) 146, 211
 ARCALYST 156, 223
 AREXVY (PF) 160, 228
 AREXVY ANTIGEN
 COMPONENT 160, 228
 ARIKAYCE 24, 241
aripiprazole 59, 272
armodafinil 176, 197
 ARNUITY ELLIPTA 171, 332
asenapine maleate 59, 272
 ASMANEX HFA 171, 332
 ASMANEX TWISTHALER
 171, 332
aspirin-dipyridamole 110, 178
 ASSURE ID DUO PRO SFTY
 PEN NDL 73, 293
 ASSURE ID DUO-SHIELD
 73, 293
 ASSURE ID INSULIN SAFETY
 73, 74, 293
 ASSURE ID PEN NEEDLE
 73, 293
 ASSURE ID PRO PEN NEEDLE
 73, 293
atazanavir 66, 275
atenolol 112, 187
atenolol-chlorthalidone
 115, 188, 189
atomoxetine 121, 199
atorvastatin 119, 192
atovaquone 56, 270
atovaquone-proguanil 56, 270
atropine 166, 233
 ATROVENT HFA 172, 333
aubra eq 146, 211
 AUGTYRO 49, 263
aurovela 1.5/30 (21) 146, 211
aurovela 1/20 (21) 146, 211
aurovela fe 1.5/30 (28) .. 146, 211
aurovela fe 1-20 (28) 146, 211
 AURYXIA 137, 285

AUSTEDO..... 122, 200
AUSTEDO XR..... 122, 200
AUSTEDO XR TITRATION
KT(WK1-4)..... 122, 200
AUVELITY..... 37, 254
aviane 146, 211
avita..... 124, 206
AVONEX..... 123, 198
ayuna..... 146, 211
AYVAKIT..... 49, 263
AZASITE..... 167, 235
azathioprine 158, 223
azelastine..... 167, 170, 233, 331
azithromycin..... 30, 246, 247
AZOPT..... 169, 232
aztreonam..... 25, 241
azurette (28)..... 146, 211

B

bacitracin..... 167, 235
bacitracin-polymyxin b... 167, 235
baclofen 62, 182
bal-care dha 133, 280
bal-care dha essential ... 133, 280
balsalazide..... 164, 196
BALVERSA 49, 50, 263
balziva (28) 146, 211
BAQSIMI..... 71, 291
BARACLUDGE 63, 276
BCG VACCINE, LIVE (PF)
..... 160, 228
BD ALCOHOL SWABS
..... 127, 205
BD AUTOSHIELD DUO PEN
NEEDLE..... 74, 293
BD ECLIPSE LUER-LOK
..... 74, 293
BD INSULIN SYRINGE ... 74, 294
BD INSULIN SYRINGE (HALF
UNIT) 74, 293
BD INSULIN SYRINGE SLIP TIP
..... 74, 294
BD INSULIN SYRINGE U-500....
..... 74, 293
BD INSULIN SYRINGE ULTRA-
FINE..... 74, 294
BD NANO 2ND GEN PEN
NEEDLE..... 74, 294
BD SAFETYGLIDE INSULIN
SYRINGE..... 74, 75, 294, 295
BD SAFETYGLIDE SYRINGE....
..... 75, 294
BD ULTRA-FINE MICRO PEN
NEEDLE..... 75, 295

BD ULTRA-FINE MINI PEN
NEEDLE..... 75, 295
BD ULTRA-FINE NANO PEN
NEEDLE..... 75, 295
BD ULTRA-FINE ORIG PEN
NEEDLE..... 75, 295
BD ULTRA-FINE SHORT PEN
NEEDLE..... 75, 295
BD VEO INSULIN SYR (HALF
UNIT) 75, 295
BD VEO INSULIN SYRINGE UF
..... 75, 295
BELSOMRA 176, 197
benazepril 111, 195
benazepril-hydrochlorothiazide
..... 115, 189
BENLYSTA 158, 223
benznidazole..... 56, 270
benztropine 57, 185
BESREMI..... 157, 223
betaine 140, 177
betamethasone dipropionate
..... 125, 201
betamethasone valerate.....
..... 125, 201, 202
betamethasone, augmented.....
..... 125, 202
BETASERON..... 123, 198
betaxolol..... 112, 169, 187, 232
bethanechol chloride 142, 209
bexarotene 55, 269
BEXSERO..... 161, 228
bicalutamide..... 46, 260
BICILLIN L-A..... 29, 245
BIKTARVY 63, 277
bisoprolol fumarate..... 112, 187
bisoprolol-hydrochlorothiazide
..... 115, 189
blisovi fe 1.5/30 (28) 146, 211
blisovi fe 1/20 (28) 147, 211
BOOSTRIX TDAP 161, 228
BORDERED GAUZE..... 75, 295
bosentan 174, 331
BOSULIF..... 50, 263, 264
BRAFTOVI 50, 264
BREO ELLIPTA..... 175, 330
breyana..... 175, 330
BREZTRI AEROSPHERE
..... 175, 330
brillyn 147, 211
BRILINTA..... 110, 178
brimonidine 169, 232
brimonidine-timolol 169, 232
BRIVIACT 32, 251
bromfenac 168, 234

bromocriptine 57, 184
BRONCHITOL..... 173, 329
BRUKINSA..... 50, 264
budesonide ... 165, 171, 196, 332
budesonide-formoterol... 175, 330
bumetanide 118, 194
buprenorphine hcl..... 23, 180
buprenorphine-naloxone.....
..... 23, 180
bupropion hcl..... 37, 254, 255
bupropion hcl (smoking deter)
..... 24, 180
buspirone 68, 239
butalbital-acetaminophen-caff.....
..... 20, 236
butalbital-aspirin-caffeine.....
..... 20, 236
BYLVAY 138, 139, 207

C

cabergoline 154, 221
CABLIVI 110, 178
CABOMETYX..... 50, 264
calcipotriene..... 127, 205
calcitonin (salmon) 165, 196
calcitriol..... 165, 197
calcium acetate(phosphat bind)
..... 137, 285
CALQUENCE..... 50, 264
CALQUENCE (ACALABRUTINIB
MAL) 50, 264
camila 152, 218
CAMZYOS 116, 189
candesartan 111, 191
candesartan-hydrochlorothiazid
..... 116, 189
CAPLYTA..... 59, 272
CAPRELSA 50, 264
captopril 111, 195
carbamazepine..... 35, 250
carbidopa 57, 184
carbidopa-levodopa... 57, 58, 184
carbidopa-levodopa-entacapone
..... 57, 184
CARDURA XL..... 142, 209
CAREFINE PEN NEEDLE.....
..... 75, 76, 295
CARETOUCH ALCOHOL PREP
PAD 127, 205
CARETOUCH INSULIN
SYRINGE..... 76, 296
CARETOUCH PEN NEEDLE
..... 76, 295, 296
carglumic acid 129, 286
carteolol 169, 232

D

d10 %-0.45 % sodium chloride
..... 134, 281
d2.5 %-0.45 % sodium chloride
..... 134, 281
d5 % and 0.9 % sodium chloride
..... 134, 281
d5 %-0.45 % sodium chloride
..... 134, 281
dalfampridine..... 123, 198
danazol 144, 217
dapsone 45, 259
DAPTACEL (DTAP PEDIATRIC)
(PF)..... 161, 228
daptomycin..... 25, 242
darifenacin 141, 209
darunavir..... 66, 275
dasetta 1/35 (28)..... 147, 212
dasetta 7/7/7 (28)..... 147, 212
DAURISMO..... 50, 264
deblitane 152, 218
deferasirox 132, 285
deferiprone..... 132, 285
DELSTRIGO 65, 279
DEPO-SUBQ PROVERA 104
..... 152, 218
DERMACEA..... 79, 298, 299
DERMACEA NON-WOVEN.....
..... 79, 299
dermacinrx lidocan 23, 239
DESCOVY 65, 279
desipramine 40, 256
desmopressin..... 144, 219, 220
desog-e.estradiol/e.estradiol.....
..... 147, 212
desogestrel-ethinyl estradiol.....
..... 147, 212
desonide 125, 202
desoximetasone 125, 126, 202
desvenlafaxine 38, 253
desvenlafaxine succinate
..... 38, 253
dexamethasone..... 143, 220
dexamethasone sodium
phosphate 168, 234
dexlansoprazole 140, 208
dexmethylphenidate
..... 121, 122, 199
dextroamphetamine sulfate
..... 121, 199
dextroamphetamine-
amphetamine 121, 199
dextrose 10 % and 0.2 % nacl
..... 134, 282

