

2024

# Drug Formulary

Formulario de Medicamentos

## HMO – 1 Tier

Imperial Strong (HMO) 014



IMPERIAL HEALTH PLAN  
OF CALIFORNIA

# Imperial Strong (HMO)

## 2024 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 24455, Version Number 20.

This formulary was updated on 09/24/2024. 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](http://www.imperialhealthplan.com).

# Contents

What is the Imperial Strong (HMO) Formulary? .....	3
Can the Formulary (drug list) change? .....	3
How do I use the Formulary? .....	4
What are generic drugs?.....	4
Are there any restrictions on my coverage? .....	4
What if my drug is not on the Formulary? .....	5
How do I request an exception to Imperial Strong (HMO) 's Formulary? .....	5
What do I do before I can talk to my doctor about changing my drugs or requesting an exception? .....	5
For more information .....	6
Imperial Strong's Formulary.....	6
Imperial MAPD 2024 1-Tier (List of Covered Drugs) .....	19
Imperial MAPD 2024 1-Tier (Lista de medicamentos cubiertos) .....	155
Index of Drugs / Índice de drogas.....	290

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 09/24/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## What is the Imperial Strong (HMO) Formulary?

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

## Can the Formulary (drug list) change?

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

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

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

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

The enclosed formulary is current as of 09/24/2024. 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 290. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

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

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

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

## What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **For more information**

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

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

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

## **Imperial Strong's Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by Imperial Strong (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 290.

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

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

# **Imperial Strong (HMO)**

## **Formulario para 2024**

### **(Lista de medicamentos cubiertos)**

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

HPMS Approved Formulary File Submission ID 24455, Version Number 20.

Este formulario se actualizó el 24/09/2024. Esta no es una lista completa de los medicamentos cubiertos por nuestro plan. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Departamento de Servicio al Cliente llamando al 1-800-838-8271, o para los usuarios de TTY al 711, del 1 de octubre al 31 de marzo: lunes a domingo, de 8:00 a.m. a 8:00 p.m. o del 1 de abril al 30 de septiembre: lunes a viernes, de 8:00 a.m. a 8:00 p.m. y sábado a domingo, de 10:00 a.m. a 2:00 p.m., o visite [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

IR\_386 H5496 Drug Formulary 1T\_C ENG



# Contenido

¿Qué es el Formulario de Imperial Health Plan? .....	9
¿Puede cambiar el Formulario (lista de medicamentos)? .....	9
¿Cómo utilizo el Formulario? .....	10
¿Qué son los medicamentos genéricos? .....	10
¿Hay alguna restricción en mi cobertura? .....	11
¿Qué pasa si mi medicamento no está en el Formulario? .....	11
¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Health Plan? .....	11
¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción? .....	12
Para obtener más información.....	13
Formulario de Imperial Health Plan of California.....	13
Índice de drogas .....	290

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

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

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 24/09/2024. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

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

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

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

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

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

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

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
  - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Strong (HMO)?”
- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario, o agregar nuevas restricciones al medicamento de marca. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 30 días.

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

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

El Formulario adjunto es vigente a partir del 24/09/2024. Para recibir información actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. En caso de cambios al formulario durante el año del plan que no sean relacionados al mantenimiento, podemos realizar cambios a través de las hojas de correcciones que le enviemos. Además, puede visitar nuestro sitio web para encontrar un enlace a la hoja de correcciones.

## ¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

### Afección médica

El Formulario comienza en la página 19. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría “CARDIOVASCULAR”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 16. Luego, busque su medicamento debajo del nombre de la categoría.

### Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 290. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

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

## ¿Hay alguna restricción en mi cobertura?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Los beneficiarios quienes terminan su estancia de Medicare Parte A en un centro de enfermería especializada (en la que los pagos incluyen todas las tarifas de farmacia) y quienes necesitan volver al formulario de su plan de la Parte D.
3. Los beneficiarios que pierden su estatus de hospicio para volver a los beneficios estándares de Medicare Parte A y B.
4. Los beneficiarios que son dados de alta de hospitales psiquiátricos crónicos con regímenes de medicamentos altamente individualizados.

## Para obtener más información

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

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

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

## Formulario de Imperial Health Plan of California

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos cubiertos por Imperial Strong (HMO). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 290.

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

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

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

## List of Drugs by Medical Condition

Analgesics .....	19
Anesthetics.....	21
Anti-Addiction/ Substance Abuse Treatment Agents .....	21
Antibacterials .....	22
Anticonvulsants .....	29
Antidementia Agents.....	32
Antidepressants.....	33
Antiemetics.....	36
Antifungals .....	36
Antigout Agents .....	38
Antimigraine Agents.....	38
Antimyasthenic Agents.....	39
Antimycobacterials.....	40
Antineoplastics .....	40
Antiparasitics .....	47
Antiparkinson Agents .....	48
Antipsychotics .....	49
Antispasticity Agents .....	53
Antivirals.....	53
Anxiolytics.....	57
Bipolar Agents .....	58
Blood Glucose Regulators .....	58
Blood Products And Modifiers.....	95
Cardiovascular Agents.....	97
Central Nervous System Agents.....	105
Dental And Oral Agents .....	108
Dermatological Agents.....	108
Electrolytes/Minerals/Metals/Vitamins .....	113
Gastrointestinal Agents .....	120
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment.....	122

<b>Genitourinary Agents</b> .....	<b>123</b>
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b> .....	<b>124</b>
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b> .....	<b>125</b>
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b> .....	<b>125</b>
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b> .....	<b>134</b>
<b>Hormonal Agents, Suppressant (Pituitary)</b> .....	<b>134</b>
<b>Hormonal Agents, Suppressant (Thyroid)</b> .....	<b>136</b>
<b>Immunological Agents</b> .....	<b>136</b>
<b>Inflammatory Bowel Disease Agents</b> .....	<b>143</b>
<b>Metabolic Bone Disease Agents</b> .....	<b>144</b>
<b>Non-FRF</b> .....	<b>145</b>
<b>Ophthalmic Agents</b> .....	<b>145</b>
<b>Otic Agents</b> .....	<b>148</b>
<b>Respiratory Tract/ Pulmonary Agents</b> .....	<b>149</b>
<b>Skeletal Muscle Relaxants</b> .....	<b>153</b>
<b>Sleep Disorder Agents</b> .....	<b>153</b>



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

## Lista de medicamentos por condición médica

Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias .....	157
Agentes Antidemencia .....	158
Agentes Antiespásticos .....	159
Agentes Antigota .....	159
Agentes Antimiasténicos.....	159
Agentes Antimigraña.....	159
Agentes Antiparkinson .....	161
Agentes Bipolares .....	162
Agentes Cardiovasculares .....	162
Agentes De Enfermedad Intestinal Inflamatoria .....	171
Agentes De Enfermedad Ósea Metabólica .....	171
Agentes De Trastorno De Sueño .....	172
Agentes Del Sistema Nervioso Central .....	172
Agentes Dentales Y Orales .....	175
Agentes Dermatológicos .....	175
Agentes Gastrointestinales .....	180
Agentes Genitourinarios.....	182
Agentes Hormonales, Estimulante/Reemplazo/Modificacor (Tiroides) .....	183
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Hormonas Sexuales/Modificadores).....	183
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Pituitario).....	191
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Suprarrenal).....	192
Agentes Hormonales, Supresores (Pituitario) .....	193
Agentes Hormonales, Supresores (Tiroides).....	194
Agentes Inmunológicos .....	194
Agentes Oftálmicos .....	202
Agentes Óticos.....	205
Analgésicos .....	206
Anestésicos .....	208
Ansiolíticos.....	208
Antibacterianos.....	209

<b>Anticonvulsivos .....</b>	<b>216</b>
<b>Antidepresivos .....</b>	<b>219</b>
<b>Antieméticos.....</b>	<b>222</b>
<b>Antifúngicos .....</b>	<b>223</b>
<b>Antimicobacteriales.....</b>	<b>224</b>
<b>Antineoplásicos .....</b>	<b>225</b>
<b>Antiparasitarios.....</b>	<b>232</b>
<b>Antipsicóticos .....</b>	<b>233</b>
<b>Antivirales.....</b>	<b>236</b>
<b>Electrolitos/Minerales/Metales/Vitaminas.....</b>	<b>240</b>
<b>Non-FRF.....</b>	<b>248</b>
<b>Reguladores De Glucosa En Sangre .....</b>	<b>248</b>
<b>Relajantes Musculares Esqueléticos .....</b>	<b>284</b>
<b>Vía Respiratoria/Agentes Pulmonares .....</b>	<b>284</b>

# Legend

## **1: Covered Medications**

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

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

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

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

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

# La leyenda

## **1: Medicamentos cubiertos**

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

**MO: El pedido por correo es elegible.**

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

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

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

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

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

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> (EC-Naproxen)	
<i>naproxen sodium oral tablet 275 mg</i>	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	
<i>piroxicam oral capsule 10 mg</i>	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	
<b>Opioid Analgesics, Long-Acting</b>	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	PA NSO; QL (10 per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	QL (240 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	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)	QL (60 per 30 days)
<b>Opioid Analgesics, Short-Acting</b>	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	QL (5000 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	QL (360 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	QL (180 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 600 mcg, 800 mcg</i>	PA; NM; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	PA; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	QL (5500 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	QL (150 per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	QL (1920 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i> (Dilaudid)	QL (360 per 30 days)
<i>hydromorphone oral tablet 8 mg</i> (Dilaudid)	QL (240 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	QL (600 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>morphine oral solution 10 mg/5 ml</i>	QL (1800 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	QL (1500 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	QL (1080 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg (Roxicodone)</i>	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	QL (1080 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (Endocet)</i>	QL (360 per 30 days)
<i>tramadol oral tablet 100 mg</i>	QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	QL (240 per 30 days)
<b>ANESTHETICS</b>	
<b>Local Anesthetics</b>	
<i>dermacinrx lidocan 5% patch outer (lidocaine)</i>	PA; QL (90 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	QL (50 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 % (DermacinRx Lidocan)</i>	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 % (lidocaine hcl)</i>	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	QL (30 per 30 days)
<i>lidocan iii topical adhesive patch, medicated 5 % (lidocaine)</i>	PA; QL (90 per 30 days)
<i>tridacaine ii topical adhesive patch, medicated 5 % (lidocaine)</i>	PA; QL (90 per 30 days)
<b>ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS</b>	
<b>Alcohol Deterrents/Anti-Craving</b>	
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	
<i>disulfiram oral tablet 250 mg</i>	
<i>naltrexone oral tablet 50 mg</i>	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	NM

Drug Name	Requirements / Limits
<b>Opioid Dependence</b>	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (buprenorphine-naloxone)	
<b>Opioid Reversal Agents</b>	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	
<i>naloxone injection solution 0.4 mg/ml</i>	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	
<b>Smoking Cessation Agents</b>	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	
NICOTROL INHALATION CARTRIDGE 10 MG	
<i>varenicline oral tablet 0.5 mg, 1 mg (56 pack)</i>	
<i>varenicline oral tablet 1 mg</i> (Chantix)	
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	
<b>ANTIBACTERIALS</b>	
<b>Aminoglycosides</b>	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	PA
<i>gentamicin 800 mg/20 ml vial muv, outer 40 mg/ml</i>	

Drug Name	Requirements / Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	
<i>gentamicin injection solution 40 mg/ml</i>	
<i>gentamicin topical cream 0.1 %</i>	
<i>gentamicin topical ointment 0.1 %</i>	
<i>neomycin oral tablet 500 mg</i>	
<i>paromomycin oral capsule 250 mg (Humatin)</i>	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	NM
<b>Antibacterials, Other</b>	
<i>aztreonam injection recon soln 1 gram, 2 gram (Azactam)</i>	
CLINDAMYCIN 600 MG/50 ML-NS OUTER, SINGLE-USE	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)</i>	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml</i>	
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml (clindamycin palmitate hcl)</i>	
<i>clindamycin phosphate injection solution 150 mg/ml (Cleocin)</i>	
<i>clindamycin phosphate vaginal cream 2 % (Cleocin)</i>	
<i>colistin (colistimethate na) injection recon soln 150 mg (Coly-Mycin M Parenteral)</i>	
<i>daptomycin intravenous recon soln 350 mg</i>	
<i>daptomycin intravenous recon soln 500 mg</i>	NM
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML (vancomycin)	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml (Zyvox)</i>	PA
<i>linezolid oral tablet 600 mg (Zyvox)</i>	PA
<i>methenamine hippurate oral tablet 1 gram (Hiprex)</i>	



Drug Name	Requirements / Limits
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml (Metro I.V.)	
metronidazole oral tablet 250 mg, 500 mg	
metronidazole topical cream 0.75 % (Rosadan)	
metronidazole topical gel 0.75 % (Rosadan)	
metronidazole topical gel 1 % (Metrogel)	
metronidazole topical lotion 0.75 % (MetroLotion)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram) (Vandazole)	
metronidazole vaginal gel 1.3 % (65 mg/5 gram) (Nuversa)	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg (Macrochantin)	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)	
rosadan topical cream 0.75 % (metronidazole)	
tigecycline intravenous recon soln 50 mg (Tygacil)	NM
tinidazole oral tablet 250 mg, 500 mg	
trimethoprim oral tablet 100 mg	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	
vancomycin oral capsule 125 mg, 250 mg (Vancocin)	
vancomycin oral recon soln 25 mg/ml, 50 mg/ml (Firvanq)	
XIFAXAN ORAL TABLET 200 MG, 550 MG	
<b>Beta-Lactam, Cephalosporins</b>	
cefaclor oral capsule 250 mg, 500 mg	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	
cefaclor oral tablet extended release 12 hr 500 mg	
cefadroxil oral capsule 500 mg	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	
cefadroxil oral tablet 1 gram	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	
cefazolin intravenous recon soln 3 gram	
cefdinir oral capsule 300 mg	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	

Drug Name	Requirements / Limits
cefepime injection recon soln 1 gram, 2 gram	
cefixime oral capsule 400 mg	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	
cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	
cefotetan injection recon soln 1 gram, 2 gram (Cefotan)	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	
cefpodoxime oral tablet 100 mg, 200 mg	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	
cefprozil oral tablet 250 mg, 500 mg	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	
cefuroxime axetil oral tablet 250 mg, 500 mg	
cefuroxime sodium injection recon soln 750 mg	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	
cephalexin oral capsule 250 mg, 500 mg	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	
cephalexin oral tablet 250 mg, 500 mg	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	NM
<b>Beta-Lactam, Penicillins</b>	
amoxicillin oral capsule 250 mg, 500 mg	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	
amoxicillin oral tablet 500 mg, 875 mg	
amoxicillin oral tablet, chewable 125 mg, 250 mg	

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

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

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>erythromycin oral tablet 250 mg, 500 mg</i>	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	
<b>Quinolones</b>	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	
<i>levofloxacin oral solution 250 mg/10 ml</i>	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	
<i>moxifloxacin 400 mg/250 ml bag</i>	
<i>moxifloxacin oral tablet 400 mg</i>	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	
<b>Sulfonamides</b>	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	
<i>sulfadiazine oral tablet 500 mg</i>	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	
<b>Tetracyclines</b>	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	

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

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

<b>Drug Name</b>	<b>Requirements / Limits</b>
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	QL (28 per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	PA NSO; NM; QL (1100 per 30 days)
<b>Calcium Channel Modifying Agents</b>	
<i>ethosuximide oral capsule 250 mg (Zarontin)</i>	
<i>ethosuximide oral solution 250 mg/5 ml (Zarontin)</i>	
<i>methsuximide oral capsule 300 mg (Celontin)</i>	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	QL (900 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg (Zonegran)</i>	
<i>zonisamide oral capsule 50 mg</i>	
<b>Gamma-Aminobutyric Acid (GABA) Augmenting Agents</b>	
<i>clobazam oral suspension 2.5 mg/ml (Onfi)</i>	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg (Onfi)</i>	QL (60 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg (Neurontin)</i>	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (Neurontin)</i>	
<i>gabapentin oral tablet 600 mg, 800 mg (Neurontin)</i>	QL (180 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	ST; NM; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	ST
<i>vigabatrin oral powder in packet 500 mg (Sabril)</i>	PA NSO; NM; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg (Vigadrone)</i>	PA NSO; NM; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg (vigabatrin)</i>	PA NSO; NM; QL (180 per 30 days)
<b>Sodium Channel Agents</b>	
APTIOM ORAL TABLET 200 MG, 400 MG	ST; NM; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	ST; NM; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)</i>	



<b>Drug Name</b>	<b>Requirements / Limits</b>
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	
carbamazepine oral tablet 200 mg (Epilex)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg (Tegretol XR)	
carbamazepine oral tablet, chewable 100 mg	
DILANTIN ORAL CAPSULE 30 MG	ST
epilex oral tablet 200 mg (carbamazepine)	
lacosamide oral solution 10 mg/ml (Vimpat)	QL (1395 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg (Vimpat)	QL (60 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml) (Trileptal)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg (Trileptal)	
phenytoin oral suspension 125 mg/5 ml (Dilantin-125)	
phenytoin oral tablet, chewable 50 mg (Dilantin Infatabs)	
phenytoin sodium extended oral capsule 100 mg (Dilantin Extended)	
phenytoin sodium extended oral capsule 200 mg, 300 mg (Phenytek)	
rufinamide oral suspension 40 mg/ml (Banzel)	NM; QL (2760 per 30 days)
rufinamide oral tablet 200 mg (Banzel)	QL (480 per 30 days)
rufinamide oral tablet 400 mg (Banzel)	NM; QL (240 per 30 days)
<b>ANTIDEMENTIA AGENTS</b>	
<b>Antidementia Agents, Other</b>	
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	QL (30 per 30 days)
memantine oral solution 2 mg/ml	QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg	QL (60 per 30 days)
memantine oral tablets, dose pack 5-10 mg (Namenda Titration Pak)	QL (49 per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	PA
<b>Cholinesterase Inhibitors</b>	
donepezil oral tablet 10 mg (Aricept)	QL (60 per 30 days)
donepezil oral tablet 23 mg, 5 mg (Aricept)	QL (30 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>donepezil oral tablet, disintegrating 10 mg</i>	QL (60 per 30 days)
<i>donepezil oral tablet, disintegrating 5 mg</i>	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	QL (30 per 30 days)
<b>ANTIDEPRESSANTS</b>	
<b>Antidepressants, Other</b>	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	ST; QL (60 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	QL (180 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	QL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> (Wellbutrin XL)	QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> (Wellbutrin XL)	QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i> (Wellbutrin SR)	QL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i> (Wellbutrin SR)	QL (90 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 200 mg</i> (Wellbutrin SR)	QL (60 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	QL (30 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	QL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	QL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-50 mg</i> (Symbyax)	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i> (Symbyax)	QL (90 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	PA NSO; NM; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	PA NSO; NM; QL (14 per 14 days)

Drug Name	Requirements / Limits
<b>Monoamine Oxidase Inhibitors</b>	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	ST; NM; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	ST; QL (180 per 30 days)
<i>phenelzine oral tablet 15 mg</i> (Nardil)	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	
<b>SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)</b>	
<i>citalopram oral capsule 30 mg</i>	QL (30 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i> (Celexa)	QL (30 per 30 days)
<i>citalopram oral tablet 20 mg</i> (Celexa)	QL (60 per 30 days)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i> (Lexapro)	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i> (Lexapro)	QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i> (Lexapro)	QL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	QL (60 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	QL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	QL (60 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>fluoxetine oral tablet 20 mg</i>	QL (120 per 30 days)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	QL (90 per 30 days)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	
<i>paroxetine hcl oral suspension 10 mg/5 ml (Paxil)</i>	QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg (Paxil)</i>	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg (Paxil)</i>	QL (60 per 30 days)
<i>sertraline oral capsule 150 mg, 200 mg</i>	QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml (Zoloft)</i>	QL (300 per 30 days)
<i>sertraline oral tablet 100 mg (Zoloft)</i>	QL (60 per 30 days)
<i>sertraline oral tablet 25 mg, 50 mg (Zoloft)</i>	QL (90 per 30 days)
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	ST; QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg (Effexor XR)</i>	QL (60 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	QL (30 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)</i>	QL (30 per 30 days)
<b>Tricyclics</b>	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)</i>	
<i>desipramine oral tablet 10 mg, 25 mg (Norpramin)</i>	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>doxepin oral concentrate 10 mg/ml</i>	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	

Drug Name	Requirements / Limits
<i>nortriptyline oral capsule 10 mg (Pamelor)</i>	
<i>nortriptyline oral capsule 25 mg, 50 mg, 75 mg (Pamelor)</i>	
<i>nortriptyline oral solution 10 mg/5 ml</i>	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	
<b>ANTIEMETICS</b>	
<b>Antiemetics, Other</b>	
<i>meclizine oral tablet 12.5 mg</i>	
<i>meclizine oral tablet 25 mg (Dramamine (meclizine))</i>	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg (Compazine)</i>	
<i>prochlorperazine rectal suppository 25 mg (Compazine)</i>	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg (Promethegan)</i>	
<i>promethegan rectal suppository 12.5 mg (promethazine)</i>	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days (Transderm-Scop)</i>	
<b>Emetogenic Therapy Adjuncts</b>	
<i>aprepitant oral capsule 125 mg, 40 mg</i>	PA BvD; QL (30 per 30 days)
<i>aprepitant oral capsule 80 mg (Emend)</i>	PA BvD; QL (30 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2) (Emend)</i>	PA BvD; QL (12 per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)</i>	PA; QL (60 per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	PA BvD; QL (60 per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	PA BvD
VARUBI ORAL TABLET 90 MG	PA BvD
<b>ANTIFUNGALS</b>	
<b>Antifungals</b>	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	PA BvD

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	PA BvD; NM
<i>casprofungin intravenous recon soln 50 mg</i> (Cancidas)	NM
<i>casprofungin intravenous recon soln 70 mg</i> (Cancidas)	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	
<i>clotrimazole mucous membrane troche 10 mg</i>	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	
<i>clotrimazole topical solution 1 %</i>	
<i>econazole topical cream 1 %</i>	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	NM
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	NM
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	
<i>griseofulvin microsize oral tablet 500 mg</i>	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	PA
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	
<i>ketoconazole oral tablet 200 mg</i>	
<i>ketoconazole topical cream 2 %</i>	
<i>ketoconazole topical shampoo 2 %</i>	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	PA; NM
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	
<i>nystatin oral suspension 100,000 unit/ml</i>	
<i>nystatin oral tablet 500,000 unit</i>	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>nystatin topical cream 100,000 unit/gram</i>	
<i>nystatin topical ointment 100,000 unit/gram</i>	
<i>nystatin topical powder 100,000 unit/gram (Nyamyc)</i>	
<i>nystop topical powder 100,000 unit/gram (nystatin)</i>	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml) (Noxafil)</i>	PA; NM
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg (Noxafil)</i>	PA
<i>terbinafine hcl oral tablet 250 mg</i>	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	
<i>terconazole vaginal suppository 80 mg</i>	
<i>voriconazole intravenous recon soln 200 mg (Vfend IV)</i>	PA; NM
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) (Vfend)</i>	PA; NM
<i>voriconazole oral tablet 200 mg, 50 mg (Vfend)</i>	PA
<b>ANTIGOUT AGENTS</b>	
<b>Antigout Agents</b>	
<i>allopurinol oral tablet 100 mg (Zyloprim)</i>	
<i>allopurinol oral tablet 300 mg</i>	
<i>colchicine oral capsule 0.6 mg (Mitigare)</i>	
<i>colchicine oral tablet 0.6 mg (Colcrys)</i>	
<i>febuxostat oral tablet 40 mg, 80 mg (Uloric)</i>	PA
<i>probenecid oral tablet 500 mg</i>	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	
<b>ANTIMIGRAINE AGENTS</b>	
<b>Ergot Alkaloids</b>	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml) (Migranal)</i>	NM
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	QL (40 per 28 days)
<b>Prophylactic</b>	
<i>EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML</i>	PA
<i>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML</i>	PA
<i>EPRONTIA ORAL SOLUTION 25 MG/ML</i>	
<i>propranolol oral capsule, extended release 24 hr 80 mg (Inderal LA)</i>	
<i>propranolol oral tablet 80 mg</i>	

Drug Name	Requirements / Limits
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	
UBRELVY ORAL TABLET 100 MG, 50 MG	PA; QL (16 per 30 days)
<b>Serotonin (5-HT) Receptor Agonist</b>	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	QL (9 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	QL (4 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	QL (4 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	QL (4 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	QL (4 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	QL (4 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	QL (6 per 30 days)
<b>ANTIMYASTHENIC AGENTS</b>	
<b>Parasympathomimetics</b>	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	
<i>pyridostigmine bromide oral tablet 30 mg</i>	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	



Drug Name	Requirements / Limits
<b>ANTIMYCOBACTERIALS</b>	
<b>Antimycobacterials, Other</b>	
dapsone oral tablet 100 mg, 25 mg	
PRIFTIN ORAL TABLET 150 MG	
rifabutin oral capsule 150 mg (Mycobutin)	
<b>Antituberculars</b>	
ethambutol oral tablet 100 mg, 400 mg	
isoniazid oral solution 50 mg/5 ml	
isoniazid oral tablet 100 mg, 300 mg	
pyrazinamide oral tablet 500 mg	
rifampin intravenous recon soln 600 mg (Rifadin)	
rifampin oral capsule 150 mg, 300 mg	
SIRTURO ORAL TABLET 100 MG, 20 MG	PA; NM
TRECTOR ORAL TABLET 250 MG	
<b>ANTINEOPLASTICS</b>	
<b>Alkylating Agents</b>	
cyclophosphamide intravenous solution 500 mg/ml	PA BvD; NM
cyclophosphamide oral capsule 25 mg, 50 mg	PA BvD
cyclophosphamide oral tablet 25 mg, 50 mg	PA BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Iomustine)	PA NSO
LEUKERAN ORAL TABLET 2 MG	
MATULANE ORAL CAPSULE 50 MG	PA NSO; NM
VALCHLOR TOPICAL GEL 0.016 %	PA NSO; NM; QL (60 per 14 days)
<b>Antiandrogens</b>	
abiraterone oral tablet 250 mg, 500 mg (Zytiga)	PA NSO; NM; QL (120 per 30 days)
bicalutamide oral tablet 50 mg (Casodex)	
ERLEADA ORAL TABLET 240 MG	PA NSO; NM; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	PA NSO; NM; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	NM
nilutamide oral tablet 150 mg (Nilandron)	NM; QL (60 per 30 days)
NUBEQA ORAL TABLET 300 MG	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL CAPSULE 40 MG	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	PA NSO; NM; QL (90 per 30 days)
YONSA ORAL TABLET 125 MG	PA NSO; NM; QL (120 per 30 days)

Drug Name	Requirements / Limits
<b>Antiangiogenic Agents</b>	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	PA NSO; NM; QL (28 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	PA NSO; NM; QL (21 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	PA NSO; NM; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG	PA NSO; NM; QL (60 per 30 days)
<b>Antiestrogens/Modifiers</b>	
EMCYT ORAL CAPSULE 140 MG	
ORSERDU ORAL TABLET 345 MG	PA NSO; NM; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	PA NSO; NM; QL (90 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	PA NSO
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	
<i>toremifene oral tablet 60 mg</i> (Fareston)	PA NSO; NM
<b>Antimetabolites</b>	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM
<i>mercaptopurine oral tablet 50 mg</i>	
ONUREG ORAL TABLET 200 MG, 300 MG	PA NSO; NM
PURIXAN ORAL SUSPENSION 20 MG/ML	NM
TABLOID ORAL TABLET 40 MG (thioguanine)	PA NSO
<b>Antineoplastics, Other</b>	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	PA NSO; NM; QL (1.6 per 28 days)
ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML	PA NSO; NM
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	PA NSO; NM; QL (9.5 per 28 days)
IDHIFA ORAL TABLET 100 MG	PA NSO; NM; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	PA NSO; NM; QL (60 per 30 days)
IWILFIN ORAL TABLET 192 MG	PA NSO; NM; QL (240 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	PA BvD

Drug Name	Requirements / Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	PA NSO; NM
KRAZATI ORAL TABLET 200 MG <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	PA NSO; NM; QL (180 per 30 days)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	PA NSO; NM
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	PA NSO; NM
LUMAKRAS ORAL TABLET 120 MG	PA NSO; NM; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	PA NSO; NM; QL (90 per 30 days)
LYNPARZA ORAL TABLET 100 MG	PA NSO; NM; QL (180 per 30 days)
LYNPARZA ORAL TABLET 150 MG	PA NSO; NM; QL (120 per 30 days)
MESNEX ORAL TABLET 400 MG	NM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA NSO; NM
OGSIVEO ORAL TABLET 100 MG, 150 MG	PA NSO; NM; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	PA NSO; NM; QL (180 per 30 days)
OJEMDA 100 MG TAB (400 MG DOSE) 400 MG/WEEK (100 MG X 4)	PA NSO; NM; QL (48 per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	PA NSO; NM; QL (96 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	PA NSO; NM; QL (48 per 28 days)
ORGOVYX ORAL TABLET 120 MG	PA NSO; NM; QL (60 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	PA NSO; NM
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	PA NSO; NM
WELIREG ORAL TABLET 40 MG	PA NSO; NM; QL (90 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	PA BvD
XCOPRI ORAL TABLET 25 MG	QL (28 per 28 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	PA NSO; NM
ZOLINZA ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)

Drug Name	Requirements / Limits
<b>Aromatase Inhibitors, 3rd Generation</b>	
anastrozole oral tablet 1 mg (Arimidex)	
exemestane oral tablet 25 mg (Aromasin)	
letrozole oral tablet 2.5 mg (Femara)	
<b>Molecular Target Inhibitors</b>	
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	PA NSO; NM; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	PA NSO; NM
ALUNBRIG ORAL TABLET 180 MG	PA NSO; NM; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	PA NSO; NM; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	PA NSO; NM; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	PA NSO; NM; QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	PA NSO; NM; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	PA NSO; NM; QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG	PA NSO; NM; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	PA NSO; NM; QL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	PA NSO; NM; QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG	PA NSO; NM; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	PA NSO; NM; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	PA NSO; NM; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	PA NSO; NM; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	PA NSO; NM; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	PA NSO; NM; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	PA NSO; NM
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	PA NSO; NM; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	PA NSO; NM; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	PA NSO; NM; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	PA NSO; NM; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	PA NSO; NM; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	PA NSO; NM; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	PA NSO; NM; QL (63 per 28 days)

