

2024

# Drug Formulary

Formulario de Medicamentos

## C-SNP

Imperial Senior Value (HMO C-SNP) 005



IMPERIAL HEALTH PLAN  
OF CALIFORNIA

# Imperial Senior Value (HMO C-SNP)

## 2024 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 24456, Version Number 19.

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).

IR\_385 H5496 Drug Formulary 6T\_C ENG

# Contents

What is the Imperial Health Plan Formulary? .....	3
Can the Formulary (drug list) change? .....	3
How do I use the Formulary? .....	4
What are generic drugs?.....	4
Are there any restrictions on my coverage? .....	4
What if my drug is not on the Formulary? .....	5
How do I request an exception to the Imperial Health Plan Formulary? .....	5
What do I do before I can talk to my doctor about changing my drugs or requesting an exception? .....	5
For more information .....	6
Imperial Senior Value’s Formulary .....	6
Index of Drugs .....	336

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 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 Senior Value (HMO C-SNP) Formulary?

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

## Can the Formulary (drug list) change?

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

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

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

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

The enclosed formulary is current as of 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 336. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

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

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

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

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

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

If you learn that Imperial Senior Value (HMO C-SNP) does not cover your drug, you have two options:

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

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

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

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

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

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

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

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

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

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

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

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

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

## **For more information**

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

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

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

## **Imperial Senior Value's Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by Imperial Senior Value (HMO C-SNP). If you have trouble finding your drug in the list, turn to the Index that begins on page 336.

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

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

# Imperial Senior Value (HMO C-SNP)

## Formulario para 2024 (Lista de medicamentos cubiertos)

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

HPMS Approved Formulary File Submission ID 24456, Version Number 19.

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).



# Contenido

¿Qué es el Formulario de Imperial Health Plan? .....	9
¿Puede cambiar el Formulario (lista de medicamentos)? .....	9
¿Cómo utilizo el Formulario? .....	10
¿Qué son los medicamentos genéricos? .....	10
¿Hay alguna restricción en mi cobertura? .....	11
¿Qué pasa si mi medicamento no está en el Formulario? .....	11
¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Health Plan? .....	11
¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción? .....	12
Para obtener más información.....	13
Formulario de Imperial Senior Value.....	13
Índice de drogas .....	336

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

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

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

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

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

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

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

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

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

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

El Formulario adjunto es vigente a partir del 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 336. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

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

## ¿Hay alguna restricción en mi cobertura?

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

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

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

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

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

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

Si resulta que Imperial Senior Value (HMO C-SNP) no cubre el medicamento que toma, tiene dos alternativas:

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

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

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

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

- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté incluido en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

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

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

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

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

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

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

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

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

## Para obtener más información

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

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

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

## Formulario de Imperial Senior Value

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos cubiertos por Imperial Senior Value (HMO C-SNP). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 336.

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

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

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

## List of Drugs by Medical Condition

Analgesics .....	20
Anesthetics.....	23
Anti-Addiction/ Substance Abuse Treatment Agents .....	23
Antibacterials .....	24
Anticonvulsants .....	32
Antidementia Agents.....	36
Antidepressants.....	37
Antiemetics.....	40
Antifungals .....	41
Antigout Agents .....	43
Antimigraine Agents.....	44
Antimyasthenic Agents.....	45
Antimycobacterials.....	45
Antineoplastics .....	46
Antiparasitics .....	56
Antiparkinson Agents .....	57
Antipsychotics .....	58
Antispasticity Agents.....	62
Antivirals.....	62
Anxiolytics.....	68
Bipolar Agents .....	69
Blood Glucose Regulators .....	69
Blood Products And Modifiers.....	109
Cardiovascular Agents.....	111
Central Nervous System Agents.....	121
Dental And Oral Agents .....	124
Dermatological Agents.....	124
Electrolytes/Minerals/Metals/Vitamins .....	129
Excluded Drug Coverage.....	138
Gastrointestinal Agents .....	138
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment.....	140

<b>Genitourinary Agents</b> .....	<b>142</b>
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b> .....	<b>143</b>
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b> .....	<b>144</b>
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b> .....	<b>145</b>
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b> .....	<b>153</b>
<b>Hormonal Agents, Suppressant (Pituitary)</b> .....	<b>154</b>
<b>Hormonal Agents, Suppressant (Thyroid)</b> .....	<b>156</b>
<b>Immunological Agents</b> .....	<b>156</b>
<b>Inflammatory Bowel Disease Agents</b> .....	<b>165</b>
<b>Metabolic Bone Disease Agents</b> .....	<b>166</b>
<b>Non-FRF</b> .....	<b>167</b>
<b>Ophthalmic Agents</b> .....	<b>167</b>
<b>Otic Agents</b> .....	<b>171</b>
<b>Respiratory Tract/ Pulmonary Agents</b> .....	<b>171</b>
<b>Skeletal Muscle Relaxants</b> .....	<b>177</b>
<b>Sleep Disorder Agents</b> .....	<b>177</b>



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

## Lista de medicamentos por condición médica

Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias .....	181
Agentes Antidemencia .....	182
Agentes Antiespásticos .....	183
Agentes Antigota .....	183
Agentes Antimiasténicos .....	183
Agentes Antimigraña .....	183
Agentes Antiparkinson .....	185
Agentes Bipolares .....	186
Agentes Cardiovasculares .....	186
Agentes De Enfermedad Intestinal Inflamatoria .....	197
Agentes De Enfermedad Ósea Metabólica .....	197
Agentes De Trastorno De Sueño .....	198
Agentes Del Sistema Nervioso Central .....	199
Agentes Dentales Y Orales .....	202
Agentes Dermatológicos .....	202
Agentes Gastrointestinales .....	207
Agentes Genitourinarios .....	210
Agentes Hormonales, Estimulante/Reemplazo/Modificacor (Tiroides) .....	211
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Hormonas Sexuales/Modificadores).....	212
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Pituitario).....	220
Agentes Hormonales, Estimulante/Reemplazo/Modificador (Suprarrenal).....	221
Agentes Hormonales, Supresores (Pituitario) .....	222
Agentes Hormonales, Supresores (Tiroides).....	224
Agentes Inmunológicos .....	224
Agentes Oftálmicos .....	233
Agentes Óticos.....	237
Analgésicos .....	238
Anestésicos .....	241
Ansiolíticos.....	241
Antibacterianos .....	242
Anticonvulsivos .....	250