dextrose 10 % in water (d10w)
..... 134, 282
dextrose 5 % in water (d5w).....
..... 134, 282
dextrose 5%-0.2 % sod chloride
..... 134, 282
DIACOMIT 32, 251
diazepam 34, 69, 240, 249
diazepam intensol 68, 240
diazoxide..... 71, 291
diclofenac potassium..... 20, 238
diclofenac sodium... 20, 127, 168,
..... 205, 234, 238
dicloxacillin..... 29, 245
dicyclomine 138, 208
DIFICID 30, 247
diflunisal 20, 238
digitek 116, 189
digox 116, 189
digoxin 116, 189
DIGOXIN..... 116, 189
dihydroergotamine..... 44, 183
DILANTIN..... 35, 250
diltiazem hcl 114, 186
dilt-xr 114, 186
dimethyl fumarate..... 123, 198
diphenoxylate-atropine .. 138, 206
disopyramide phosphate
..... 112, 191
disulfiram..... 23, 180
divalproex..... 69, 185
dofetilide..... 112, 192
DOJOLVI..... 134, 282
donepezil..... 36, 37, 181
dorzolamide 169, 232
dorzolamide-timolol 169, 232
dorzolamide-timolol (pf).....
..... 169, 232
DOVATO..... 63, 277
doxazosin..... 111, 187
doxepin 40, 256
doxy-100 32, 248
doxycycline hyclate 32, 248
doxycycline monohydrate
..... 32, 248
dronabinol 41, 257
DROPLET INSULIN SYR(HALF
UNIT) 79, 80, 299
DROPLET INSULIN SYRINGE
..... 79, 80, 299, 300
DROPLET MICRON PEN
NEEDLE..... 80, 300
DROPLET PEN NEEDLE
..... 80, 81, 300

DROPSAFE ALCOHOL PREP
PADS 127, 205
DROPSAFE INSULIN SYRINGE
..... 81, 300, 301
DROPSAFE PEN NEEDLE
..... 81, 301
drospirenone-ethinyl estradiol
..... 147, 212
DROXIA 47, 261
droxidopa 111, 191
DUAVEE 145, 217
duloxetine..... 38, 253
DUPIXENT PEN..... 156, 224
DUPIXENT SYRINGE ... 157, 224
DUREZOL..... 168, 234
dutasteride 142, 209
dutasteride-tamsulosin .. 142, 209

E

EASY COMFORT ALCOHOL
PAD 128, 205
EASY COMFORT INSULIN
SYRINGE..... 82, 301, 302
EASY COMFORT PEN
NEEDLES 82, 302
EASY COMFORT SAFETY PEN
NEEDLE..... 81, 301
EASY GLIDE INSULIN
SYRINGE..... 82, 302
EASY GLIDE PEN NEEDLE.....
..... 83, 302
EASY TOUCH..... 84, 303, 304
EASY TOUCH ALCOHOL PREP
PADS 128, 205
EASY TOUCH FLIPLOCK
INSULIN..... 83, 84, 303
EASY TOUCH FLIPLOCK
SYRINGE..... 83, 302
EASY TOUCH INSULIN
SAFETY SYR..... 83, 302
EASY TOUCH INSULIN
SYRINGE .. 83, 84, 302, 303, 304
EASY TOUCH LUER LOCK
INSULIN..... 84, 303
EASY TOUCH PEN NEEDLE.....
..... 84, 303
EASY TOUCH SAFETY PEN
NEEDLE..... 84, 85, 304
EASY TOUCH SHEATHLOCK
INSULIN..... 83, 84, 303
EASY TOUCH UNI-SLIP
..... 85, 304
ec-naproxen 20, 238
econazole..... 42, 257
EDURANT 64, 278

<i>efavirenz</i>	64, 278	ERAXIS(WATER DILUENT).....		<i>felodipine</i>	113, 186
<i>efavirenz-emtricitabin-tenofov</i>.....		.....	42, 258	<i>fenofibrate</i>	119, 192
.....	65, 279	<i>ergotamine-caffeine</i>	44, 183	<i>fenofibrate micronized</i> ...	118, 192
<i>efavirenz-lamivu-tenofov disop</i>		ERIVEDGE	50, 264	<i>fenofibrate nanocrystallized</i>	
.....	65, 279	ERLEADA	46, 260	.....	118, 119, 192
<i>electrolyte-148</i>	129, 286	<i>erlotinib</i>	50, 264	<i>fenofibric acid (choline)</i>	
ELIGARD	154, 221	<i>errin</i>	152, 218	.....	119, 192
ELIGARD (3 MONTH) ...	154, 221	<i>ertapenem</i>	30, 246	<i>fentanyl</i>	21, 238
ELIGARD (4 MONTH) ...	154, 221	<i>ery pads</i>	129, 202	<i>fentanyl citrate</i>	22, 236
ELIGARD (6 MONTH) ...	154, 221	ERYTHROCIN	30, 247	FERRIPROX	132, 285, 286
<i>elimest</i>	147, 212	<i>erythromycin</i>	31, 167, 235, 247	FERRIPROX (2 TIMES A DAY)	
ELIQUIS.....	109, 179	<i>erythromycin ethylsuccinate</i> .....		.....	132, 285
ELIQUIS DVT-PE TREAT 30D		.....	30, 31, 247	<i>fesoterodine</i>	142, 209
START	109, 179	<i>erythromycin with ethanol</i>		FETZIMA.....	39, 253
ELMIRON.....	142, 209	.....	129, 203	FIASP FLEXTOUCH U-100	
ELREXFIO	47, 261	<i>erythromycin-benzoyl peroxide</i>		INSULIN.....	85, 305
<i>eluryng</i>	147, 212	.....	124, 203	FIASP PENFILL U-100 INSULIN	
EMBRACE PEN NEEDLE		<i>escitalopram oxalate</i>	38, 253	.....	85, 305
.....	85, 304	<i>esomeprazole magnesium</i>		FIASP U-100 INSULIN ...	85, 305
EMCYT	47, 261	.....	140, 208	FILSPARI	116, 189
EMGALITY PEN.....	44, 183	<i>estarylla</i>	147, 212	<i>finasteride</i>	142, 209
EMGALITY SYRINGE	44, 183	<i>estradiol</i>	145, 218	<i>ingolimod</i>	123, 198
EMSAM.....	38, 255	<i>ethambutol</i>	45, 259	FINTEPLA.....	33, 251
<i>emtricitabine</i>	65, 279	<i>ethosuximide</i>	34, 250	FIRMAGON KIT W DILUENT	
<i>emtricitabine-tenofovir (tdf)</i>		<i>ethynodiol diac-eth estradiol</i>		SYRINGE.....	154, 221
.....	65, 279	.....	147, 212	FIRVANQ.....	25, 242
EMTRIVA.....	65, 279	<i>etodolac</i>	20, 238	<i>flecainide</i>	112, 192
EMVERM	56, 270	<i>etonogestrel-ethinyl estradiol</i>		<i>fluconazole</i>	42, 258
<i>enalapril maleate</i>	111, 195	.....	147, 212	<i>fluconazole in nacl (iso-osm)</i>	
<i>enalapril-hydrochlorothiazide</i>		<i>etravirine</i>	64, 278	.....	42, 258
.....	116, 189	EUCRISA.....	126, 203	<i>flucytosine</i>	42, 258
ENBREL.....	158, 224	<i>euthyrox</i>	153, 210	<i>fludrocortisone</i>	143, 220
ENBREL MINI	158, 224	<i>everolimus (antineoplastic)</i>		<i>flunisolide</i>	171, 332
ENBREL SURECLICK...	158, 224	.....	51, 264, 265	<i>fluocinolone</i>	126, 203
ENDARI	140, 177	<i>everolimus (immunosuppressive)</i>		<i>fluocinolone acetonide oil</i>	
ENGERIX-B (PF).....	161, 228	.....	158, 224	.....	170, 236
ENGERIX-B PEDIATRIC (PF)		EVOTAZ.....	66, 275	<i>fluocinonide</i>	126, 203
.....	161, 228	EVRYSDI	122, 200	<i>fluocinonide-emollient</i> ...	126, 203
<i>enilloring</i>	147, 212	EXEL INSULIN.....	85, 305	<i>fluoride (sodium)</i>	129, 132,
<i>enoxaparin</i>	109, 179	<i>exemestane</i>	49, 263	.....	286, 288
<i>enpresse</i>	147, 212	EXKIVITY	51, 265	<i>fluridab</i>	129, 286
<i>enskyce</i>	147, 212	EYSUVIS	166, 233	<i>fluorometholone</i>	168, 234
ENSPRYNG	158, 224	<i>ezetimibe</i>	119, 193	<i>fluorouracil</i>	128, 205
<i>entacapone</i>	57, 184	<i>ezetimibe-simvastatin</i>		<i>fluoxetine</i>	39, 253
<i>entecavir</i>	63, 276	.....	119, 120, 193	<i>fluphenazine decanoate</i> ..	58, 271
ENTRESTO	116, 189			<i>fluphenazine hcl</i>	58, 271
ENTRESTO SPRINKLE				<i>flurbiprofen</i>	20, 238
.....	116, 189			<i>flurbiprofen sodium</i>	168, 235
<i>enulose</i>	138, 206			<i>fluticasone propionate</i> ..	126, 171,
ENVARBUS XR	158, 224			.....	203, 332
EPIDIOLEX	32, 251			<i>fluticasone propion-salmeterol</i>	
<i>epinephrine</i>	172, 333			.....	175, 330
<i>epitol</i>	35, 250			<i>fluvastatin</i>	119, 192
<i>eplerenone</i>	118, 194			<i>fluvoxamine</i>	39, 254
EPRONTIA.....	44, 183			<i>folivane-ob</i>	134, 282