Drug Name	Requirements / Limits
DAURISMO ORAL TABLET 100 MG, 25 MG	PA NSO; NM
ERIVEDGE ORAL CAPSULE 150 MG	PA NSO; NM
<i>erlotinib oral tablet 100 mg, 150 mg</i> (Tarceva)	PA NSO; NM; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	PA NSO; NM; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	PA NSO; NM; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg</i> (Afinitor Disperz)	PA NSO; NM; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i> (Afinitor Disperz)	PA NSO; NM; QL (60 per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	PA NSO; NM
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	PA NSO; NM; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	PA NSO; NM; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	PA NSO; NM; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	PA NSO; NM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	PA NSO; NM; QL (30 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA NSO; NM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PA NSO; NM
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	PA NSO; NM; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	PA NSO; NM; QL (60 per 30 days)
<i>imatinib oral tablet 100 mg</i> (Gleevec)	PA NSO; NM; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	PA NSO; NM; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	PA NSO; NM; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	PA NSO; NM; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PA NSO; NM; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	PA NSO; NM; QL (28 per 28 days)
INLYTA ORAL TABLET 1 MG	PA NSO; NM; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	PA NSO; NM; QL (60 per 30 days)
INREBIC ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	PA NSO; NM; QL (30 per 30 days)

Drug Name	Requirements / Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	PA NSO; NM
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	PA NSO; NM
KOSELUGO ORAL CAPSULE 10 MG	PA NSO; NM; QL (240 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	PA NSO; NM; QL (120 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	PA NSO; NM; QL (180 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	PA NSO; NM
LORBRENA ORAL TABLET 100 MG	PA NSO; NM; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	PA NSO; NM; QL (120 per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	PA NSO; NM; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	PA NSO; NM; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	PA NSO; NM; QL (140 per 28 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	PA NSO; NM; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	PA NSO; NM; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	PA NSO; NM; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	PA NSO; NM; QL (180 per 30 days)
NERLYNX ORAL TABLET 40 MG	PA NSO; NM; QL (180 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	PA NSO; NM
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	PA NSO; NM; QL (30 per 30 days)
<i>pazopanib oral tablet 200 mg</i> (Votrient)	PA NSO; NM; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	PA NSO; NM; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	PA NSO; NM
QINLOCK ORAL TABLET 50 MG	PA NSO; NM; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	PA NSO; NM; QL (120 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	PA NSO; NM; QL (180 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	PA NSO; NM; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	PA NSO; NM; QL (180 per 30 days)

Drug Name	Requirements / Limits
RETEVMO ORAL TABLET 80 MG	PA NSO; NM; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	PA NSO; NM; QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	PA NSO; NM; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	PA NSO; NM; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	PA NSO; NM; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA NSO; NM
RYDAPT ORAL CAPSULE 25 MG	PA NSO; NM; QL (240 per 30 days)
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	PA NSO; NM
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	PA NSO; NM; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	PA NSO; NM; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140 MG	PA NSO; NM; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	PA NSO; NM; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	PA NSO; NM; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	PA NSO; NM; QL (28 per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	PA NSO; NM; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	PA NSO; NM; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	PA NSO; NM
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	PA NSO; NM; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	PA NSO; NM; QL (120 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	PA NSO; NM; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	PA NSO; NM; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	PA NSO; NM; QL (240 per 30 days)
TEPMETKO ORAL TABLET 225 MG	PA NSO; NM; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	PA NSO; NM; QL (60 per 30 days)
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	PA NSO; NM; QL (30 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	PA NSO; NM; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	PA NSO; NM; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	PA NSO; NM; QL (120 per 30 days)

Drug Name	Requirements / Limits
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	PA NSO; NM
VENCLEXTA ORAL TABLET 10 MG, 50 MG	PA NSO
VENCLEXTA ORAL TABLET 100 MG	PA NSO; NM
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM
VITRAKVI ORAL CAPSULE 100 MG	PA NSO; NM; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	PA NSO; NM; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA NSO; NM; QL (310 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA NSO; NM; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA NSO; NM; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	PA NSO; NM; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	PA NSO; NM; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	PA NSO; NM; QL (120 per 30 days)
XOSPATA ORAL TABLET 40 MG	PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	PA NSO; NM; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	PA NSO; NM; QL (240 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	PA NSO; NM; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	PA NSO; NM; QL (150 per 30 days)
<b>Retinoids</b>	
<i>bexarotene oral capsule 75 mg (Targretin)</i>	PA NSO; NM; QL (300 per 30 days)
<i>bexarotene topical gel 1 % (Targretin)</i>	PA NSO; NM
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	NM
<b>ANTIPARASITICS</b>	
<b>Anthelmintics</b>	
<i>albendazole oral tablet 200 mg</i>	
EMVERM ORAL TABLET, CHEWABLE 100 MG (mebendazole)	NM
<i>ivermectin oral tablet 3 mg (Stromectol)</i>	PA



Drug Name	Requirements / Limits
<b>Antiprotozoals</b>	
atovaquone oral suspension 750 mg/5 ml (Mepron)	NM
atovaquone-proguanil oral tablet 250-100 mg (Malarone)	
atovaquone-proguanil oral tablet 62.5-25 mg (Malarone Pediatric)	
benznidazole oral tablet 100 mg, 12.5 mg	
chloroquine phosphate oral tablet 250 mg, 500 mg	
COARTEM ORAL TABLET 20-120 MG	
hydroxychloroquine oral tablet 100 mg, 400 mg	
hydroxychloroquine oral tablet 200 mg (Plaquenil)	
hydroxychloroquine oral tablet 300 mg (Sovuna)	
LAMPIT ORAL TABLET 120 MG, 30 MG	
mefloquine oral tablet 250 mg	
nitazoxanide oral tablet 500 mg (Alinia)	QL (40 per 30 days)
pentamidine inhalation recon soln 300 mg (Nebupent)	PA BvD
pentamidine injection recon soln 300 mg (Pentam)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	
quinine sulfate oral capsule 324 mg (Qualaquin)	PA
<b>ANTIPARKINSON AGENTS</b>	
<b>Anticholinergics</b>	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	
trihexyphenidyl oral elixir 0.4 mg/ml	
trihexyphenidyl oral tablet 2 mg, 5 mg	
<b>Antiparkinson Agents, Other</b>	
amantadine hcl oral capsule 100 mg	
amantadine hcl oral solution 50 mg/5 ml	
amantadine hcl oral tablet 100 mg	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	
entacapone oral tablet 200 mg	
<b>Dopamine Agonists</b>	
bromocriptine oral capsule 5 mg (Parlodel)	
bromocriptine oral tablet 2.5 mg (Parlodel)	

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

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	
<i>pimozide oral tablet 1 mg, 2 mg</i>	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	
<b>2nd Generation/Atypical</b>	
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	NM
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	NM
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	NM
<i>aripiprazole oral solution 1 mg/ml</i>	QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	NM; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	NM; QL (60 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	QL (60 per 30 days)

Drug Name	Requirements / Limits
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	NM
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	ST; NM; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	ST; QL (60 per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	NM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	NM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	NM
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> (Latuda)	NM
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	ST; NM; QL (30 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	PA NSO; NM
NUPLAZID ORAL TABLET 10 MG	PA NSO; NM
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	QL (60 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Zyprexa)	QL (30 per 30 days)
<i>olanzapine oral tablet 20 mg</i> (Zyprexa)	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i> (Zyprexa Zydis)	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i> (Zyprexa Zydis)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	QL (60 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i> (Seroquel XR)	QL (90 per 30 days)

Drug Name	Requirements / Limits
<i>quetiapine oral tablet extended release</i> 24 hr 200 mg, 300 mg, 400 mg <i>(Seroquel XR)</i>	QL (60 per 30 days)
<i>quetiapine oral tablet extended release</i> 24 hr 50 mg <i>(Seroquel XR)</i>	QL (120 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NM
<i>risperidone microspheres intramuscular</i> <i>suspension, extended rel recon</i> 12.5 mg/2 ml <i>(Risperdal Consta)</i>	
<i>risperidone microspheres intramuscular</i> <i>suspension, extended rel recon</i> 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml <i>(Risperdal Consta)</i>	NM
<i>risperidone oral solution</i> 1 mg/ml <i>(Risperdal)</i>	QL (480 per 30 days)
<i>risperidone oral tablet</i> 0.25 mg	QL (60 per 30 days)
<i>risperidone oral tablet</i> 0.5 mg <i>(Risperdal)</i>	QL (120 per 30 days)
<i>risperidone oral tablet</i> 1 mg, 2 mg, 3 mg, 4 mg <i>(Risperdal)</i>	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating</i> 0.25 mg, 1 mg, 2 mg, 3 mg	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating</i> 0.5 mg, 4 mg	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	ST; NM; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	ST; QL (7 per 28 days)
<i>ziprasidone hcl oral capsule</i> 20 mg, 40 mg, 60 mg, 80 mg <i>(Geodon)</i>	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon</i> <i>soln 20 mg/ml (final conc.)</i> <i>(Geodon)</i>	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	ST
<b>Treatment-Resistant</b>	
<i>clozapine oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg <i>(Clozaril)</i>	QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating</i> 100 mg, 12.5 mg, 150 mg, 25 mg	QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating</i> 200 mg	NM; QL (120 per 30 days)

Drug Name	Requirements / Limits
VERSACLOZ ORAL SUSPENSION 50 MG/ML	ST; NM; QL (540 per 30 days)
<b>ANTISPASTICITY AGENTS</b>	
<b>Antispasticity Agents</b>	
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	
<i>tizanidine oral tablet 2 mg</i>	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	
<b>ANTIVIRALS</b>	
<b>Anti-Cytomegalovirus (CMV) Agents</b>	
LIVTENCITY ORAL TABLET 200 MG	PA; NM
PREVYMIS ORAL TABLET 240 MG, 480 MG	PA; NM; QL (28 per 28 days)
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	
<b>Anti-Hepatitis B (HBV) Agents</b>	
<i>adefovir oral tablet 10 mg</i> (Hepsera)	QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	NM; QL (600 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	QL (30 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	QL (90 per 30 days)
VEMLIDY ORAL TABLET 25 MG	NM; QL (30 per 30 days)
<b>Anti-Hepatitis C (HCV) Agents</b>	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	PA; NM
MAVYRET ORAL TABLET 100-40 MG	PA; NM
<i>ribavirin oral capsule 200 mg</i>	
<i>ribavirin oral tablet 200 mg</i>	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	PA; NM
VOSEVI ORAL TABLET 400-100-100 MG	PA; NM
<b>Antiherpetic Agents</b>	
<i>acyclovir oral capsule 200 mg</i>	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	PA BvD

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>acyclovir sodium intravenous solution</i> 50 mg/ml	PA BvD
<i>famciclovir oral tablet</i> 125 mg, 250 mg, 500 mg	
<i>trifluridine ophthalmic (eye) drops</i> 1 %	
<i>valacyclovir oral tablet</i> 1 gram, 500 mg (Valtrex)	
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	NM; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	NM; QL (30 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	NM; QL (30 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	NM; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	NM; QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	QL (180 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	NM; QL (30 per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	NM; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	NM; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	QL (360 per 30 days)
<b>Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>	
COMPLERA ORAL TABLET 200-25-300 MG	NM; QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	NM; QL (30 per 30 days)
<i>efavirenz oral capsule</i> 200 mg	QL (120 per 30 days)
<i>efavirenz oral capsule</i> 50 mg	QL (360 per 30 days)
<i>efavirenz oral tablet</i> 600 mg	QL (30 per 30 days)
<i>etravirine oral tablet</i> 100 mg (Intence)	NM; QL (120 per 30 days)
<i>etravirine oral tablet</i> 200 mg (Intence)	NM; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	QL (120 per 30 days)
<i>nevirapine oral suspension</i> 50 mg/5 ml	QL (1200 per 30 days)
<i>nevirapine oral tablet</i> 200 mg	QL (60 per 30 days)
<i>nevirapine oral tablet extended release</i> 24 hr 100 mg	QL (120 per 30 days)
<i>nevirapine oral tablet extended release</i> 24 hr 400 mg	QL (30 per 30 days)

Drug Name	Requirements / Limits
PIFELTRO ORAL TABLET 100 MG	NM; QL (30 per 30 days)
<b>Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>	
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	QL (960 per 30 days)
<i>abacavir oral tablet 300 mg</i>	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG	NM; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	NM; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	NM; QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	NM; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	NM; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	NM; QL (30 per 30 days)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	NM; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	QL (680 per 28 days)
JULUCA ORAL TABLET 50-25 MG	NM; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	QL (900 per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	NM; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	QL (30 per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	NM; QL (60 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	NM; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	NM; QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>	QL (60 per 30 days)



Drug Name	Requirements / Limits
<b>Anti-HIV Agents, Other</b>	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	NM; QL (60 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	NM; QL (120 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	NM; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	NM; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 25 MG	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	NM; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300 MG	NM; QL (5 per 180 days)
SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)	NM; QL (4 per 180 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	NM; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	NM; QL (180 per 30 days)
TYBOST ORAL TABLET 150 MG	QL (30 per 30 days)
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>	
APTIVUS ORAL CAPSULE 250 MG	NM; QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg</i>	QL (60 per 30 days)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	QL (30 per 30 days)
<i>darunavir oral tablet 600 mg</i> (Prezista)	NM; QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i> (Prezista)	NM; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	NM; QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	NM; QL (120 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	QL (400 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	QL (150 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	QL (360 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	NM; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	NM; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG	QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	QL (180 per 30 days)

Drug Name	Requirements / Limits
<i>ritonavir oral tablet 100 mg</i> (Norvir)	QL (360 per 30 days)
VIRACEPT ORAL TABLET 250 MG	NM; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	NM; QL (120 per 30 days)
<b>Anti-Influenza Agents</b>	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu)	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	
XOFLUZA ORAL TABLET 20 MG, 80 MG	
XOFLUZA ORAL TABLET 40 MG	
<b>Antivirals, Other</b>	
<i>lagevrio (eua) oral capsule 200 mg</i>	QL (40 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG	\$0 copay; QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0 copay; QL (30 per 5 days)
<b>ANXIOLYTICS</b>	
<b>Anxiolytics, Other</b>	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	QL (120 per 30 days)
<b>Benzodiazepines</b>	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	QL (300 per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i> (Xanax)	QL (120 per 30 days)
<i>alprazolam oral tablet 1 mg</i> (Xanax)	QL (240 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	QL (90 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	QL (180 per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg</i> (Valium)	QL (120 per 30 days)
<i>diazepam oral tablet 5 mg</i> (Valium)	QL (240 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	QL (240 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	QL (240 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	QL (150 per 30 days)
<b>BIPOLAR AGENTS</b>	
<b>Mood Stabilizers</b>	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	
<i>lithium carbonate oral tablet 300 mg</i>	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	
<i>lithium carbonate oral tablet extended release 450 mg</i>	
<i>lithium citrate oral solution 8 meq/5 ml</i>	
<b>BLOOD GLUCOSE REGULATORS</b>	
<b>Antidiabetic Agents</b>	
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	

Drug Name	Requirements / Limits
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	
INVOKANA ORAL TABLET 100 MG, 300 MG	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	
JARDIANCE ORAL TABLET 10 MG, 25 MG	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	
<i>migliol oral tablet 100 mg, 25 mg, 50 mg</i>	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	(Actos)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	

Drug Name	Requirements / Limits
<i>pioglitazone-metformin oral tablet</i> 15-850 mg (Actoplus MET)	
<i>repaglinide oral tablet</i> 0.5 mg, 1 mg, 2 mg	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	PA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	PA; QL (9 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	max \$35 copay per month supply
<b>Glycemic Agents</b>	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	
<i>diazoxide oral suspension</i> 50 mg/ml (Proglycem)	NM
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	
<i>mifepristone oral tablet</i> 300 mg (Korlym)	PA; NM
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	

Drug Name	Requirements / Limits
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	
<b>Insulins</b>	
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)
1ST TIER UNIFINE PNTTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)
1ST TIER UNIFINE PNTTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)
1ST TIER UNIFINE PNTTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)

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

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



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

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

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

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

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

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

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

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

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



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

Drug Name	Requirements / Limits
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	max \$35 copay per month supply
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	max \$35 copay per month supply
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	max \$35 copay per month supply
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Ultra Comfort Insulin Syringe)
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE	

Drug Name		Requirements / Limits
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"		
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	
<i>insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)</i>	<i>(Lantus Solostar U-100 Insulin)</i>	max \$35 copay per month supply
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	<i>(Lantus U-100 Insulin)</i>	max \$35 copay per month supply

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

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

Drug Name		Requirements / Limits
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	max \$35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	max \$35 copay per month supply
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max \$35 copay per month supply
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		max \$35 copay per month supply
LISCO SPONGES 100/BAG 2 X 2 "		
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	

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

Drug Name	Requirements / Limits
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)

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

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

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



Drug Name		Requirements / Limits
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	max \$35 copay per month supply
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	max \$35 copay per month supply
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	max \$35 copay per month supply
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	max \$35 copay per month supply
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"		
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	

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

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

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

Drug Name	Requirements / Limits
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	max \$35 copay per month supply
STERILE PADS 2" X 2" 2 X 2 "	(gauze bandage)
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)

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

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

Drug Name		Requirements / Limits
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	max \$35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	max \$35 copay per month supply

Drug Name		Requirements / Limits
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	max \$35 copay per month supply
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	



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

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

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

Drug Name	Requirements / Limits
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
ULTILET PEN NEEDLE 29 GAUGE	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)

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

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

Drug Name	Requirements / Limits
UNIFINE PENTIPS 31GX3/16" 31GX5MM, STRL, MINI 31 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)

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

Drug Name	Requirements / Limits
VERIFINE SYRINGE 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
VERIFINE SYRINGE 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
VERIFINE SYRINGE 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
VERIFINE SYRINGE 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE,3PLY 2 X 2 "	
<b>BLOOD PRODUCTS AND MODIFIERS</b>	
<b>Anticoagulants</b>	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	
<i>enoxaparin subcutaneous syringe</i> 100 mg/ml, 150 mg/ml	(Lovenox) QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox) QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe</i> 30 mg/0.3 ml	(Lovenox) QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe</i> 40 mg/0.4 ml	(Lovenox) QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe</i> 60 mg/0.6 ml	(Lovenox) QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 10 mg/0.8 ml	(Arixtra) NM; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 2.5 mg/0.5 ml	(Arixtra) QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 5 mg/0.4 ml	(Arixtra) NM; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 7.5 mg/0.6 ml	(Arixtra) NM; QL (18 per 30 days)
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)
<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)



<b>Drug Name</b>	<b>Requirements / Limits</b>
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	
<b>Blood Products And Modifiers, Other</b>	
<i>anagrelide oral capsule 0.5 mg (Agrylin)</i>	
<i>anagrelide oral capsule 1 mg</i>	
LEUKINE INJECTION RECON SOLN 250 MCG	PA; NM
PROMACTA ORAL POWDER IN PACKET 12.5 MG	PA; NM; QL (360 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	PA; NM; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	PA; NM; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	PA; QL (23 per 30 days)
RETACRIT INJECTION SOLUTION 3,000 UNIT/ML	PA; QL (16 per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PA; NM
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PA; NM
<b>Platelet Modifying Agents</b>	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	
BRILINTA ORAL TABLET 60 MG, 90 MG	
CABLIVI INJECTION KIT 11 MG	PA; NM
<i>cilostazol oral tablet 100 mg, 50 mg</i>	
<i>clopidogrel oral tablet 75 mg (Plavix)</i>	
<i>prasugrel oral tablet 10 mg, 5 mg (Effient)</i>	

Drug Name	Requirements / Limits
<b>CARDIOVASCULAR AGENTS</b>	
<b>Alpha-Adrenergic Agonists</b>	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	QL (4 per 28 days)
droxidopa oral capsule 100 mg, 200 mg, 300 mg (Northera)	PA; NM; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	
<b>Alpha-Adrenergic Blocking Agents</b>	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	
prazosin oral capsule 1 mg, 2 mg, 5 mg	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	
<b>Angiotensin II Receptor Antagonists</b>	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)	
irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro)	
losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)	
olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)	
telmisartan oral tablet 20 mg, 40 mg, 80 mg (Micardis)	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)	
<b>Angiotensin-Converting Enzyme (ACE) Inhibitors</b>	
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	
benazepril oral tablet 5 mg	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	
<b>Antiarrhythmics</b>	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	
MULTAQ ORAL TABLET 400 MG	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	
<i>sotalol oral tablet 240 mg</i> (Betapace)	
<b>Beta-Adrenergic Blocking Agents</b>	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	
<i>pindolol oral tablet 10 mg, 5 mg</i>	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg</i> (Inderal LA)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	QL (30 per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	
KATERZIA ORAL SUSPENSION 1 MG/ML	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i> (Procardia XL)	QL (60 per 30 days)
<i>nifedipine oral tablet extended release 24hr 90 mg</i> (Procardia XL)	QL (30 per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg</i>	QL (60 per 30 days)
<i>nifedipine oral tablet extended release 90 mg</i>	QL (30 per 30 days)
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	QL (60 per 30 days)
<i>cartia xt oral capsule, extended release 24hr 300 mg</i> (diltiazem hcl)	QL (30 per 30 days)

Drug Name	Requirements / Limits
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	QL (30 per 30 days)
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg</i> (Cartia XT)	QL (60 per 30 days)
<i>diltiazem hcl oral capsule, extended release 24hr 300 mg</i> (Cartia XT)	QL (30 per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	
<i>diltiazem hcl oral tablet 90 mg</i>	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i> (Matzim LA)	
<i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	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)	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	QL (60 per 30 days)
<i>taztia xt oral capsule, extended release 24 hr 300 mg, 360 mg</i> (diltiazem hcl)	QL (30 per 30 days)
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	QL (60 per 30 days)
<i>tiadylt er oral capsule, extended release 24 hr 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	
<b>Cardiovascular Agents, Other</b>	
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	QL (30 per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	
<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)	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	QL (30 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>amlodipine-benazepril oral capsule</i> 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)	
<i>amlodipine-benazepril oral capsule</i> 2.5-10 mg, 5-40 mg	
<i>amlodipine-olmesartan oral tablet</i> 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	
<i>amlodipine-valsartan oral tablet</i> 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	
<i>atenolol-chlorthalidone oral tablet</i> 100-25 mg (Tenoretic 100)	
<i>atenolol-chlorthalidone oral tablet</i> 50-25 mg (Tenoretic 50)	
<i>benazepril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)	
<i>benazepril-hydrochlorothiazide oral tablet</i> 5-6.25 mg	
<i>bisoprolol-hydrochlorothiazide oral tablet</i> 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	PA; NM; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet</i> 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)	
<i>digitek oral tablet 125 mcg (0.125 mg),</i> <i>250 mcg (0.25 mg)</i> (digoxin)	QL (30 per 30 days)
<i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)	QL (30 per 30 days)
<i>digoxin 250 mcg tablet 250 mcg (0.25 mg)</i> (Digitek)	QL (30 per 30 days)
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	QL (255 per 30 days)
<i>digoxin oral tablet 125 mcg (0.125 mg),</i> <i>250 mcg (0.25 mg)</i> (Digitek)	QL (30 per 30 days)
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	QL (60 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet</i> 10-25 mg (Vaseretic)	
<i>enalapril-hydrochlorothiazide oral tablet</i> 5-12.5 mg	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	
FILSPARI ORAL TABLET 200 MG, 400 MG	PA; NM; QL (30 per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg	

Drug Name	Requirements / Limits
<i>irbesartan-hydrochlorothiazide oral tablet</i> 150- 12.5 mg, 300- 12.5 mg (Avalide)	
<i>isosorbide-hydralazine oral tablet</i> 20-37.5 mg (BiDil)	
<i>ivabradine oral tablet</i> 5 mg, 7.5 mg (Corlanor)	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) (digoxin)	QL (30 per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet</i> 10- 12.5 mg, 20- 12.5 mg, 20-25 mg (Zestoretic)	
<i>losartan-hydrochlorothiazide oral tablet</i> 100- 12.5 mg, 100-25 mg, 50- 12.5 mg (Hyzaar)	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> 100-25 mg, 100-50 mg, 50-25 mg	
<i>metyrosine oral capsule</i> 250 mg (Demser)	NM
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i> 20-5- 12.5 mg, 40- 10- 12.5 mg, 40- 10-25 mg, 40-5- 12.5 mg, 40-5-25 mg (Tribenzor)	
<i>olmesartan-hydrochlorothiazide oral tablet</i> 20- 12.5 mg, 40- 12.5 mg, 40-25 mg (Benicar HCT)	
<i>pentoxifylline oral tablet extended release</i> 400 mg	
<i>quinapril-hydrochlorothiazide oral tablet</i> 10- 12.5 mg, 20- 12.5 mg, 20-25 mg (Accuretic)	
<i>ranolazine oral tablet extended release</i> 12 hr 1,000 mg, 500 mg	
<i>spironolacton-hydrochlorothiaz oral tablet</i> 25-25 mg	
<i>telmisartan-amlodipine oral tablet</i> 40- 10 mg, 40-5 mg, 80- 10 mg, 80-5 mg	
<i>telmisartan-hydrochlorothiazid oral tablet</i> 40- 12.5 mg, 80- 12.5 mg, 80-25 mg (Micardis HCT)	
<i>trandolapril-verapamil oral tablet, ir - er,</i> <i>biphasic 24hr</i> 1-240 mg, 2- 180 mg, 2-240 mg, 4-240 mg	
<i>triamterene-hydrochlorothiazid oral capsule</i> 37.5-25 mg	
<i>triamterene-hydrochlorothiazid oral tablet</i> 37.5-25 mg, 75-50 mg	
<i>valsartan-hydrochlorothiazide oral tablet</i> 160- 12.5 mg, 160-25 mg, 320- 12.5 mg, 320-25 mg, 80- 12.5 mg (Diovan HCT)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	PA

Drug Name	Requirements / Limits
<b>Diuretics, Loop</b>	
<i>bumetanide injection solution 0.25 mg/ml</i>	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>furosemide injection solution 10 mg/ml</i>	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	
<i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>	
<i>torseamide oral tablet 20 mg</i> (Soanz)	
<b>Diuretics, Potassium-Sparing</b>	
<i>amiloride oral tablet 5 mg</i>	
<i>epplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	
KERENDIA ORAL TABLET 10 MG, 20 MG	QL (30 per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	
<b>Diuretics, Thiazide</b>	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<b>Dyslipidemics, Fibric Acid Derivatives</b>	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	QL (60 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i> (Tricor)	QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i> (Tricor)	QL (60 per 30 days)
<i>fenofibrate oral capsule 150 mg</i> (Lipofen)	QL (30 per 30 days)
<i>fenofibrate oral capsule 50 mg</i> (Lipofen)	QL (60 per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	QL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	QL (60 per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	QL (60 per 30 days)



Drug Name	Requirements / Limits
<b>Dyslipidemics, HMG COA Reductase Inhibitors</b>	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)	QL (30 per 30 days)
fluvastatin oral capsule 20 mg, 40 mg	
fluvastatin oral tablet extended release 24 hr 80 mg (Lescol XL)	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	QL (30 per 30 days)
lovastatin oral tablet 10 mg	QL (45 per 30 days)
lovastatin oral tablet 20 mg	QL (30 per 30 days)
lovastatin oral tablet 40 mg	QL (60 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	QL (30 per 30 days)
rosuvastatin oral tablet 10 mg, 20 mg, 5 mg	QL (30 per 30 days)
rosuvastatin oral tablet 40 mg (Crestor)	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor)	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg	QL (30 per 30 days)
<b>Dyslipidemics, Other</b>	
cholestyramine (with sugar) oral powder in packet 4 gram (Questran)	
cholestyramine light oral powder in packet 4 gram (cholestyramine-aspartame)	
colestipol oral packet 5 gram	
colestipol oral tablet 1 gram (Colestid)	
ezetimibe oral tablet 10 mg (Zetia)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg (Vytorin 10-10)	
ezetimibe-simvastatin oral tablet 10-20 mg (Vytorin 10-20)	
ezetimibe-simvastatin oral tablet 10-40 mg (Vytorin 10-40)	
ezetimibe-simvastatin oral tablet 10-80 mg (Vytorin 10-80)	
icosapent ethyl oral capsule 0.5 gram, 1 gram (Vascepa)	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	PA; NM
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	
omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	PA

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

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>dextroamphetamine sulfate oral tablet</i> 2.5 mg, 20 mg, 7.5 mg (Zenzedi)	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet</i> 30 mg (Zenzedi)	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet</i> 5 mg (Zenzedi)	QL (150 per 30 days)
<i>dextroamphetamine-amphetamine oral</i> <i>tablet</i> 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg (Adderall)	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral</i> <i>tablet</i> 30 mg (Adderall)	QL (60 per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>	
<i>atomoxetine oral capsule</i> 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg (Strattera)	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet</i> 10 mg (Focalin)	QL (60 per 30 days)
<i>dexmethylphenidate oral tablet</i> 2.5 mg (Focalin)	QL (240 per 30 days)
<i>dexmethylphenidate oral tablet</i> 5 mg (Focalin)	QL (120 per 30 days)
<i>guanfacine oral tablet extended release</i> 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER)	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet</i> 10 mg, 20 mg, 5 mg (Ritalin)	QL (90 per 30 days)
<b>Central Nervous System, Other</b>	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	PA; NM; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	PA; NM; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG	PA; NM
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	PA; NM; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	PA; NM; 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)	PA; NM
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	PA; NM
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	PA; NM