<b>Antidepresivos .....</b>	<b>254</b>
<b>Antieméticos.....</b>	<b>258</b>
<b>Antifúngicos .....</b>	<b>259</b>
<b>Antimicrobacteriales.....</b>	<b>261</b>
<b>Antineoplásicos .....</b>	<b>261</b>
<b>Antiparasitarios.....</b>	<b>271</b>
<b>Antipsicóticos .....</b>	<b>272</b>
<b>Antivirales.....</b>	<b>276</b>
<b>Electrolitos/Minerales/Metales/Vitaminas .....</b>	<b>282</b>
<b>Excluded Drug.....</b>	<b>290</b>
<b>Non-FRF.....</b>	<b>290</b>
<b>Reguladores De Glucosa En Sangre .....</b>	<b>290</b>
<b>Relajantes Musculares Esqueléticos .....</b>	<b>330</b>
<b>Vía Respiratoria/Agentes Pulmonares .....</b>	<b>330</b>

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

## Legend

1: Preferred Generics

2: Generics

3: Preferred Brands

4: Non-Preferred Drugs

5: Specialty

6: Select Care

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

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

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

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

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

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

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

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

## La leyenda

1: Medicamentos genericos preferidos

2: Medicamentos genericos

3: Medicamentos demarca preferidos

4: Medicamentos no preferidos

5: Medicamentos de especialidad

6: Medicamentos de atención selecta

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	GC; QL (240 per 30 days)
<b>ANESTHETICS</b>		
<b>Local Anesthetics</b>		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	4	PA; QL (90 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	GC; QL (50 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	4	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	4	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	GC; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch, medicated 5 %</i> (lidocaine)	4	PA; QL (90 per 30 days)
<i>tridacaine ii topical adhesive patch, medicated 5 %</i> (lidocaine)	4	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>	2	GC
<i>disulfiram oral tablet 250 mg</i>	2	GC
<i>naltrexone oral tablet 50 mg</i>	2	GC
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	5	NM; NDS
<b>Opioid Dependence</b>		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	GC
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	1	GC
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	GC
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (buprenorphine-naloxone)	4	
<b>Opioid Reversal Agents</b>		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	



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

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

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

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

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

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

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

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



Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	GC
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	GC
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	GC
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	GC
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	GC
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	2	GC
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	GC
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	GC
<i>mondoxyne nl oral capsule 100 mg</i> (doxycycline monohydrate)	1	GC
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	GC

## ANTICONVULSANTS

### *Anticonvulsants, Other*

BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA NSO
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA NSO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA NSO
<i>felbamate oral suspension 600 mg/5 ml</i>	5	NM; NDS
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA NSO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST; QL (720 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg (Lamictal)	1	GC
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7) (Lamictal ODT Starter (Blue))	2	GC
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7) (Lamictal ODT Starter (Orange))	2	GC
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14) (Lamictal ODT Starter (Green))	2	GC
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg (Lamictal XR)	4	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg (Lamictal)	2	GC
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg (Lamictal ODT)	4	
lamotrigine oral tablets, dose pack 25 mg (35) (Lamictal Starter (Blue) Kit)	2	GC
lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7) (Lamictal Starter (Orange) Kit)	2	GC
lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14) (Lamictal Starter (Green) Kit)	2	GC
levetiracetam oral solution 100 mg/ml (Keppra)	2	GC
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)	1	GC
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg (Keppra XR)	2	GC
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	2	GC; QL (1500 per 30 days)
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	2	GC; QL (90 per 30 days)
phenobarbital oral tablet 15 mg, 60 mg	2	GC; QL (120 per 30 days)
phenobarbital oral tablet 30 mg	2	GC; QL (300 per 30 days)
primidone oral tablet 125 mg	1	GC
primidone oral tablet 250 mg, 50 mg (Mysoline)	1	GC

Drug Name	Drug Tier	Requirements/Limits
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	GC
<i>valproic acid oral capsule 250 mg</i>	2	GC
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	QL (28 per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NM; NDS; QL (1100 per 30 days)
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	GC
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	GC
<i>methsuximide oral capsule 300 mg</i> (Celontin)	4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	QL (900 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	GC
<i>zonisamide oral capsule 50 mg</i>	2	GC
<b>Gamma-Aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	4	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	4	QL (60 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	GC; QL (180 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	ST; NM; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	ST
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<b>Sodium Channel Agents</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NM; NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	GC
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	GC
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	2	GC
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	GC
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	GC
DILANTIN ORAL CAPSULE 30 MG	4	ST
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	GC
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	4	QL (1395 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	4	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine oral suspension</i> (Trileptal) 300 mg/5 ml (60 mg/ml)	4	
<i>oxcarbazepine oral tablet 150 mg,</i> (Trileptal) 300 mg, 600 mg	1	GC
<i>phenytoin oral suspension</i> (Dilantin-125) 125 mg/5 ml	1	GC
<i>phenytoin oral tablet, chewable</i> (Dilantin Infatabs) 50 mg	1	GC
<i>phenytoin sodium extended oral</i> (Dilantin Extended) capsule 100 mg	1	GC
<i>phenytoin sodium extended oral</i> (Phenytek) capsule 200 mg, 300 mg	1	GC
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	NM; NDS; QL (2760 per 30 days)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	4	QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	NM; NDS; QL (240 per 30 days)
<b>ANTIDEMENTIA AGENTS</b>		
<b><i>Antidementia Agents, Other</i></b>		
<i>memantine oral capsule, sprinkle, er</i> (Namenda XR) 24hr 14 mg, 21 mg, 28 mg, 7 mg	3	QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	GC; QL (360 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	GC; QL (60 per 30 days)
<i>memantine oral tablets, dose pack</i> (Namenda Titration Pak) 5-10 mg	2	GC; QL (49 per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA
<b><i>Cholinesterase Inhibitors</i></b>		
<i>donepezil oral tablet 10 mg</i> (Aricept)	1	GC; QL (60 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	GC; QL (30 per 30 days)
<i>donepezil oral tablet 5 mg</i> (Aricept)	1	GC; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i> 10 mg	1	GC; QL (60 per 30 days)
<i>donepezil oral tablet, disintegrating</i> 5 mg	1	GC; QL (30 per 30 days)