F

<i>falmina (28)</i>	147, 212
<i>famciclovir</i>	63, 277
<i>famotidine</i>	139, 208
FANAPT	60, 272
FASENRA	175, 330
FASENRA PEN.....	175, 330
<i>febuxostat</i>	43, 182
<i>felbamate</i>	32, 251

fondaparinux 109, 179
fosamprenavir 67, 275
fosinopril..... 111, 195
fosinopril-hydrochlorothiazide
..... 116, 189
FOTIVDA 51, 265
FREESTYLE PRECISION.....
..... 86, 305
FRUZAQLA 51, 265
furosemide 118, 194
FUZEON 66, 280
FYCOMPA 33, 251

G

gabapentin 35, 249
GALAFOLD 141, 177
galantamine 37, 181
GARDASIL 9 (PF) 161, 228
gatifloxacin 168, 235
GATTEX 30-VIAL..... 139, 207
GAUZE PAD 86, 305
gavilyte-c..... 139, 207
gavilyte-g..... 139, 207
gavilyte-n..... 139, 207
GAVRETO 51, 265
gefitinib 51, 265
gemfibrozil..... 119, 192
generlac 138, 206
gengraf..... 158, 224
gentamicin..... 24, 168, 235, 241
gentamicin in nacl (iso-osm).....
..... 24, 241
GENVOYA 63, 277
GILOTRIF 51, 265
GLEOSTINE..... 46, 260
glimepiride..... 69, 289
glipizide..... 69, 289
glipizide-metformin 70, 289
GLUCAGEN DIAGNOSTIC KIT
..... 71, 291
glutamine (sickle cell) 141, 289
glyburide 70, 289
glyburide micronized 70, 289
glyburide-metformin..... 70, 289
glycopyrrolate..... 138, 208
granisetron hcl..... 41, 257
griseofulvin microsize 42, 258
griseofulvin ultramicrosize
..... 42, 258
guanfacine 111, 122, 191, 200
GVOKE 72, 291
GVOKE HYOPEN 2-PACK
..... 71, 291
GVOKE PFS 1-PACK SYRINGE
..... 72, 291

H

hailey 148, 213
hailey fe 1.5/30 (28)..... 148, 212
hailey fe 1/20 (28)..... 148, 212
halobetasol propionate .. 126, 203
haloette 148, 213
haloperidol 59, 271
haloperidol decanoate 58, 271
haloperidol lactate 58, 59, 271
HAVRIX (PF)..... 161, 228
HEALTHWISE INSULIN
SYRINGE..... 86, 306
HEALTHWISE PEN NEEDLE.....
..... 87, 306
HEALTHY ACCENTS UNIFINE
PENTIP 87, 306
heather..... 152, 218
heparin (porcine) 109, 179
HEPLISAV-B (PF) 161, 229
HIBERIX (PF)..... 161, 229
HUMIRA..... 159, 224
HUMIRA PEN..... 159, 224
HUMIRA PEN CROHNS-UC-HS
START 158, 227
HUMIRA PEN PSOR-UEVITS-
ADOL HS 159, 227
HUMIRA(CF)..... 159, 225
HUMIRA(CF) PEDI CROHNS
STARTER 159, 227
HUMIRA(CF) PEN..... 159, 225
HUMIRA(CF) PEN CROHNS-
UC-HS 159, 224
HUMIRA(CF) PEN PEDIATRIC
UC 159, 225
HUMIRA(CF) PEN PSOR-UV-
ADOL HS 159, 225
hydralazine..... 120, 195
hydrochlorothiazide 118, 194
hydrocodone-acetaminophen
..... 22, 237
hydrocodone-ibuprofen..... 22, 237
hydrocortisone..... 126, 143, 165,
..... 196, 203, 206, 220
HYDROCORTISONE LOTION
COMPLETE 126, 206
hydrocortisone valerate
..... 126, 203
hydrocortisone-pramoxine
..... 128, 205
hydromorphone 22, 237
hydroxychloroquine 56, 270
hydroxyurea 47, 261
hydroxyzine hcl 68, 239, 240
hydroxyzine pamoate 68, 240

HYFTOR 128, 205

I

ibandronate 165, 197
IBRANCE 51, 265
ibu 20, 238
ibuprofen 20, 238
icatibant..... 156, 227
iclevia..... 148, 213
ICLUSIG..... 51, 265
icosapent ethyl 120, 193
IDHIFA 47, 48, 261
ILEVRO..... 168, 235
imatinib 51, 265
IMBRUVICA 51, 265
imipenem-cilastatin..... 30, 246
imipramine hcl..... 40, 256
imiquimod..... 128, 205
IMOVAX RABIES VACCINE (PF)
..... 161, 229
IMVEXXY MAINTENANCE
PACK..... 145, 218
IMVEXXY STARTER PACK.....
..... 145, 218
INBRIJA 58, 184
incassia..... 152, 218
INCONTROL ALCOHOL PADS
..... 128, 205
INCONTROL PEN NEEDLE.....
..... 87, 306, 307
INCRELEX 144, 220
indapamide 118, 194
indomethacin..... 20, 21, 238, 239
INFANRIX (DTAP) (PF).....
..... 161, 229
INGREZZA..... 122, 200
INGREZZA INITIATION
PK(TARDIV)..... 122, 200
INGREZZA SPRINKLE.....
..... 122, 200
INLYTA 51, 265
INQOVI 47, 261
INREBIC 52, 265
insulin glargine 87, 307
INSULIN SYR/NDL U100 HALF
MARK 87, 307
INSULIN SYRINGE 74, 294
INSULIN SYRINGE MICROFINE
..... 74, 294
INSULIN SYRINGE
NEEDLELESS..... 74, 294
INSULIN SYRINGE-NEEDLE U-
100..... 74, 85, 86, 87, 88, 95, 99,
..... 102, 103, 294, 304, 305, 307,
..... 308, 314, 315, 318, 322

INSUPEN PEN NEEDLE 88, 89, 308
 INTELENCE 64, 278
 INTRALIPID 134, 282
 INTRAROSA 148, 213
 INVEGA HAFYERA 60, 272
 INVEGA SUSTENNA 60, 272
 INVEGA TRINZA 60, 273
 INVOKAMET 70, 289
 INVOKAMET XR 70, 289
 INVOKANA 70, 289
 IPOL 161, 229
ipratropium bromide 172, 333
ipratropium-albuterol 175, 331
irbesartan 111, 191
irbesartan-hydrochlorothiazide
 116, 189
 ISENTRESS 64, 277
 ISENTRESS HD 64, 277
isibloom 148, 213
 ISOLYTE S PH 7.4 130, 286
 ISOLYTE-P IN 5 % DEXTROSE
 134, 282
 ISOLYTE-S 130, 286
isoniazid 45, 259
 ISOPROPYL ALCOHOL 128, 205
isosorbide dinitrate 120, 195
isosorbide mononitrate 120, 195
isosorbide-hydralazine 116, 190
isotretinoin 124, 203
isradipine 113, 186
 ISTURISA 143, 220
itraconazole 42, 258
 IV PREP WIPES 128, 205
ivabradine 116, 190
ivermectin 56, 270
 IWILFIN 48, 261
 IXCHIQ (PF) 162, 229
 IXIARO (PF) 162, 229