Drug Name	Requirements / Limits
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	PA; NM; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	PA; NM; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	PA
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	PA; NM; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	PA; NM; QL (120 per 30 days)
<b>Fibromyalgia Agents</b>	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Lyrica)	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	QL (60 per 30 days)
<i>pregabalin oral capsule 75 mg</i> (Lyrica)	QL (120 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	QL (900 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	QL (55 per 28 days)
<b>Multiple Sclerosis Agents</b>	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	PA; NM
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	PA; NM
BETASERON SUBCUTANEOUS KIT 0.3 MG	PA; NM
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	PA; NM
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	PA; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	PA; NM
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	PA; NM
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PA; NM
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	PA; NM
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	PA; NM

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

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

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

Drug Name	Requirements / Limits
<i>fluocinonide topical ointment 0.05 %</i>	
<i>fluocinonide topical solution 0.05 %</i>	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	
<i>fluticasone propionate topical cream 0.05 %</i>	
<i>fluticasone propionate topical ointment 0.005 %</i>	
<i>halobetasol propionate topical cream 0.05 %</i>	
<i>halobetasol propionate topical ointment 0.05 %</i>	
<i>hydrocortisone 2.5% cream</i>	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	
<i>hydrocortisone topical lotion 2.5 %</i>	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	
<i>hydrocortisone topical ointment 2.5 %</i>	
<i>hydrocortisone valerate topical cream 0.2 %</i>	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	
HYFTOR TOPICAL GEL 0.2 %	PA; NM
<i>mometasone topical cream 0.1 %</i>	
<i>mometasone topical ointment 0.1 %</i>	
<i>mometasone topical solution 0.1 %</i>	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	
<i>selenium sulfide topical lotion 2.5 %</i>	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	
<i>triamcinolone acetonide topical cream 0.025 %</i>	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	

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



Drug Name	Requirements / Limits
<i>nystatin-triamcinolone topical ointment</i> 100,000-0.1 unit/gram-%	
PANRETIN TOPICAL GEL 0.1 %	PA NSO; NM
<i>podofilox topical solution 0.5 %</i>	
PRO COMFORT ALCOHOL 70% PADS (alcohol swabs)	
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	
REGRANEX TOPICAL GEL 0.01 %	PA; NM
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	
TRUE COMFORT PRO ALCOHOL PADS (alcohol swabs)	
ULTILET ALCOHOL STERL SWAB (alcohol swabs)	
WEBCOL ALCOHOL PREPS 20'S, LARGE (alcohol swabs)	
<b>Pediculicides/Scabicides</b>	
<i>malathion topical lotion 0.5 %</i> (Ovide)	
<i>permethrin topical cream 5 %</i> (Elimite)	
<b>Topical Anti-Infectives</b>	
<i>ciclopirox topical gel 0.77 %</i>	
<i>ciclopirox topical shampoo 1 %</i>	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	
<i>clindamycin phosphate topical gel 1 %</i>	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	
<i>clindamycin phosphate topical solution 1 %</i>	
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	
<i>erythromycin with ethanol topical solution 2 %</i>	
<i>mupirocin calcium topical cream 2 %</i>	
<i>mupirocin topical ointment 2 %</i> (Centany)	

Drug Name	Requirements / Limits
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>	
<b><i>Electrolyte/ Mineral Replacement</i></b>	
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	PA; NM
<i>electrolyte-148 intravenous parenteral solution</i>	
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	
<i>fluoride (sodium) oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	
<i>floritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (fluoride (sodium))	
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (potassium chloride)	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ (potassium chloride)	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i> (potassium chloride)	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i> (potassium chloride)	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i> (potassium chloride)	
KLOR-CON ORAL PACKET 20 MEQ (potassium chloride)	
<i>ludent fluoride 0.25 mg tb chw d/f, chewable (rx) 0.25 mg(0.55 mg sod. fluoride)</i> (fluoride (sodium))	
<i>ludent fluoride 0.5 mg tb chew d/f, chewable (rx) 0.5 mg (1.1 mg sodium fluorid)</i> (fluoride (sodium))	
<i>ludent fluoride 1 mg tab chew d/f, chewable (rx) 1 mg (2.2 mg sod. fluoride)</i> (fluoride (sodium))	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION (electrolyte-a)	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	PA BvD
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	PA BvD
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	PA BvD
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	
<i>potassium chloride oral packet 20 meq (Klor-Con)</i>	
<i>potassium chloride oral tablet extended release 10 meq (Klor-Con 10)</i>	
<i>potassium chloride oral tablet extended release 20 meq (K-Tab)</i>	
<i>potassium chloride oral tablet extended release 8 meq (Klor-Con 8)</i>	
<i>potassium chloride oral tablet, er particles/crystals 10 meq (Klor-Con M10)</i>	
<i>potassium chloride oral tablet, er particles/crystals 15 meq (Klor-Con M15)</i>	
<i>potassium chloride oral tablet, er particles/crystals 20 meq (Klor-Con M20)</i>	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)</i>	
<i>potassium citrate oral tablet extended release 15 meq (Urocit-K 15)</i>	

Drug Name	Requirements / Limits
potassium citrate oral tablet extended release 5 meq (540 mg) (Urocit-K 5)	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	
sodium chloride 0.9 % intravenous parenteral solution	
sodium chloride 0.9% solution mini-bag, single use	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	
sodium chloride irrigation solution 0.9 % (Sterile Saline)	
sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml (SoluVita)	
<b>Electrolyte/Mineral/Metal Modifiers</b>	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg (Jadenu Sprinkle)	PA; NM
deferasirox oral tablet 180 mg, 360 mg (Jadenu)	PA; NM
deferasirox oral tablet 90 mg (Jadenu)	PA
deferasirox oral tablet, dispersible 125 mg (Exjade)	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg (Exjade)	PA; NM
deferiprone oral tablet 1,000 mg, 500 mg (Ferriprox)	PA; NM
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	PA; NM
FERRIPROX ORAL SOLUTION 100 MG/ML	PA; NM
FERRIPROX ORAL TABLET 1,000 MG (deferiprone)	PA; NM
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	
sodium polystyrene sulfonate oral powder	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	
tolvaptan oral tablet 15 mg (Samsca)	PA; NM; QL (120 per 30 days)
tolvaptan oral tablet 30 mg (Samsca)	PA; NM; QL (60 per 30 days)
trientine oral capsule 250 mg (Syprine)	PA; NM
<b>Electrolytes/Minerals/Metals/Vitamins</b>	
bal-care dha combo pack 27-1-430 mg	
bal-care dha essential pack 27 mg iron-1 mg -374 mg	

Drug Name	Requirements / Limits
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	PA BvD
<i>c-nate dha softgel 28 mg iron- 1 mg -200 mg</i>	

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

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

<b>Drug Name</b>	<b>Requirements / Limits</b>
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	PA BvD
<i>r-natal ob softgel 20 mg</i> <i>iron- 1 mg-320 mg</i>	
<i>select-ob chewable caplet 29 mg</i> <i>iron- 1 mg</i>	
<i>select-ob chewable caplet 29 mg</i> <i>iron- 1 mg</i>	
<i>se-natal 19 chewable tablet 29 mg</i> <i>iron- 1 mg</i>	
<i>taron-c dha capsule 35- 1-200 mg</i>	
<i>taron-prex prenatal-dha oral capsule</i> <i>30 mg iron-1.2 mg-55 mg-265 mg</i>	
TPN ELECTROLYTES II INTRAVENOUS SOLUTION 18-18-5-4.5-35 MEQ/20 ML	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	PA BvD
<i>triveen-duo dha combo pack 29- 1-400 mg</i>	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	PA BvD
<i>vinate care oral tablet, chewable 40 mg</i> <i>iron- 1 mg</i>	
<i>virt-c dha softgel (rx) 35- 1-200 mg</i>	
<i>virt-nate dha softgel 28 mg</i> <i>iron- 1 mg -200 mg</i>	
<i>virt-pn dha softgel (rx) 27 mg</i> <i>iron- 1 mg -300 mg</i>	
<i>virt-pn plus softgel (rx) 28- 1-300 mg</i>	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	
<i>vitafol-ob+dha combo pack 65- 1-250 mg</i>	
<i>vp-ch-pnv oral capsule 30 mg</i> <i>iron- 1 mg -50 mg-260 mg</i>	
<i>vp-pnv-dha softgel (rx) 28 mg</i> <i>iron- 1 mg-200 mg</i>	
<i>zatean-pn dha capsule 27 mg</i> <i>iron- 1 mg -300 mg</i>	
<i>zatean-pn plus softgel 28- 1-300 mg</i>	
<i>zingiber tablet</i> <i>1.2 mg-40 mg- 124.1 mg-100 mg</i>	



Drug Name	Requirements / Limits
<b>Phosphate Binders</b>	
AURYXIA ORAL TABLET 210 MG IRON	PA
calcium acetate(phosphat bind) oral capsule 667 mg	
calcium acetate(phosphat bind) oral tablet 667 mg	
sevelamer carbonate oral powder in packet 0.8 gram (Renvela)	QL (540 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram (Renvela)	QL (180 per 30 days)
sevelamer carbonate oral tablet 800 mg (Renvela)	QL (540 per 30 days)
VELPHORO ORAL TABLET, CHEWABLE 500 MG	
<b>GASTROINTESTINAL AGENTS</b>	
<b>Anti-Constipation Agents</b>	
constulose oral solution 10 gram/15 ml (lactulose)	
enulose oral solution 10 gram/15 ml (lactulose)	
generlac oral solution 10 gram/15 ml (lactulose)	
lactulose oral solution 10 gram/15 ml (Constulose)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	QL (30 per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg (Amitiza)	QL (60 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	QL (30 per 30 days)
<b>Anti-Diarrheal Agents</b>	
alosetron oral tablet 0.5 mg, 1 mg (Lotronex)	NM; QL (60 per 30 days)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	
XERMELO ORAL TABLET 250 MG	NM; QL (90 per 30 days)
<b>Antispasmodics, Gastrointestinal</b>	
dicyclomine oral capsule 10 mg	
dicyclomine oral solution 10 mg/5 ml	
dicyclomine oral tablet 20 mg	
glycopyrrolate oral tablet 1 mg (Robinul)	
glycopyrrolate oral tablet 2 mg (Robinul Forte)	

Drug Name	Requirements / Limits
<b>Gastrointestinal Agents, Other</b>	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	PA; NM
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	PA; NM
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	PA; NM
<i>gavilyte-c oral recon soln</i> 240-22.72-6.72 -5.84 gram (peg 3350-electrolytes)	
<i>gavilyte-g oral recon soln</i> 236-22.74-6.74 -5.86 gram (peg 3350-electrolytes)	
<i>gavilyte-n oral recon soln</i> 420 gram (peg-electrolyte soln)	
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	PA; NM
<i>metoclopramide hcl oral solution</i> 5 mg/5 ml	
<i>metoclopramide hcl oral tablet</i> 10 mg, 5 mg (Reglan)	
<i>peg 3350-electrolytes oral recon soln</i> 236-22.74-6.74 -5.86 gram (GaviLyte-G)	
<i>peg-electrolyte soln oral recon soln</i> 420 gram (GaviLyte-N)	
<i>sodium, potassium, mag sulfates oral recon soln</i> 17.5-3.13-1.6 gram (Suprep Bowel Prep Kit)	
<i>sodium, potassium, mag sulfates oral recon soln</i> 17.5-3.13-1.6 gram 2 pack (480ml)	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	
<i>ursodiol oral capsule</i> 300 mg	
<i>ursodiol oral tablet</i> 250 mg	
<i>ursodiol oral tablet</i> 500 mg (URSO Forte)	
<b>Histamine2 (H2) Receptor Antagonists</b>	
<i>famotidine oral suspension for reconstitution</i> 40 mg/5 ml (8 mg/ml)	
<i>famotidine oral tablet</i> 20 mg (Acid Controller)	
<i>famotidine oral tablet</i> 40 mg (Pepcid)	
<i>nizatidine oral capsule</i> 150 mg, 300 mg	

Drug Name	Requirements / Limits
<b>Protectants</b>	
<i>misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)</i>	
<i>sucralfate oral suspension 100 mg/ml (Carafate)</i>	
<i>sucralfate oral tablet 1 gram (Carafate)</i>	
<b>Proton Pump Inhibitors</b>	
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg (Dexilant)</i>	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg (Acid Reducer (esomeprazole))</i>	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg (Nexium)</i>	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg (Acid Reducer (lansoprazole))</i>	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg (Prevacid)</i>	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg (Protonix)</i>	
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>	
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>	
<i>betaine oral powder 1 gram/scoop (Cystadane)</i>	NM
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	
<i>cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)</i>	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	PA
GALAFOLD ORAL CAPSULE 123 MG	PA; NM
<i>glutamine (sickle cell) oral powder in packet 5 gram (Endari)</i>	PA
<i>miglustat oral capsule 100 mg (Yargesa)</i>	PA; NM
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg (Orfadin)</i>	PA; NM
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	PA; NM
RAVICTI ORAL LIQUID 1.1 GRAM/ML	PA; NM

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	PA; NM
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	PA; NM
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	PA; NM
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	PA; NM
VYNDAMAX ORAL CAPSULE 61 MG	PA; NM; QL (30 per 30 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	PA; NM
<i>yargesa oral capsule 100 mg</i> (miglustat)	PA; NM
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	PA; NM
<b>GENITOURINARY AGENTS</b>	
<b><i>Antispasmodics, Urinary</i></b>	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	QL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	QL (60 per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	QL (30 per 30 days)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	QL (60 per 30 days)

Drug Name	Requirements / Limits
<i>trospium oral capsule, extended release</i> 24hr 60 mg	QL (30 per 30 days)
<i>trospium oral tablet 20 mg</i>	QL (60 per 30 days)
<b>Benign Prostatic Hypertrophy Agents</b>	
<i>alfuzosin oral tablet extended release</i> 24 hr 10 mg (Uroxatral)	QL (30 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er</i> <i>multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	QL (30 per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	QL (30 per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	QL (60 per 30 days)
<b>Genitourinary Agents, Other</b>	
<i>bethanechol chloride oral tablet 10 mg,</i> <i>25 mg, 5 mg, 50 mg</i>	
ELMIRON ORAL CAPSULE 100 MG	
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	NM
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	
<i>dexamethasone oral tablet 0.5 mg,</i> <i>0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	
<i>fludrocortisone oral tablet 0.1 mg</i>	
<i>hydrocortisone oral tablet 10 mg, 20 mg,</i> <i>5 mg</i> (Cortef)	
ISTURISA ORAL TABLET 1 MG	PA; NM; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	PA; NM; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	PA; NM; QL (120 per 30 days)
<i>methylprednisolone oral tablet 16 mg,</i> <i>4 mg, 8 mg</i> (Medrol)	
<i>methylprednisolone oral tablet 32 mg</i>	
<i>methylprednisolone oral tablets, dose</i> <i>pack 4 mg</i> (Medrol (Pak))	
<i>prednisolone 15 mg/5 ml soln d/f</i> <i>15 mg/5 ml (3 mg/ml)</i>	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	PA BvD
<i>prednisolone sodium phosphate oral</i> <i>solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)</i>	PA BvD

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	PA BvD
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	PA BvD
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>	
<b><i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i></b>	
ACTHAR INJECTION GEL 80 UNIT/ML	PA; NM; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	PA; NM; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	PA; NM; QL (30 per 30 days)
<i>desmopressin 10 mcg/0.1 ml spr</i> <i>10 mcg/spray (0.1 ml)</i>	
<i>desmopressin nasal spray, non-aerosol</i> <i>10 mcg/spray (0.1 ml)</i>	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	PA; NM
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PA; NM
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	PA; NM
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>	
<b><i>Androgens</i></b>	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	

Drug Name	Requirements / Limits
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml (Depo-Testosterone)	
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	
testosterone enanthate intramuscular oil 200 mg/ml	
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (Vogelxo) (1 %)	
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (AndroGel) (1.62 %)	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (AndroGel) (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	
<b>Estrogens</b>	
DUAVEE ORAL TABLET 0.45-20 MG	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti)	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara)	
estradiol vaginal cream 0.01 % (0.1 mg/gram) (Estrace)	
estradiol vaginal tablet 10 mcg (Vagifem)	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	

Drug Name	Requirements / Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	<i>(norethindrone-ethin estradiol)</i>
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	
<i>apri oral tablet 0.15-0.03 mg</i>	<i>(desogestrel-ethinyl estradiol)</i>
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	<i>(norethindrone ac-eth estradiol)</i>
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	<i>(norethindrone ac-eth estradiol)</i>
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>
<i>aviane oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>ayuna oral tablet 0.15-0.03 mg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	<i>(desog-e.estradiol/e.estradiol)</i>
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	



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

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)	
<i>iclevia oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	
<b>INTRAROSA VAGINAL INSERT 6.5 MG</b>	PA
<i>isibloom oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	
<i>jasmiel (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	
<i>jolessa oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	
<i>juleber oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	
<i>kalliga oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> (ethynodiol diac-eth estradiol)	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i> (ethynodiol diac-eth estradiol)	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	
<i>lessina oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)	

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

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

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

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

Drug Name	Requirements / Limits
<b>Progestins</b>	
camila oral tablet 0.35 mg (norethindrone (contraceptive))	
deblitane oral tablet 0.35 mg (norethindrone (contraceptive))	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	
errin oral tablet 0.35 mg (norethindrone (contraceptive))	
heather oral tablet 0.35 mg (norethindrone (contraceptive))	
incassia oral tablet 0.35 mg (norethindrone (contraceptive))	
jencycla oral tablet 0.35 mg (norethindrone (contraceptive))	
lyleq oral tablet 0.35 mg (norethindrone (contraceptive))	
lyza oral tablet 0.35 mg (norethindrone (contraceptive))	
medroxyprogesterone intramuscular suspension 150 mg/ml (Depo-Provera)	
medroxyprogesterone intramuscular syringe 150 mg/ml (Depo-Provera)	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg (Provera)	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	
megestrol oral tablet 20 mg, 40 mg	
nora-be oral tablet 0.35 mg (norethindrone (contraceptive))	
norethindrone (contraceptive) oral tablet 0.35 mg (Camila)	
norethindrone acetate oral tablet 5 mg	
progesterone micronized oral capsule 100 mg, 200 mg (Prometrium)	
sharobel oral tablet 0.35 mg (norethindrone (contraceptive))	
tulana oral tablet 0.35 mg (norethindrone (contraceptive))	

Drug Name	Requirements / Limits
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)</b>	
<b><i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</i></b>	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	<i>(levothyroxine)</i>
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	<i>(levothyroxine)</i>
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	<i>(Euthyrox)</i>
<i>levothyroxine oral tablet 300 mcg</i>	<i>(Levo-T)</i>
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	<i>(levothyroxine)</i>
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	<i>(Cytomel)</i>
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	<i>(levothyroxine)</i>
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	<i>(levothyroxine)</i>
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>	
<b><i>Hormonal Agents, Suppressant (Pituitary)</i></b>	
<i>cabergoline oral tablet 0.5 mg</i>	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	PA NSO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	PA NSO; NM

<b>Drug Name</b>	<b>Requirements / Limits</b>
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	PA NSO
<i>lanreotide subcutaneous syringe</i> 60 mg/0.2 ml (Somatuline Depot)	PA NSO; NM; QL (0.2 per 28 days)
<i>lanreotide subcutaneous syringe</i> 90 mg/0.3 ml (Somatuline Depot)	PA NSO; NM; QL (0.3 per 28 days)
<i>leuprolide (3 month) intramuscular suspension for reconstitution</i> 22.5 mg	PA NSO
<i>leuprolide subcutaneous kit</i> 1 mg/0.2 ml	PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	PA NSO; NM
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	PA NSO; NM
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	PA NSO; NM
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	PA NSO; NM
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	PA NSO; NM
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	PA NSO; NM
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	PA NSO; NM
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	PA NSO; NM
<i>octreotide acetate injection solution</i> 1,000 mcg/ml	PA; NM
<i>octreotide acetate injection solution</i> 100 mcg/ml, 50 mcg/ml (Sandostatin)	PA
<i>octreotide acetate injection solution</i> 200 mcg/ml	PA
<i>octreotide acetate injection solution</i> 500 mcg/ml (Sandostatin)	PA; NM
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	PA; NM; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide)	PA NSO; NM; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide)	PA NSO; NM; QL (0.3 per 28 days)



Drug Name	Requirements / Limits
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA; NM; QL (60 per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	PA; NM
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	PA NSO
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>	
<b>Antithyroid Agents</b>	
<i>methimazole oral tablet 10 mg, 5 mg</i>	
<i>propylthiouracil oral tablet 50 mg</i>	
<b>IMMUNOLOGICAL AGENTS</b>	
<b>Angioedema Agents</b>	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	PA; NM
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	PA; NM
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	PA; NM
<b>Immunoglobulins</b>	
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	PA BvD; NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	PA BvD; NM
<b>Immunological Agents, Other</b>	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PA; NM
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PA; NM
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PA; NM
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	PA; NM
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	PA; NM

<b>Drug Name</b>	<b>Requirements / Limits</b>
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	PA; NM
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	PA; NM
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	PA; NM
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PA; NM
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	PA; NM
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	
OTEZLA ORAL TABLET 20 MG, 30 MG	PA; NM
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	PA; NM
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PA; NM
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PA; NM
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PA; NM
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PA; NM
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PA; NM
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	PA; NM
TAVNEOS ORAL CAPSULE 10 MG	PA; NM
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM

Drug Name	Requirements / Limits
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	PA; NM
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM
<b>Immunostimulants</b>	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	PA NSO; NM
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	PA NSO; NM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PA; NM
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	PA; NM
<b>Immunosuppressants</b>	
<i>azathioprine oral tablet 100 mg, 75 mg (Azasan)</i>	PA BvD
<i>azathioprine oral tablet 50 mg (Imuran)</i>	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	PA; NM
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	PA; NM
<i>cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)</i>	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml (Gengraf)</i>	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)</i>	PA BvD
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PA; NM
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PA; NM
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PA; NM
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PA; NM
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	PA NSO; NM
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg, 1 mg (Zortress)</i>	PA BvD; NM; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg (Zortress)</i>	PA BvD; NM; QL (120 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)</i>	PA BvD
<i>gengraf oral solution 100 mg/ml (cyclosporine modified)</i>	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PA; NM; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	PA; NM
LUPKYNIS ORAL CAPSULE 7.9 MG	PA; NM; QL (180 per 30 days)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	
<i>methotrexate sodium injection solution 25 mg/ml</i>	
<i>methotrexate sodium oral tablet 2.5 mg</i>	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg (CellCept)</i>	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)</i>	PA BvD; NM
<i>mycophenolate mofetil oral tablet 500 mg (CellCept)</i>	PA BvD

Drug Name	Requirements / Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	PA BvD
REZUROCK ORAL TABLET 200 MG	PA; NM
<i>sirolimus oral solution 1 mg/ml</i>	PA BvD; NM
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	PA BvD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	PA BvD
<b>Vaccines</b>	
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PA BvD; \$0 copay

<b>Drug Name</b>	<b>Requirements / Limits</b>
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOLETTA INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	

Drug Name	Requirements / Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	

Drug Name	Requirements / Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 copay
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(\$0 copay) (tetanus-diphtheria toxoids-td)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 copay
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(\$0 copay) (typhoid vi polysacch vaccine)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 copay
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>	
<b><i>Aminosalicylates</i></b>	
<i>balsalazide oral capsule 750 mg</i>	<i>(Colazal)</i>



Drug Name	Requirements / Limits
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	
mesalamine oral capsule (with del rel tablets) 400 mg (Delzicol)	
mesalamine oral capsule, extended release 24hr 0.375 gram (Apriso)	
mesalamine oral tablet, delayed release (dr/ec) 800 mg	
mesalamine rectal enema 4 gram/60 ml (Rowasa)	
sulfasalazine oral tablet 500 mg (Azulfidine)	
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)	
<b>Glucocorticoids</b>	
budesonide oral capsule, delayed, extend.release 3 mg	
budesonide oral tablet, delayed and ext.release 9 mg (Uceris)	NM
hydrocortisone rectal enema 100 mg/60 ml (Cortenema)	
<b>METABOLIC BONE DISEASE AGENTS</b>	
<b>Metabolic Bone Disease Agents</b>	
alendronate oral tablet 10 mg, 5 mg	QL (30 per 30 days)
alendronate oral tablet 35 mg	QL (4 per 28 days)
alendronate oral tablet 70 mg (Fosamax)	QL (4 per 28 days)
calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation	QL (4 per 28 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)	
calcitriol oral solution 1 mcg/ml (Rocaltrol)	
cinacalcet oral tablet 30 mg, 60 mg (Sensipar)	QL (60 per 30 days)
cinacalcet oral tablet 90 mg (Sensipar)	NM; QL (120 per 30 days)
ibandronate oral tablet 150 mg	QL (1 per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	PA; NM
paricalcitol oral capsule 1 mcg, 2 mcg (Zemlar)	
paricalcitol oral capsule 4 mcg	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	QL (1 per 180 days)
raloxifene oral tablet 60 mg (Evista)	
risedronate oral tablet 150 mg (Actonel)	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg	QL (30 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>risedronate oral tablet 35 mg (Actonel)</i>	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg (Atelvia)</i>	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	PA; NM; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PA; NM; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	PA; NM; QL (2 per 28 days)
<b>NON-FRF</b>	
<b>Non-FRF</b>	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	PA; NM
<b>OPHTHALMIC AGENTS</b>	
<b>Ophthalmic Agents, Other</b>	
<i>atropine ophthalmic (eye) drops 1 % (Isopto Atropine)</i>	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 % (Restasis)</i>	QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	PA; NM
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	PA; NM
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	QL (8.3 per 14 days)
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (Neo-Polycin HC)</i>	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)</i>	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)</i>	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml</i>	

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

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i> (FML Liquifilm)	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i> (Lotemax)	
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i> (Pred Forte)	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	
<i>carteolol ophthalmic (eye) drops 1 %</i>	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>	
<i>acetazolamide oral capsule, extended release 500 mg</i>	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 % (brinzolamide)	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	

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

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

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

Drug Name	Requirements / Limits
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	QL (36 per 30 days)
<b>Cystic Fibrosis Agents</b>	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	PA; NM
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PA; NM
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	PA; NM
KALYDECO ORAL TABLET 150 MG	PA; NM
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	PA; NM
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA; NM
PULMOZYME INHALATION SOLUTION 1 MG/ML	PA BvD; NM
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	PA; NM
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	PA; NM
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	PA BvD; NM
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	PA; NM
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	PA; NM
<b>Phosphodiesterase Inhibitors, Airways Disease</b>	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	QL (30 per 30 days)
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	
<b>Pulmonary Antihypertensives</b>	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PA; NM; QL (90 per 30 days)



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

<b>Drug Name</b>	<b>Requirements / Limits</b>
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PA; NM; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	PA; NM; QL (1 per 28 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i> 113- 14 mcg/actuation, 232- 14 mcg/actuation, 55- 14 mcg/actuation <i>(AirDuo RespiClick)</i>	QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose <i>(Advair Diskus)</i>	QL (60 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization</i> 0.5 mg-3 mg(2.5 mg base)/3 ml	PA BvD
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	PA; NM
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	PA; NM
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	QL (60 per 30 days)
<b>SKELETAL MUSCLE RELAXANTS</b>	
<b><i>Skeletal Muscle Relaxants</i></b>	
<i>chlorzoxazone oral tablet</i> 250 mg, 500 mg	
<i>chlorzoxazone oral tablet</i> 375 mg, 750 mg <i>(Lorzone)</i>	
<i>cyclobenzaprine oral tablet</i> 10 mg, 5 mg	
<i>cyclobenzaprine oral tablet</i> 7.5 mg <i>(Fexmid)</i>	
<i>methocarbamol oral tablet</i> 500 mg, 750 mg	
<i>orphenadrine citrate oral tablet extended release</i> 100 mg	
<b>SLEEP DISORDER AGENTS</b>	
<b><i>Sleep Promoting Agents</i></b>	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	QL (30 per 30 days)
<i>temazepam oral capsule</i> 15 mg, 22.5 mg, 30 mg <i>(Restoril)</i>	QL (30 per 30 days)
<i>temazepam oral capsule</i> 7.5 mg <i>(Restoril)</i>	QL (120 per 30 days)
<i>zaleplon oral capsule</i> 10 mg, 5 mg	QL (30 per 30 days)

Drug Name	Requirements / Limits
zolpidem oral tablet 10 mg, 5 mg (Ambien)	QL (30 per 30 days)
<b>Wakefulness Promoting Agents</b>	
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)	PA; QL (30 per 30 days)
modafinil oral tablet 100 mg, 200 mg (Provigil)	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml (Xyrem)	PA; NM; QL (540 per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)	QL (180 per 30 days)

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

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

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

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

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

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
varenicline oral tablet 0.5 mg, 1 mg (56 pack)	
varenicline oral tablet 1 mg (Chantix)	
varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box)	
<b>Agentes De Reversión De Opioides</b>	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	
naloxone injection solution 0.4 mg/ml	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	
naloxone nasal spray, non-aerosol 4 mg/actuation (Narcan)	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	
<b>Disuasorios De Alcohol/Anti-Ansiedad</b>	
acamprosate oral tablet, delayed release (dr/ec) 333 mg	
disulfiram oral tablet 250 mg	
naltrexone oral tablet 50 mg	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	NM
<b>AGENTES ANTIDEMENCIA</b>	
<b>Agentes Antidemencia, Otros</b>	
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	QL (30 per 30 days)
memantine oral solution 2 mg/ml	QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg	QL (60 per 30 days)
memantine oral tablets, dose pack 5-10 mg (Namenda Titration Pak)	QL (49 per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	PA