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

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

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



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

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

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

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

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

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

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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IDHIFA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	GC
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA NSO; NM; NDS
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NM; NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LYNPARZA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
MESNEX ORAL TABLET 400 MG	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA 100 MG TAB (400 MG DOSE) 400 MG/WEEK (100 MG X 4)	5	PA NSO; NM; NDS; QL (48 per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA NSO; NM; NDS; QL (48 per 28 days)
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD
XCOPRI ORAL TABLET 25 MG	4	QL (28 per 28 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS
ZOLINZA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<b><i>Aromatase Inhibitors, 3rd Generation</i></b>		
<i>anastrozole oral tablet 1 mg (Arimidex)</i>	1	GC
<i>exemestane oral tablet 25 mg (Aromasin)</i>	4	
<i>letrozole oral tablet 2.5 mg (Femara)</i>	1	GC
<b><i>Molecular Target Inhibitors</i></b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS
ALUNBRIG ORAL TABLET 180 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; NDS; QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NM; NDS; QL (180 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA NSO; NM; NDS; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA NSO; NM; NDS; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA NSO; NM; NDS; QL (140 per 28 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	PA NSO; NM; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	5	PA NSO; NM; NDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA NSO
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; NDS
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	3	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (310 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (150 per 30 days)



Drug Name	Drug Tier	Requirements/Limits
<b>Retinoids</b>		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NDS; QL (300 per 30 days)
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NM; NDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NM; NDS
<b>ANTIPARASITICS</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	4	
EMVERM ORAL TABLET, CHEWABLE 100 MG (mebendazole)	5	NM; NDS
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	PA; GC
<b>Antiprotozoals</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	5	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	GC
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	GC
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	GC
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	GC
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	2	GC
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	GC
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	2	GC
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	GC
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	4	QL (40 per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	4	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	4	

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; GC
<b>ANTIPARKINSON AGENTS</b>		
<b>Anticholinergics</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	GC
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	GC
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	2	GC
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	GC
<i>amantadine hcl oral tablet 100 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	GC
<i>entacapone oral tablet 200 mg</i>	2	GC
<b>Dopamine Agonists</b>		
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	GC
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	GC
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	GC
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GC
<b>Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	GC
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	2	GC

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa oral tablet (Dhivy) 25-100 mg	2	GC
carbidopa-levodopa oral tablet 25-250 mg	2	GC
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	2	GC
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg	2	GC
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NM; NDS
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	4	
selegiline hcl oral capsule 5 mg	2	GC
selegiline hcl oral tablet 5 mg	2	GC
<b>ANTIPSYCHOTICS</b>		
<b>1st Generation/Typical</b>		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
fluphenazine decanoate injection solution 25 mg/ml	4	
fluphenazine hcl injection solution 2.5 mg/ml	4	
fluphenazine hcl oral concentrate 5 mg/ml	2	GC
fluphenazine hcl oral elixir 2.5 mg/5 ml	2	GC
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	2	GC
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	2	GC
haloperidol decanoate intramuscular (Haldol Decanoate) solution 100 mg/ml, 50 mg/ml	2	GC

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

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

Drug Name	Drug Tier	Requirements/Limits
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)	1	GC; QL (60 per 30 days)
quetiapine oral tablet 150 mg	1	GC; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg (Seroquel XR)	4	QL (90 per 30 days)
quetiapine oral tablet extended release 24 hr 200 mg, 300 mg, 400 mg (Seroquel XR)	4	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 50 mg (Seroquel XR)	4	QL (120 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NM; NDS
risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml (Risperdal Consta)	4	
risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml (Risperdal Consta)	5	NM; NDS
risperidone oral solution 1 mg/ml (Risperdal)	2	GC; QL (480 per 30 days)
risperidone oral tablet 0.25 mg	1	GC; QL (60 per 30 days)
risperidone oral tablet 0.5 mg (Risperdal)	1	GC; QL (120 per 30 days)
risperidone oral tablet 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	1	GC; QL (60 per 30 days)
risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg	2	GC; QL (60 per 30 days)
risperidone oral tablet, disintegrating 0.5 mg	2	GC; QL (120 per 30 days)
risperidone oral tablet, disintegrating 3 mg	4	QL (60 per 30 days)
risperidone oral tablet, disintegrating 4 mg	4	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST; NM; NDS; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST; QL (7 per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	GC; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	4	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	4	ST
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	GC; QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	4	QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	5	NM; NDS; QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
<b>ANTISPASTICITY AGENTS</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	GC
<i>tizanidine oral tablet 2 mg</i>	2	GC
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	GC
<b>ANTIVIRALS</b>		
<b>Anti-Cytomegalovirus (CMV) Agents</b>		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NM; NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	4	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
<b>Anti-Hepatitis B (HBV) Agents</b>		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	4	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	NM; NDS; QL (600 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	4	QL (30 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	GC; QL (90 per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
<b>Anti-Hepatitis C (HCV) Agents</b>		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	5	PA; NM; NDS
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS
<i>ribavirin oral capsule 200 mg</i>	4	
<i>ribavirin oral tablet 200 mg</i>	2	GC
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	5	PA; NM; NDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS
<b>Antitherpetic Agents</b>		
<i>acyclovir oral capsule 200 mg</i>	1	GC
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	GC
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	GC
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD; GC
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	GC
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	GC
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	GC
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; NDS; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS; QL (30 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS; QL (30 per 30 days)



Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS; QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	4	QL (180 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS; QL (30 per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	QL (360 per 30 days)
<b>Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS; QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (360 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 per 30 days)
<i>etravirine oral tablet 100 mg</i> (Intelligence)	5	NM; NDS; QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i> (Intelligence)	5	NM; NDS; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	GC; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	QL (120 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	4	QL (960 per 30 days)
<i>abacavir oral tablet 300 mg</i>	4	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NM; NDS; QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	5	NM; NDS; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NM; NDS; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i> (Symfi)	5	NM; NDS; QL (30 per 30 days)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	4	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	5	NM; NDS; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	4	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 per 28 days)
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	4	QL (900 per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	3	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	3	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	4	QL (30 per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NM; NDS; QL (60 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS; QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	GC; QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	GC; QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>	2	GC; QL (60 per 30 days)
<b>Anti-HIV Agents, Other</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS; QL (60 per 30 days)
<i>maraviroc oral tablet 150 mg,</i> <i>300 mg</i> (Selzentry)	5	NM; NDS; QL (120 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NM; NDS; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	NM; NDS; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300 MG	5	NM; NDS; QL (5 per 180 days)
SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)	5	NM; NDS; QL (4 per 180 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NM; NDS; QL (180 per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS; QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg</i>	4	QL (60 per 30 days)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	4	QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	4	QL (30 per 30 days)
<i>darunavir oral tablet 600 mg</i> (Prezista)	5	NM; NDS; QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i> (Prezista)	5	NM; NDS; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir oral tablet 700 mg</i>	5	NM; NDS; QL (120 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	4	QL (400 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	4	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	4	QL (150 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	QL (360 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	4	QL (180 per 30 days)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	3	QL (360 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	NM; NDS; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	NM; NDS; QL (120 per 30 days)
<b>Anti-Influenza Agents</b>		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu)	2	GC
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	GC
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	GC
XOFLUZA ORAL TABLET 20 MG, 80 MG	3	
XOFLUZA ORAL TABLET 40 MG	3	
<b>Antivirals, Other</b>		
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG	3	\$0 copay; QL (20 per 5 days)

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

Drug Name	Drug Tier	Requirements/Limits
diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	GC; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg (Valium)	1	GC; QL (120 per 30 days)
diazepam oral tablet 5 mg (Valium)	1	GC; QL (240 per 30 days)
lorazepam 2 mg/ml oral concent (Lorazepam Intensol)	2	GC; QL (240 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml (lorazepam)	2	GC; QL (240 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)	2	GC; QL (150 per 30 days)

## BIPOLAR AGENTS

### Mood Stabilizers

divalproex oral capsule, delayed rel sprinkle 125 mg (Depakote Sprinkles)	2	GC
divalproex oral tablet extended release 24 hr 250 mg, 500 mg (Depakote ER)	2	GC
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg (Depakote)	1	GC
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	GC
lithium carbonate oral tablet 300 mg	1	GC
lithium carbonate oral tablet extended release 300 mg (Lithobid)	1	GC
lithium carbonate oral tablet extended release 450 mg	1	GC
lithium citrate oral solution 8 meq/5 ml	2	GC

## BLOOD GLUCOSE REGULATORS

### Antidiabetic Agents

acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	2	GC
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	GC
glipizide oral tablet 10 mg, 5 mg	1	GC
glipizide oral tablet 2.5 mg	2	GC
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg (Glucotrol XL)	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	GC
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	1	GC
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	1	GC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	3	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	4	PA; QL (9 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	max \$35 copay per month supply
<b>Glycemic Agents</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	5	NM; NDS
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) 6	
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) 6	
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 6	
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 6	
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 6	
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100) 6	
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic) 6	
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 6	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic) 6	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic) 6	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic) 6	
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic) 6	
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 6	
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety) 6	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	6	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	6	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	6	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	6	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	6	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety) 6	
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	6	

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	6	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	6	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	6	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	6	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	6	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	6	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	6	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	6	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	6
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	6	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	6	
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	6
BD INSULIN SYRINGE 1 ML W/O NEEDLE	(insulin syringe needleless)	6
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	6
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	6	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6

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

Drug Name	Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLE 4MM 32G (pen needle, diabetic) 32 GAUGE X 5/32"	6	
CAREFINE PEN NEEDLE 5MM 32G (pen needle, diabetic) 32 GAUGE X 3/16"	6	
CAREFINE PEN NEEDLE 6MM 31G (pen needle, diabetic) 31 GAUGE X 1/4"	6	
CAREFINE PEN NEEDLE 8MM 30G (pen needle, diabetic) 30 GAUGE X 5/16"	6	
CAREFINE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	6	
CAREFINE PEN NEEDLES 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	6	
CARETOUCH PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	6	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	6	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	6	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	6	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16"	6	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	6	
CARETOUCH SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	6	
CARETOUCH SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	6	
CARETOUCH SYR 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	6	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	6	
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"	6	
CARETOUCH SYR 1 ML 30GX5/16" (insulin syringe-needle 1 ML 30 GAUGE X 5/16 u-100)	6	
CARETOUCH SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	6	

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

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

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



Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	6	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	6	
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		6
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		6
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	6
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		6
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	6
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	6
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	6

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	6	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	6	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	6	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	6	
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	6	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	6	
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	6	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	6	
<i>insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Lantus Solostar U-100 Insulin)	3	max \$35 copay per month supply
<i>insulin glargine subcutaneous solution 100 unit/ml</i> (Lantus U-100 Insulin)	3	max \$35 copay per month supply
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (UltiCare Insulin Syr(half unit))	6	
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	6	
INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	6	
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	6	
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	6	



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

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

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH SYR 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	6	
LITETOUCH SYRIN 1 ML 28GX1/2" (insulin syringe-needle 1 ML 28 GAUGE X 1/2" u-100)	6	
LITETOUCH SYRIN 1 ML 29GX1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	6	
LITETOUCH SYRIN 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X 5/16 u-100)	6	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	6	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	6	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	6	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	6	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	6	
MAXICOMFORT II PEN NDL (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	6	
MAXICOMFORT INS 0.5 ML (insulin syringe-needle 27GX1/2" 1/2 ML 27 GAUGE X 1/2" u-100)	6	
MAXI-COMFORT INS 0.5 ML 28G (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	6	
MAXICOMFORT INS 1 ML 27GX1/2" (insulin syringe-needle 1 ML 27 GAUGE X 1/2" u-100)	6	
MAXI-COMFORT INS 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X 1/2" u-100)	6	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	6	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	6	
MICRODOT PEN NEEDLE (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	6	
MICRODOT PEN NEEDLE (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	6	
MICRODOT PEN NEEDLE (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"	6	
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	6	
MINI PEN NEEDLE 32G 4MM 32 (1st Tier Unifine GAUGE X 5/32" Pentips)	6	