J

JAKAFI 52, 265
jantoven 109, 179
 JANUMET 70, 289
 JANUMET XR 70, 290
 JANUVIA 70, 290
 JARDIANCE 70, 290
jasmiel (28) 148, 213
 JAYPIRCA 52, 266
jencycla 152, 218
jolessa 148, 213
 JUBLIA 42, 258
juleber 148, 213
 JULUCA 65, 279
junel 1.5/30 (21) 148, 213

junel 1/20 (21) 148, 213
junel fe 1.5/30 (28) 148, 213
junel fe 1/20 (28) 148, 213
 JUXTAPID 120, 193
 JYLAMVO 48, 262
 JYNNEOS (PF) 162, 229

K

kalliga 148, 213
 KALYDECO 173, 329
kariva (28) 148, 213
 KATERZIA 113, 186
kelnor 1/35 (28) 148, 213
kelnor 1-50 (28) 148, 213
 KERENDIA 118, 194
 KESIMPTA PEN 123, 198
ketoconazole 42, 258
ketorolac 21, 168, 235, 239
 KINERET 159, 225
 KINRIX (PF) 162, 229
kionex (with sorbitol) 132, 286
 KISQALI 52, 266
 KISQALI FEMARA CO-PACK
 48, 262
 KLOR-CON 130, 287
 KLOR-CON 10 130, 286
 KLOR-CON 8 130, 286
klor-con m10 130, 286
klor-con m15 130, 286
klor-con m20 130, 286
 KLOXXADO 23, 180
 KOSELUGO 52, 266
kosher prenatal plus iron
 134, 282
 KOURZEQ 124, 201
 KRAZATI 52, 266
kurvelo (28) 148, 213

L

labetalol 113, 187
lacosamide 36, 250
lactulose 138, 206
lagevrio (eua) 67, 275
lamivudine 63, 65, 276, 279
lamivudine-zidovudine 65, 279
lamotrigine 33, 251, 252
 LAMPIT 56, 270
 LANOXIN 116, 190
lanreotide 154, 221
lansoprazole 140, 208
 LANTUS SOLOSTAR U-100
 INSULIN 89, 308
 LANTUS U-100 INSULIN 89, 308
lapatinib 52, 266

larin 1.5/30 (21) 148, 213
larin 1/20 (21) 148, 213
larin fe 1.5/30 (28) 149, 213
larin fe 1/20 (28) 149, 213
latanoprost 170, 234
leena 28 149, 214
leflunomide 157, 225
lenalidomide 47, 260
 LENVIMA 52, 266
lessina 149, 214
letrozole 49, 263
leucovorin calcium 48, 262
 LEUKERAN 46, 260
 LEUKINE 110, 177
leuprolide 154, 222
leuprolide (3 month) 154, 222
 LEVEMIR FLEXPEN 89, 308
 LEVEMIR U-100 INSULIN
 89, 308
levetiracetam 33, 252
levobunolol 169, 232
levocarnitine 135, 282
levocarnitine (with sugar)
 134, 282
levocetirizine 171, 331
levofloxacin 31, 248
levofloxacin in d5w 31, 247
levonest (28) 149, 214
levonorgestrel-ethinyl estrad
 149, 214
levonorg-eth estrad triphasic
 149, 214
levora-28 149, 214
 LEVO-T 153, 210
levothyroxine 153, 210
 LEVOXYL 153, 210
 LEXIVA 67, 275
 LIALDA 164, 196
 LIBERVANT 33, 252
lidocaine 23, 239
lidocaine hcl 23, 239
lidocaine viscous 23, 239
lidocaine-prilocaine 23, 239
lidocan iii 23, 239
linezolid 25, 242
linezolid in dextrose 5% 25, 242
 LINZESS 138, 207
liothyronine 153, 210
 LISCO 89, 308
lisinopril 111, 195
lisinopril-hydrochlorothiazide
 116, 190
 LITE TOUCH INSULIN PEN
 NEEDLES 89, 308, 309

LITE TOUCH INSULIN
 SYRINGE 89, 90, 308, 309
lithium carbonate 69, 185
lithium citrate 69, 185
 LIVALO 119, 193
 LIVMARLI 139, 207
 LIVTENCITY 62, 276
 LOKELMA 132, 286
 LONSURF 48, 262
loperamide 138, 207
lopinavir-ritonavir 67, 275
 LOQTORZI 48, 262
lorazepam 69, 240, 241
lorazepam intensol 69, 240
 LORBRENA 52, 266
loryna (28) 149, 214
losartan 111, 191
losartan-hydrochlorothiazide
 117, 190
loteprednol etabonate 168, 235
lovastatin 119, 193
low-ogestrel (28) 149, 214
loxapine succinate 59, 271
lo-zumandimine (28) 149, 214
lubiprostone 138, 207
ludent fluoride 130, 287
 LUMAKRAS 48, 262
 LUMIGAN 170, 234
 LUPKYNIS 159, 225
 LUPRON DEPOT 155, 222
 LUPRON DEPOT (3 MONTH)
 154, 222
 LUPRON DEPOT (4 MONTH)
 154, 222
 LUPRON DEPOT (6 MONTH)
 155, 222
 LUPRON DEPOT-PED.. 155, 222
 LUPRON DEPOT-PED
 (3 MONTH) 155, 222
lurasidone 60, 273
lutea (28) 149, 214
 LYBALVI 60, 273
lyleq 152, 219
 LYNPARZA 48, 262
 LYSODREN 46, 260
 LYTGOBI 52, 266
lyza 152, 219

M

MAGELLAN INSULIN SAFETY
 SYRNG 90, 309
 MAGELLAN SYRINGE 90, 309
magnesium sulfate 130, 287
malathion 129, 206
maraviroc 66, 280

marlissa (28) 149, 214
marnatal-f 135, 282
 MARPLAN 38, 255
 MATULANE 46, 260
matzim la 114, 186
 MAVYRET 63, 276
 MAXICOMFORT II PEN
 NEEDLE 90, 310
 MAXI-COMFORT INSULIN
 SYRINGE 90, 310
 MAXICOMFORT INSULIN
 SYRINGE 90
 MAXICOMFORT INSULIN
 SYRINGE 90
 MAXICOMFORT INSULIN
 SYRINGE 310
 MAXICOMFORT INSULIN
 SYRINGE 310
 MAXICOMFORT SAFETY PEN
 NEEDLE 90, 310
 MAYZENT 123, 198
 MAYZENT STARTER(FOR 1MG
 MAINT) 123, 198
 MAYZENT STARTER(FOR 2MG
 MAINT) 123, 198
meclizine 40, 256
medroxyprogesterone ... 152, 219
mefloquine 56, 270
megestrol 153, 219
 MEKINIST 52, 53, 266
 MEKTOVI 53, 266
meloxicam 21, 239
memantine 36, 181
 MENACTRA (PF) 162, 229
 MENEST 146, 218
 MENQUADFI (PF) 162, 229
 MENVEO A-C-Y-W-135-DIP (PF)
 162, 229
mercaptopurine 47, 261
meropenem 30, 246
mesalamine 165, 196
 MESNEX 48, 262
metformin 70, 290
methadone 21, 238
methazolamide 169, 232
methenamine hippurate... 25, 242
methimazole 156, 223
methocarbamol 176, 328
methotrexate sodium 159, 225
methotrexate sodium (pf)
 159, 225
methsuximide 34, 250
methylphenidate hcl 122, 200
methylprednisolone 143, 220
metoclopramide hcl 139, 207