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



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>rizatriptan oral tablet 5 mg</i>	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg (Maxalt-MLT)</i>	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg (Imitrex)</i>	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml (Imitrex STATdose Refill)</i>	QL (4 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)</i>	QL (4 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml (Imitrex)</i>	QL (4 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)</i>	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	QL (6 per 30 days)
<b>Alcaloides De Cornezuelo</b>	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml) (Migranal)</i>	NM
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	QL (40 per 28 days)
<b>Non-FRF</b>	
<i>sumatriptan 4 mg/0.5 ml inject outer, sub (Imitrex STATdose Pen)</i>	QL (4 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	QL (4 per 30 days)
<b>Profiláctico</b>	
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	PA
EPRONTIA ORAL SOLUTION 25 MG/ML	
<i>propranolol oral capsule, extended release 24 hr 80 mg (Inderal LA)</i>	
<i>propranolol oral tablet 80 mg</i>	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg (Topamax)</i>	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg (Qudexy XR)</i>	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Topamax)</i>	

Nombre del Medicamento	Requerimientos / Límites
UBRELVY ORAL TABLET 100 MG, 50 MG	PA; QL (16 per 30 days)
<b>AGENTES ANTIPARKINSON</b>	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	PA; NM
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	ST
<b>Agentes Antiparkinson, Otros</b>	
<i>amantadine hcl oral capsule 100 mg</i>	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	
<i>amantadine hcl oral tablet 100 mg</i>	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	
<i>entacapone oral tablet 200 mg</i>	
<b>Agonistas De Dopamina</b>	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	
<b>Anticolinérgicos</b>	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	

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

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>felodipine oral tablet extended release</i> 24 hr 10 mg, 2.5 mg, 5 mg	QL (30 per 30 days)
<i>isradipine oral capsule</i> 2.5 mg, 5 mg	
KATERZIA ORAL SUSPENSION 1 MG/ML	
<i>matzim la oral tablet extended release</i> 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (diltiazem hcl)	
<i>nicardipine oral capsule</i> 20 mg, 30 mg	
<i>nifedipine oral capsule</i> 10 mg, 20 mg	
<i>nifedipine oral tablet extended release</i> 24hr 30 mg, 60 mg (Procardia XL)	QL (60 per 30 days)
<i>nifedipine oral tablet extended release</i> 24hr 90 mg (Procardia XL)	QL (30 per 30 days)
<i>nifedipine oral tablet extended release</i> 30 mg, 60 mg	QL (60 per 30 days)
<i>nifedipine oral tablet extended release</i> 90 mg	QL (30 per 30 days)
<i>tiadylt er oral capsule, extended release</i> 24 hr 120 mg, 180 mg, 240 mg (diltiazem hcl)	QL (60 per 30 days)
<i>tiadylt er oral capsule, extended release</i> 24 hr 300 mg, 360 mg, 420 mg (diltiazem hcl)	QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct</i> 100 mg, 200 mg, 300 mg (Verelan PM)	
<i>verapamil oral capsule, ext rel. pellets</i> 24 hr 120 mg, 180 mg, 240 mg, 360 mg	
<i>verapamil oral tablet</i> 120 mg, 40 mg, 80 mg	
<i>verapamil oral tablet extended release</i> 120 mg, 180 mg, 240 mg	
<b>Agentes Bloqueadores Alfa-Adrenérgicos</b>	
<i>doxazosin oral tablet</i> 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	
<i>prazosin oral capsule</i> 1 mg, 2 mg, 5 mg	
<i>terazosin oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	
<b>Agentes Bloqueadores Beta-Adrenérgicos</b>	
<i>acebutolol oral capsule</i> 200 mg, 400 mg	
<i>atenolol oral tablet</i> 100 mg, 25 mg, 50 mg (Tenormin)	
<i>betaxolol oral tablet</i> 10 mg, 20 mg	
<i>bisoprolol fumarate oral tablet</i> 10 mg, 5 mg	

Nombre del Medicamento	Requerimientos / Límites
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg (Coreg CR)	
labetalol oral tablet 100 mg, 200 mg, 300 mg	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	
nadolol oral tablet 20 mg, 40 mg, 80 mg (Corgard)	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)	
pindolol oral tablet 10 mg, 5 mg	
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg (Inderal LA)	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	
<b>Agentes Cardiovasculares, Otros</b>	
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	QL (30 per 30 days)
amiloride-hydrochlorothiazide oral tablet 5-50 mg	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	QL (30 per 30 days)
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	

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

Nombre del Medicamento	Requerimientos / Límites
atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)	
atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	PA; NM; QL (30 per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)	
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (digoxin)	QL (30 per 30 days)
digox oral tablet 125 mcg (0.125 mg) (digoxin)	QL (30 per 30 days)
digoxin 250 mcg tablet 250 mcg (0.25 mg) (Digitek)	QL (30 per 30 days)
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	QL (255 per 30 days)
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Digitek)	QL (30 per 30 days)
digoxin oral tablet 62.5 mcg (0.0625 mg) (Lanoxin)	QL (60 per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic)	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	
FILSPARI ORAL TABLET 200 MG, 400 MG	PA; NM; QL (30 per 30 days)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg (Avalide)	
isosorbide-hydralazine oral tablet 20-37.5 mg (BiDil)	
ivabradine oral tablet 5 mg, 7.5 mg (Corlanor)	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) (digoxin)	QL (30 per 30 days)

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

Nombre del Medicamento	Requerimientos / Límites
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	
metyrosine oral capsule 250 mg (Demser)	NM
olmesartan-amlodipin-hctiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (Tribenzor)	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT)	
pentoxifylline oral tablet extended release 400 mg	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis HCT)	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (Diovan HCT)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	PA
<b>Agonistas Alfa-Adrenérgicos</b>	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	QL (4 per 28 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>clonidine transdermal patch weekly</i> 0.3 mg/24 hr (Catapres-TTS-3)	QL (4 per 28 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	PA; NM; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<b>Antagonistas De Receptores De Angiotensina II</b>	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	
<b>Antiarrítmicos</b>	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	
MULTAQ ORAL TABLET 400 MG	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	
<i>sotalol oral tablet 240 mg</i> (Betapace)	
<b>Dislipidémicos, Derivados De Ácido Fólico</b>	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	QL (60 per 30 days)



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

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i> (Vascepa)	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	PA; NM
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	PA
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM (icosapent ethyl)	
<b>Diuréticos, Ahorradores De Potasio</b>	
<i>amiloride oral tablet 5 mg</i>	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	
KERENDIA ORAL TABLET 10 MG, 20 MG	QL (30 per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	
<b>Diuréticos, Ciclo</b>	
<i>bumetanide injection solution 0.25 mg/ml</i>	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>furosemide injection solution 10 mg/ml</i>	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	
<i>toremide oral tablet 20 mg</i> (Soanz)	
<b>Diuréticos, Tiazidas</b>	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	
<b>Inhibidores De Enzima Convertidora De Angiotensina (ECA)</b>	
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	
benazepril oral tablet 5 mg	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	
moexipril oral tablet 15 mg, 7.5 mg	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	
<b>Non-FRF</b>	
taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg (diltiazem hcl)	QL (60 per 30 days)
taztia xt oral capsule, extended release 24 hr 300 mg, 360 mg (diltiazem hcl)	QL (30 per 30 days)
<b>Vasodilatadores, De Acción Directa/Venosa</b>	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg	
isosorbide dinitrate oral tablet 5 mg (Isordil Titrados)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	
minoxidil oral tablet 10 mg, 2.5 mg	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	
nitroglycerin rectal ointment 0.4 % (w/w) (Rectiv)	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	
<b>AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA</b>	
<b>Aminosalicilatos</b>	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	
<i>LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM</i> (mesalamine)	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	
<b>Glucocorticoides</b>	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i> (Uceris)	NM
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	
<b>AGENTES DE ENFERMEDAD ÓSEA METABÓLICA</b>	
<b>Agentes De Enfermedad Ósea Metabólica</b>	
<i>alendronate oral tablet 10 mg, 5 mg</i>	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	QL (4 per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	NM; QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	QL (1 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	PA; NM
<i>paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)</i>	
<i>paricalcitol oral capsule 4 mcg</i>	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg (Evista)</i>	
<i>risedronate oral tablet 150 mg (Actonel)</i>	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg (Actonel)</i>	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg (Atelvia)</i>	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	PA; NM; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PA; NM; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	PA; NM; QL (2 per 28 days)
<b>AGENTES DE TRASTORNO DE SUEÑO</b>	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)</i>	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg (Provigil)</i>	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml (Xyrem)</i>	PA; NM; QL (540 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg (Restoril)</i>	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg (Restoril)</i>	QL (120 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg (Ambien)</i>	QL (30 per 30 days)
<b>AGENTES DEL SISTEMA NERVIOSO CENTRAL</b>	
<b>Agentes De Esclerosis Múltiple</b>	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	PA; NM
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	PA; NM

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
BETASERON SUBCUTANEOUS KIT 0.3 MG	PA; NM
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	PA; NM
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	PA; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	PA; NM
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	PA; NM
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PA; NM
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	PA; NM
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	PA; NM
<b>Agentes De Fibromialgia</b>	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Lyrica)	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	QL (60 per 30 days)
<i>pregabalin oral capsule 75 mg</i> (Lyrica)	QL (120 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	QL (900 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	QL (55 per 28 days)
<b>Agentes De Trastorno Por Déficit De Atención Con Hiperactividad, Anfetaminas</b>	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	QL (360 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	QL (1800 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenzedi)	QL (120 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 20 mg, 7.5 mg</i> (Zenzedi)	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenzedi)	QL (150 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> (Adderall)	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i> (Adderall)	QL (60 per 30 days)
<b>Agentes De Trastorno Por Déficit De Atención Con Hiperactividad, No-Anfetaminas</b>	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg</i> (Focalin)	QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg</i> (Focalin)	QL (240 per 30 days)
<i>dexmethylphenidate oral tablet 5 mg</i> (Focalin)	QL (120 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	QL (90 per 30 days)
<b>Sistema Nervioso Central, Otros</b>	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	PA; NM; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	PA; NM; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG	PA; NM
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	PA; NM; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	PA; NM; 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)	PA; NM
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	PA; NM
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	PA; NM

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	PA; NM; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	PA; NM; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	PA
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	PA; NM; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	PA; NM; QL (120 per 30 days)
<b>AGENTES DENTALES Y ORALES</b>	
<b>Agentes Dentales Y Orales</b>	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	
KOURZEQ DENTAL PASTE 0.1 % (triamcinolone acetonide)	
<i>oralone dental paste 0.1 %</i> (triamcinolone acetonide)	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq)	
<b>AGENTES DERMATOLÓGICOS</b>	
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PA
<i>alclometasone topical cream 0.05 %</i>	
<i>alclometasone topical ointment 0.05 %</i>	
<i>amcinonide topical ointment 0.1 %</i>	
<i>ammonium lactate topical cream 12 %</i>	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	
<i>betamethasone dipropionate topical cream 0.05 %</i>	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	



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

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>erythromycin-benzoyl peroxide topical gel</i> 3-5 % (Benzamycin)	
EUCRISA TOPICAL OINTMENT 2 %	
<i>fluocinolone topical cream</i> 0.01 %	
<i>fluocinolone topical cream</i> 0.025 % (Synalar)	
<i>fluocinolone topical ointment</i> 0.025 % (Synalar)	
<i>fluocinolone topical solution</i> 0.01 % (Synalar)	
<i>fluocinonide topical gel</i> 0.05 %	
<i>fluocinonide topical ointment</i> 0.05 %	
<i>fluocinonide topical solution</i> 0.05 %	
<i>fluocinonide-emollient topical cream</i> 0.05 % (Fluocinonide-E)	
<i>fluticasone propionate topical cream</i> 0.05 %	
<i>fluticasone propionate topical ointment</i> 0.005 %	
<i>halobetasol propionate topical cream</i> 0.05 %	
<i>halobetasol propionate topical ointment</i> 0.05 %	
<i>hydrocortisone topical cream</i> 1 % (Ala-Cort)	
<i>hydrocortisone topical cream with perineal applicator</i> 2.5 % (Procto-Med HC)	
<i>hydrocortisone topical lotion</i> 2.5 %	
<i>hydrocortisone topical ointment</i> 1 % (Anti-Itch (HC))	
<i>hydrocortisone topical ointment</i> 2.5 %	
<i>hydrocortisone valerate topical cream</i> 0.2 %	
<i>hydrocortisone valerate topical ointment</i> 0.2 %	
HYFTOR TOPICAL GEL 0.2 %	PA; NM
<i>isotretinoin oral capsule</i> 10 mg, 20 mg, 30 mg, 40 mg (Accutane)	
<i>mometasone topical cream</i> 0.1 %	
<i>mometasone topical ointment</i> 0.1 %	
<i>mometasone topical solution</i> 0.1 %	
<i>mupirocin calcium topical cream</i> 2 %	
<i>mupirocin topical ointment</i> 2 % (Centany)	
<i>pimecrolimus topical cream</i> 1 % (Elidel)	
<i>procto-med hc topical cream with perineal applicator</i> 2.5 % (hydrocortisone)	
<i>proctosol hc topical cream with perineal applicator</i> 2.5 % (hydrocortisone)	

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

Nombre del Medicamento	Requerimientos / Límites
EASY COMFORT ALCOHOL 70% PAD (alcohol swabs)	
EASY TOUCH ALCOHOL 70% PADS (alcohol swabs)	
GAMMA-STERILIZED	
<i>fluorouracil topical cream 5 % (Efudex)</i>	
<i>fluorouracil topical solution 2 %, 5 %</i>	
HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)	
<i>hydrocortisone-pramoxine rectal cream 1-1 % (Analpram-HC)</i>	
<i>imiquimod topical cream in packet 5 %</i>	
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	
IV ANTISEPTIC WIPES (alcohol swabs)	
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	
PANRETIN TOPICAL GEL 0.1 %	PA NSO; NM
<i>podofilox topical solution 0.5 %</i>	
PRO COMFORT ALCOHOL 70% PADS (alcohol swabs)	
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	
REGRANEX TOPICAL GEL 0.01 %	PA; NM
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	
<i>silver sulfadiazine topical cream 1 % (SSD)</i>	
<i>ssd topical cream 1 % (silver sulfadiazine)</i>	
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	
TRUE COMFORT PRO ALCOHOL PADS (alcohol swabs)	
ULTILET ALCOHOL STERL SWAB (alcohol swabs)	
WEBCOL ALCOHOL PREPS 20'S, LARGE (alcohol swabs)	
<b>Non-FRF</b>	
<i>accutane oral capsule 30 mg (isotretinoin)</i>	
<i>acitretin oral capsule 22.5 mg</i>	PA
<i>avita topical gel 0.025 % (tretinoin)</i>	PA
<i>hydrocortisone 2.5% cream</i>	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	

Nombre del Medicamento	Requerimientos / Límites
<b>Pediculicidas/Escabicidas</b>	
<i>malathion topical lotion 0.5 %</i> (Ovide)	
<i>permethrin topical cream 5 %</i> (Elimite)	
<b>AGENTES GASTROINTESTINALES</b>	
<i>alose tron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	NM; QL (60 per 30 days)
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	QL (60 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	NM; QL (90 per 30 days)
<b>Agentes Gastrointestinales, Otros</b>	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	PA; NM
BYLVAY ORAL PELLET 200 MCG, 600 MCG	PA; NM
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	PA; NM
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	PA; NM
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram (GaviLyte-G)	
peg-electrolyte soln oral recon soln 420 gram (GaviLyte-N)	
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram (Suprep Bowel Prep Kit)	
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	
ursodiol oral capsule 300 mg	
ursodiol oral tablet 250 mg	
ursodiol oral tablet 500 mg (URSO Forte)	
<b>Antagonistas De Receptores De Histamina2 (H2)</b>	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	
famotidine oral tablet 20 mg (Acid Controller)	
famotidine oral tablet 40 mg (Pepcid)	
nizatidine oral capsule 150 mg, 300 mg	
<b>Antiespasmódicos, Gastrointestinales</b>	
dicyclomine oral capsule 10 mg	
dicyclomine oral solution 10 mg/5 ml	
dicyclomine oral tablet 20 mg	
glycopyrrolate oral tablet 1 mg (Robinul)	
glycopyrrolate oral tablet 2 mg (Robinul Forte)	
<b>Inhibidores De Bomba De Protones</b>	
dexlansoprazole oral capsule, biphasic delayed releas 30 mg, 60 mg (Dexilant)	
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg (Acid Reducer (esomeprazole))	
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg (Nexium)	
lansoprazole oral capsule, delayed release(dr/ec) 15 mg (Acid Reducer (lansoprazole))	
lansoprazole oral capsule, delayed release(dr/ec) 30 mg (Prevacid)	
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg (Protonix)	

Nombre del Medicamento	Requerimientos / Límites
<b>Protectores</b>	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	
<b>AGENTES GENITOURINARIOS</b>	
<b>Agentes De Hipertrofia Prostática Benigna</b>	
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	QL (30 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	QL (30 per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	QL (30 per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	QL (60 per 30 days)
<b>Agentes Genitourinarios, Otros</b>	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	
ELMIRON ORAL CAPSULE 100 MG	
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	NM
<b>Antiespasmódicos, Urinario</b>	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	QL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	QL (60 per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	QL (30 per 30 days)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	QL (60 per 30 days)
<i>trospium oral capsule, extended release 24hr 60 mg</i>	QL (30 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<i>trosipium oral tablet 20 mg</i>	QL (60 per 30 days)
<b>AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (TIROIDES)</b>	
<b><i>Agentes Hormonales, Estimulante/Reemplazo/Modificador (Tiroides)</i></b>	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	<i>(levothyroxine)</i>
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	<i>(levothyroxine)</i>
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	<i>(Euthyrox)</i>
<i>levothyroxine oral tablet 300 mcg</i>	<i>(Levo-T)</i>
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	<i>(levothyroxine)</i>
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	<i>(Cytomel)</i>
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	<i>(levothyroxine)</i>
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	<i>(levothyroxine)</i>
<b>AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES)</b>	
<b><i>Agentes Hormonales, Estimulante/Reemplazo/Modificador (Hormonas Sexuales/Modificadores)</i></b>	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	<i>(norethindrone-ethin estradiol)</i>
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	



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

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

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

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

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

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

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

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

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (AndroGel) (1.62 %)	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (AndroGel) (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	
<b>Estrógenos</b>	
DUAVEE ORAL TABLET 0.45-20 MG	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti)	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara)	
estradiol vaginal cream 0.01 % (0.1 mg/gram) (Estrace)	
estradiol vaginal tablet 10 mcg (Vagifem)	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	
<b>Progestinas</b>	
camila oral tablet 0.35 mg (norethindrone (contraceptive))	
deblitane oral tablet 0.35 mg (norethindrone (contraceptive))	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	
<i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive))	
<i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive))	
<i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive))	
<i>jencycla oral tablet 0.35 mg</i> (norethindrone (contraceptive))	
<i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))	
<i>lyza oral tablet 0.35 mg</i> (norethindrone (contraceptive))	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	
<i>megestrol oral tablet 20 mg, 40 mg</i>	
<i>nora-be oral tablet 0.35 mg</i> (norethindrone (contraceptive))	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	
<i>norethindrone acetate oral tablet 5 mg</i>	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	
<i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))	
<i>tulana oral tablet 0.35 mg</i> (norethindrone (contraceptive))	
<b>AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (PITUITARIO)</b>	
<b>Agentes Hormonales, Estimulante/Reemplazo/Modificador (Pituitario)</b>	
ACTHAR INJECTION GEL 80 UNIT/ML	PA; NM; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	PA; NM; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	PA; NM; QL (30 per 30 days)



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	PA; NM
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PA; NM
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	PA; NM
<b>AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (SUPRARRENAL)</b>	
<b><i>Agentes Hormonales, Estimulante/Reemplazo/Modificador (Suprarrenal)</i></b>	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	
<i>fludrocortisone oral tablet 0.1 mg</i>	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)</i>	
ISTURISA ORAL TABLET 1 MG	PA; NM; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	PA; NM; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	PA; NM; QL (120 per 30 days)
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg (Medrol)</i>	
<i>methylprednisolone oral tablet 32 mg</i>	
<i>methylprednisolone oral tablets, dose pack 4 mg (Medrol (Pak))</i>	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	PA BvD
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)</i>	PA BvD
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml) (Veripred 20)</i>	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)</i>	PA BvD
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg (Orapred ODT)</i>	PA BvD

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	
<b>AGENTES HORMONALES, SUPRESORES (PITUITARIO)</b>	
<b><i>Agentes Hormonales, Supresores (Pituitario)</i></b>	
<i>cabergoline oral tablet 0.5 mg</i>	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	PA NSO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	PA NSO; NM
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	PA NSO
<i>lanreotide subcutaneous syringe 60 mg/0.2 ml</i> (Somatuline Depot)	PA NSO; NM; QL (0.2 per 28 days)
<i>lanreotide subcutaneous syringe 90 mg/0.3 ml</i> (Somatuline Depot)	PA NSO; NM; QL (0.3 per 28 days)
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	PA NSO; NM
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	PA NSO; NM
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	PA NSO; NM
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	PA NSO; NM
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	PA NSO; NM

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	PA NSO; NM
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	PA NSO; NM
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	PA NSO; NM
<i>octreotide acetate injection solution</i> 1,000 mcg/ml	PA; NM
<i>octreotide acetate injection solution</i> 100 mcg/ml, 50 mcg/ml (Sandostatin)	PA
<i>octreotide acetate injection solution</i> 200 mcg/ml	PA
<i>octreotide acetate injection solution</i> 500 mcg/ml (Sandostatin)	PA; NM
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	PA; NM; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide)	PA NSO; NM; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide)	PA NSO; NM; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA; NM; QL (60 per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	PA; NM
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	PA NSO
<b>AGENTES HORMONALES, SUPRESORES (TIROIDES)</b>	
<b>Agentes Antitiroideos</b>	
<i>methimazole oral tablet 10 mg, 5 mg</i>	
<i>propylthiouracil oral tablet 50 mg</i>	
<b>AGENTES INMUNOLÓGICOS</b>	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PA; NM
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PA; NM
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	PA NSO; NM

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	PA; NM
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	PA; NM
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	PA; NM
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	PA NSO; NM
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	PA; NM
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	PA; NM
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	PA; NM
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PA; NM
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	PA; NM
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PA; NM
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PA; NM
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PA; NM
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PA; NM
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	PA NSO; NM

Nombre del Medicamento	Requerimientos / Límites
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg, 1 mg</i> (Zortress)	PA BvD; NM; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i> (Zortress)	PA BvD; NM; QL (120 per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	PA BvD
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PA; NM; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	PA; NM
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	
LUPKYNIS ORAL CAPSULE 7.9 MG	PA; NM; QL (180 per 30 days)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	
<i>methotrexate sodium injection solution 25 mg/ml</i>	
<i>methotrexate sodium oral tablet 2.5 mg</i>	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	PA BvD; NM
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	PA BvD

Nombre del Medicamento	Requerimientos / Límites
OTEZLA ORAL TABLET 30 MG	PA; NM
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	PA; NM
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	PA BvD; NM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PA; NM
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	PA; NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	PA BvD; NM
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	PA BvD
REZUROCK ORAL TABLET 200 MG	PA; NM
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PA; NM
<i>sirolimus oral solution 1 mg/ml</i>	PA BvD; NM
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PA BvD
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	PA; NM
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PA; NM
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PA; NM
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PA; NM
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PA; NM
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	PA; NM
TAVNEOS ORAL CAPSULE 10 MG	PA; NM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	PA BvD

Nombre del Medicamento	Requerimientos / Límites
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	PA; NM
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM
<b>Agentes De Angioedema</b>	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	PA; NM
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	PA; NM
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	PA; NM
<b>Non-FRF</b>	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PA; NM
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	PA; NM
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	PA; NM; Only NDCs starting with 00074
OTEZLA ORAL TABLET 20 MG	PA; NM
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG(19)	PA; NM
<i>tacrolimus 0.5 mg capsule (immediate release)</i> (Prograf)	PA BvD
<i>tacrolimus 1 mg capsule (immediate release)</i> (Prograf)	PA BvD
<i>tacrolimus 5 mg capsule (immediate release)</i> (Prograf)	PA BvD
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML	PA; NM

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<b><i>Vacunas</i></b>	
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay

Nombre del Medicamento	Requerimientos / Límites
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 copay
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(tetanus-diphtheria toxoids-td) \$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 copay
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	

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

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	
<b>Agentes Anti-Alérgicos Oftálmicos</b>	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	
<b>Agentes Oftálmicos, Otros</b>	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	PA; NM
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	PA; NM
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	QL (8.3 per 14 days)
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	

Nombre del Medicamento	Requerimientos / Límites
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % <i>(Maxitrol)</i>	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	
neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % <i>(cyclosporine)</i>	QL (60 per 30 days)
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	QL (60 per 30 days)
<b>Análogos De Prostaglandina Oftálmica Y Prostaglandina</b>	
latanoprost ophthalmic (eye) drops 0.005 % <i>(Xalatan)</i>	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	
travoprost ophthalmic (eye) drops 0.004 % <i>(Travatan Z)</i>	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	
<b>Antiinflamatorios Oftálmicos</b>	
bromfenac ophthalmic (eye) drops 0.075 % <i>(BromSite)</i>	
bromfenac ophthalmic (eye) drops 0.09 %	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	
diclofenac sodium ophthalmic (eye) drops 0.1 %	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % <i>(difluprednate)</i>	
fluorometholone ophthalmic (eye) drops, suspension 0.1 % <i>(FML Liquifilm)</i>	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i> (Lotemax)	
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i> (Pred Forte)	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	
<b>Oftálmicos Antiinfecciosos</b>	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	
<b>AGENTES ÓTICOS</b>	
<b>Agentes Óticos</b>	
<i>acetic acid otic (ear) solution 2 %</i>	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	
<i>ofloxacin otic (ear) drops 0.3 %</i>	
<b>ANALGÉSICOS</b>	
<b>Analgésicos</b>	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)</i>	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg (Ascomp with Codeine)</i>	QL (180 per 30 days)
<b>Analgésicos Opiáceos, De Acción Corta</b>	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	QL (5000 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	QL (360 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	QL (180 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 600 mcg, 800 mcg</i>	PA; NM; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	PA; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	QL (5500 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	QL (150 per 30 days)
<i>hydromorphone oral liquid 1 mg/ml (Dilaudid)</i>	QL (1920 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg (Dilaudid)</i>	QL (360 per 30 days)
<i>hydromorphone oral tablet 8 mg (Dilaudid)</i>	QL (240 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	QL (600 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	QL (1800 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	QL (1500 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	QL (1080 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg (Roxicodone)</i>	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	QL (1080 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (Endocet)</i>	QL (360 per 30 days)
<i>tramadol oral tablet 100 mg</i>	QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	QL (240 per 30 days)
<b>Analgésicos Opiáceos, De Acción Prolongada</b>	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	PA NSO; QL (10 per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	QL (240 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg (MS Contin)</i>	QL (90 per 30 days)
<i>oxycodone oral tablet, oral only, ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg (OxyContin)</i>	QL (60 per 30 days)
<b>Medicamentos No-Esteroideos Antiinflamatorios</b>	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg (Celebrex)</i>	
<i>diclofenac potassium oral tablet 50 mg</i>	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	
<i>diclofenac sodium topical gel 1 % (Aleve (diclofenac))</i>	
<i>diflunisal oral tablet 500 mg</i>	
<i>ec-naproxen dr 500 mg tablet (naproxen)</i>	
<i>etodolac oral capsule 200 mg, 300 mg</i>	
<i>etodolac oral tablet 400 mg (Lodine)</i>	
<i>etodolac oral tablet 500 mg</i>	
<i>flurbiprofen oral tablet 100 mg</i>	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg (ibuprofen)</i>	



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

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	
<i>hydroxyzine pamoate oral capsule 25 mg (Vistaril)</i>	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	QL (120 per 30 days)
<b>Benzodiacepinas</b>	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	QL (300 per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg (Xanax)</i>	QL (120 per 30 days)
<i>alprazolam oral tablet 1 mg (Xanax)</i>	QL (240 per 30 days)
<i>alprazolam oral tablet 2 mg (Xanax)</i>	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg (Klonopin)</i>	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg (Klonopin)</i>	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	QL (180 per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml (diazepam)</i>	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg (Valium)</i>	QL (120 per 30 days)
<i>diazepam oral tablet 5 mg (Valium)</i>	QL (240 per 30 days)
<i>lorazepam 2 mg/ml oral concent (Lorazepam Intensol)</i>	QL (240 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml (lorazepam)</i>	QL (240 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)</i>	QL (150 per 30 days)
<b>ANTIBACTERIANOS</b>	
<b>Aminoglicósidos</b>	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	PA
<i>gentamicin 800 mg/20 ml vial mvv, outer 40 mg/ml</i>	

Nombre del Medicamento	Requerimientos / Límites
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	
<i>gentamicin injection solution 40 mg/ml</i>	
<i>gentamicin topical cream 0.1 %</i>	
<i>gentamicin topical ointment 0.1 %</i>	
<i>neomycin oral tablet 500 mg</i>	
<i>paromomycin oral capsule 250 mg</i> (Humatin)	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	NM
<b>Antibacterianos, Otros</b>	
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	
CLINDAMYCIN 600 MG/50 ML-NS OUTER, SINGLE-USE	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml</i>	
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	
<i>daptomycin intravenous recon soln 350 mg</i>	
<i>daptomycin intravenous recon soln 500 mg</i>	NM
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML (vancomycin)	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	PA
<i>linezolid oral tablet 600 mg</i> (Zyvox)	PA
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	