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

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

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

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

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



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

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

Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSULIN SYRINGE (insulin syringe-needle 1 ML 1 ML 31 GAUGE X 5/16 u-100)	6	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	6	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	6	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	6	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	6	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	6	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	6	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	6	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	6	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	6	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 29GX12MM 1 ML 29 GAUGE X 1/2" u-100)	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX12MM 1 ML 30 GAUGE X 1/2" u-100)	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX8MM 1 ML 30 GAUGE X 5/16 u-100)	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX6MM 1 ML 31 GAUGE X 15/64" u-100)	6	
TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX8MM 1 ML 31 GAUGE X 5/16 u-100)	6	
TECHLITE PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	6	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	6	
TECHLITE PEN NEEDLE 31GX1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	6	
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	6	
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	6	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	6	
TRUEPLUS SYR 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	6	
TRUEPLUS SYR 0.3 ML 30GX5/16" (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	6	
TRUEPLUS SYR 0.3 ML 31GX5/16" (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100)	6	
TRUEPLUS SYR 0.5 ML 28GX1/2" (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	6	
TRUEPLUS SYR 0.5 ML 29GX1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	6	
TRUEPLUS SYR 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	6	
TRUEPLUS SYR 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	6	
TRUEPLUS SYR 1 ML 28GX1/2" (insulin syringe-needle 1 ML 28 GAUGE X 1/2" u-100)	6	
TRUEPLUS SYR 1 ML 29GX1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	6	
TRUEPLUS SYR 1 ML 30GX5/16" (insulin syringe-needle 1 ML 30 GAUGE X 5/16" u-100)	6	
TRUEPLUS SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16" u-100)	6	
ULTICAR INS 0.3 ML 31GX1/4(1/2) (insulin syr/ndl u100 half 0.3 ML 31 GAUGE X 1/4" mark)	6	
ULTICARE INS 1 ML 31GX1/4" 1 ML (insulin syringe-needle 31 GAUGE X 1/4" u-100)	6	
ULTICARE INS SYR 0.3 ML 30G (Advocate Syringes) 8MM 0.3 ML 30 GAUGE X 5/16"	6	
ULTICARE INS SYR 0.3 ML 31G (insulin syringe-needle 6MM 0.3 ML 31 GAUGE X 1/4" u-100)	6	
ULTICARE INS SYR 0.3 ML 31G (Advocate Syringes) 8MM 0.3 ML 31 GAUGE X 5/16"	6	
ULTICARE INS SYR 0.5 ML 31G (insulin syringe-needle 6MM 1/2 ML 31 GAUGE X 1/4" u-100)	6	
ULTICARE INS SYR 1 ML 30GX1/2" (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	6	
ULTICARE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	6	
ULTICARE PEN NEEDLE 6MM 31G (pen needle, diabetic) 31 GAUGE X 1/4"	6	

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



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

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	6	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	6	

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	6	
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	6	
UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	6	
VANISHPOINT 0.5 ML 30GX1/2" SY (insulin syringe-needle OUTER 0.5 ML 30 GAUGE X 1/2" u-100)	6	
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	6	
VANISHPOINT U-100 29X1/2 SYR (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	6	
VERIFINE INS SYR 1 ML 29G 1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	6	
VERIFINE PEN NEEDLE 29G 12MM (pen needle, diabetic) 29 GAUGE X 1/2"	6	
VERIFINE PEN NEEDLE 31G 5MM (pen needle, diabetic) 31 GAUGE X 3/16"	6	
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	6	
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	6	
VERIFINE PEN NEEDLE 32G 6MM (pen needle, diabetic) 32 GAUGE X 1/4"	6	
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	6	
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	6	
VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	6	
VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	6	
VERIFINE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	6	
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	6	
VERIFINE SYRING 0.5 ML 29G 1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	6	
VERIFINE SYRING 1 ML 31G 5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	6	
VERIFINE SYRNG 0.3 ML 31G 5/16" (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100)	6	

Drug Name	Drug Tier	Requirements/Limits
VERIFINE SYRNG 0.5 ML 31G 5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	6	
VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE,3PLY 2 X 2 "	6	
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
<b>Anticoagulants</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml	4	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	4	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 30 mg/0.3 ml	4	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 40 mg/0.4 ml	4	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 60 mg/0.6 ml	4	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 10 mg/0.8 ml	5	NM; NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	4	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 5 mg/0.4 ml	5	NM; NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml	5	NM; NDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	GC
<i>jantoven oral tablet</i> 1 mg, 10 mg, (warfarin) 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	GC
<i>warfarin oral tablet</i> 1 mg, 10 mg, (Jantoven) 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	GC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	3	

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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	GC
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	GC
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	GC
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	GC
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
<b>Antiarrhythmics</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	2	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	GC
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	4	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	GC
MULTAQ ORAL TABLET 400 MG	3	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	GC
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	GC
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	2	GC
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	1	GC
<i>sotalol oral tablet 240 mg</i> (Betapace)	1	GC
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	6	