metolazone 118, 194
metoprolol succinate 113, 187
metoprolol ta-hydrochlorothiaz
 117, 190
metoprolol tartrate
 113, 187, 188
metronidazole 26, 242
metronidazole in nacl (iso-os)
 26, 242
metyrosine 117, 190
mexiletine 112, 192
 MICRODOT INSULIN PEN
 NEEDLE 90, 310
 MICRODOT READYGARD PEN
 NEEDLE 90, 310
microgestin 1.5/30 (21)
 149, 214
microgestin 1/20 (21) 149, 214
microgestin fe 1.5/30 (28)
 149, 214
microgestin fe 1/20 (28)
 149, 214
midodrine 111, 191
mifepristone 72, 291
miglitol 70, 290
miglustat 141, 177
mili 149, 214
 MINI ULTRA-THIN II 91, 310
minocycline 32, 248
minoxidil 120, 195
mirtazapine 37, 255
misoprostol 140, 208
 M-M-R II (PF) 162, 229
m-natal plus 135, 282
modafinil 176, 197
moexipril 112, 195
molindone 59, 271
mometasone 126, 171,
 203, 332
mondoxyne nl 32, 249
 MONOJECT INSULIN SAFETY
 SYRING 91, 92, 311
 MONOJECT INSULIN SYRINGE
 91, 92, 310, 311
 MONOJECT SYRINGE ... 91, 310
 MONOJECT ULTRA COMFORT
 INSULIN 104, 324
mono-lyyah 149, 214
montelukast 171, 172, 332
morphine 21, 22, 237, 238
 MORPHINE 22, 237
morphine concentrate 22, 237
 MOUNJARO 70, 290
 MOVANTIK 138, 207
moxifloxacin 31, 168, 235, 248

moxifloxacin-sod.ace,sul-water
..... 31, 248
moxifloxacin-sod.chloride(iso)
..... 31, 248
MRESVIA (PF) 162, 229
MULTAQ 112, 192
mupirocin 129, 204
mupirocin calcium..... 129, 204
mycophenolate mofetil.....
..... 159, 160, 225
mycophenolate sodium.. 160, 225
mynatal 135, 282
mynatal advance 135, 282
mynatal plus..... 135, 282
mynatal-z 135, 282
mynate 90 plus..... 135, 282
MYRBETRIQ..... 142, 209

N

nabumetone 21, 239
nadolol 113, 188
nafcillin..... 29, 245
nafcillin in dextrose iso-osm.....
..... 29, 245
naloxone 24, 180
naltrexone 23, 181
NAMZARIC 36, 181
naproxen..... 21, 239
naproxen sodium..... 21, 239
naratriptan..... 44, 182
NARCAN..... 24, 180
NATACYN..... 168, 235
nateglinide..... 70, 290
NATPARA 165, 197
NAYZILAM 35, 249
nebivolol..... 113, 188
necon 0.5/35 (28) 150, 214
nefazodone 39, 254
neomycin..... 25, 241
neomycin-bacitracin-poly-hc.....
..... 166, 233
neomycin-bacitracin-polymyxin
..... 168, 235
neomycin-polymyxin b-dexameth
..... 166, 167, 233
neomycin-polymyxin-gramicidin
..... 167, 233
neomycin-polymyxin-hc.....
..... 167, 170, 234, 236
NERLYNX 53, 267
NEUPRO..... 57, 184
nevirapine 64, 278
newgen 135, 282
niacin 120, 193
nicardipine..... 113, 186

NICOTROL 24, 180
nifedipine..... 113, 114, 186
nikki (28) 150, 214
nilutamide..... 46, 260
NINLARO 48, 262
nitazoxanide..... 56, 270
nitisinone..... 141, 177
NITRO-BID..... 120, 195
nitrofurantoin macrocrystal
..... 26, 242
nitrofurantoin monohyd/m-cryst
..... 26, 242
nitroglycerin..... 120, 121, 196
niva-plus..... 135, 282
nizatidine..... 139, 208
NOCDURNA (MEN) 144, 220
NOCDURNA (WOMEN)
..... 144, 220
nora-be 153, 219
norethindrone (contraceptive)
..... 153, 219
norethindrone acetate ... 153, 219
norethindrone ac-eth estradiol
..... 150, 215
norethindrone-e.estradiol-iron
..... 150, 215
norgestimate-ethinyl estradiol
..... 150, 215
nortrel 0.5/35 (28)..... 150, 215
nortrel 1/35 (21)..... 150, 215
nortrel 1/35 (28)..... 150, 215
nortrel 7/7/7 (28)..... 150, 215
nortriptyline 40, 256
NORVIR..... 67, 275
NOVOFINE 30 92, 311
NOVOFINE 32 92, 311
NOVOFINE PLUS 92, 311
NOVOLIN 70/30 U-100 INSULIN
..... 92, 312
NOVOLIN 70-30 FLEXPEN U-
100..... 92, 312
NOVOLIN N FLEXPEN ... 92, 312
NOVOLIN N NPH U-100
INSULIN..... 92, 312
NOVOLIN R FLEXPEN ... 92, 312
NOVOLIN R REGULAR U100
INSULIN..... 92, 312
NOVOLOG FLEXPEN U-100
INSULIN..... 92, 312
NOVOLOG MIX 70-30 U-100
INSULN..... 92, 312
NOVOLOG MIX 70-30FLEXPEN
U-100 92, 312
NOVOLOG PENFILL U-100
INSULIN..... 93, 312

NOVOLOG U-100 INSULIN
ASPART..... 93, 312
NOVOTWIST 93, 312
NOXAFIL..... 42, 258
NUBEQA..... 46, 260
NUCALA 175, 176, 331
NUDEXTA 122, 200
NUPLAZID 60, 273
NUTRILIPID 135, 282
nyamyc 43, 258
nylia 1/35 (28) 150, 215
nylia 7/7/7 (28) 150, 215
nymyo 150, 215
nystatin 43, 258, 259
nystatin-triamcinolone ... 128, 205
nystop 43, 259

O

obstetrix dha..... 135, 283
obstetrix dha prenatal duo.....
..... 135, 283
o-cal prenatal 135, 283
ocella 150, 215
octreotide acetate..... 155, 222
ODEFSEY 65, 279
ODOMZO..... 53, 267
OFEV 174, 328
ofloxacin..... 31, 168, 170,
..... 235, 236, 248
OGSIVEO 48, 262
OJEMDA 48, 262
OJJAARA..... 53, 267
olanzapine..... 60, 273
olanzapine-fluoxetine
..... 37, 38, 255
olmesartan 111, 191
olmesartan-amlodipin-hcthiiazid
..... 117, 190
olmesartan-hydrochlorothiazide
..... 117, 190
olopatadine 167, 233
omega-3 acid ethyl esters
..... 120, 193
omeprazole 140, 208
OMNITROPE 144, 220
ondansetron..... 41, 257
ondansetron hcl..... 41, 257
ONUREG 47, 261
OPSUMIT..... 174, 331
OPVEE 24, 180
oralone..... 124, 201
ORGOVYX..... 48, 262
ORKAMBI 173, 329
orphenadrine citrate 176, 328
ORSERDU 47, 261

oseltamivir.....67, 277
 OSPHENA 150, 215
 OTEZLA..... 157, 225
 OTEZLA STARTER.....
 157, 225, 227
 oxacillin 29, 245, 246
 oxacillin in dextrose(iso-osm)
 29, 245
 oxaprozin 21, 239
 oxazepam 68, 240
 oxcarbazepine.....36, 250
 OXLUMO 166, 289
 oxybutynin chloride..... 142, 209
 oxycodone..... 21, 22, 237, 238
 oxycodone-acetaminophen.....
 22, 237
 OZEMPIC.....70, 290

P

paliperidone60, 273
 PANRETIN..... 128, 205
 pantoprazole 140, 208
 PANZYGA..... 156, 225
 paricalcitol..... 165, 197
 paroex oral rinse 124, 201
 paromomycin.....25, 241
 paroxetine hcl.....39, 254
 PAXLOVID 67, 68, 275
 pazopanib 53, 267
 PEDIARIX (PF) 162, 229
 PEDVAX HIB (PF)..... 162, 229
 peg 3350-electrolytes 139, 207
 PEGASYS..... 157, 226
 peg-electrolyte soln 139, 207
 PEMAZYRE 53, 267
 PEN NEEDLE 86, 93, 95, 305,
 312, 313, 315
 PEN NEEDLE, DIABETIC
 78, 90, 91, 93, 95,
 298, 310, 312, 313, 314
 PEN NEEDLE, DIABETIC,
 SAFETY96, 315
 PENBRAYA (PF)..... 162, 230
 PENBRAYA MENACWY
 COMPONENT(PF) 162, 230
 PENBRAYA MENB
 COMPONENT (PF) 162, 230
 penicillamine 142, 209
 penicillin g pot in dextrose
 29, 246
 penicillin g potassium 29, 246
 penicillin g procaine.....29, 246
 penicillin g sodium 29, 246
 penicillin v potassium 29, 246
 PENTACEL (PF) 162, 230