Nombre del Medicamento	Requerimientos / Límites
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml (Metro I.V.)	
metronidazole oral tablet 250 mg, 500 mg	
metronidazole topical cream 0.75 % (Rosadan)	
metronidazole topical gel 0.75 % (Rosadan)	
metronidazole topical gel 1 % (Metrogel)	
metronidazole topical lotion 0.75 % (MetroLotion)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram) (Vandazole)	
metronidazole vaginal gel 1.3 % (65 mg/5 gram) (Nuversa)	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg (Macrochantin)	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)	
rosadan topical cream 0.75 % (metronidazole)	
tigecycline intravenous recon soln 50 mg (Tygacil)	NM
tinidazole oral tablet 250 mg, 500 mg	
trimethoprim oral tablet 100 mg	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	
vancomycin oral capsule 125 mg, 250 mg (Vancocin)	
vancomycin oral recon soln 25 mg/ml, 50 mg/ml (Firvanq)	
XIFAXAN ORAL TABLET 200 MG, 550 MG	
<b>Betalactámico, Cefalosporinas</b>	
cefaclor oral capsule 250 mg, 500 mg	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	
cefaclor oral tablet extended release 12 hr 500 mg	
cefadroxil oral capsule 500 mg	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	
cefadroxil oral tablet 1 gram	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	
cefazolin intravenous recon soln 3 gram	
cefdinir oral capsule 300 mg	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	

Nombre del Medicamento	Requerimientos / Límites
cefepime injection recon soln 1 gram, 2 gram	
cefixime oral capsule 400 mg	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	
cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	
cefotetan injection recon soln 1 gram, 2 gram (Cefotan)	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	
cefpodoxime oral tablet 100 mg, 200 mg	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	
cefprozil oral tablet 250 mg, 500 mg	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	
cefuroxime axetil oral tablet 250 mg, 500 mg	
cefuroxime sodium injection recon soln 750 mg	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	
cephalexin oral capsule 250 mg, 500 mg	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	
cephalexin oral tablet 250 mg, 500 mg	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	NM
<b>Betalactámico, Penicilinas</b>	
amoxicillin oral capsule 250 mg, 500 mg	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	
amoxicillin oral tablet 500 mg, 875 mg	
amoxicillin oral tablet, chewable 125 mg, 250 mg	

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

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	
<i>pfizerpen-g injection recon soln 20 million unit</i> (penicillin g potassium)	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	
<b>Carbapenemasas</b>	
<i>ertapenem injection recon soln 1 gram</i>	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	
<b>Macrólidos</b>	
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	PA; NM; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	PA; NM; QL (20 per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG (erythromycin lactobionate)	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
erythromycin oral tablet 250 mg, 500 mg	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg (Ery-Tab)	
<b>Quinolonas</b>	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	
ciprofloxacin hcl oral tablet 100 mg, 750 mg	
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	
levofloxacin oral solution 250 mg/10 ml	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	
moxifloxacin 400 mg/250 ml bag	
moxifloxacin oral tablet 400 mg	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml (Avelox in NaCl (iso-osmotic))	
ofloxacin oral tablet 300 mg, 400 mg	
<b>Sulfonamidas</b>	
sulfacetamide sodium (acne) topical suspension 10 % (Klaron)	
sulfadiazine oral tablet 500 mg	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg (Bactrim)	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg (Bactrim DS)	
<b>Tetraciclinas</b>	
doxy-100 intravenous recon soln 100 mg (doxycycline hyclate)	
doxycycline hyclate intravenous recon soln 100 mg (Doxy-100)	
doxycycline hyclate oral capsule 100 mg, 50 mg (Morgidox)	
doxycycline hyclate oral tablet 100 mg, 20 mg	



Nombre del Medicamento		Requerimientos / Límites
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	
doxycycline monohydrate oral capsule 50 mg	(Monodox)	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	
doxycycline monohydrate oral tablet 50 mg, 75 mg		
minocycline oral capsule 100 mg, 50 mg, 75 mg		
minocycline oral tablet 100 mg, 50 mg, 75 mg		
mondoxyne nl oral capsule 100 mg	(doxycycline monohydrate)	
tetracycline oral capsule 250 mg, 500 mg		
<b>ANTICONVULSIVOS</b>		
<b>Agentes De Aumento De Ácido Gamma-Aminobutírico (GABA)</b>		
clobazam oral suspension 2.5 mg/ml	(Onfi)	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	QL (60 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	QL (180 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)		
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		ST; NM; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		ST
vigabatrin oral powder in packet 500 mg	(Sabril)	PA NSO; NM; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	PA NSO; NM; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(vigabatrin)	PA NSO; NM; QL (180 per 30 days)
<b>Agentes De Canal De Sodio</b>		
APTIOM ORAL TABLET 200 MG, 400 MG		ST; NM; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG		ST; NM; QL (60 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)	
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	
carbamazepine oral tablet 200 mg (Epilex)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg (Tegretol XR)	
carbamazepine oral tablet, chewable 100 mg	
DILANTIN ORAL CAPSULE 30 MG	ST
epilex oral tablet 200 mg (carbamazepine)	
lacosamide oral solution 10 mg/ml (Vimpat)	QL (1395 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg (Vimpat)	QL (60 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml) (Trileptal)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg (Trileptal)	
phenytoin oral suspension 125 mg/5 ml (Dilantin-125)	
phenytoin oral tablet, chewable 50 mg (Dilantin Infatabs)	
phenytoin sodium extended oral capsule 100 mg (Dilantin Extended)	
phenytoin sodium extended oral capsule 200 mg, 300 mg (Phenytek)	
rufinamide oral suspension 40 mg/ml (Banzel)	NM; QL (2760 per 30 days)
rufinamide oral tablet 200 mg (Banzel)	QL (480 per 30 days)
rufinamide oral tablet 400 mg (Banzel)	NM; QL (240 per 30 days)
<b>Agentes Modificadores De Canal De Calcio</b>	
ethosuximide oral capsule 250 mg (Zarontin)	
ethosuximide oral solution 250 mg/5 ml (Zarontin)	
methsuximide oral capsule 300 mg (Celontin)	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	QL (900 per 30 days)
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	
zonisamide oral capsule 50 mg	
<b>Anticonvulsivos, Otros</b>	
BRIVIACT ORAL SOLUTION 10 MG/ML	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	PA NSO

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	PA NSO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	PA NSO
<i>felbamate oral suspension 600 mg/5 ml</i>	NM
<i>felbamate oral tablet 400 mg, 600 mg (Felbatol)</i>	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	PA NSO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	ST; NM; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	ST; QL (30 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg (Lamictal)</i>	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7) (Lamictal ODT Starter (Blue))</i>	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7) (Lamictal ODT Starter (Orange))</i>	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14) (Lamictal ODT Starter (Green))</i>	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg (Lamictal XR)</i>	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg (Lamictal)</i>	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg (Lamictal ODT)</i>	
<i>lamotrigine oral tablets, dose pack 25 mg (35) (Lamictal Starter (Blue) Kit)</i>	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7) (Lamictal Starter (Orange) Kit)</i>	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14) (Lamictal Starter (Green) Kit)</i>	
<i>levetiracetam oral solution 100 mg/ml (Keppra)</i>	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)</i>	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg (Keppra XR)</i>	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	QL (10 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	QL (90 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	QL (120 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	QL (300 per 30 days)
<i>primidone oral tablet 125 mg</i>	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	ST; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	ST; QL (120 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	
<i>valproic acid oral capsule 250 mg</i>	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	QL (28 per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	PA NSO; NM; QL (1100 per 30 days)
<b>ANTIDEPRESIVOS</b>	
<i>citalopram oral capsule 30 mg</i>	QL (30 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i> (Celexa)	QL (30 per 30 days)
<i>citalopram oral tablet 20 mg</i> (Celexa)	QL (60 per 30 days)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	QL (600 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>escitalopram oxalate oral tablet 10 mg (Lexapro)</i>	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg (Lexapro)</i>	QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg (Lexapro)</i>	QL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg (Prozac)</i>	QL (60 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	QL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	QL (60 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	QL (120 per 30 days)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	QL (90 per 30 days)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	
<i>paroxetine hcl oral suspension 10 mg/5 ml (Paxil)</i>	QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg (Paxil)</i>	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg (Paxil)</i>	QL (60 per 30 days)
<i>sertraline oral capsule 150 mg, 200 mg</i>	QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml (Zoloft)</i>	QL (300 per 30 days)
<i>sertraline oral tablet 100 mg (Zoloft)</i>	QL (60 per 30 days)
<i>sertraline oral tablet 25 mg, 50 mg (Zoloft)</i>	QL (90 per 30 days)
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	ST; QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg (Effexor XR)</i>	QL (60 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	QL (30 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)</i>	QL (30 per 30 days)
<b>Antidepresivos, Otros</b>	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	ST; QL (60 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>bupropion hcl oral tablet 100 mg</i>	QL (180 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	QL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> (Wellbutrin XL)	QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> (Wellbutrin XL)	QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i> (Wellbutrin SR)	QL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i> (Wellbutrin SR)	QL (90 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 200 mg</i> (Wellbutrin SR)	QL (60 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	QL (30 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	QL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	QL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-50 mg</i> (Symbyax)	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i> (Symbyax)	QL (90 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	PA NSO; NM; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	PA NSO; NM; QL (14 per 14 days)
<b>Inhibidores De Monoamino Oxidasa</b>	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	ST; NM; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	ST; QL (180 per 30 days)
<i>phenelzine oral tablet 15 mg</i> (Nardil)	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	
<b>Non-FRF</b>	
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	QL (30 per 30 days)
<b>Tricíclicos</b>	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>doxepin oral concentrate 10 mg/ml</i>	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>nortriptyline oral capsule 10 mg</i> (Pamelor)	
<i>nortriptyline oral capsule 25 mg, 50 mg, 75 mg</i> (Pamelor)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	
<b>ANTIEMÉTICOS</b>	
<b>Antieméticos, Otros</b>	
<i>meclizine oral tablet 12.5 mg</i>	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	
<i>promethegan rectal suppository 12.5 mg</i> (promethazine)	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	
<b>Complementos De Terapia Emetógena</b>	
<i>aprepitant oral capsule 125 mg, 40 mg</i>	PA BvD; QL (30 per 30 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	PA BvD; QL (30 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	PA BvD; QL (12 per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	PA; QL (60 per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	PA BvD; QL (60 per 30 days)

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



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	
<i>ketoconazole oral tablet 200 mg</i>	
<i>ketoconazole topical cream 2 %</i>	
<i>ketoconazole topical shampoo 2 %</i>	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	PA; NM
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	
<i>nystatin oral suspension 100,000 unit/ml</i>	
<i>nystatin oral tablet 500,000 unit</i>	
<i>nystatin topical cream 100,000 unit/gram</i>	
<i>nystatin topical ointment 100,000 unit/gram</i>	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	PA; NM
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	PA
<i>terbinafine hcl oral tablet 250 mg</i>	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	
<i>terconazole vaginal suppository 80 mg</i>	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	PA; NM
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	PA; NM
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	PA
<b>ANTIMICOBACTERIALES</b>	
<b>Antimicobacterianos, Otros</b>	
<i>dapsone oral tablet 100 mg, 25 mg</i>	
PRIFTIN ORAL TABLET 150 MG	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	
<b>Antituberculosos</b>	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	
<i>isoniazid oral solution 50 mg/5 ml</i>	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	
<i>pyrazinamide oral tablet 500 mg</i>	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
SIRTURO ORAL TABLET 100 MG, 20 MG	PA; NM
TRECTOR ORAL TABLET 250 MG	
<b>ANTINEOPLÁSICOS</b>	
<b>Agentes Alquilantes</b>	
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	PA BvD; NM
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	PA BvD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	PA BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Iomustine)	PA NSO
LEUKERAN ORAL TABLET 2 MG	
MATULANE ORAL CAPSULE 50 MG	PA NSO; NM
VALCHLOR TOPICAL GEL 0.016 %	PA NSO; NM; QL (60 per 14 days)
<b>Agentes Antiangiogénicos</b>	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	PA NSO; NM; QL (28 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	PA NSO; NM; QL (21 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	PA NSO; NM; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG	PA NSO; NM; QL (60 per 30 days)
<b>Antiandrógenos</b>	
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	PA NSO; NM; QL (120 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	
ERLEADA ORAL TABLET 240 MG	PA NSO; NM; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	PA NSO; NM; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	NM
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	NM; QL (60 per 30 days)
NUBEQA ORAL TABLET 300 MG	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL CAPSULE 40 MG	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	PA NSO; NM; QL (90 per 30 days)
YONSA ORAL TABLET 125 MG	PA NSO; NM; QL (120 per 30 days)
<b>Antiestrógenos/Modificadores</b>	
EMCYT ORAL CAPSULE 140 MG	
ORSERDU ORAL TABLET 345 MG	PA NSO; NM; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	PA NSO; NM; QL (90 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	PA NSO
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	
<i>toremifene oral tablet 60 mg</i> (Fareston)	PA NSO; NM
<b>Antimetabolitos</b>	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM
<i>mercaptopurine oral tablet 50 mg</i>	
ONUREG ORAL TABLET 200 MG, 300 MG	PA NSO; NM
PURIXAN ORAL SUSPENSION 20 MG/ML	NM
TABLOID ORAL TABLET 40 MG (thioguanine)	PA NSO
<b>Antineoplásicos, Otros</b>	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	PA NSO; NM; QL (1.6 per 28 days)
ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML	PA NSO; NM
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	PA NSO; NM; QL (9.5 per 28 days)
IDHIFA ORAL TABLET 100 MG	PA NSO; NM; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	PA NSO; NM; QL (60 per 30 days)
IWILFIN ORAL TABLET 192 MG	PA NSO; NM; QL (240 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	PA BvD
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	PA NSO; NM
KRAZATI ORAL TABLET 200 MG	PA NSO; NM; QL (180 per 30 days)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	PA NSO; NM
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	PA NSO; NM
LUMAKRAS ORAL TABLET 120 MG	PA NSO; NM; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	PA NSO; NM; QL (90 per 30 days)
LYNPARZA ORAL TABLET 100 MG	PA NSO; NM; QL (180 per 30 days)
LYNPARZA ORAL TABLET 150 MG	PA NSO; NM; QL (120 per 30 days)
MESNEX ORAL TABLET 400 MG	NM

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA NSO; NM
OGSIVEO ORAL TABLET 100 MG, 150 MG	PA NSO; NM; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	PA NSO; NM; QL (180 per 30 days)
OJEMDA 100 MG TAB (400 MG DOSE) 400 MG/WEEK (100 MG X 4)	PA NSO; NM; QL (48 per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	PA NSO; NM; QL (96 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	PA NSO; NM; QL (48 per 28 days)
ORGOVYX ORAL TABLET 120 MG	PA NSO; NM; QL (60 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	PA NSO; NM
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	PA NSO; NM
WELIREG ORAL TABLET 40 MG	PA NSO; NM; QL (90 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	PA BvD
XCOPRI ORAL TABLET 25 MG	QL (28 per 28 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	PA NSO; NM
ZOLINZA ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
<b><i>Inhibidores De Aromatasa, 3era Generación</i></b>	
<i>anastrozole oral tablet 1 mg</i>	<i>(Arimidex)</i>
<i>exemestane oral tablet 25 mg</i>	<i>(Aromasin)</i>
<i>letrozole oral tablet 2.5 mg</i>	<i>(Femara)</i>
<b><i>Inhibidores De Objetivo Molecular</i></b>	
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	PA NSO; NM; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	PA NSO; NM
ALUNBRIG ORAL TABLET 180 MG	PA NSO; NM; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	PA NSO; NM; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	PA NSO; NM; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	PA NSO; NM; QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	PA NSO; NM; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	PA NSO; NM; QL (30 per 30 days)

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

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

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

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	PA NSO; NM; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	PA NSO; NM; QL (140 per 28 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	PA NSO; NM; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	PA NSO; NM; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	PA NSO; NM; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	PA NSO; NM; QL (180 per 30 days)
NERLYNX ORAL TABLET 40 MG	PA NSO; NM; QL (180 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	PA NSO; NM
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	PA NSO; NM; QL (30 per 30 days)
<i>pazopanib oral tablet 200 mg</i> (Votrient)	PA NSO; NM; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	PA NSO; NM; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	PA NSO; NM
QINLOCK ORAL TABLET 50 MG	PA NSO; NM; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	PA NSO; NM; QL (120 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	PA NSO; NM; QL (180 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	PA NSO; NM; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	PA NSO; NM; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	PA NSO; NM; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	PA NSO; NM; QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	PA NSO; NM; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	PA NSO; NM; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	PA NSO; NM; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA NSO; NM
RYDAPT ORAL CAPSULE 25 MG	PA NSO; NM; QL (240 per 30 days)
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	PA NSO; NM
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	PA NSO; NM; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	PA NSO; NM; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140 MG	PA NSO; NM; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	PA NSO; NM; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	PA NSO; NM; QL (84 per 28 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	PA NSO; NM; QL (28 per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	PA NSO; NM; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	PA NSO; NM; QL (900 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	PA NSO; NM
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	PA NSO; NM; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	PA NSO; NM; QL (120 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	PA NSO; NM; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	PA NSO; NM; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	PA NSO; NM; QL (240 per 30 days)
TEPMETKO ORAL TABLET 225 MG	PA NSO; NM; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	PA NSO; NM; QL (60 per 30 days)
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	PA NSO; NM; QL (30 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	PA NSO; NM; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	PA NSO; NM; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	PA NSO; NM; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	PA NSO; NM
VENCLEXTA ORAL TABLET 10 MG, 50 MG	PA NSO
VENCLEXTA ORAL TABLET 100 MG	PA NSO; NM
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM
VITRAKVI ORAL CAPSULE 100 MG	PA NSO; NM; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	PA NSO; NM; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA NSO; NM; QL (310 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA NSO; NM; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	PA NSO; NM; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA NSO; NM; QL (120 per 30 days)



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
XALKORI ORAL PELLETT 150 MG	PA NSO; NM; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	PA NSO; NM; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	PA NSO; NM; QL (120 per 30 days)
XOSPATA ORAL TABLET 40 MG	PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	PA NSO; NM; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	PA NSO; NM; QL (240 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	PA NSO; NM; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	PA NSO; NM; QL (150 per 30 days)
<b>Retinoides</b>	
<i>bexarotene oral capsule 75 mg</i> (Targretin)	PA NSO; NM; QL (300 per 30 days)
<i>bexarotene topical gel 1 %</i> (Targretin)	PA NSO; NM
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	NM
<b>ANTIPARASITARIOS</b>	
<b>Antihelmínticos</b>	
<i>albendazole oral tablet 200 mg</i>	
EMVERM ORAL TABLET, CHEWABLE 100 MG (mebendazole)	NM
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	PA
<b>Antiprotozoarios</b>	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	NM
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	
COARTEM ORAL TABLET 20-120 MG	
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	
LAMPIT ORAL TABLET 120 MG, 30 MG	
<i>mefloquine oral tablet 250 mg</i>	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	QL (40 per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	
quinine sulfate oral capsule 324 mg (Qualaquin)	PA
<b>ANTIPSICÓTICOS</b>	
<b>1er Generación/Típico</b>	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	
fluphenazine decanoate injection solution 25 mg/ml	
fluphenazine hcl injection solution 2.5 mg/ml	
fluphenazine hcl oral concentrate 5 mg/ml	
fluphenazine hcl oral elixir 2.5 mg/5 ml	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml (Haldol Decanoate)	
haloperidol lactate injection solution 5 mg/ml	
haloperidol lactate intramuscular syringe 5 mg/ml	
haloperidol lactate oral concentrate 2 mg/ml	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	
molindone oral tablet 10 mg, 25 mg, 5 mg	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	
pimozide oral tablet 1 mg, 2 mg	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	

Nombre del Medicamento	Requerimientos / Límites
<b>2da Generación/Atípico</b>	
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	NM
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	NM
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	NM
<i>aripiprazole oral solution 1 mg/ml</i>	QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	NM; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	NM; QL (60 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	NM
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	ST; NM; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	ST; QL (60 per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	NM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	NM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	NM
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> (Latuda)	NM
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	ST; NM; QL (30 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	PA NSO; NM
NUPLAZID ORAL TABLET 10 MG	PA NSO; NM

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
olanzapine intramuscular recon soln 10 mg (Zyprexa)	QL (60 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg (Zyprexa)	QL (30 per 30 days)
olanzapine oral tablet 20 mg (Zyprexa)	QL (60 per 30 days)
olanzapine oral tablet, disintegrating 10 mg, 5 mg (Zyprexa Zydis)	QL (60 per 30 days)
olanzapine oral tablet, disintegrating 15 mg, 20 mg (Zyprexa Zydis)	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg (Invega)	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg (Invega)	QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)	QL (60 per 30 days)
quetiapine oral tablet 150 mg	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg (Seroquel XR)	QL (90 per 30 days)
quetiapine oral tablet extended release 24 hr 200 mg, 300 mg, 400 mg (Seroquel XR)	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 50 mg (Seroquel XR)	QL (120 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NM
risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml (Risperdal Consta)	
risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml (Risperdal Consta)	NM
risperidone oral solution 1 mg/ml (Risperdal)	QL (480 per 30 days)
risperidone oral tablet 0.25 mg	QL (60 per 30 days)
risperidone oral tablet 0.5 mg (Risperdal)	QL (120 per 30 days)
risperidone oral tablet 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	QL (60 per 30 days)
risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg	QL (60 per 30 days)
risperidone oral tablet, disintegrating 0.5 mg, 4 mg	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	ST; NM; QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
VRAYLAR ORAL CAPSULE 1.5 MG	ST; NM; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	ST; QL (7 per 28 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	ST
<b>Resistente-Tratamiento</b>	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	QL (120 per 30 days)
clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg	QL (120 per 30 days)
clozapine oral tablet, disintegrating 200 mg	NM; QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	ST; NM; QL (540 per 30 days)
<b>ANTIVIRALES</b>	
APTIVUS ORAL CAPSULE 250 MG	NM; QL (120 per 30 days)
atazanavir oral capsule 150 mg	QL (60 per 30 days)
atazanavir oral capsule 200 mg (Reyataz)	QL (60 per 30 days)
atazanavir oral capsule 300 mg (Reyataz)	QL (30 per 30 days)
darunavir oral tablet 600 mg (Prezista)	NM; QL (60 per 30 days)
darunavir oral tablet 800 mg (Prezista)	NM; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	NM; QL (30 per 30 days)
fosamprenavir oral tablet 700 mg	NM; QL (120 per 30 days)
lagevrio (eua) oral capsule 200 mg	QL (40 per 5 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	QL (400 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	QL (150 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	QL (360 per 30 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG	\$0 copay; QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0 copay; QL (30 per 5 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
PREZCOBIX ORAL TABLET 800-150 MG-MG	NM; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	NM; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG	QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	QL (180 per 30 days)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	QL (360 per 30 days)
VIRACEPT ORAL TABLET 250 MG	NM; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	NM; QL (120 per 30 days)
<b>Agentes Anti-Citomegalovirus (CMV)</b>	
LIVTENCITY ORAL TABLET 200 MG	PA; NM
PREVYMIS ORAL TABLET 240 MG, 480 MG	PA; NM; QL (28 per 28 days)
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	
<b>Agentes Anti-Hepatitis B (HBV)</b>	
<i>adefovir oral tablet 10 mg</i> (Hepsera)	QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	NM; QL (600 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	QL (30 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	QL (90 per 30 days)
VEMLIDY ORAL TABLET 25 MG	NM; QL (30 per 30 days)
<b>Agentes Anti-Hepatitis C (HCV)</b>	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	PA; NM
MAVYRET ORAL TABLET 100-40 MG	PA; NM
<i>ribavirin oral capsule 200 mg</i>	
<i>ribavirin oral tablet 200 mg</i>	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	PA; NM
VOSEVI ORAL TABLET 400-100-100 MG	PA; NM
<b>Agentes Antiherpéticos</b>	
<i>acyclovir oral capsule 200 mg</i>	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	PA BvD

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>acyclovir sodium intravenous solution</i> 50 mg/ml	PA BvD
<i>famciclovir oral tablet 125 mg, 250 mg,</i> <i>500 mg</i>	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	
<b>Agentes Anti-Influenza</b>	
<i>oseltamivir oral capsule 30 mg, 45 mg,</i> <i>75 mg</i> (Tamiflu)	
<i>oseltamivir oral suspension for</i> <i>reconstitution 6 mg/ml</i> (Tamiflu)	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	
XOFLUZA ORAL TABLET 20 MG, 80 MG	
XOFLUZA ORAL TABLET 40 MG	
<b>Agentes Anti-VIH, Inhibidores De Integrasa (INSTI)</b>	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	NM; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	NM; QL (30 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	NM; QL (30 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	NM; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	NM; QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	QL (180 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	NM; QL (30 per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	NM; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	NM; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	QL (360 per 30 days)
<b>Agentes Anti-VIH, Inhibidores De Transcriptasa Inversa No-Nucleósido (NNRTI)</b>	
COMPLERA ORAL TABLET 200-25-300 MG	NM; QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	NM; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	QL (120 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>efavirenz oral capsule 50 mg</i>	QL (360 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	QL (30 per 30 days)
<i>etravirine oral tablet 100 mg</i> (Intelligence)	NM; QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i> (Intelligence)	NM; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	QL (120 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG	NM; QL (30 per 30 days)
<b>Agentes Anti-VIH, Inhibidores De Transcriptasa Inversa Nucleósido Y Nucleótido (NRTI)</b>	
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	QL (960 per 30 days)
<i>abacavir oral tablet 300 mg</i>	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG	NM; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	NM; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	NM; QL (30 per 30 days)
<i>efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	NM; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet 400-300-300 mg</i> (Symfi Lo)	NM; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet 600-300-300 mg</i> (Symfi)	NM; QL (30 per 30 days)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	NM; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	QL (680 per 28 days)
JULUCA ORAL TABLET 50-25 MG	NM; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	QL (900 per 30 days)
<i>lamivudine oral tablet 150 mg</i> (EpiVir)	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (EpiVir)	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	NM; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	QL (30 per 30 days)



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
TRIZIVIR ORAL TABLET 300-150-300 MG	NM; QL (60 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	NM; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	NM; QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>	QL (60 per 30 days)
<b>Agentes Anti-VIH, Otros</b>	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	NM; QL (60 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	NM; QL (120 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	NM; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	NM; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 25 MG	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	NM; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300 MG	NM; QL (5 per 180 days)
SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)	NM; QL (4 per 180 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	NM; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	NM; QL (180 per 30 days)
TYBOST ORAL TABLET 150 MG	QL (30 per 30 days)
<b>Non-FRF</b>	
LEXIVA ORAL SUSPENSION 50 MG/ML	QL (1575 per 28 days)
<b>ELECTROLITOS/MINERALES/METALES/VITAMINAS</b>	
<b>Electrolitos/Minerales/Metales/Vitaminas</b>	
<i>bal-care dha combo pack 27-1-430 mg</i>	
<i>bal-care dha essential pack 27 mg</i> <i>iron-1 mg -374 mg</i>	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD

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

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

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

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

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
sevelamer carbonate oral powder in packet 0.8 gram (Renvela)	QL (540 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram (Renvela)	QL (180 per 30 days)
sevelamer carbonate oral tablet 800 mg (Renvela)	QL (540 per 30 days)
VELPHORO ORAL TABLET, CHEWABLE 500 MG	
<b>Modificadores De Electrolitos/Minerales/Metales</b>	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg (Jadenu Sprinkle)	PA; NM
deferasirox oral tablet 180 mg, 360 mg (Jadenu)	PA; NM
deferasirox oral tablet 90 mg (Jadenu)	PA
deferasirox oral tablet, dispersible 125 mg (Exjade)	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg (Exjade)	PA; NM
deferiprone oral tablet 1,000 mg, 500 mg (Ferriprox)	PA; NM
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	PA; NM
FERRIPROX ORAL SOLUTION 100 MG/ML	PA; NM
FERRIPROX ORAL TABLET 1,000 MG (deferiprone)	PA; NM
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	
sodium polystyrene sulfonate oral powder	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	
tolvaptan oral tablet 15 mg (Samsca)	PA; NM; QL (120 per 30 days)
tolvaptan oral tablet 30 mg (Samsca)	PA; NM; QL (60 per 30 days)
trientine oral capsule 250 mg (Syprine)	PA; NM
<b>Sustituto De Electrolitos/Minerales</b>	
carglumic acid oral tablet, dispersible 200 mg (Carbaglu)	PA; NM
electrolyte-148 intravenous parenteral solution	
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	
fluoride (sodium) oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride) (Ludent Fluoride)	

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

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	
<i>potassium chloride oral packet 20 meq (Klor-Con)</i>	
<i>potassium chloride oral tablet extended release 10 meq (Klor-Con 10)</i>	
<i>potassium chloride oral tablet extended release 20 meq (K-Tab)</i>	
<i>potassium chloride oral tablet extended release 8 meq (Klor-Con 8)</i>	
<i>potassium chloride oral tablet, er particles/crystals 10 meq (Klor-Con M10)</i>	
<i>potassium chloride oral tablet, er particles/crystals 15 meq (Klor-Con M15)</i>	
<i>potassium chloride oral tablet, er particles/crystals 20 meq (Klor-Con M20)</i>	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)</i>	
<i>potassium citrate oral tablet extended release 15 meq (Urocit-K 15)</i>	
<i>potassium citrate oral tablet extended release 5 meq (540 mg) (Urocit-K 5)</i>	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	



Nombre del Medicamento	Requerimientos / Límites
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	
sodium chloride irrigation solution 0.9 % (Sterile Saline)	
sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml (SoluVita)	
<b>NON-FRF</b>	
<b>Non-FRF</b>	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	PA; NM
<b>REGULADORES DE GLUCOSA EN SANGRE</b>	
<b>Agentes Antidiabetico</b>	
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg (Glucotrol XL)	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	
INVOKANA ORAL TABLET 100 MG, 300 MG	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	
JARDIANCE ORAL TABLET 10 MG, 25 MG	

Nombre del Medicamento	Requerimientos / Límites
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	
<i>migliol oral tablet 100 mg, 25 mg, 50 mg</i>	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	PA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	PA; QL (9 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	max \$35 copay per month supply