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	GC
<i>betaxolol oral tablet 10 mg, 20 mg</i>	6	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	GC
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	GC
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	2	GC
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	6	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	GC
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	6	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	6	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	GC
<i>nebivolol oral tablet 10 mg, 20 mg, 5 mg</i> (Bystolic)	4	
<i>nebivolol oral tablet 2.5 mg</i> (Bystolic)	6	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	GC
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg</i> (Inderal LA)	2	GC
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	GC
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	6	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	6	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	GC
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	6	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	GC
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	GC
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i> (Procardia XL)	1	GC; QL (60 per 30 days)
<i>nifedipine oral tablet extended release 24hr 90 mg</i> (Procardia XL)	1	GC; QL (30 per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg</i>	1	GC; QL (60 per 30 days)
<i>nifedipine oral tablet extended release 90 mg</i>	1	GC; QL (30 per 30 days)
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	GC; QL (60 per 30 days)
<i>cartia xt oral capsule, extended release 24hr 300 mg</i> (diltiazem hcl)	2	GC; QL (30 per 30 days)
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	GC
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	2	GC; QL (30 per 30 days)
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg</i> (Cartia XT)	2	GC; QL (60 per 30 days)
<i>diltiazem hcl oral capsule, extended release 24hr 300 mg</i> (Cartia XT)	2	GC; QL (30 per 30 days)
<i>diltiazem hcl oral tablet 120 mg</i> (Cardizem)	2	GC
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i> (Cardizem)	1	GC
<i>diltiazem hcl oral tablet 90 mg</i>	2	GC
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i> (Matzim LA)	2	GC
<i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	GC; QL (60 per 30 days)
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	GC
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	GC; QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>taztia xt oral capsule, extended release 24 hr 300 mg, 360 mg</i> (diltiazem hcl)	2	GC; QL (30 per 30 days)
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	GC; QL (60 per 30 days)
<i>tiadylt er oral capsule, extended release 24 hr 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	GC; QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	2	GC
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	GC
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	GC
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	6	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	3	QL (30 per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	GC
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	1	GC; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	GC; QL (30 per 30 days)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	GC
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	GC
<i>amlodipine-olmesartan oral tablet 10-20 mg</i> (Azor)	6	
<i>amlodipine-olmesartan oral tablet 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	1	GC
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	GC
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GC
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	GC
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	GC; QL (30 per 30 days)
<i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)	1	GC; QL (30 per 30 days)
<i>digoxin 250 mcg tablet 250 mcg (0.25 mg)</i> (Digitek)	1	GC; QL (30 per 30 days)
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	2	GC; QL (255 per 30 days)
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	GC; QL (30 per 30 days)
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	4	QL (60 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	GC
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	2	GC
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	4	PA

Drug Name	Drug Tier	Requirements/Limits
LANOXIN ORAL TABLET 125 MCG (digoxin) (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	4	QL (30 per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1	GC
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	1	GC
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	6	
metyrosine oral capsule 250 mg (Demser)	5	NM; NDS
olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (Tribenzor)	1	GC
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT)	1	GC
pentoxifylline oral tablet extended release 400 mg	1	GC
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	1	GC
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	3	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	GC
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	GC
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis HCT)	1	GC
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	GC
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	GC
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	GC

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

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



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

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	6	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	GC
NITRO-BID TRANSDERMAL (nitroglycerin) OINTMENT 2 %	3	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	6	
<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)	6	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	2	GC

## CENTRAL NERVOUS SYSTEM AGENTS

### Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	4	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	4	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	4	QL (360 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	4	QL (1800 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	4	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenedi)	4	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 20 mg, 7.5 mg</i> (Zenedi)	4	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenedi)	4	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenedi)	4	QL (150 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> (Adderall)	2	GC; QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i> (Adderall)	2	GC; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg (Strattera)	4	QL (30 per 30 days)
dexmethylphenidate oral tablet 10 mg (Focalin)	1	GC; QL (60 per 30 days)
dexmethylphenidate oral tablet 2.5 mg (Focalin)	1	GC; QL (240 per 30 days)
dexmethylphenidate oral tablet 5 mg (Focalin)	1	GC; QL (120 per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER)	4	QL (30 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	2	GC; QL (90 per 30 days)
<b>Central Nervous System, Other</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	5	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG	5	PA; NM; NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NM; NDS
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NM; NDS
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NM; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NM; NDS; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	4	PA
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	5	PA; NM; NDS; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	5	PA; NM; NDS; 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)	2	GC; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	GC; QL (60 per 30 days)
<i>pregabalin oral capsule 75 mg</i> (Lyrica)	2	GC; QL (120 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	GC; QL (900 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (55 per 28 days)
<b>Multiple Sclerosis Agents</b>		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	5	PA; NM; NDS
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	3	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)	5	PA; NM; NDS
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NM; NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	PA; NM; NDS
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	5	PA; NM; NDS
<b>DENTAL AND ORAL AGENTS</b>		
<b>Dental And Oral Agents</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Pareox Oral Rinse)	1	GC
KOURZEQ DENTAL PASTE 0.1 % (triamcinolone acetonide)	2	GC
<i>oralone dental paste 0.1 %</i> (triamcinolone acetonide)	2	GC
<i>pareox oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	GC
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	GC
<i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq)	2	GC
<b>DERMATOLOGICAL AGENTS</b>		
<b>Acne And Rosacea Agents</b>		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	3	
<i>acitretin oral capsule 10 mg, 17.5 mg, 22.5 mg, 25 mg</i>	4	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	4	
<i>avita topical gel 0.025 %</i> (tretinoin)	2	PA; GC
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	4	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	2	GC
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	4	
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	PA; GC
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	4	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA; GC
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA; GC
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA; GC
<b>Dermatitis And Pruitus Agents</b>		
<i>alclometasone topical cream 0.05 %</i>	2	GC
<i>alclometasone topical ointment 0.05 %</i>	2	GC
<i>amcinonide topical ointment 0.1 %</i>	4	
<i>ammonium lactate topical cream 12 %</i>	1	GC
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	1	GC
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	GC
<i>betamethasone valerate topical cream 0.1 %</i>	2	GC
<i>betamethasone valerate topical lotion 0.1 %</i>	2	GC
<i>betamethasone valerate topical ointment 0.1 %</i>	2	GC
<i>betamethasone, augmented topical cream 0.05 %</i>	1	GC
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	GC
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	GC
<i>clobetasol scalp solution 0.05 %</i>	2	GC
<i>clobetasol topical cream 0.05 %</i>	4	
<i>clobetasol topical gel 0.05 %</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	GC
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	GC
<i>mometasone topical cream 0.1 %</i>	2	GC
<i>mometasone topical ointment 0.1 %</i>	2	GC
<i>mometasone topical solution 0.1 %</i>	2	GC
<i>pimecrolimus topical cream 1 %</i> (Elidel)	4	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	4	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	4	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	3	
<i>selenium sulfide topical lotion 2.5 %</i>	1	GC
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	4	
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	GC
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	GC
<b>Dermatological Agents, Other</b>		
ALCOH-GLOVE TOWELETTE 70 %	6	
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	6	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	6	
ALCOHOL SWABS TOPICAL PADS, MEDICATED (Alcohol Pads)	6	
ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	6	
ALCOH-WIPE TOWELETTE 70 %	6	
BD SINGLE USE SWAB (alcohol swabs)	6	
<i>calcipotriene scalp solution 0.005 %</i>	4	
CARETOUCH ALCOHOL 70% PREP PAD (alcohol swabs)	6	



Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	GC
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	GC
CURITY ALCOHOL PREPS 2 PLY, MEDIUM (alcohol swabs)	6	
<i>diclofenac sodium topical gel 3 %</i>	4	PA
DROPSAFE ALCOHOL 70% PREP PADS (alcohol swabs)	6	
EASY COMFORT ALCOHOL 70% PAD (alcohol swabs)	6	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs)	6	
<i>fluorouracil topical cream 5 %</i> (Efudex)	3	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	GC
HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)	6	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i> (Analpram-HC)	2	GC
HYFTOR TOPICAL GEL 0.2 %	5	PA; NM; NDS
<i>imiquimod topical cream in packet 5 %</i>	2	GC
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	6	
IV ANTISEPTIC WIPES (alcohol swabs)	6	
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	6	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	GC
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	GC
PANRETIN TOPICAL GEL 0.1 %	5	PA NSO; NM; NDS
<i>podofilox topical solution 0.5 %</i>	2	GC
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	6	
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	6	
REGANEX TOPICAL GEL 0.01 %	5	PA; NM; NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	GC
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	1	GC

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	6	
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	6	
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	6	
TRUE COMFORT PRO ALCOHOL PADS (alcohol swabs)	6	
ULTILET ALCOHOL STERL SWAB (alcohol swabs)	6	
WEBCOL ALCOHOL PREPS 20'S, LARGE (alcohol swabs)	6	
<b>Pediculicides/Scabicides</b>		
malathion topical lotion 0.5 % (Ovide)	4	
permethrin topical cream 5 % (Elimite)	2	GC
<b>Topical Anti-Infectives</b>		
ciclopirox topical gel 0.77 %	2	GC
ciclopirox topical shampoo 1 %	2	GC
ciclopirox topical solution 8 % (Ciclodan)	2	GC
clindamycin phosphate topical gel 1 %	2	GC
clindamycin phosphate topical gel, once daily 1 % (Clindagel)	2	GC
clindamycin phosphate topical lotion 1 % (Cleocin T)	2	GC
clindamycin phosphate topical solution 1 %	2	GC
ery pads topical swab 2 % (erythromycin with ethanol)	3	
erythromycin with ethanol topical gel 2 % (Erygel)	2	GC
erythromycin with ethanol topical solution 2 %	2	GC
mupirocin calcium topical cream 2 %	4	
mupirocin topical ointment 2 % (Centany)	1	GC
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
<b>Electrolyte/ Mineral Replacement</b>		
carglumic acid oral tablet, dispersible 200 mg (Carbaglu)	5	PA; NM; NDS
electrolyte-148 intravenous parenteral solution	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	PA BvD
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	2	PA BvD; GC
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	GC
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	2	PA BvD; GC
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	2	PA BvD; GC
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	GC
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	GC
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	2	GC
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	1	GC
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	1	GC
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	GC
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	1	GC
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	1	GC
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	1	GC
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	GC
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)	2	GC
potassium citrate oral tablet extended release 15 meq (Urocit-K 15)	2	GC
potassium citrate oral tablet extended release 5 meq (540 mg) (Urocit-K 5)	2	GC
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	2	GC
sodium chloride 0.9 % intravenous parenteral solution	2	GC
sodium chloride 0.9% solution mini-bag, single use	2	GC
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	2	GC
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	2	GC
sodium chloride irrigation solution 0.9 % (Sterile Saline)	1	GC
sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml (SoluVita)	2	GC
<b>Electrolyte/Mineral/Metal Modifiers</b>		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg (Jadenu Sprinkle)	5	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg (Jadenu)	5	PA; NM; NDS
deferasirox oral tablet 90 mg (Jadenu)	4	PA
deferasirox oral tablet, dispersible 125 mg (Exjade)	4	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg (Exjade)	5	PA; NM; NDS
deferiprone oral tablet 1,000 mg, 500 mg (Ferriprox)	5	PA; NM; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NM; NDS
FERRIPROX ORAL TABLET 1,000 MG (deferiprone)	5	PA; NM; NDS
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	3	

Drug Name	Drug Tier	Requirements/Limits
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	GC
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	3	
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	5	PA; NM; NDS; QL (120 per 30 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	5	PA; NM; NDS; QL (60 per 30 days)
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NM; NDS
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	GC
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	2	GC
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	PA BvD

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	PA BvD
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	GC
<i>completenate tablet chew 29 mg iron- 1 mg</i>	2	GC
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	3	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	PA BvD; GC
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	GC
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	GC
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	3	
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	5	PA; NM; NDS
<i>folivane-ob capsule 85-1 mg</i>	2	GC