pentamidine56, 270
 PENTIPS..... 93, 313
 pentoxifylline 117, 190
 perindopril erbumine..... 112, 195
 periogard..... 124, 201
 permethrin..... 129, 206
 perphenazine 59, 271
 pfizerpen-g..... 29, 246
 phenelzine.....38, 255
 phenobarbital 33, 34, 252
 phenytoin 36, 250
 phenytoin sodium extended.....
 36, 250
 philith 150, 215
 PIFELTRO 64, 278
 pilocarpine hcl 124, 169,
 201, 232
 pimecrolimus 126, 204
 pimozide.....59, 271
 pimtrea (28)..... 150, 215
 pindolol 113, 188
 pioglitazone..... 71, 290
 pioglitazone-metformin 71, 290
 PIP PEN NEEDLE 93, 94, 313
 piperacillin-tazobactam....29, 246
 PIQRAY 53, 267
 pifenidone 174, 328, 329
 pirmella 150, 215
 piroxicam.....21, 239
 PLASMA-LYTE A 130, 287
 pnv 29-1 135, 283
 pnv-dha + docusate..... 135, 283
 pnv-omega 135, 283
 podofilox..... 128, 205
 polymyxin b sulf-trimethoprim
 167, 234
 POMALYST 47, 260
 portia 28 151, 215
 posaconazole 43, 259
 potassium chlorid-d5-0.45%nacl
 130, 287
 potassium chloride 131, 287, 288
 potassium chloride in 0.9%nacl
 130, 287
 potassium chloride in 5 % dex
 130, 287
 potassium chloride in lr-d5.....
 130, 287
 potassium chloride in water
 131, 287
 potassium chloride-0.45 % nacl
 131, 288
 potassium chloride-d5-0.2%nacl
 131, 288

potassium chloride-d5-0.9%nacl
 131, 288
 potassium citrate 131, 288
 pr natal 400 135, 283
 pr natal 400 ec 135, 283
 pr natal 430 135, 283
 pr natal 430 ec 135, 283
 pramipexole 57, 185
 prasugrel..... 110, 178
 pravastatin 119, 193
 prazosin 111, 187
 prednisolone 143, 220
 prednisolone acetate 168, 235
 prednisolone sodium phosphate
 143, 169, 220, 221, 235
 prednisone 143, 144, 221
 PREDNISONE INTENSOL.....
 143, 221
 pregabalin 123, 198, 199
 PREHEVBRIO (PF)..... 163, 230
 PREMARIN 146, 218
 PREMASOL 10 % 135, 283
 PREMPHASE..... 151, 216
 PREMPRO 151, 216
 prena 1 true..... 136, 283
 prenaissance..... 136, 283
 prenaissance plus 136, 283
 prenatalabs fa 136, 283
 prenatal 19 136, 283
 prenatal 19 (with docusate)
 136, 283
 prenatal low iron..... 136, 283
 prenatal plus..... 136, 283
 prenatal plus (calcium carb).....
 135, 283
 prenatal vitamin plus low iron
 136, 283
 prenatal-u..... 136, 283
 preplus 136, 283
 pretab..... 136, 284
 PREVENT DROPSAFE PEN
 NEEDLE.....94, 313
 PREVYMIS 62, 276
 PREZCOBIX 67, 275
 PREZISTA 67, 275
 PRIFTIN..... 45, 259
 PRIMAQUINE 56, 270
 primidone 34, 252
 PRIORIX (PF) 163, 230
 PRIVIGEN..... 156, 226
 PRO COMFORT ALCOHOL
 PADS..... 128, 205
 PRO COMFORT INSULIN
 SYRINGE..... 94, 313, 314

PRO COMFORT PEN NEEDLE
 94, 314
probenecid 43, 182
probenecid-colchicine 43, 182
prochlorperazine 40, 256
prochlorperazine maleate
 40, 256
procto-med hc 127, 204
proctosol hc 127, 204
proctozone-hc 127, 204
 PRODIGY INSULIN SYRINGE
 94, 314
progesterone micronized
 153, 219
 PROGRAF 160, 226
 PROLASTIN-C 141, 177
 PROLIA 166, 197
 PROMACTA 110, 177
promethazine 40, 41, 256
promethegan 41, 256
propafenone 112, 192
propranolol 44, 113, 183, 188
propylthiouracil 156, 223
 PROQUAD (PF) 163, 230
 PROSOL 20 % 136, 284
protriptyline 40, 256
 PULMOZYME 173, 329
 PURE COMFORT ALCOHOL
 PADS 128, 205
 PURE COMFORT PEN NEEDLE
 94, 95, 314
 PURE COMFORT SAFETY PEN
 NEEDLE 94, 314
 PURIXAN 47, 261
pyrazinamide 45, 259
pyridostigmine bromide ... 45, 182

Q

QINLOCK 53, 267
 QUADRACEL (PF) 163, 230
quetiapine 61, 273
quinapril 112, 195
quinapril-hydrochlorothiazide
 117, 190
quinidine sulfate 112, 192
quinine sulfate 56, 270

R

RABAVERT (PF) 163, 230
raloxifene 166, 197
ramipril 112, 195
ranolazine 117, 190
rasagiline 58, 185
 RAVICTI 141, 177

reclipsen (28) 151, 216
 RECOMBIVAX HB (PF)
 163, 230
 REGRANEX 128, 206
 RELENZA DISKHALER ... 67, 277
 RELION NEEDLES 95, 315
 RELION PEN NEEDLES
 95, 315
repaglinide 71, 290
 REPATHA PUSHTRONEX
 120, 193
 REPATHA SURECLICK
 120, 194
 REPATHA SYRINGE ... 120, 194
 RESTASIS 167, 234
 RESTASIS MULTIDOSE
 167, 234
 RETACRIT 110, 177
 RETEVMO 53, 267
 REXULTI 61, 273
 REYATAZ 67, 276
 REZLIDHIA 53, 267
 REZUROCK 160, 226
 RHOPRESSA 170, 233
ribavirin 63, 276
rifabutin 45, 259
rifampin 45, 259
riluzole 122, 200
rimantadine 67, 277
 RINVOQ 157, 226
risedronate 166, 197
risperidone 61, 274
risperidone microspheres
 61, 273, 274
ritonavir 67, 276
rivastigmine 37, 181
rivastigmine tartrate 37, 181
rizatriptan 44, 182
r-natal ob 136, 284
 ROCKLATAN 170, 233
roflumilast 174, 334
ropinirole 57, 185
rosadan 26, 242
rosuvastatin 119, 193
 ROTARIX 163, 231
 ROTATEQ VACCINE ... 163, 231
 ROZLYTREK 53, 267
 RUBRACA 53, 267
rufinamide 36, 250
 RUKOBIA 66, 280
 RYBELSUS 71, 290
 RYDAPT 53, 267
 RYTARY 58, 184

S

SAFESNAP INSULIN SYRINGE
 95, 96, 315
 SAFETY PEN NEEDLE ... 96, 315
 SANTYL 128, 206
sapropterin 141, 178
 SAVELLA 123, 199
 SCEMBLIX 53, 267
scopolamine base 41, 256
 SECUADO 61, 274
 SECURESAFE INSULIN
 SYRINGE 96, 315
 SECURESAFE PEN NEEDLE
 96, 315
select-ob 136, 284
select-ob (folic acid) 136, 284
selegiline hcl 58, 185
selenium sulfide 127, 204
 SELZENTRY 66, 280
se-natal 19 chewable ... 136, 284
 SEREVENT DISKUS 173, 333
sertraline 39, 254
setlakin 151, 216
sevelamer carbonate 137, 285
sharobel 153, 219
 SHINGRIX (PF) 163, 231
 SIGNIFOR 155, 222
sildenafil 138, 289
sildenafil (pulm.hypertension)
 174, 331
silodosin 142, 209
silver sulfadiazine 128, 206
 SIMBRINZA 170, 233
simliya (28) 151, 216
simvastatin 119, 193
sirolimus 160, 226
 SIRTURO 46, 259
 SKY SAFETY PEN NEEDLE
 96, 316
 SKYRIZI 157, 226
sodium chloride 132, 288
sodium chloride 0.45 %
 131, 288
sodium chloride 0.9 % ... 132, 288
sodium chloride 3 % hypertonic
 132, 288
sodium chloride 5 % hypertonic
 132, 288
sodium oxybate 176, 197
sodium polystyrene sulfonate
 132, 286
sodium,potassium,mag sulfates
 139, 207
sfosbuvir-velpatasvir 63, 276