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

Nombre del Medicamento	Requerimientos / Límites
<b>Agentes Glucémicos</b>	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	NM
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	
<i>mifepristone oral tablet 300 mg</i> (Korlym)	PA; NM
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	
<b>Insulinas</b>	
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16" (pen needle, diabetic)	
1ST TIER UNIFINE PNTTP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	
1ST TIER UNIFINE PNTTP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	
1ST TIER UNIFINE PNTTP 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic)	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" (pen needle, diabetic)	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	

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

Nombre del Medicamento	Requerimientos / Límites
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
BD INSULIN SYRINGE 1 ML W/O NEEDLE	(insulin syringe needleless)
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	

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

Nombre del Medicamento	Requerimientos / Límites
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)

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

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

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

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



Nombre del Medicamento		Requerimientos / Límites
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		
CURITY GAUZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage)	
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	

Nombre del Medicamento	Requerimientos / Límites
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)

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

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

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

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

Nombre del Medicamento		Requerimientos / Límites
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		

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

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

Nombre del Medicamento		Requerimientos / Límites
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max \$35 copay per month supply
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		max \$35 copay per month supply
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		max \$35 copay per month supply
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Ultra Comfort Insulin Syringe)	

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

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



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

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

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

Nombre del Medicamento	Requerimientos / Límites
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100)	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100)	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" (pen needle, diabetic)	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	

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

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

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

Nombre del Medicamento	Requerimientos / Límites
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
NOVOFINE 30 NEEDLE	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	

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

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

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

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

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

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



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

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

Nombre del Medicamento	Requerimientos / Límites
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)

Nombre del Medicamento	Requerimientos / Límites
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" (pen needle, diabetic)	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8" (Thinpro Insulin Syringe)	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8" (insulin syringe-needle u-100)	
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8" (insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"	
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8" (insulin syringe-needle u-100)	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	

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

Nombre del Medicamento	Requerimientos / Límites
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc)	max \$35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine u-300 conc)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin degludec)	max \$35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)	max \$35 copay per month supply
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	

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

Nombre del Medicamento	Requerimientos / Límites
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" (pen needle, diabetic)	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic)	
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic)	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	
TRUE COMFORT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	
TRUE COMFORT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	
TRUE COMFORT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	

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

Nombre del Medicamento	Requerimientos / Límites
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)

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

Nombre del Medicamento	Requerimientos / Límites
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	

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



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

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

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

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

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

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

Nombre del Medicamento	Requerimientos / Límites
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	
VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE,3PLY 2 X 2 "	
<b>RELAJANTES MUSCULARES ESQUELÉTICOS</b>	
<b><i>Relajantes Musculares Esqueléticos</i></b>	
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	
<i>chlorzoxazone oral tablet 375 mg, 750 mg (Lorzone)</i>	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	
<i>cyclobenzaprine oral tablet 7.5 mg (Fexmid)</i>	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	
<b>VÍA RESPIRATORIA/AGENTES PULMONARES</b>	
<b><i>Agentes De Fibrosis Pulmonar</i></b>	
OFEV ORAL CAPSULE 100 MG, 150 MG	PA; NM
<i>pirfenidone oral capsule 267 mg (Esbriet)</i>	PA; NM
<i>pirfenidone oral tablet 267 mg, 801 mg (Esbriet)</i>	PA; NM

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

Nombre del Medicamento	Requerimientos / Límites
<i>pirfenidone oral tablet 534 mg</i>	PA; NM
<b>Agentes De Fibrosis Quística</b>	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	PA; NM
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PA; NM
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	PA; NM
KALYDECO ORAL TABLET 150 MG	PA; NM
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	PA; NM
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA; NM
PULMOZYME INHALATION SOLUTION 1 MG/ML	PA BvD; NM
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	PA; NM
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	PA; NM
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	PA BvD; NM
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	PA; NM
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	PA; NM
<b>Agentes Del Tracto Respiratorio, Otros</b>	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	PA BvD
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	QL (12 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	QL (60 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	QL (60 per 30 days)
<i>breyrna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (budesonide-formoterol)	QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	QL (10.7 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyrna)	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	QL (4 per 20 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PA; NM; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	PA; NM; QL (1 per 28 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Advair Diskus)	QL (60 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	PA BvD
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	PA; NM
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	PA; NM
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	QL (60 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<b>Antihipertensivos Pulmonares</b>	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PA; NM; QL (90 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	PA; NM; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	PA; NM; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	PA; NM; QL (90 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	PA; QL (90 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	PA; NM; QL (1 per 21 days)
<b>Antihistamínicos</b>	
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	QL (30 per 25 days)
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	
<i>cyproheptadine oral tablet 4 mg</i>	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	
<b>Antiinflamatorios, Corticoesteroides Inhalados</b>	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	QL (26 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	QL (2 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	PA BvD



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	QL (50 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	QL (16 per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	QL (34 per 30 days)
<b>Antileucotrinos</b>	
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	QL (30 per 30 days)
<i>montelukast oral tablet 10 mg</i> (Singulair)	QL (30 per 30 days)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	QL (30 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	QL (60 per 30 days)
<b>Broncodilatadores, Anticolinérgicos</b>	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	QL (26 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PA BvD
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	QL (60 per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)	QL (30 per 30 days)
<b>Broncodilatadores, Simpaticomiméticos</b>	
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	PA BvD

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

# Index of Drugs / Índice de drogas

## 1

1ST TIER UNIFINE PENTIPS ....  
 .....61, 250  
 1ST TIER UNIFINE PENTIPS  
 PLUS .....61, 250

## A

abacavir .....55, 239  
 abacavir-lamivudine .....55, 239  
 ABELCET.....36, 223  
 ABILIFY ASIMTUFII .....50, 234  
 ABILIFY MAINTENA .....50, 234  
 abiraterone .....40, 225  
 ABOUTTIME PEN NEEDLE .....  
 .....61, 250, 251  
 ABRYOVO (PF).....140, 199  
 acamprosate .....21, 158  
 acarbose .....58, 248  
 accutane .....108, 175, 179  
 acebutolol.....98, 163  
 acetaminophen-codeine ..20, 206  
 acetazolamide .....147, 202  
 acetic acid .....148, 205  
 acetylcysteine.....152, 285  
 acitretin .....108, 175, 179  
 ACTEMRA .....136, 194, 198  
 ACTEMRA ACTPEN .....136, 194  
 ACTHAR .....125, 191  
 ACTHAR SELFJECT .....125, 191  
 ACTHIB (PF).....140, 199  
 ACTIMMUNE .....138, 194  
 acyclovir .....53, 237  
 acyclovir sodium.....53, 54,  
 .....237, 238  
 ADACEL(TDAP  
 ADOLESN/ADULT)(PF) .....  
 .....140, 199  
 adefovir .....53, 237  
 ADEMPAS .....151, 287  
 ADVAIR HFA.....152, 285  
 ADVOCATE PEN NEEDLE .....  
 .....62, 251  
 ADVOCATE SYRINGES .....  
 .....61, 62, 251  
 afirmelle .....127, 183

AKEEGA .....43, 227  
 albendazole.....47, 232  
 albuterol sulfate .....150, 288, 289  
 alclometasone .....109, 175  
 ALCOH-GLOVE .....111, 178  
 ALCOHOL PADS .....111, 178  
 ALCOHOL PREP PADS.....  
 .....111, 179  
 ALCOHOL PREP SWABS.....  
 .....111, 178  
 ALCOHOL SWABS .....111, 178  
 ALCOHOL WIPES.....111, 178  
 ALCOH-WIPE .....111, 178  
 ALECENSA .....43, 227  
 alendronate .....144, 171  
 alfuzosin.....124, 182  
 aliskiren.....100, 164  
 allopurinol.....38, 159  
 alosetron .....120, 180  
 alprazolam .....57, 209  
 ALPRAZOLAM INTENSOL.....  
 .....57, 209  
 altavera (28).....127, 183  
 ALUNBRIG.....43, 227  
 alyacen 1/35 (28) .....127, 183  
 alyacen 7/7/7 (28).....127, 183  
 amantadine hcl.....48, 161  
 ambrisentan .....152, 287  
 amcinonide .....109, 175  
 amikacin.....22, 209  
 amiloride .....103, 169  
 amiloride-hydrochlorothiazide  
 .....100, 164  
 amiodarone .....98, 167  
 amitriptyline .....35, 221  
 amlodipine.....99, 162  
 amlodipine-atorvastatin .....  
 .....100, 164  
 amlodipine-benazepril ...101, 164  
 amlodipine-olmesartan ..101, 164  
 amlodipine-valsartan .....101, 164  
 ammonium lactate .....109, 175  
 amnesteem .....108, 175  
 amoxapine .....35, 222  
 amoxicillin .....25, 212  
 amoxicillin-pot clavulanate.....  
 .....26, 213

amphotericin b.....36, 223  
 amphotericin b liposome.....  
 .....37, 223  
 ampicillin .....26, 213  
 ampicillin sodium .....26, 213  
 ampicillin-sulbactam .....26, 213  
 anagrelide .....96, 155  
 anastrozole .....43, 227  
 ANKTIVA.....41, 226  
 ANORO ELLIPTA.....152, 285  
 apraclonidine.....147, 202  
 aprepitant.....36, 222  
 apri.....127, 184  
 APTIOM .....31, 216  
 APTIVUS.....56, 236  
 AQINJECT PEN NEEDLE .....  
 .....62, 251  
 aranelle (28).....127, 184  
 ARCALYST .....136, 195  
 AREXVY (PF).....140, 199  
 AREXVY ANTIGEN  
 COMPONENT .....140, 199  
 ARIKAYCE .....22, 209  
 aripiprazole .....50, 234  
 armodafinil .....154, 172  
 ARNUITY ELLIPTA .....149, 287  
 asenapine maleate .....50, 234  
 ASMANEX HFA .....149, 287  
 ASMANEX TWISTHALER.....  
 .....149, 287  
 aspirin-dipyridamole .....96, 156  
 ASSURE ID DUO PRO SFTY  
 PEN NDL .....62, 251  
 ASSURE ID DUO-SHIELD .....  
 .....62, 251  
 ASSURE ID INSULIN SAFETY  
 .....62, 251, 252  
 ASSURE ID PEN NEEDLE.....  
 .....62, 251, 252  
 ASSURE ID PRO PEN NEEDLE  
 .....62, 252  
 atazanavir .....56, 236  
 atenolol .....98, 163  
 atenolol-chlorthalidone ..101, 165  
 atomoxetine .....106, 174  
 atorvastatin .....104, 168  
 atovaquone .....48, 232

atovaquone-proguanil.....48, 232  
 atropine ..... 145, 203  
 ATROVENT HFA..... 150, 288  
 aubra eq..... 127, 184  
 AUGTYRO ..... 43, 227  
 aurovela 1.5/30 (21) ..... 127, 184  
 aurovela 1/20 (21) ..... 127, 184  
 aurovela fe 1.5/30 (28) .. 127, 184  
 aurovela fe 1-20 (28) ..... 127, 184  
 AURYXIA ..... 120, 244  
 AUSTEDO..... 106, 174  
 AUSTEDO XR..... 106, 174  
 AUSTEDO XR TITRATION  
 KT(WK1-4)..... 106, 174  
 AUVELITY..... 33, 220  
 aviane ..... 127, 184  
 avita ..... 108, 179  
 AVONEX ..... 107, 172  
 ayuna ..... 127, 184  
 AYWAKIT ..... 43, 227  
 AZASITE ..... 146, 205  
 azathioprine ..... 138, 195  
 azelastine..... 146, 149, 203, 287  
 azithromycin..... 27, 214  
 AZOPT..... 147, 202  
 aztreonam ..... 23, 210  
 azurette (28)..... 127, 184

## B

bacitracin..... 146, 205  
 bacitracin-polymyxin b ... 146, 205  
 baclofen ..... 53, 159  
 bal-care dha ..... 115, 240  
 bal-care dha essential ... 115, 240  
 balsalazide ..... 143, 171  
 BALVERSA ..... 43, 228  
 balziva (28) ..... 127, 184  
 BAQSIMI ..... 60, 250  
 BARACLUDGE ..... 53, 237  
 BCG VACCINE, LIVE (PF) .....  
 ..... 140, 199  
 BD ALCOHOL SWABS .....  
 ..... 111, 178  
 BD AUTOSHIELD DUO PEN  
 NEEDLE ..... 62, 252  
 BD ECLIPSE LUER-LOK .....  
 ..... 62, 252  
 BD INSULIN SYRINGE ... 63, 252  
 BD INSULIN SYRINGE (HALF  
 UNIT) ..... 63, 252  
 BD INSULIN SYRINGE SLIP TIP  
 ..... 63, 252

BD INSULIN SYRINGE U-500....  
 ..... 63, 252  
 BD INSULIN SYRINGE ULTRA-  
 FINE ..... 63, 252  
 BD NANO 2ND GEN PEN  
 NEEDLE ..... 63, 252  
 BD SAFETYGLIDE INSULIN  
 SYRINGE..... 63, 252, 253  
 BD SAFETYGLIDE SYRINGE....  
 ..... 63, 253  
 BD ULTRA-FINE MICRO PEN  
 NEEDLE ..... 64, 253  
 BD ULTRA-FINE MINI PEN  
 NEEDLE ..... 64, 253  
 BD ULTRA-FINE NANO PEN  
 NEEDLE ..... 64, 253  
 BD ULTRA-FINE ORIG PEN  
 NEEDLE ..... 64, 253  
 BD ULTRA-FINE SHORT PEN  
 NEEDLE ..... 64, 253  
 BD VEO INSULIN SYR (HALF  
 UNIT) ..... 64, 253  
 BD VEO INSULIN SYRINGE UF  
 ..... 64, 253  
 BELSOMRA ..... 153, 172  
 benazepril ..... 97, 170  
 benazepril-hydrochlorothiazide  
 ..... 101, 165  
 BENLYSTA ..... 138, 195  
 benznidazole ..... 48, 232  
 benztropine ..... 48, 161  
 BESREMI ..... 138, 195  
 betaine ..... 122, 155  
 betamethasone dipropionate .....  
 ..... 109, 175  
 betamethasone valerate .....  
 ..... 109, 176  
 betamethasone, augmented .....  
 ..... 109, 176  
 BETASERON ..... 107, 173  
 betaxolol..... 98, 147, 163, 202  
 bethanechol chloride .... 124, 182  
 bexarotene ..... 47, 232  
 BEXSERO ..... 140, 199  
 bicalutamide ..... 40, 225  
 BICILLIN L-A ..... 26, 213  
 BIKTARVY ..... 54, 238  
 bisoprolol fumarate ..... 98, 163  
 bisoprolol-hydrochlorothiazide  
 ..... 101, 165  
 blisovi fe 1.5/30 (28) ..... 127, 184  
 blisovi fe 1/20 (28) ..... 127, 184  
 BOOSTRIX TDAP ..... 140, 199

BORDERED GAUZE ..... 64, 253  
 bosentan ..... 152, 287  
 BOSULIF..... 43, 228  
 BRAFTOVI ..... 43, 228  
 BREO ELLIPTA..... 152, 286  
 breyna ..... 152, 286  
 BREZTRI AEROSPHERE .....  
 ..... 152, 286  
 briellyn ..... 127, 184  
 BRILINTA..... 96, 156  
 brimonidine ..... 147, 202  
 brimonidine-timolol ..... 148, 202  
 BRIVIACT ..... 29, 217  
 bromfenac ..... 146, 147, 204  
 bromocriptine ..... 48, 161  
 BRONCHITOL..... 151, 285  
 BRUKINSA..... 43, 228  
 budesonide ... 144, 149, 171, 287  
 budesonide-formoterol... 152, 286  
 bumetanide ..... 103, 169  
 buprenorphine hcl..... 22, 157  
 buprenorphine-naloxone.. 22, 157  
 bupropion hcl..... 33, 221  
 bupropion hcl (smoking deter) ....  
 ..... 22, 157  
 buspirone ..... 57, 208  
 butalbital-acetaminophen-caff.....  
 ..... 19, 154, 206  
 butalbital-aspirin-caffeine.....  
 ..... 19, 206  
 BYLVAY ..... 121, 180

## C

cabergoline ..... 134, 193  
 CABLIVI ..... 96, 156  
 CABOMETYX..... 43, 228  
 calcipotriene ..... 111, 178  
 calcitonin (salmon) ..... 144, 171  
 calcitriol ..... 144, 171  
 calcium acetate(phosphat bind)  
 ..... 120, 244  
 CALQUENCE ..... 43, 228  
 CALQUENCE (ACALABRUTINIB  
 MAL) ..... 43, 228  
 camila ..... 133, 190  
 CAMZYOS ..... 101, 165  
 candesartan ..... 97, 167  
 candesartan-hydrochlorothiazid  
 ..... 101, 165  
 CAPLYTA..... 51, 234  
 CAPRELSA ..... 43, 228  
 captopril ..... 97, 170

carbamazepine.....	31, 32, 217	cilostazol .....	96, 156	CLINIMIX E 8%-D10W	
carbidopa .....	49, 161	CIMDUO .....	55, 239	SULFITEFREE.....	116, 241
carbidopa-levodopa.....	49, 161	cinacalcet .....	144, 171	CLINIMIX E 8%-D14W	
carbidopa-levodopa-entacapone		ciprofloxacin hcl.....	28, 148,	SULFITEFREE.....	116, 241
.....	48, 161	.....	205, 215	clobazam.....	31, 216
CARDURA XL .....	124, 182	ciprofloxacin in 5 % dextrose .....		clobetasol.....	109, 176
CAREFINE PEN NEEDLE .....		.....	28, 215	clobetasol-emollient.....	109, 176
.....	64, 253, 254	ciprofloxacin-dexamethasone		clomipramine.....	35, 222
CARETOUCH ALCOHOL PREP		.....	148, 205	clonazepam.....	57, 58, 209
PAD .....	111, 178	ciprofloxacin-fluocinolone .....		clonidine.....	97, 166, 167
CARETOUCH INSULIN		.....	148, 205	clonidine hcl .....	97, 166
SYRINGE.....	65, 254	citalopram .....	34, 219	clopidogrel.....	96, 156
CARETOUCH PEN NEEDLE .....		claravis.....	108, 176	clorazepate dipotassium..	58, 209
.....	64, 65, 254	clarithromycin .....	27, 214	clotrimazole .....	37, 223
carglumic acid .....	113, 245	CLENPIQ .....	121, 180	clotrimazole-betamethasone.....	
carteolol .....	147, 202	CLICKFINE PEN NEEDLE .....		.....	111, 178
cartia xt .....	99, 162	.....	65, 254	clozapine.....	52, 236
carvedilol.....	98, 164	clindamycin hcl.....	23, 210	c-nate dha .....	116, 241
carvedilol phosphate .....	98, 164	CLINDAMYCIN IN 0.9 % SOD		COARTEM .....	48, 232
caspofungin.....	37, 223	CHLOR .....	23, 210	codeine sulfate .....	20, 206
CAYSTON.....	151, 285	clindamycin in 5 % dextrose .....		codeine-butalbital-asa-caff .....	
caziant (28) .....	127, 184	.....	23, 210	.....	19, 206
cefaclor .....	24, 211	CLINDAMYCIN IN 5 %		colchicine .....	38, 159
cefadroxil.....	24, 211	DEXTROSE .....	23, 210	colestipol .....	104, 168
cefazolin.....	24, 211	clindamycin pediatric .....	23, 210	colistin (colistimethate na) .....	
cefdinir .....	24, 211	clindamycin phosphate ...	23, 112,	.....	23, 210
cefepime .....	25, 212	.....	176, 210	COMBIGAN .....	148, 202
cefixime.....	25, 212	clindamycin-benzoyl peroxide		COMBIVENT RESPIMAT .....	
cefotetan .....	25, 212	.....	108, 176	.....	152, 286
cefotetan in dextrose, iso-osm....		CLINIMIX 5%/D15W SULFITE		COMETRIQ.....	43, 228
.....	25, 212	FREE .....	116, 240	COMFORT EZ INSULIN	
cefoxitin.....	25, 212	CLINIMIX 4.25%/D10W SULF		SYRINGE.....	65, 66,
cefepodoxime.....	25, 212	FREE .....	116, 240	.....	254, 255, 256
cefprozil.....	25, 212	CLINIMIX 4.25%/D5W SULFIT		COMFORT EZ PEN NEEDLES	
ceftazidime .....	25, 212	FREE .....	116, 241	.....	65, 66, 255
ceftriaxone .....	25, 212	CLINIMIX 5%-D20W(SULFITE-		COMFORT EZ PRO SAFETY	
cefuroxime axetil .....	25, 212	FREE).....	116, 241	PEN NDL .....	66, 255
cefuroxime sodium .....	25, 212	CLINIMIX 6%-D5W (SULFITE-		COMFORT TOUCH PEN	
celecoxib .....	19, 207	FREE).....	116, 241	NEEDLE .....	66, 67, 256
cephalexin.....	25, 212	CLINIMIX 8%-D10W(SULFITE-		COMPLERA.....	54, 238
cetirizine.....	149, 287	FREE).....	116, 241	completenate.....	117, 241
chateal eq (28) .....	128, 184	CLINIMIX 8%-D14W(SULFITE-		constulose.....	120, 180
chlordiazepoxide hcl.....	57, 209	FREE).....	116, 241	COPAXONE.....	107, 173
chlorhexidine gluconate.....		CLINIMIX E 2.75%/D5W SULF		COPIKTRA.....	43, 228
.....	108, 175	FREE .....	116, 241	COSENTYX .....	137, 195, 198
chloroquine phosphate ....	48, 232	CLINIMIX E 4.25%/D10W SUL		COSENTYX (2 SYRINGES).....	
chlorpromazine.....	49, 233	FREE .....	116, 241	.....	136, 195
chlorthalidone.....	103, 169	CLINIMIX E 4.25%/D5W SULF		COSENTYX PEN (2 PENS) .....	
chlorzoxazone .....	153, 284	FREE .....	116, 241	.....	137, 195
cholestyramine (with sugar).....		CLINIMIX E 5%/D15W SULFIT		COSENTYX UNOREADY PEN	
.....	104, 168	FREE .....	116, 241	.....	137, 195
cholestyramine light.....	104, 168	CLINIMIX E 5%/D20W SULFIT		COTELLIC .....	43, 228
ciclopirox .....	37, 112, 176, 223	FREE .....	116, 241	CREON.....	122, 155

cromolyn ..... 122, 146, 152,  
 ..... 155, 203, 286  
 cryselle (28) ..... 128, 184  
 CURAD GAUZE PAD ..... 67, 256  
 CURITY ALCOHOL SWABS .....  
 ..... 111, 178  
 CURITY GAUZE ..... 67, 256  
 cyclobenzaprine ..... 153, 284  
 cyclophosphamide ..... 40, 225  
 cyclosporine .. 138, 145, 195, 203  
 cyclosporine modified .... 138, 195  
 cyproheptadine ..... 149, 287  
 cyred eq ..... 128, 184  
 CYSTADROPS ..... 145, 203  
 CYSTAGON ..... 122, 155  
 CYSTARAN ..... 145, 203

## D

d10 %-0.45 % sodium chloride  
 ..... 117, 241  
 d2.5 %-0.45 % sodium chloride  
 ..... 117, 241  
 d5 % and 0.9 % sodium chloride  
 ..... 117, 242  
 d5 %-0.45 % sodium chloride  
 ..... 117, 242  
 dalfampridine ..... 107, 173  
 danazol ..... 125, 189  
 dapson ..... 40, 224  
 DAPTACEL (DTAP PEDIATRIC)  
 (PF) ..... 140, 199  
 daptomycin ..... 23, 210  
 darifenacin ..... 123, 182  
 darunavir ..... 56, 236  
 dasetta 1/35 (28) ..... 128, 184  
 dasetta 7/7/7 (28) ..... 128, 184  
 DAURISMO ..... 44, 228  
 deblitane ..... 133, 190  
 deferasirox ..... 115, 245  
 deferiprone ..... 115, 245  
 DELSTRIGO ..... 55, 239  
 DEPO-SUBQ PROVERA 104  
 ..... 133, 191  
 DERMACEA ..... 67, 256, 257  
 DERMACEA NON-WOVEN .....  
 ..... 67, 257  
 dermacinrx lidocan ..... 21, 208  
 DESCOVY ..... 55, 239  
 desipramine ..... 35, 222  
 desmopressin ..... 125, 192  
 desog-e.estradiol/e.estradiol .....  
 ..... 128, 184

desogestrel-ethinyl estradiol .....  
 ..... 128, 184  
 desonide ..... 109, 176  
 desoximetasone ..... 109, 176  
 desvenlafaxine ..... 34, 219  
 desvenlafaxine succinate .....  
 ..... 34, 219  
 dexamethasone ..... 124, 192  
 dexamethasone sodium  
 phosphate ..... 147, 204  
 dexlansoprazole ..... 122, 181  
 dexmethylphenidate ..... 106, 174  
 dextroamphetamine sulfate .....  
 ..... 105, 106, 173, 174  
 dextroamphetamine-  
 amphetamine ..... 106, 174  
 dextrose 10 % and 0.2 % nacl  
 ..... 117, 242  
 dextrose 10 % in water (d10w)  
 ..... 117, 242  
 dextrose 5 % in water (d5w) .....  
 ..... 117, 242  
 dextrose 5%-0.2 % sod chloride  
 ..... 117, 242  
 DIACOMIT ..... 29, 217, 218  
 diazepam ..... 31, 58, 209, 216  
 diazepam intensol ..... 58, 209  
 diazoxide ..... 60, 250  
 diclofenac potassium ..... 19, 207  
 diclofenac sodium ... 19, 111, 147,  
 ..... 178, 204, 207  
 dicloxacillin ..... 26, 213  
 dicyclomine ..... 120, 181  
 DIFICID ..... 27, 214  
 diflunisal ..... 19, 207  
 digitek ..... 101, 165  
 digox ..... 101, 165  
 digoxin ..... 101, 165  
 DIGOXIN ..... 101, 165  
 dihydroergotamine ..... 38, 160  
 DILANTIN ..... 32, 217  
 diltiazem hcl ..... 100, 162  
 dilt-xr ..... 100, 162  
 dimethyl fumarate ..... 107, 173  
 diphenoxylate-atropine .. 120, 180  
 disopyramide phosphate .....  
 ..... 98, 167  
 disulfiram ..... 21, 158  
 divalproex ..... 58, 162  
 dofetilide ..... 98, 167  
 DOJOLVI ..... 117, 242  
 donepezil ..... 32, 33, 159  
 dorzolamide ..... 148, 203

dorzolamide-timolol ..... 148, 203  
 dorzolamide-timolol (pf) .....  
 ..... 148, 203  
 DOVATO ..... 54, 238  
 doxazosin ..... 97, 163  
 doxepin ..... 35, 222  
 doxy-100 ..... 28, 215  
 doxycycline hyclate ..... 28, 215  
 doxycycline monohydrate .....  
 ..... 29, 216  
 DRIZALMA SPRINKLE ..... 34, 219  
 dronabinol ..... 36, 222  
 DROPLET INSULIN SYR(HALF  
 UNIT) ..... 67, 68, 257  
 DROPLET INSULIN SYRINGE  
 ..... 67, 68, 257  
 DROPLET MICRON PEN  
 NEEDLE ..... 68, 257  
 DROPLET PEN NEEDLE .....  
 ..... 68, 257, 258  
 DROPSAFE ALCOHOL PREP  
 PADS ..... 111, 178  
 DROPSAFE INSULIN SYRINGE  
 ..... 69, 258  
 DROPSAFE PEN NEEDLE .....  
 ..... 69, 258  
 drospirenone-ethinyl estradiol  
 ..... 128, 184, 185  
 DROXIA ..... 41, 226  
 droxidopa ..... 97, 167  
 DUAVEE ..... 126, 190  
 duloxetine ..... 34, 219  
 DUPIXENT PEN ..... 137, 195  
 DUPIXENT SYRINGE ... 137, 195  
 DUREZOL ..... 147, 204  
 dutasteride ..... 124, 182  
 dutasteride-tamsulosin .. 124, 182

## E

EASY COMFORT ALCOHOL  
 PAD ..... 111, 179  
 EASY COMFORT INSULIN  
 SYRINGE ..... 69, 70, 259  
 EASY COMFORT PEN  
 NEEDLES ..... 70, 259  
 EASY COMFORT SAFETY PEN  
 NEEDLE ..... 69, 259  
 EASY GLIDE INSULIN  
 SYRINGE ..... 70, 259, 260  
 EASY GLIDE PEN NEEDLE .....  
 ..... 70, 260  
 EASY TOUCH ..... 71, 72, 261

EASY TOUCH ALCOHOL PREP PADS.....	111, 179	enalapril-hydrochlorothiazide.....	101, 165	etodolac.....	19, 207
EASY TOUCH FLIPLOCK INSULIN.....	71, 260, 261	ENBREL.....	138, 195	etonogestrel-ethinyl estradiol.....	128, 185
EASY TOUCH FLIPLOCK SYRINGE.....	71, 260	ENBREL MINI.....	138, 195	etravirine.....	54, 239
EASY TOUCH INSULIN SAFETY SYR.....	70, 71, 260	ENBREL SURECLICK... ..	138, 195	EUCRISA.....	109, 177
EASY TOUCH INSULIN SYRINGE.....	70, 71, 72, 260, 261	ENGERIX-B (PF).....	140, 199	euthyrox.....	134, 183
EASY TOUCH LUER LOCK INSULIN.....	71, 261	ENGERIX-B PEDIATRIC (PF).....	141, 199	everolimus (antineoplastic).....	44, 228
EASY TOUCH PEN NEEDLE.....	71, 261	enillorig.....	128, 185	everolimus (immunosuppressive).....	138, 196
EASY TOUCH SAFETY PEN NEEDLE.....	72, 261, 262	enoxaparin.....	95, 156, 157	EVOTAZ.....	56, 236
EASY TOUCH SHEATHLOCK INSULIN.....	71, 260, 261	enpresse.....	128, 185	EVRYSDI.....	106, 174
EASY TOUCH UNI-SLIP.....	72, 262	enskyce.....	128, 185	EXEL INSULIN.....	73, 262
ec-naproxen.....	19, 207	ENSPRYNG.....	138, 195	exemestane.....	43, 227
econazole.....	37, 223	entacapone.....	48, 161	EXKIVITY.....	44, 228
EDURANT.....	54, 238	entecavir.....	53, 237	EYSUVIS.....	145, 203
efavirenz.....	54, 238, 239	ENTRESTO.....	101, 165	ezetimibe.....	104, 168
efavirenz-emtricitabin-tenofov.....	55, 239	ENTRESTO SPRINKLE.....	101, 165	ezetimibe-simvastatin....	104, 168
efavirenz-lamivu-tenofov disop.....	55, 239	enulose.....	120, 180		
electrolyte-148.....	113, 245	ENVARBUS XR.....	138, 196	<b>F</b>	
ELIGARD.....	134, 193	EPIDIOLEX.....	29, 218	falmina (28).....	128, 185
ELIGARD (3 MONTH) ...	134, 193	epinephrine.....	150, 289	famciclovir.....	54, 238
ELIGARD (4 MONTH) ...	134, 193	epitol.....	32, 217	famotidine.....	121, 181
ELIGARD (6 MONTH) ...	134, 193	eplerenone.....	103, 169	FANAPT.....	51, 234
elinst.....	128, 185	EPRONTIA.....	38, 160	FASENRA.....	153, 286
ELIQUIS.....	95, 156	ERAXIS(WATER DILUENT).....	37, 223	FASENRA PEN.....	153, 286
ELIQUIS DVT-PE TREAT 30D START.....	95, 156	ergotamine-caffeine.....	38, 160	febuxostat.....	38, 159
ELMIRON.....	124, 182	ERIVEDGE.....	44, 228	felbamate.....	29, 218
ELREXFIO.....	41, 226	ERLEADA.....	40, 225	felodipine.....	99, 163
eluryng.....	128, 185	erlotinib.....	44, 228	fenofibrate.....	103, 168
EMBRACE PEN NEEDLE.....	72, 262	errin.....	133, 191	fenofibrate micronized ...	103, 167
EMCYT.....	41, 225	ertapenem.....	27, 214	fenofibrate nanocrystallized.....	103, 168
EMGALITY PEN.....	38, 160	ery pads.....	112, 176	fenofibric acid (choline).....	103, 168
EMGALITY SYRINGE.....	38, 160	ERYTHROCIN.....	27, 214	.....	103, 168
EMSAM.....	34, 221	erythromycin.....	27, 28, 146, 205, 214, 215	fentanyl.....	20, 207
emtricitabine.....	55, 239	erythromycin ethylsuccinate.....	27, 214	fentanyl citrate.....	20, 206
emtricitabine-tenofovir (tdf).....	55, 239	erythromycin with ethanol.....	112, 176	FERRIPROX.....	115, 245
EMTRIVA.....	55, 239	erythromycin-benzoyl peroxide.....	108, 177	FERRIPROX (2 TIMES A DAY).....	115, 245
EMVERM.....	47, 232	escitalopram oxalate.....	34, 219, 220	fesoterodine.....	123, 182
enalapril maleate.....	97, 170	esomeprazole magnesium.....	122, 181	FETZIMA.....	34, 220
		estarylla.....	128, 185	FIASP FLEXTOUCH U-100 INSULIN.....	73, 262
		estradiol.....	126, 190	FIASP PENFILL U-100 INSULIN.....	73, 262
		ethambutol.....	40, 224	FIASP U-100 INSULIN ...	73, 262
		ethosuximide.....	31, 217	FILSPARI.....	101, 165
		ethynodiol diac-eth estradiol.....	128, 185	finasteride.....	124, 182
				fingolimod.....	107, 173
				FINTEPLA.....	29, 218

FIRMAGON KIT W DILUENT  
 SYRINGE..... 134, 135, 193  
 FIRVANQ.....23, 210  
 flecainide.....98, 167  
 fluconazole.....37, 223  
 fluconazole in nacl (iso-osm) .....  
 .....37, 223  
 flucytosine .....37, 223  
 fludrocortisone..... 124, 192  
 flunisolide..... 149, 288  
 fluocinolone ..... 109, 177  
 fluocinolone acetonide oil .....  
 ..... 148, 205  
 fluocinonide..... 109, 110, 177  
 fluocinonide-emollient.... 110, 177  
 fluoride (sodium) ..... 113, 115,  
 .....245, 248  
 fluoritab ..... 113, 246  
 fluorometholone ..... 147, 204  
 fluorouracil ..... 111, 179  
 fluoxetine..... 34, 35, 220  
 fluphenazine decanoate ..49, 233  
 fluphenazine hcl .....49, 233  
 flurbiprofen ..... 19, 207  
 flurbiprofen sodium..... 147, 204  
 fluticasone propionate .. 110, 149,  
 ..... 177, 288  
 fluticasone propion-salmeterol  
 ..... 153, 286  
 fluvastatin..... 104, 168  
 fluvoxamine .....35, 220  
 folivane-ob ..... 117, 242  
 fondaparinux .....95, 157  
 fosamprenavir .....56, 236  
 fosinopril.....97, 170  
 fosinopril-hydrochlorothiazide  
 ..... 101, 165  
 FOTIVDA .....44, 228  
 FREESTYLE PRECISION.....  
 ..... 73, 263  
 FRUZAQLA.....44, 228  
 furosemide ..... 103, 169  
 FUZEON .....56, 240  
 FYCOMPA .....29, 218

## G

gabapentin .....31, 216  
 GALAFOLD..... 122, 155  
 galantamine ..... 33, 159  
 GARDASIL 9 (PF) ..... 141, 199  
 gatifloxacin ..... 146, 205  
 GATTEX 30-VIAL..... 121, 180

GAUZE PAD .....73, 263  
 gavilyte-c..... 121, 180  
 gavilyte-g..... 121, 180  
 gavilyte-n..... 121, 180  
 GAVRETO .....44, 228  
 gefitinib .....44, 229  
 gemfibrozil..... 103, 168  
 generlac ..... 120, 180  
 gengraf..... 139, 196  
 gentamicin..... 22, 23, 146,  
 ..... 205, 209, 210  
 gentamicin in nacl (iso-osm) .....  
 .....23, 210  
 GENVOYA .....54, 238  
 GILOTRIF .....44, 229  
 GLEOSTINE.....40, 225  
 glimepiride.....58, 248  
 glipizide .....58, 248  
 glipizide-metformin .....59, 248  
 GLUCAGEN DIAGNOSTIC KIT  
 .....60, 250  
 glutamine (sickle cell) .... 122, 155  
 glyburide .....59, 248  
 glyburide micronized .....59, 248  
 glyburide-metformin.....59, 248  
 glycopyrrolate..... 120, 181  
 granisetron hcl.....36, 222  
 griseofulvin microsize .....37, 223  
 griseofulvin ultramicrosize .....  
 .....37, 223  
 guanfacine ..... 97, 106, 167, 174  
 GVOKE .....60, 250  
 GVOKE HYPOPEN 2-PACK .....  
 .....60, 250  
 GVOKE PFS 1-PACK SYRINGE  
 .....60, 250

## H

hailey ..... 128, 185  
 hailey fe 1.5/30 (28)..... 128, 185  
 hailey fe 1/20 (28)..... 128, 185  
 halobetasol propionate .. 110, 177  
 haloette ..... 129, 185  
 haloperidol .....50, 233  
 haloperidol decanoate .....50, 233  
 haloperidol lactate .....50, 233  
 HAVRIX (PF)..... 141, 199  
 HEALTHWISE INSULIN  
 SYRINGE..... 74, 263  
 HEALTHWISE PEN NEEDLE.....  
 ..... 74, 263

HEALTHY ACCENTS UNIFINE  
 PENTIP ..... 74, 263, 264  
 heather..... 133, 191  
 heparin (porcine) .....95, 157  
 HEPLISAV-B (PF) ..... 141, 200  
 HIBERIX (PF)..... 141, 200  
 HUMIRA..... 139, 196  
 HUMIRA PEN..... 139, 196  
 HUMIRA PEN CROHNS-UC-HS  
 START ..... 139, 198  
 HUMIRA PEN PSOR-UEVITS-  
 ADOL HS ..... 139, 198  
 HUMIRA(CF)..... 139, 196  
 HUMIRA(CF) PEDI CROHNS  
 STARTER ..... 139, 198  
 HUMIRA(CF) PEN..... 139, 196  
 HUMIRA(CF) PEN CROHNS-  
 UC-HS ..... 139, 196  
 HUMIRA(CF) PEN PEDIATRIC  
 UC ..... 139, 196  
 HUMIRA(CF) PEN PSOR-UV-  
 ADOL HS ..... 139, 196  
 hydralazine..... 105, 170  
 hydrochlorothiazide ..... 103, 169  
 hydrocodone-acetaminophen .....  
 .....20, 206  
 hydrocodone-ibuprofen....20, 206  
 hydrocortisone..... 110, 124, 144,  
 ..... 171, 177, 179, 192  
 HYDROCORTISONE LOTION  
 COMPLETE ..... 110, 179  
 hydrocortisone valerate . 110, 177  
 hydrocortisone-pramoxine .....  
 ..... 111, 179  
 hydromorphone .....20, 206  
 hydroxychloroquine .....48, 232  
 hydroxyurea .....41, 226  
 hydroxyzine hcl .....57, 209  
 hydroxyzine pamoate .....57, 209  
 HYFTOR ..... 110, 177

## I

ibandronate ..... 144, 171  
 IBRANCE .....44, 229  
 ibu ..... 19, 207  
 ibuprofen ..... 19, 208  
 icatibant..... 136, 198  
 iclevia ..... 129, 185  
 ICLUSIG..... 44, 229  
 icosapent ethyl ..... 104, 169  
 IDHIFA .....41, 226  
 ILEVRO..... 147, 205



imatinib .....44, 229  
 IMBRUVICA .....44, 229  
 imipenem-cilastatin.....27, 214  
 imipramine hcl .....35, 222  
 imiquimod..... 111, 179  
 IMOVAX RABIES VACCINE (PF)  
 ..... 141, 200  
 IMVEXXY MAINTENANCE  
 PACK..... 126, 190  
 IMVEXXY STARTER PACK.....  
 ..... 126, 190  
 INBRIJA .....49, 161  
 incassia ..... 133, 191  
 INCONTROL ALCOHOL PADS  
 ..... 111, 179  
 INCONTROL PEN NEEDLE.....  
 ..... 74, 264  
 INCRELEX ..... 125, 192  
 indapamide ..... 103, 169  
 indomethacin..... 19, 208  
 INFANRIX (DTAP) (PF). 141, 200  
 INGREZZA..... 107, 175  
 INGREZZA INITIATION  
 PK(TARDIV)..... 106, 174  
 INGREZZA SPRINKLE.. 107, 175  
 INLYTA ..... 44, 229  
 INQOVI ..... 41, 226  
 INREBIC ..... 44, 229  
 insulin glargine .....74, 264  
 INSULIN SYR/NDL U100 HALF  
 MARK .....75, 264  
 INSULIN SYRINGE .....63, 253  
 INSULIN SYRINGE MICROFINE  
 .....63, 252  
 INSULIN SYRINGE  
 NEEDLELESS.....63, 252  
 INSULIN SYRINGE-NEEDLE U-  
 100..... 63, 73, 75, 82, 85, 89,  
 ..... 252, 262, 264, 265,  
 ..... 271, 275, 278, 279  
 INSUPEN PEN NEEDLE.....  
 ..... 75, 76, 265  
 INTELENCE ..... 54, 239  
 INTRALIPID ..... 117, 242  
 INTRAROSA ..... 129, 185  
 INVEGA HAFYERA..... 51, 234  
 INVEGA SUSTENNA ..... 51, 234  
 INVEGA TRINZA..... 51, 234  
 INVOKAMET ..... 59, 248  
 INVOKAMET XR ..... 59, 248  
 INVOKANA ..... 59, 248  
 IPOL..... 141, 200  
 ipratropium bromide ..... 150, 288

ipratropium-albuterol ..... 153, 286  
 irbesartan .....97, 167  
 irbesartan-hydrochlorothiazide  
 ..... 102, 165  
 ISENTRESS.....54, 238  
 ISENTRESS HD.....54, 238  
 isibloom..... 129, 185  
 ISOLYTE S PH 7.4..... 113, 246  
 ISOLYTE-P IN 5 % DEXTROSE  
 ..... 117, 242  
 ISOLYTE-S ..... 113, 246  
 isoniazid .....40, 224  
 ISOPROPYL ALCOHOL 111, 179  
 isosorbide dinitrate ..... 105, 170  
 isosorbide mononitrate .. 105, 170  
 isosorbide-hydralazine... 102, 165  
 isotretinoin..... 108, 177  
 isradipine.....99, 163  
 ISTURISA ..... 124, 192  
 itraconazole..... 37, 223, 224  
 IV PREP WIPES ..... 111, 179  
 ivabradine ..... 102, 165  
 ivermectin.....47, 232  
 IWILFIN..... 41, 226  
 IXCHIQ (PF)..... 141, 200  
 IXIARO (PF)..... 141, 200

## J

JAKAFI.....44, 229  
 jantoven .....95, 157  
 JANUMET .....59, 248  
 JANUMET XR .....59, 248  
 JANUVIA.....59, 248  
 JARDIANCE .....59, 248  
 jasmiel (28) ..... 129, 185  
 JAYPIRCA ..... 44, 229  
 jencycla..... 133, 191  
 jolessa..... 129, 185  
 JUBLIA..... 37, 224  
 juleber ..... 129, 185  
 JULUCA ..... 55, 239  
 junel 1.5/30 (21) ..... 129, 185  
 junel 1/20 (21) ..... 129, 186  
 junel fe 1.5/30 (28) ..... 129, 186  
 junel fe 1/20 (28) ..... 129, 186  
 JUXTAPID..... 104, 169  
 JYLAMVO ..... 41, 226  
 JYNNEOS (PF) ..... 141, 200

## K

kalliga..... 129, 186  
 KALYDECO ..... 151, 285  
 kariva (28) ..... 129, 186  
 KATERZIA .....99, 163  
 kelnor 1/35 (28) ..... 129, 186  
 kelnor 1/50 (28) ..... 129, 186  
 KERENDIA..... 103, 169  
 KESIMPTA PEN..... 107, 173  
 ketoconazole .....37, 224  
 ketorolac ..... 19, 147, 205, 208  
 KINERET ..... 139, 196  
 KINRIX (PF) ..... 141, 200  
 kionex (with sorbitol)..... 115, 245  
 KISQALI .....45, 229  
 KISQALI FEMARA CO-PACK ....  
 ..... 42, 226  
 KLOR-CON ..... 113, 246  
 KLOR-CON 10 ..... 113, 246  
 KLOR-CON 8 ..... 113, 246  
 klor-con m10 ..... 113, 246  
 klor-con m15 ..... 113, 246  
 klor-con m20 ..... 113, 246  
 KLOXXADO ..... 22, 158  
 KOSELUGO .....45, 229  
 kosher prenatal plus iron .....  
 ..... 117, 242  
 KOURZEQ ..... 108, 175  
 KRAZATI.....42, 226  
 kurvelo (28) ..... 129, 186

## L

labetalol.....98, 164  
 lacosamide..... 32, 217  
 lactulose..... 120, 180  
 lagevrio (eua) .....57, 236  
 lamivudine..... 53, 55, 237, 239  
 lamivudine-zidovudine .....55, 239  
 lamotrigine ..... 29, 30, 218  
 LAMPIT .....48, 232  
 LANOXIN ..... 102, 165  
 lanreotide ..... 135, 193  
 lansoprazole..... 122, 181  
 LANTUS SOLOSTAR U-100  
 INSULIN..... 76, 265  
 LANTUS U-100 INSULIN .....  
 ..... 76, 265  
 lapatinib.....45, 229  
 larin 1.5/30 (21) ..... 129, 186  
 larin 1/20 (21) ..... 129, 186  
 larin fe 1.5/30 (28) ..... 129, 186

larin fe 1/20 (28) ..... 129, 186  
 latanoprost ..... 148, 204  
 leena 28 ..... 129, 186  
 leflunomide ..... 137, 196  
 lenalidomide ..... 41, 225  
 LENVIMA ..... 45, 229  
 lessina ..... 129, 186  
 letrozole ..... 43, 227  
 leucovorin calcium ..... 42, 226  
 LEUKERAN ..... 40, 225  
 LEUKINE ..... 96, 155  
 leuprolide ..... 135, 193  
 leuprolide (3 month) ..... 135, 193  
 LEVEMIR FLEXPEN ..... 76, 265  
 LEVEMIR U-100 INSULIN .....  
 ..... 76, 265  
 levetiracetam ..... 30, 218  
 levobunolol ..... 147, 203  
 levocarnitine ..... 117, 242  
 levocarnitine (with sugar) .....  
 ..... 117, 242  
 levocetirizine ..... 149, 287  
 levofloxacin ..... 28, 215  
 levofloxacin in d5w ..... 28, 215  
 levonest (28) ..... 129, 186  
 levonorgestrel-ethinyl estrad .....  
 ..... 130, 186  
 levonorg-eth estrad triphasic .....  
 ..... 130, 186  
 levora-28 ..... 130, 186  
 LEVO-T ..... 134, 183  
 levothyroxine ..... 134, 183  
 LEVOXYL ..... 134, 183  
 LEXIVA ..... 56, 240  
 LIALDA ..... 144, 171  
 LIBERVANT ..... 30, 218  
 lidocaine ..... 21, 208  
 lidocaine hcl ..... 21, 208  
 lidocaine viscous ..... 21, 208  
 lidocaine-prilocaine ..... 21, 208  
 lidocan iii ..... 21, 208  
 linezolid ..... 23, 210  
 linezolid in dextrose 5% ..... 23, 210  
 LINZESS ..... 120, 180  
 liothyronine ..... 134, 183  
 LISCO ..... 76, 265  
 lisinopril ..... 98, 170  
 lisinopril-hydrochlorothiazide .....  
 ..... 102, 166  
 LITE TOUCH INSULIN PEN  
 NEEDLES ..... 76, 266  
 LITE TOUCH INSULIN  
 SYRINGE ..... 76, 77, 266

lithium carbonate ..... 58, 162  
 lithium citrate ..... 58, 162  
 LIVALO ..... 104, 168  
 LIVMARLI ..... 121, 180  
 LIVTENCITY ..... 53, 237  
 LOKELMA ..... 115, 245  
 LONSURF ..... 42, 226  
 loperamide ..... 120, 180  
 lopinavir-ritonavir ..... 56, 236  
 LOQTORZI ..... 42, 226  
 lorazepam ..... 58, 209  
 lorazepam intensol ..... 58, 209  
 LORBRENA ..... 45, 229  
 loryna (28) ..... 130, 186  
 losartan ..... 97, 167  
 losartan-hydrochlorothiazide .....  
 ..... 102, 166  
 loteprednol etabonate ..... 147, 205  
 lovastatin ..... 104, 168  
 low-ogestrel (28) ..... 130, 186  
 loxapine succinate ..... 50, 233  
 lo-zumandimine (28) ..... 130, 187  
 lubiprostone ..... 120, 180  
 ludent fluoride ..... 113, 246  
 LUMAKRAS ..... 42, 226  
 LUMIGAN ..... 148, 204  
 LUPKYNIS ..... 139, 196  
 LUPRON DEPOT ..... 135, 193  
 LUPRON DEPOT (3 MONTH)  
 ..... 135, 193  
 LUPRON DEPOT (4 MONTH)  
 ..... 135, 193  
 LUPRON DEPOT (6 MONTH)  
 ..... 135, 193  
 LUPRON DEPOT-PED .....  
 ..... 135, 194  
 LUPRON DEPOT-PED  
 (3 MONTH) ..... 135, 194  
 lurasidone ..... 51, 234  
 lutura (28) ..... 130, 187  
 LYBALVI ..... 51, 234  
 lyleq ..... 133, 191  
 LYNPARZA ..... 42, 226  
 LYSODREN ..... 40, 225  
 LYTGOBI ..... 45, 229, 230  
 lyza ..... 133, 191

## M

MAGELLAN INSULIN SAFETY  
 SYRNG ..... 77, 266, 267  
 MAGELLAN SYRINGE ..... 77, 266  
 magnesium sulfate ..... 113, 246  
 malathion ..... 112, 180  
 maraviroc ..... 56, 240  
 marlissa (28) ..... 130, 187  
 marnatal-f ..... 117, 242  
 MARPLAN ..... 34, 221  
 MATULANE ..... 40, 225  
 matzim la ..... 100, 163  
 MAVYRET ..... 53, 237  
 MAXICOMFORT II PEN  
 NEEDLE ..... 77, 267  
 MAXI-COMFORT INSULIN  
 SYRINGE ..... 77, 267  
 MAXICOMFORT INSULIN  
 SYRINGE ..... 77  
 MAXICOMFORT INSULIN  
 SYRINGE ..... 77  
 MAXICOMFORT INSULIN  
 SYRINGE ..... 267  
 MAXICOMFORT INSULIN  
 SYRINGE ..... 267  
 MAXICOMFORT SAFETY PEN  
 NEEDLE ..... 77, 267  
 MAYZENT ..... 107, 173  
 MAYZENT STARTER(FOR 1MG  
 MAINT) ..... 107, 173  
 MAYZENT STARTER(FOR 2MG  
 MAINT) ..... 107, 173  
 meclizine ..... 36, 222  
 medroxyprogesterone ... 133, 191  
 mefloquine ..... 48, 232  
 megestrol ..... 133, 191  
 MEKINIST ..... 45, 230  
 MEKTOVI ..... 45, 230  
 meloxicam ..... 19, 208  
 memantine ..... 32, 158  
 MENACTRA (PF) ..... 141, 200  
 MENEST ..... 126, 190  
 MENQUADFI (PF) ..... 141, 200  
 MENVEO A-C-Y-W-135-DIP (PF)  
 ..... 141, 200  
 mercaptopurine ..... 41, 226  
 meropenem ..... 27, 214  
 mesalamine ..... 144, 171  
 MESNEX ..... 42, 226  
 metformin ..... 59, 249  
 methadone ..... 20, 207  
 methazolamide ..... 148, 203

methenamine hippurate...23, 210  
methimazole..... 136, 194  
methocarbamol ..... 153, 284  
methotrexate sodium .... 139, 196  
methotrexate sodium (pf).....  
..... 139, 196  
methsuximide .....31, 217  
methylphenidate hcl ..... 106, 174  
methylprednisolone ..... 124, 192  
metoclopramide hcl ..... 121, 180  
metolazone ..... 103, 170  
metoprolol succinate .....99, 164  
metoprolol ta-hydrochlorothiaz  
..... 102, 166  
metoprolol tartrate .....99, 164  
metronidazole.....24, 211  
metronidazole in nacl (iso-os).....  
.....24, 211  
metyrosine ..... 102, 166  
mexiletine.....98, 167  
MICRODOT INSULIN PEN  
NEEDLE ..... 77, 78, 267  
MICRODOT READYGARD PEN  
NEEDLE .....78, 267  
microgestin 1.5/30 (21).....  
..... 130, 187  
microgestin 1/20 (21)..... 130, 187  
microgestin fe 1.5/30 (28).....  
..... 130, 187  
microgestin fe 1/20 (28).....  
..... 130, 187  
midodrine .....97, 167  
mifepristone .....60, 250  
miglitol.....59, 249  
miglustat..... 122, 155  
mili ..... 130, 187  
MINI ULTRA-THIN II .....78, 267  
minocycline .....29, 216  
minoxidil ..... 105, 170  
mirtazapine ..... 33, 221  
misoprostol..... 122, 182  
M-M-R II (PF) ..... 141, 200  
m-natal plus ..... 117, 242  
modafinil..... 154, 172  
moexipril.....98, 170  
molindone ..... 50, 233  
mometasone ..... 110, 150,  
..... 177, 288  
mondoxyne nl.....29, 216  
MONOJECT INSULIN SAFETY  
SYRING .....79, 268  
MONOJECT INSULIN SYRINGE  
..... 78, 79, 268

MONOJECT SYRINGE ...78, 267  
MONOJECT ULTRA COMFORT  
INSULIN.....91, 280  
mono-lyyah ..... 130, 187  
montelukast..... 150, 288  
morphine ..... 20, 21, 206, 207  
MORPHINE.....21, 207  
morphine concentrate.....20, 206  
MOUNJARO.....59, 249  
MOVANTIK ..... 120, 180  
moxifloxacin .... 28, 146, 205, 215  
moxifloxacin-sod.ace,sul-water  
.....28, 215  
moxifloxacin-sod.chloride(iso) ....  
.....28, 215  
MRESVIA (PF) ..... 141, 200  
MULTAQ .....98, 167  
mupirocin ..... 112, 177  
mupirocin calcium..... 112, 177  
mycophenolate mofetil... 139, 196  
mycophenolate sodium.....  
..... 140, 196  
mynatal ..... 117, 242  
mynatal advance ..... 117, 242  
mynatal plus..... 117, 242  
mynatal-z ..... 117, 242  
mynate 90 plus..... 117, 242  
MYRBETRIQ..... 123, 182

## N

nabumetone ..... 19, 208  
nadolol .....99, 164  
nafcillin .....26, 213  
naloxone .....22, 158  
naltrexone .....21, 158  
NAMZARIC ..... 32, 158  
naproxen ..... 19, 20, 208  
naproxen sodium.....20, 208  
naratriptan.....39, 159  
NARCAN.....22, 158  
NATACYN ..... 146, 205  
nateglinide.....59, 249  
NATPARA ..... 144, 172  
NAYZILAM ..... 31, 216  
nebivolol.....99, 164  
necon 0.5/35 (28) ..... 130, 187  
nefazodone ..... 35, 220  
neomycin.....23, 210  
neomycin-bacitracin-poly-hc.....  
..... 145, 203  
neomycin-bacitracin-polymyxin  
..... 146, 205

neomycin-polymyxin b-dexameth  
..... 145, 203, 204  
neomycin-polymyxin-gramicidin  
..... 145, 204  
neomycin-polymyxin-hc.....  
..... 145, 148, 204, 206  
NERLYNX .....45, 230  
NEUPRO.....49, 161  
nevirapine .....54, 239  
newgen ..... 117, 242  
niacin ..... 104, 169  
nicardipine.....99, 163  
NICOTROL .....22, 157  
nifedipine.....99, 163  
nikki (28) ..... 130, 187  
nilutamide.....40, 225  
NINLARO .....42, 227  
nitazoxanide.....48, 232  
nitisinone..... 122, 155  
NITRO-BID..... 105, 170  
nitrofurantoin macrocrystal .....  
.....24, 211  
nitrofurantoin monohyd/m-cryst  
.....24, 211  
nitroglycerin..... 105, 170, 171  
niva-plus..... 118, 242  
nizatidine..... 121, 181  
NOCDURNA (MEN) ..... 125, 192  
NOCDURNA (WOMEN) .....  
..... 125, 192  
nora-be ..... 133, 191  
norethindrone (contraceptive)  
..... 133, 191  
norethindrone acetate ... 133, 191  
norethindrone ac-eth estradiol  
..... 130, 187  
norethindrone-e.estradiol-iron  
..... 130, 131, 187  
norgestimate-ethinyl estradiol  
..... 131, 187  
nortrel 0.5/35 (28)..... 131, 187  
nortrel 1/35 (21)..... 131, 187  
nortrel 1/35 (28)..... 131, 187  
nortrel 7/7/7 (28)..... 131, 187  
nortriptyline ..... 36, 222  
NORVIR .....56, 236  
NOVOFINE 30 .....79, 268  
NOVOFINE 32 .....79, 268  
NOVOFINE PLUS .....79, 268  
NOVOLIN 70/30 U-100 INSULIN  
.....79, 269  
NOVOLIN 70-30 FLEXPEN U-  
100.....79, 269

NOVOLIN N FLEXPEN ...79, 269  
NOVOLIN N NPH U-100  
INSULIN.....79, 269  
NOVOLIN R FLEXPEN ...79, 269  
NOVOLIN R REGULAR U100  
INSULIN.....79, 269  
NOVOLOG FLEXPEN U-100  
INSULIN.....79, 269  
NOVOLOG MIX 70-30 U-100  
INSULN.....80, 269  
NOVOLOG MIX 70-30FLEXPEN  
U-100 .....80, 269  
NOVOLOG PENFILL U-100  
INSULIN.....80, 269  
NOVOLOG U-100 INSULIN  
ASPART .....80, 269  
NOVOTWIST .....80, 269  
NOXAFIL.....37, 224  
NUBEQA.....40, 225  
NUCALA .....153, 286  
NUDEXTA .....107, 175  
NUPLAZID .....51, 234  
NUTRILIPID .....118, 242  
nyamyc .....37, 224  
nylia 1/35 (28) .....131, 188  
nylia 7/7/7 (28) .....131, 188  
nymyo .....131, 188  
nystatin .....37, 38, 224  
nystatin-triamcinolone .....  
.....111, 112, 179  
nystop .....38, 224