solifenacin 142, 209
 SOLIQUA 100/33 96, 316
 SOLTAMOX 47, 261
 SOMATULINE DEPOT.. 155, 222
 SOMAVERT 155, 223
sorafenib 53, 267
sotalol 112, 192
sotalol af..... 112, 192
 SPIRIVA RESPIMAT 172, 333
 SPIRIVA WITH HANDIHALER
 172, 333
spironolactone..... 118, 194
spironolacton-hydrochlorothiaz
 117, 190
sprintec (28)..... 151, 216
 SPRITAM 34, 252
 SPRYCEL 53, 54, 267
sps (with sorbitol) 132, 286
sronyx 151, 216
ssd..... 128, 206
 STELARA..... 157, 226
 STERILE PADS 96, 316
 STIVARGA..... 54, 267
 STRIBILD..... 64, 278
 SUBOXONE..... 23, 180
sucralfate 140, 209
sulfacetamide sodium.... 168, 235
sulfacetamide sodium (acne).....
 31, 248
sulfacetamide-prednisolone.....
 167, 234
sulfadiazine 31, 248
sulfamethoxazole-trimethoprim
 31, 248
sulfasalazine 165, 196
sulindac..... 21, 239
sumatriptan 44, 182
sumatriptan succinate 45, 183
sunitinib malate 54, 268
 SUNLENCA 66, 280
 SURE COMFORT ALCOHOL
 PREP PADS..... 128, 206
 SURE COMFORT INS. SYR. U-
 100..... 96, 316
 SURE COMFORT INSULIN
 SYRINGE..... 96, 97, 316
 SURE COMFORT PEN NEEDLE
 97, 316, 317
 SURE COMFORT SAFETY PEN
 NEEDLE..... 96, 316
 SURE-FINE PEN NEEDLES
 97, 317
 SURE-JECT INSULIN SYRINGE
 97, 98, 317

SURE-PREP ALCOHOL PREP
 PADS 128, 206
 SUTAB..... 139, 208
syeda 151, 216
 SYMDEKO 173, 329
 SYMLINPEN 120..... 71, 290
 SYMLINPEN 60 71, 290
 SYMPAZAN 35, 249
 SYMTUZA..... 64, 278
 SYNAREL 155, 223
 SYNJARDY 71, 290
 SYNJARDY XR 71, 291
 SYNRIPO 48, 262
 SYNTHROID..... 154, 210
 SYRINGE WITH NEEDLE,
 SAFETY 96, 315

T

TABLOID..... 47, 261
 TABRECTA..... 54, 268
tacrolimus..... 127, 160,
 204, 226, 227
 TAFINLAR..... 54, 268
 TAGRISSO 54, 268
 TAKHZYRO 156, 227
 TALVEY 49, 262
 TALZENNA 54, 268
tamoxifen 47, 261
tamsulosin..... 142, 209
tarina fe 1-20 eq (28).... 151, 216
taron-c dha..... 136, 284
taron-prex prenatal-dha
 136, 284
 TASIGNA 54, 268
 TAVNEOS..... 157, 226
tazarotene 124, 204
 TAZORAC..... 124, 204
taztia xt 114, 195
 TAZVERIK 54, 268
 TDVAX..... 163, 231
 TECHLITE INSULIN SYRINGE
 98, 318
 TECHLITE INSULN SYR(HALF
 UNIT) 98, 317, 318
 TECHLITE PEN NEEDLE
 98, 99, 318
 TECHLITE PLUS PEN NEEDLE
 99, 318
 TEFLARO 28, 244
 TEGSEDI 141, 178
telmisartan 111, 191
telmisartan-amlodipine .. 117, 190
telmisartan-hydrochlorothiazid
 117, 190
temazepam 176, 198

TENIVAC (PF)..... 163, 164, 231
tenofovir disoproxil fumarate.....
 65, 279
 TEPMETKO 54, 268
terazosin 111, 187
terbinafine hcl..... 43, 259
terbutaline 173, 333
terconazole 43, 259
teriparatide..... 166, 197
 TERUMO INSULIN SYRINGE
 99, 318, 319
testosterone 145, 217
testosterone cypionate
 144, 145, 217
testosterone enanthate.....
 145, 217
 TETANUS,DIPHThERIA TOX
 PED(PF)..... 164, 231
tetrabenazine 122, 123, 200
tetracycline..... 32, 249
 THALOMID 47, 260
theophylline..... 174, 334
 THINPRO INSULIN SYRINGE
 99, 319
thioridazine..... 59, 271
thiothixene..... 59, 271
tiadylt er 114, 187
tiagabine 35, 249
 TIBSOVO..... 54, 268
 TICOVAC..... 164, 231
tigecycline 26, 242
timolol maleate
 113, 169, 188, 233
tinidazole..... 26, 243
 TIVICAY 64, 278
 TIVICAY PD 64, 278
tizanidine..... 62, 182
 TOBI PODHALER 173, 329
tobramycin 168, 235
tobramycin in 0.225 % nacl.....
 173, 329
tobramycin sulfate 25, 241
tobramycin-dexamethasone
 167, 234
tolterodine 142, 210
tolvaptan 132, 133, 286
 TOPCARE CLICKFINE ... 99, 319
 TOPCARE ULTRA COMFORT
 100, 319
topiramate 44, 183
toremifene 47, 261
torpenz..... 54, 268
torsemide..... 118, 194
 TOUJEO MAX U-300
 SOLOSTAR 100, 319

TOUJEO SOLOSTAR U-300
 INSULIN..... 100, 319
 TPN ELECTROLYTES ..136, 284
 TPN ELECTROLYTES II.....
 136, 284
tramadol.....22, 237
tramadol-acetaminophen.....
23, 237
trandolapril 112, 195
trandolapril-verapamil.... 117, 190
tranexamic acid..... 110, 178
tranylcypromine.....38, 255
 TRAVASOL 10 %..... 136, 284
travoprost..... 170, 234
trazodone.....39, 254
 TRECATOR46, 259
 TRELEGY ELLIPTA 176, 331
 TRELSTAR 155, 223
 TRESIBA FLEXTOUCH U-100
 100, 319
 TRESIBA FLEXTOUCH U-200
 100, 320
 TRESIBA U-100 INSULIN
 100, 320
tretinoin 124, 125, 204
tretinoin (antineoplastic) ..56, 269
 TREXALL..... 160, 226
triamcinolone acetoneide.....
 124, 127, 201, 204
triamterene-hydrochlorothiazid
 117, 190, 191
tridacaine23, 239
trientine 133, 286
tri-estarylla 151, 216
trifluoperazine.....59, 272
trifluridine63, 277
trihexyphenidyl57, 185
 TRIKAFTA..... 173, 329
tri-lynyah 151, 216
trimethoprim26, 243
tri-mili 151, 216
trimipramine40, 256
 TRINTELLIX.....39, 254
tri-nymyo 151, 216
tri-sprintec (28) 151, 216
 TRIUMEQ66, 280
 TRIUMEQ PD.....66, 280
triveen-duo dha 137, 284
trivora (28)..... 151, 216
tri-vylibra 151, 216
 TRIZIVIR.....65, 279
 TROPHAMINE 10 % 137, 284
tropium 142, 210
 TRUE COMFORT ALCOHOL
 PADS 128, 206

TRUE COMFORT INSULIN
 SYRINGE 100, 320
 TRUE COMFORT PEN NEEDLE
 100, 101, 320
 TRUE COMFORT PRO
 ALCOHOL PADS 128, 206
 TRUE COMFORT PRO INS
 SYRINGE..... 100, 101, 320, 321
 TRUE COMFORT SAFETY PEN
 NEEDLE..... 100, 320
 TRUEPLUS INSULIN
 101, 102, 321
 TRUEPLUS PEN NEEDLE.....
 101, 321
 TRULICITY71, 291
 TRUMENBA..... 164, 231
 TRUQAP54, 268
 TUKYSA.....54, 268
tulana 153, 219
 TURALIO54, 268
turqoz (28)..... 151, 216
 TWINRIX (PF) 164, 231
 TYBOST.....66, 280
 TYMLOS 166, 197
 TYPHIM VI..... 164, 231