## O

obstetrix dha.....118, 243  
obstetrix dha prenatal duo .....  
.....118, 242  
o-cal prenatal .....118, 243  
ocella .....131, 188  
octreotide acetate.....135, 194  
ODEFSEY.....55, 239  
ODOMZO.....45, 230  
OFEV .....152, 284  
ofloxacin.....28, 146, 148,  
.....205, 206, 215  
OGSIVEO .....42, 227  
OJEMDA .....42, 227  
OJJAARA.....45, 230  
olanzapine.....51, 235  
olanzapine-fluoxetine .....33, 221  
olmesartan .....97, 167  
olmesartan-amlodipin-hcthiiazid  
.....102, 166

olmesartan-hydrochlorothiazide  
.....102, 166  
olopatadine .....146, 203  
omega-3 acid ethyl esters .....  
.....104, 169  
omeprazole .....122, 181  
OMNITROPE .....125, 192  
ondansetron .....36, 223  
ondansetron hcl.....36, 223  
ONUREG .....41, 226  
OPSUMIT.....152, 287  
OPVEE .....22, 158  
oralone .....108, 175  
ORGOVYX.....42, 227  
ORKAMBI .....151, 285  
orphenadrine citrate .....153, 284  
ORSERDU .....41, 225  
oseltamivir .....57, 238  
OSPHEA .....131, 188  
OTEZLA .....137, 197, 198  
OTEZLA STARTER.....  
.....137, 197, 198  
oxacillin .....26, 213  
oxacillin in dextrose(iso-osm) .....  
.....26, 213  
oxaprozin .....20, 208  
oxazepam .....57, 209  
oxcarbazepine.....32, 217  
OXLUMO .....145, 248  
oxybutynin chloride.....123, 182  
oxycodone.....20, 21, 207  
oxycodone-acetaminophen.....  
.....21, 207  
OZEMPIC.....59, 249

## P

paliperidone .....51, 235  
PANRETIN.....112, 179  
pantoprazole .....122, 181  
PANZYGA.....136, 197  
paricalcitol .....144, 172  
paroex oral rinse .....108, 175  
paromomycin.....23, 210  
paroxetine hcl.....35, 220  
PAXLOVID .....57, 236  
pazopanib .....45, 230  
PEDIARIX (PF) .....141, 200  
PEDVAX HIB (PF).....142, 200  
peg 3350-electrolytes .....121, 181  
PEGASYS.....138, 197  
peg-electrolyte soln .....121, 181  
PEMAZYRE .....45, 230

PEN NEEDLE ....73, 80, 82, 262,  
.....269, 270, 271  
PEN NEEDLE, DIABETIC .....  
.....66, 78, 80, 82,  
.....256, 267, 269, 270, 271  
PEN NEEDLE, DIABETIC,  
SAFETY.....82, 272  
PENBRAYA (PF).....142, 200  
PENBRAYA MENACWY  
COMPONENT(PF)....142, 200  
PENBRAYA MENB  
COMPONENT (PF) ...142, 200  
penicillamine .....124, 182  
penicillin g pot in dextrose .....  
.....26, 213  
penicillin g potassium .....26, 213  
penicillin g procaine.....26, 213  
penicillin g sodium .....26, 213  
penicillin v potassium .....27, 214  
PENTACEL (PF) .....142, 201  
pentamidine .....48, 232  
PENTIPS.....80, 270  
pentoxifylline .....102, 166  
perindopril erbumine.....98, 170  
periogard.....108, 175  
permethrin.....112, 180  
perphenazine .....50, 233  
pfizerpen-g.....27, 214  
phenelzine.....34, 221  
phenobarbital .....30, 218, 219  
phenytoin .....32, 217  
phenytoin sodium extended.....  
.....32, 217  
philith .....131, 188  
PIFELTRO .....55, 239  
pilocarpine hcl .....108, 148,  
.....175, 203  
pimecrolimus .....110, 177  
pimozide.....50, 233  
pimtrea (28).....131, 188  
pindolol .....99, 164  
pioglitazone .....59, 249  
pioglitazone-metformin .....  
.....59, 60, 249  
PIP PEN NEEDLE .....81, 270  
piperacillin-tazobactam....27, 214  
PIQRAY .....45, 230  
pirfenidone .....152, 284, 285  
pirmella .....131, 188  
piroxicam.....20, 208  
PLASMA-LYTE A .....113, 246  
pnv 29-1 .....118, 243  
pnv-dha + docusate.....118, 243

pnv-omega ..... 118, 243  
 podofilox..... 112, 179  
 polymyxin b sulf-trimethoprim  
 ..... 146, 204  
 POMALYST ..... 41, 225  
 portia 28 ..... 131, 188  
 posaconazole ..... 38, 224  
 potassium chlorid-d5-0.45%nacl  
 ..... 114, 246  
 potassium chloride ..... 114, 247  
 potassium chloride in 0.9%nacl  
 ..... 114, 246  
 potassium chloride in 5 % dex  
 ..... 114, 246  
 potassium chloride in lr-d5.....  
 ..... 114, 246  
 potassium chloride in water .....  
 ..... 114, 247  
 potassium chloride-0.45 % nacl  
 ..... 114, 247  
 potassium chloride-d5-0.2%nacl  
 ..... 114, 247  
 potassium chloride-d5-0.9%nacl  
 ..... 114, 247  
 potassium citrate ... 114, 115, 247  
 pr natal 400 ..... 118, 243  
 pr natal 400 ec ..... 118, 243  
 pr natal 430 ..... 118, 243  
 pr natal 430 ec ..... 118, 243  
 pramipexole ..... 49, 161  
 prasugrel..... 96, 156  
 pravastatin ..... 104, 168  
 prazosin ..... 97, 163  
 prednisolone ..... 124, 192  
 prednisolone acetate ..... 147, 205  
 prednisolone sodium phosphate  
 ..... 124, 125, 147, 192, 205  
 prednisone ..... 125, 193  
 PREDNISON INTENSOL.....  
 ..... 125, 193  
 pregabalin ..... 107, 173  
 PREHEVBRIO (PF)..... 142, 201  
 PREMARIN ..... 127, 190  
 PREMASOL 10 % ..... 118, 243  
 PREMPHASE..... 131, 188  
 PREMPRO ..... 131, 188  
 prena1 true..... 118, 243  
 prenaissance..... 118, 243  
 prenaissance plus ..... 118, 243  
 prenatalabs fa ..... 118, 243  
 prenatal 19 ..... 118, 243  
 prenatal 19 (with docusate) .....  
 ..... 118, 243

prenatal low iron ..... 118, 243  
 prenatal plus..... 118, 243  
 prenatal plus (calcium carb).....  
 ..... 118, 243  
 prenatal vitamin plus low iron ....  
 ..... 118, 243  
 prenatal-u..... 118, 243  
 preplus ..... 118, 243  
 pretab..... 118, 243  
 PREVENT DROPSAFE PEN  
 NEEDLE ..... 81, 270  
 PREVYMIS ..... 53, 237  
 PREZCOBIX ..... 56, 237  
 PREZISTA ..... 56, 237  
 PRIFTIN..... 40, 224  
 PRIMAQUINE ..... 48, 233  
 primidone ..... 30, 219  
 PRIORIX (PF) ..... 142, 201  
 PRIVIGEN..... 136, 197  
 PRO COMFORT ALCOHOL  
 PADS..... 112, 179  
 PRO COMFORT INSULIN  
 SYRINGE..... 81, 270  
 PRO COMFORT PEN NEEDLE  
 ..... 81, 270, 271  
 probenecid ..... 38, 159  
 probenecid-colchicine..... 38, 159  
 prochlorperazine ..... 36, 222  
 prochlorperazine maleate .....  
 ..... 36, 222  
 procto-med hc ..... 110, 177  
 proctosol hc..... 110, 177  
 proctozone-hc ..... 110, 178  
 PRODIGY INSULIN SYRINGE  
 ..... 81, 271  
 progesterone micronized .....  
 ..... 133, 191  
 PROGRAF ..... 140, 197  
 PROLASTIN-C ..... 122, 155  
 PROLIA..... 144, 172  
 PROMACTA..... 96, 155  
 promethazine ..... 36, 222  
 promethegan ..... 36, 222  
 propafenone ..... 98, 167  
 propranolol ..... 38, 99, 160, 164  
 propylthiouracil ..... 136, 194  
 PROQUAD (PF) ..... 142, 201  
 PROSOL 20 % ..... 119, 243  
 protriptyline ..... 36, 222  
 PULMOZYME ..... 151, 285  
 PURE COMFORT ALCOHOL  
 PADS ..... 112, 179

PURE COMFORT PEN NEEDLE  
 ..... 81, 82, 271  
 PURE COMFORT SAFETY PEN  
 NEEDLE ..... 81, 271  
 PURIXAN ..... 41, 226  
 pyrazinamide..... 40, 224  
 pyridostigmine bromide ... 39, 159

## Q

QINLOCK..... 45, 230  
 QUADRACEL (PF) ..... 142, 201  
 quetiapine ..... 51, 52, 235  
 quinapril ..... 98, 170  
 quinapril-hydrochlorothiazide.....  
 ..... 102, 166  
 quinidine sulfate ..... 98, 167  
 quinine sulfate ..... 48, 233

## R

RABAVERT (PF)..... 142, 201  
 raloxifene ..... 144, 172  
 ramipril ..... 98, 170  
 ranolazine ..... 102, 166  
 rasagiline..... 49, 162  
 RAVICTI..... 122, 155  
 reclusen (28) ..... 131, 188  
 RECOMBIVAX HB (PF).....  
 ..... 142, 201  
 REGRANEX..... 112, 179  
 RELENZA DISKHALER... 57, 238  
 RELION NEEDLES ..... 82, 272  
 RELION PEN NEEDLES .....  
 ..... 82, 272  
 repaglinide ..... 60, 249  
 REPATHA PUSHTRONEX.....  
 ..... 104, 169  
 REPATHA SURECLICK.....  
 ..... 105, 169  
 REPATHA SYRINGE .... 105, 169  
 RESTASIS ..... 146, 204  
 RESTASIS MULTIDOSE.....  
 ..... 146, 204  
 RETACRIT ..... 96, 155  
 RETEVMO ..... 45, 46, 230  
 REXULTI..... 52, 235  
 REYATAZ ..... 56, 237  
 REZLIDHIA ..... 46, 230  
 REZUROCK..... 140, 197  
 RHOPRESSA..... 148, 203  
 ribavirin ..... 53, 237  
 rifabutin ..... 40, 224  
 rifampin ..... 40, 224

riluzole ..... 107, 175  
rimantadine ..... 57, 238  
RINVOQ..... 137, 197  
risedronate ..... 144, 145, 172  
risperidone ..... 52, 235  
risperidone microspheres .....  
..... 52, 235  
ritonavir ..... 57, 237  
rivastigmine ..... 33, 159  
rivastigmine tartrate ..... 33, 159  
rizatriptan ..... 39, 159, 160  
r-natal ob..... 119, 243  
ROCKLATAN ..... 148, 203  
roflumilast..... 151, 289  
ropinirole ..... 49, 161  
rosadan ..... 24, 211  
rosuvastatin..... 104, 168  
ROTARIX..... 142, 201  
ROTATEQ VACCINE .... 142, 201  
ROZLYTREK..... 46, 230  
RUBRACA ..... 46, 230  
rufinamide ..... 32, 217  
RUKOBIA..... 56, 240  
RYBELSUS..... 60, 249  
RYDAPT ..... 46, 230  
RYTARY ..... 49, 161

## S

SAFESNAP INSULIN SYRINGE  
..... 82, 272  
SAFETY PEN NEEDLE ... 82, 272  
SANTYL..... 112, 179  
sapropterin ..... 123, 155  
SAVELLA ..... 107, 173  
SCSEMBLIX..... 46, 230  
scopolamine base ..... 36, 222  
SECUADO ..... 52, 235  
SECURESAFE INSULIN  
SYRINGE..... 83, 272  
SECURESAFE PEN NEEDLE ....  
..... 83, 272  
select-ob ..... 119, 243  
select-ob (folic acid) ..... 119, 244  
selegiline hcl..... 49, 162  
selenium sulfide ..... 110, 178  
SELZENTRY ..... 56, 240  
se-natal 19 chewable .... 119, 244  
SEREVENT DISKUS..... 150, 289  
sertraline ..... 35, 220  
setlakin..... 131, 188  
sevelamer carbonate ..... 120, 245  
sharobel ..... 133, 191

SHINGRIX (PF)..... 143, 201  
SIGNIFOR..... 135, 194  
sildenafil (pulm.hypertension)  
..... 152, 287  
silodosin ..... 124, 182  
silver sulfadiazine ..... 112, 179  
SIMBRINZA ..... 148, 203  
simliya (28)..... 131, 188  
simvastatin ..... 104, 168  
sirolimus..... 140, 197  
SIRTURO..... 40, 225  
SKY SAFETY PEN NEEDLE .....  
..... 83, 272  
SKYRIZI ..... 137, 197  
sodium chloride ..... 115, 248  
sodium chloride 0.45 % .....  
..... 115, 247  
sodium chloride 0.9 % ... 115, 247  
sodium chloride 3 % hypertonic  
..... 115, 247  
sodium chloride 5 % hypertonic  
..... 115, 248  
sodium oxybate ..... 154, 172  
sodium polystyrene sulfonate  
..... 115, 245  
sodium,potassium,mag sulfates  
..... 121, 181  
sofosbuvir-velpatasvir ..... 53, 237  
solifenacin ..... 123, 182  
SOLIQUA 100/33 ..... 83, 272  
SOLTAMOX ..... 41, 226  
SOMATULINE DEPOT .....  
..... 135, 194  
SOMAVERT ..... 136, 194  
sorafenib ..... 46, 230  
sotalol ..... 98, 167  
sotalol af..... 98, 167  
SPIRIVA RESPIMAT .... 150, 288  
SPIRIVA WITH HANDIHALER  
..... 150, 288  
spironolactone ..... 103, 169  
spironolacton-hydrochlorothiaz  
..... 102, 166  
sprintec (28) ..... 131, 188  
SPRITAM ..... 30, 219  
SPRYCEL ..... 46, 230  
sps (with sorbitol) ..... 115, 245  
sronyx ..... 132, 188  
ssd ..... 112, 179  
STELARA..... 137, 197  
STERILE PADS ..... 83, 272  
STIVARGA..... 46, 230  
STRIBILD..... 54, 238

SUBOXONE..... 22, 157  
sucralfate ..... 122, 182  
sulfacetamide sodium.... 146, 205  
sulfacetamide sodium (acne).....  
..... 28, 215  
sulfacetamide-prednisolone.....  
..... 146, 204  
sulfadiazine ..... 28, 215  
sulfamethoxazole-trimethoprim  
..... 28, 215  
sulfasalazine ..... 144, 171  
sulindac..... 20, 208  
sumatriptan ..... 39, 160  
sumatriptan succinate .... 39, 160  
sunitinib malate ..... 46, 231  
SUNLENCA ..... 56, 240  
SURE COMFORT ALCOHOL  
PREP PADS ..... 112, 179  
SURE COMFORT INS. SYR. U-  
100..... 83, 272  
SURE COMFORT INSULIN  
SYRINGE..... 83, 84, 273  
SURE COMFORT PEN NEEDLE  
..... 83, 84, 273  
SURE COMFORT SAFETY PEN  
NEEDLE ..... 83, 272  
SURE-FINE PEN NEEDLES .....  
..... 84, 273  
SURE-JECT INSULIN SYRINGE  
..... 84, 273, 274  
SURE-PREP ALCOHOL PREP  
PADS ..... 112, 179  
SUTAB..... 121, 181  
syeda ..... 132, 188  
SYMDEKO ..... 151, 285  
SYMLINPEN 120..... 60, 249  
SYMLINPEN 60 ..... 60, 249  
SYMPAZAN ..... 31, 216  
SYMTUZA..... 54, 238  
SYNAREL ..... 136, 194  
SYNJARDY ..... 60, 249  
SYNJARDY XR ..... 60, 249  
SYNRIBO..... 42, 227  
SYNTHROID ..... 134, 183  
SYRINGE WITH NEEDLE,  
SAFETY ..... 83, 272

## T

TABLOID.....	41, 226	testosterone .....	126, 189, 190	trandolapril-verapamil....	102, 166
TABRECTA.....	46, 231	testosterone cypionate ..	126, 189	tranexamic acid .....	96, 156
tacrolimus.....	110, 140, ..... 178, 197, 198	testosterone enanthate.....	..... 126, 189	tranylcypropramine .....	34, 221
TAFINLAR.....	46, 231	TETANUS,DIPHThERIA TOX		TRAVASOL 10 %.....	119, 244
TAGRISSE .....	46, 231	PED(PF) .....	143, 201	travoprost .....	148, 204
TAKHZYRO .....	136, 198	tetrabenazine .....	107, 175	trazodone .....	35, 220
TALTZ AUTOINJECTOR.....	..... 137, 197	tetracycline .....	29, 216	TRECTOR .....	40, 225
TALTZ SYRINGE ..	137, 197, 198	THALOMID .....	41, 225	TRELEGY ELLIPTA .....	153, 286
TALVEY .....	42, 227	theophylline .....	151, 289	TRELSTAR .....	136, 194
TALZENNA .....	46, 231	THINPRO INSULIN SYRINGE		.....	86, 276
tamoxifen .....	41, 226	.....	86, 275	TRESIBA FLEXTOUCH U-100	
tamsulosin.....	124, 182	thioridazine.....	50, 233	.....	86, 276
tarina fe 1-20 eq (28).....	132, 188	thiothixene.....	50, 233	TRESIBA U-100 INSULIN87,	276
taron-c dha.....	119, 244	tiadylt er .....	100, 163	tretinoin .....	108, 178
taron-prex prenatal-dha .....	..... 119, 244	tiagabine .....	31, 216	tretinoin (antineoplastic) ..	47, 232
TASIGNA.....	46, 231	TIBSOVO .....	46, 231	TREXALL.....	140, 197
TAVNEOS.....	137, 197	TICOVAC.....	143, 202	triamcinolone acetoneide.....	..... 108, 110, 111, 175, 178
tazarotene .....	108, 178	tigecycline .....	24, 211	triamterene-hydrochlorothiazid	
TAZORAC.....	108, 178	timolol maleate .....	99, 147, ..... 164, 203	.....	102, 166
taztia xt .....	100, 170	tinidazole.....	24, 211	tridacaine ii.....	21, 208
TAZVERIK .....	46, 231	TIVICAY .....	54, 238	trientine .....	115, 245
TDVAX.....	143, 201	TIVICAY PD.....	54, 238	tri-estarylla .....	132, 188
TECHLITE INSULIN SYRINGE		tizanidine.....	53, 159	trifluoperazine.....	50, 233
.....	85, 274	TOBI PODHALER .....	151, 285	trifluridine .....	54, 238
TECHLITE INSULN SYR(HALF		tobramycin .....	146, 205	trihexyphenidyl .....	48, 161
UNIT) .....	84, 85, 274	tobramycin in 0.225 % nacl.....	..... 151, 285	TRIKAFTA.....	151, 285
TECHLITE PEN NEEDLE .....	..... 85, 274, 275	tobramycin sulfate .....	23, 210	tri-linyah .....	132, 188
TECHLITE PLUS PEN NEEDLE		tobramycin-dexamethasone .....	..... 146, 204	trimethoprim .....	24, 211
.....	85, 275	tolterodine .....	123, 182	tri-mili .....	132, 188
TEFLARO .....	25, 212	tolvaptan .....	115, 245	trimipramine .....	36, 222
TEGSEDI .....	123, 156	TOPCARE CLICKFINE .....	..... 86, 275, 276	TRINTELLIX.....	35, 220
telmisartan .....	97, 167	TOPCARE ULTRA COMFORT		tri-nymyo .....	132, 188
telmisartan-amlodipine ..	102, 166	.....	86, 276	tri-sprintec (28) .....	132, 189
telmisartan-hydrochlorothiazid		topiramate .....	39, 160	TRIUMEQ .....	56, 240
.....	102, 166	toremifene .....	41, 226	TRIUMEQ PD.....	56, 240
temazepam .....	153, 172	torpenz .....	46, 231	triveen-duo dha .....	119, 244
TENIVAC (PF).....	143, 201	torsemide .....	103, 169	trivora (28).....	132, 189
tenofovir disoproxil fumarate.....	..... 55, 239	TOUJEO MAX U-300		tri-vylibra .....	132, 189
TEPMETKO .....	46, 231	SOLOSTAR .....	86, 276	TRIZIVIR.....	55, 240
terazosin .....	97, 163	TOUJEO SOLOSTAR U-300		TROPHAMINE 10 % .....	119, 244
terbinafine hcl.....	38, 224	INSULIN.....	86, 276	tropium .....	124, 182, 183
terbutaline .....	150, 289	TPN ELECTROLYTES ..	119, 244	TRUE COMFORT ALCOHOL	
terconazole .....	38, 224	TPN ELECTROLYTES II .....	..... 119, 244	PADS.....	112, 179
teriparatide .....	145, 172	tramadol.....	21, 207	TRUE COMFORT INSULIN	
TERUMO INSULIN SYRINGE....	..... 85, 86, 275	tramadol-acetaminophen.....	..... 21, 207	SYRINGE.....	87, 276
		trandolapril .....	98, 170	TRUE COMFORT PEN NEEDLE	
				.....	87, 277
				TRUE COMFORT PRO	
				ALCOHOL PADS .....	112, 179
				TRUE COMFORT PRO INS	
				SYRINGE.....	87, 88, 276, 277

TRUE COMFORT SAFE  
INSULIN SYRG.....  
..... 87, 88, 276, 277  
TRUE COMFORT SAFETY PEN  
NEEDLE .....87, 276  
TRUEPLUS INSULIN .....  
..... 88, 89, 278  
TRUEPLUS PEN NEEDLE.....  
..... 88, 277  
TRULICITY .....60, 249  
TRUMENBA..... 143, 202  
TRUQAP .....46, 231  
TUKYSA.....46, 231  
tulana ..... 133, 191  
TURALIO .....46, 231  
turqoz (28)..... 132, 189  
TWINRIX (PF)..... 143, 202  
TYBOST.....56, 240  
TYMLOS ..... 145, 172  
TYPHIM VI..... 143, 202

## U

UBRELVY .....39, 161  
ULTICARE ..... 89, 278, 279  
ULTICARE INSULIN SYRINGE  
.....89, 278  
ULTICARE INSULN SYR(HALF  
UNIT) .....89, 278  
ULTICARE PEN NEEDLE .....  
..... 89, 278, 279  
ULTICARE SAFETY PEN  
NEEDLE .....89, 279  
ULTIGUARD SAFEPAK-  
INSULIN SYR .....90, 279  
ULTIGUARD SAFEPAK-PEN  
NEEDLE .....90, 279  
ULTILET ALCOHOL SWAB.....  
..... 112, 179  
ULTILET INSULIN SYRINGE .....  
..... 75, 90, 264, 265, 280  
ULTILET PEN NEEDLE ..90, 280  
ULTRA CMFT INS SYR (HALF  
UNIT) ..... 73, 83, 263, 272  
ULTRA COMFORT INSULIN  
SYRINGE... 69, 73, 74, 90, 91,  
..... 258, 263, 280  
ULTRA FLO INSUL SYR(HALF  
UNIT) .....91, 280  
ULTRA FLO INSULIN SYRINGE  
.....91, 280, 281  
ULTRA FLO PEN NEEDLE .....  
.....91, 280

ULTRA THIN PEN NEEDLE .....  
.....91, 281  
ULTRACARE INSULIN  
SYRINGE.....91, 92, 281  
ULTRACARE PEN NEEDLE .....  
.....92, 281  
ULTRA-THIN II (SHORT) INS  
SYR ..... 92, 281, 282  
ULTRA-THIN II (SHORT) PEN  
NDL .....92, 282  
ULTRA-THIN II INS PEN  
NEEDLES .....92, 282  
ULTRA-THIN II INSULIN  
SYRINGE.....92, 282  
UNIFINE PEN NEEDLE ..92, 282  
UNIFINE PENTIPS.....80, 92, 93,  
.....269, 282  
UNIFINE PENTIPS MAXFLOW  
.....93, 282  
UNIFINE PENTIPS PLUS .....  
..... 93, 282, 283  
UNIFINE PENTIPS PLUS  
MAXFLOW.....93, 282  
UNIFINE PROTECT.....93, 283  
UNIFINE SAFECONTROL .....  
..... 93, 94, 283  
UNIFINE SAFECONTROL PEN  
NEEDLE .....93, 94, 283  
UNIFINE ULTRA PEN NEEDLE  
.....94, 283  
UNITHROID ..... 134, 183  
ursodiol ..... 121, 181

## V

valacyclovir .....54, 238  
VALCHLOR.....40, 225  
valganciclovir.....53, 237  
valproic acid .....30, 219  
valproic acid (as sodium salt) .....  
.....30, 219  
valsartan .....97, 167  
valsartan-hydrochlorothiazide  
.....102, 166  
VALTOCO .....31, 216  
vancomycin .....24, 211  
VANFLYTA .....47, 231  
VANISHPOINT INSULIN  
SYRINGE.....94, 283  
VANISHPOINT SYRINGE .....  
.....94, 283  
VAQTA (PF)..... 143, 202  
varenicline.....22, 158

VARIVAX (PF)..... 143, 202  
VARUBI.....36, 223  
VASCEPA ..... 105, 169  
velivet triphasic regimen (28).....  
..... 132, 189  
VELPHORO ..... 120, 245  
VEMLIDY .....53, 237  
VENCLEXTA.....47, 231  
VENCLEXTA STARTING PACK  
.....47, 231  
venlafaxine .....35, 220  
venlafaxine besylate.....35, 220  
VENTOLIN HFA ..... 151, 289  
verapamil ..... 100, 163  
VERIFINE INSULIN SYRINGE  
..... 94, 95, 283, 284  
VERIFINE PEN NEEDLE .....  
..... 94, 283, 284  
VERIFINE PLUS PEN NEEDLE  
.....94, 284  
VERIFINE PLUS PEN NEEDLE-  
SHARP .....94, 284  
VERQUVO ..... 102, 166  
VERSACLOZ .....53, 236  
VERSALON .....95, 284  
VERZENIO.....47, 231  
vestura (28)..... 132, 189  
VICTOZA .....60, 249  
vienna ..... 132, 189  
vigabatrin .....31, 216  
vigadron .....31, 216  
VIIBRYD.....35, 221  
VIJOICE ..... 123, 156  
vilazodone .....35, 220  
vinate care ..... 119, 244  
viorele (28) ..... 132, 189  
VIRACEPT .....57, 237  
VIREAD.....55, 240  
virt-c dha ..... 119, 244  
virt-nate dha ..... 119, 244  
virt-pn dha ..... 119, 244  
virt-pn plus ..... 119, 244  
vitafol gummies ..... 119, 244  
vitafol nano..... 119, 244  
vitafol-ob+dha ..... 119, 244  
VITRAKVI.....47, 231  
VIVITROL.....21, 158  
VIZIMPRO.....47, 231  
volnea (28) ..... 132, 189  
VONJO .....47, 231  
voriconazole .....38, 224  
VOSEVI.....53, 237  
vp-ch-pnv ..... 119, 244



vp-pnv-dha ..... 119, 244  
 VRAYLAR ..... 52, 236  
 vyfemla (28) ..... 132, 189  
 vylibra ..... 132, 189  
 VYNDAMAX ..... 123, 156  
 VYZULTA ..... 148, 204

## W

warfarin ..... 95, 157  
 WEBCOL ..... 112, 179  
 WELIREG ..... 42, 227  
 wera (28) ..... 132, 189  
 WINREVAIR ..... 152, 287

## X

XALKORI ..... 47, 231, 232  
 XARELTO ..... 96, 157  
 XARELTO DVT-PE TREAT 30D  
 START ..... 96, 157  
 XATMEP ..... 42, 227  
 XCOPRI ..... 30, 42, 219, 227  
 XCOPRI MAINTENANCE PACK  
 ..... 30, 219  
 XCOPRI TITRATION PACK .....  
 ..... 31, 219  
 XERMELO ..... 120, 180

XGEVA ..... 145, 172  
 XIFAXAN ..... 24, 211  
 XIIDRA ..... 146, 204  
 XOFLUZA ..... 57, 238  
 XOLAIR ..... 137, 138, 198  
 XOSPATA ..... 47, 232  
 XPOVIO ..... 42, 227  
 XTANDI ..... 40, 225  
 XULTOPHY 100/3.6 ..... 60, 249  
 XURIDEN ..... 123, 156

## Y

yargesa ..... 123, 156  
 YF-VAX (PF) ..... 143, 202  
 YONSA ..... 40, 225

## Z

zafirlukast ..... 150, 288  
 zaleplon ..... 153, 172  
 zarah ..... 132, 189  
 ZARXIO ..... 96, 156  
 zatean-pn dha ..... 119, 244  
 zatean-pn plus ..... 119, 244  
 ZEGALOGUE AUTOINJECTOR  
 ..... 60, 250

ZEGALOGUE SYRINGE .....  
 ..... 61, 250  
 ZEJULA ..... 47, 232  
 ZELBORAF ..... 47, 232  
 ZEMDRI ..... 23, 210  
 ZENPEP ..... 123, 156  
 zidovudine ..... 55, 240  
 ZIEXTENZO ..... 96, 156  
 ZIMHI ..... 22, 158  
 zingiber ..... 119, 244  
 ziprasidone hcl ..... 52, 236  
 ziprasidone mesylate ..... 52, 236  
 ZIRGAN ..... 53, 237  
 ZOKINVY ..... 123, 156  
 ZOLINZA ..... 42, 227  
 zolmitriptan ..... 39, 160  
 zolpidem ..... 154, 172  
 ZONISADE ..... 31, 217  
 zonisamide ..... 31, 217  
 zovia 1-35 (28) ..... 132, 189  
 ZTALMY ..... 31, 219  
 zumandimine (28) ..... 132, 189  
 ZURZUVAE ..... 33, 221  
 ZYDELIG ..... 47, 232  
 ZYKADIA ..... 47, 232  
 ZYPREXA RELPREVV ..... 52, 236

**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 09/24/2024. For more recent information or other questions, please contact Member Service at 1-800-838-8271, or, for TTY users, 711, October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. and Saturday-Sunday from 10:00 a.m. – 2:00 p.m., or visit [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

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

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

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

Este formulario se actualizó el 24/09/2024. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Imperial Strong (HMO) llamando al 1-800-838-8271, del 1 de octubre al 31 de marzo: lunes a domingo, de 8:00 a.m. a 8:00 p.m. o del 1 de abril al 30 de septiembre: lunes a viernes, de 8:00 a.m. a 8:00 p.m. y sábado a domingo, de 10:00 a.m. a 2:00 p.m., o visite [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

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

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

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