U

UBRELVY44, 184
 ULTICARE 102, 103, 322
 ULTICARE INSULIN SYRINGE
 102, 322
 ULTICARE INSULN SYR(HALF
 UNIT) 102, 321
 ULTICARE PEN NEEDLE
 102, 322
 ULTICARE SAFETY PEN
 NEEDLE..... 102, 103, 322
 ULTIGUARD SAFEPAK-
 INSULIN SYR..... 103, 323
 ULTIGUARD SAFEPAK-PEN
 NEEDLE..... 103, 323
 ULTILET ALCOHOL SWAB.....
 128, 206
 ULTILET INSULIN SYRINGE
 88, 104, 307, 323
 ULTILET PEN NEEDLE
 104, 323
 ULTRA CMFT INS SYR (HALF
 UNIT) 86, 96, 305, 316
 ULTRA COMFORT INSULIN
 SYRINGE..... 81, 86, 104,
 301, 305, 306, 323, 324
 ULTRA FLO INSUL SYR(HALF
 UNIT) 104, 324

ULTRA FLO INSULIN SYRINGE
 105, 324
 ULTRA FLO PEN NEEDLE
 104, 105, 324
 ULTRA THIN PEN NEEDLE
 105, 324
 ULTRACARE INSULIN
 SYRINGE..... 105, 324, 325
 ULTRACARE PEN NEEDLE
 105, 325
 ULTRA-THIN II (SHORT) INS
 SYR 106, 325
 ULTRA-THIN II (SHORT) PEN
 NDL..... 106, 326
 ULTRA-THIN II INS PEN
 NEEDLES 106, 325
 ULTRA-THIN II INSULIN
 SYRINGE..... 106, 325
 UNIFINE PEN NEEDLE 106, 326
 UNIFINE PENTIPS.....
 93, 106, 312, 326
 UNIFINE PENTIPS MAXFLOW
 106, 326
 UNIFINE PENTIPS PLUS
 106, 107, 326
 UNIFINE PENTIPS PLUS
 MAXFLOW..... 107, 326
 UNIFINE PROTECT.....
 107, 326, 327
 UNIFINE SAFECONTROL
 107, 327
 UNIFINE SAFECONTROL PEN
 NEEDLE..... 107, 327
 UNIFINE ULTRA PEN NEEDLE
 107, 327
 UNITHROID 154, 210
ursodiol 139, 208

V

valacyclovir63, 277
 VALCHLOR.....46, 260
valganciclovir.....62, 276
valproic acid34, 252
valproic acid (as sodium salt)
 34, 252
valsartan 111, 191
valsartan-hydrochlorothiazide
 117, 191
 VALTOCO35, 249
vancomycin26, 243
 VANFLYTA54, 268
 VANISHPOINT INSULIN
 SYRINGE..... 108, 327
 VANISHPOINT SYRINGE
 107, 108, 327

VAQTA (PF).....	164, 231	<i>vitafol nano</i>	137, 284	XTANDI.....	46, 260, 261
<i>varenicline</i>	24, 180	<i>vitafol-ob+dha</i>	137, 284	XULTOPHY 100/3.6.....	71, 291
VARIVAX (PF).....	164, 232	VITRAKVI.....	55, 269	XURIDEN.....	141, 178
VARUBI.....	41, 257	VIVITROL.....	23, 181		
VASCEPA.....	120, 194	VIZIMPRO.....	55, 269		
<i>velivet triphasic regimen (28)</i>		<i>volnea (28)</i>	152, 217		
.....	151, 216	VONJO	55, 269		
VELPHORO.....	137, 285	<i>voriconazole</i>	43, 259		
VEMLIDY.....	63, 276	VOSEVI.....	63, 276		
VENCLEXTA.....	54, 55, 268	<i>vp-ch-pnv</i>	137, 285		
VENCLEXTA STARTING PACK.....	55, 268	<i>vp-pnv-dha</i>	137, 285		
<i>venlafaxine</i>	39, 40, 254	VRAYLAR	61, 62, 274		
<i>venlafaxine besylate</i>	39, 254	<i>vyfemla (28)</i>	152, 217		
VENTOLIN HFA.....	173, 334	<i>vylibra</i>	152, 217		
<i>verapamil</i>	115, 187	VYNDAMAX.....	141, 178		
VERIFINE INSULIN SYRINGE.....	108, 327, 328	VYZULTA.....	170, 234		
VERIFINE PEN NEEDLE	108, 327, 328				
VERIFINE PLUS PEN NEEDLE	108, 328				
VERIFINE PLUS PEN NEEDLE-SHARP	108, 328				
VERQUVO.....	117, 191				
VERSACLOZ	62, 275				
VERSALON	108, 328				
VERZENIO.....	55, 269				
<i>vestura (28)</i>	151, 216				
VICTOZA	71, 291				
<i>vienna</i>	151, 216				
<i>vigabatrin</i>	35, 249				
<i>vigadrone</i>	35, 249				
VIIBRYD.....	40, 255				
VIJOICE.....	141, 178				
<i>vilazodone</i>	40, 254				
<i>vinate care</i>	137, 284				
<i>viorele (28)</i>	152, 216				
VIRACEPT	67, 276				
VIREAD.....	65, 66, 279				
<i>virt-c dha</i>	137, 284				
<i>virt-nate dha</i>	137, 284				
<i>virt-pn dha</i>	137, 284				
<i>virt-pn plus</i>	137, 284				
<i>vitafol gummies</i>	137, 284				

W	
<i>warfarin</i>	109, 179
WEBCOL	129, 206
WELIREG	49, 262
<i>wera (28)</i>	152, 217
WINREVAIR.....	174, 331

X	
XALKORI	55, 269
XARELTO	109, 179
XARELTO DVT-PE TREAT 30D START	109, 179
XATMEP	49, 263
XCOPRI	34, 49, 252, 263
XCOPRI MAINTENANCE PACK	34, 252
XCOPRI TITRATION PACK.....	34, 253
XERMELO	138, 207
XGEVA	166, 197
XIFAXAN.....	26, 243
XIIDRA.....	167, 234
XOFLUZA	67, 277
XOLAIR.....	157, 226
XOSPATA.....	55, 269
XPOVIO	49, 263

Y	
<i>yargesa</i>	141, 178
YF-VAX (PF).....	164, 232
YONSA	46, 261

Z	
<i>zafirlukast</i>	172, 332
<i>zaleplon</i>	176, 198
<i>zarah</i>	152, 217
ZARXIO.....	110, 178
<i>zatean-pn dha</i>	137, 285
<i>zatean-pn plus</i>	137, 285
ZEGALOGUE AUTOINJECTOR	72, 291
ZEGALOGUE SYRINGE.....	72, 291
ZEJULA.....	55, 269
ZELBORAF	55, 269
ZEMDRI	25, 241
ZENPEP.....	141, 178
<i>zidovudine</i>	66, 279
ZIEXTENZO.....	110, 178
ZIMHI	24, 180
<i>zingiber</i>	137, 285
<i>ziprasidone hcl</i>	62, 274
<i>ziprasidone mesylate</i>	62, 274
ZIRGAN	62, 276
ZOKINVY	141, 178
ZOLINZA.....	49, 263
<i>zolmitriptan</i>	45, 183
<i>zolpidem</i>	176, 198
ZONISADE.....	34, 250
<i>zonisamide</i>	34, 251
<i>zovia 1-35 (28)</i>	152, 217
ZTALMY.....	34, 253
<i>zumandimine (28)</i>	152, 217
ZURZUVAE.....	38, 255
ZYDELIG.....	55, 269
ZYKADIA.....	55, 269
ZYPREXA RELPREVV.....	62, 274

To learn what the abbreviations on this table mean, see the beginning of the drug list table.

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

This formulary was updated on 08/20/2024. For more recent information or other questions, please contact Imperial Senior Value (HMO C-SNP) at 1-800-838-8271 October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. and Saturday-Sunday, from 10:00 a.m. – 2:00 p.m., or visit www.imperialhealthplan.com.

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711).

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

Este formulario se actualizó el 20/08/24. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Imperial Senior Value (HMO C-SNP) llamando al 1-800-838-8271, del 1 de octubre al 31 de marzo: lunes a domingo, de 8:00 a.m. a 8:00 p.m. o del 1 de abril al 30 de septiembre: lunes a viernes, de 8:00 a.m. a 8:00 p.m. y sábado a domingo, de 10:00 a.m. a 2:00 p.m., o visite www.imperialhealthplan.com.

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711).

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