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



Drug Name	Drug Tier	Requirements/Limits	
<i>pr natal 400 ec combo pack</i> <i>29-1-400 mg</i>	2	GC	
<i>pr natal 430 combo pack 29 mg</i> <i>iron-1 mg -430 mg</i>	2	GC	
<i>pr natal 430 ec combo pack</i> <i>29-1-430 mg</i>	2	GC	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD	
<i>prena1 true combo pack 30 mg</i> <i>iron- 1.4 mg-300 mg</i>	2	GC	
<i>prenaissance oral capsule</i> <i>29-1.25-55-325 mg</i>	2	GC	
<i>prenaissance plus oral capsule</i> <i>28-1-50-250 mg</i>	2	GC	
<i>prenatabs fa tablet 29-1 mg</i>	2	GC	
<i>prenatal 19 (with docusate) oral</i> <i>tablet 29 mg iron- 1 mg-25 mg</i>	2	GC	
<i>prenatal 19 chewable tablet 29 mg</i> <i>iron- 1 mg</i>	2	GC	
<i>prenatal low iron tablet (rx) 27 mg</i> <i>iron- 1 mg</i>	2	GC	
<i>prenatal plus iron tablet (rx) 29 mg</i> <i>iron- 1 mg</i>	(pnv, calcium 72-iron, carb-folic)	2	GC
<i>prenatal vitamin plus low iron oral</i> <i>tablet 27 mg iron- 1 mg</i>	(pnv, calcium 72-iron-folic acid)	2	GC
<i>prenatal-u capsule 106.5-1 mg</i>	2	GC	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx)</i> <i>27 mg iron- 1 mg</i>	(pnv, calcium 72-iron-folic acid)	2	GC
<i>pretab 29 mg-1 mg tablet (rx)</i> <i>29-1 mg</i>	2	GC	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD	
<i>r-natal ob softgel 20 mg</i> <i>iron- 1 mg-320 mg</i>	2	GC	
<i>select-ob chewable caplet 29 mg</i> <i>iron- 1 mg</i>	2	GC	
<i>select-ob chewable caplet 29 mg</i> <i>iron- 1 mg</i>	2	GC	
<i>se-natal 19 chewable tablet 29 mg</i> <i>iron- 1 mg</i>	2	GC	
<i>taron-c dha capsule 35-1-200 mg</i>	2	GC	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	2	GC
TPN ELECTROLYTES II INTRAVENOUS SOLUTION 18-18-5-4.5-35 MEQ/20 ML	2	GC
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	2	GC
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
<i>triveen-duo dha combo pack 29-1-400 mg</i>	2	GC
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
<i>vinate care oral tablet, chewable 40 mg iron- 1 mg</i>	2	GC
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	2	GC
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	GC
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	2	GC
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	2	GC
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	2	GC
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	2	GC
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	2	GC
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	2	GC
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	2	GC
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	2	GC
<i>zatean-pn plus softgel 28-1-300 mg</i>	2	GC
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	2	GC
<b>Phosphate Binders</b>		
AURYXIA ORAL TABLET 210 MG IRON	4	PA
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
calcium acetate(phosphat bind) oral tablet 667 mg	2	GC
sevelamer carbonate oral powder in packet 0.8 gram (Renvela)	4	QL (540 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram (Renvela)	4	QL (180 per 30 days)
sevelamer carbonate oral tablet 800 mg (Renvela)	4	QL (540 per 30 days)
VELPHORO ORAL TABLET, CHEWABLE 500 MG	4	
<b>EXCLUDED DRUG COVERAGE</b>		
<b>Non-Part D Enhancement</b>		
sildenafil oral tablet 100 mg, 25 mg, 50 mg (Viagra)	2	GC; EX; QL (6 per 30 days)
<b>GASTROINTESTINAL AGENTS</b>		
<b>Anti-Constipation Agents</b>		
constulose oral solution 10 gram/15 ml (lactulose)	1	GC
enulose oral solution 10 gram/15 ml (lactulose)	1	GC
generlac oral solution 10 gram/15 ml (lactulose)	1	GC
lactulose oral solution 10 gram/15 ml (Constulose)	1	GC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg (Amitiza)	3	QL (60 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
<b>Anti-Diarrheal Agents</b>		
alosetron oral tablet 0.5 mg, 1 mg (Lotronex)	5	NM; NDS; QL (60 per 30 days)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	2	GC
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	1	GC
XERMELO ORAL TABLET 250 MG	5	NM; NDS; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine oral capsule 10 mg</i>	1	GC
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	GC
<i>dicyclomine oral tablet 20 mg</i>	1	GC
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	GC
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	GC
<b>Gastrointestinal Agents, Other</b>		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	5	PA; NM; NDS
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	5	PA; NM; NDS
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 M L, 10 MG-3.5 GRAM- 12 GRAM/175 M L	4	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM; NDS
<i>gavilyte-c oral recon soln</i> (peg 3350-electrolytes) <i>240-22.72-6.72 -5.84 gram</i>	1	GC
<i>gavilyte-g oral recon soln</i> (peg 3350-electrolytes) <i>236-22.74-6.74 -5.86 gram</i>	1	GC
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	2	GC
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	5	PA; NM; NDS
<i>metoclopramide hcl oral solution</i> <i>5 mg/5 ml</i>	1	GC
<i>metoclopramide hcl oral tablet</i> (Reglan) <i>10 mg, 5 mg</i>	1	GC
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) <i>236-22.74-6.74 -5.86 gram</i>	2	GC
<i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) <i>420 gram</i>	2	GC
<i>sodium, potassium, mag sulfates oral</i> (Suprep Bowel Prep Kit) <i>recon soln 17.5-3.13-1.6 gram</i>	4	
<i>sodium, potassium, mag sulfates oral</i> <i>recon soln 17.5-3.13-1.6 gram 2</i> <i>pack (480ml)</i>	4	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	4	
<i>ursodiol oral capsule 300 mg</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
ursodiol oral tablet 250 mg	2	GC
ursodiol oral tablet 500 mg (URSO Forte)	2	GC
<b>Histamine2 (H2) Receptor Antagonists</b>		
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	2	GC
famotidine oral tablet 20 mg (Acid Controller)	1	GC
famotidine oral tablet 40 mg (Pepcid)	1	GC
nizatidine oral capsule 150 mg, 300 mg	2	GC
<b>Protectants</b>		
misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)	2	GC
sucralfate oral suspension 100 mg/ml (Carafate)	4	
sucralfate oral tablet 1 gram (Carafate)	1	GC
<b>Proton Pump Inhibitors</b>		
dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg (Dexilant)	3	
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg (Acid Reducer (esomeprazole))	2	GC
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg (Nexium)	2	GC
lansoprazole oral capsule, delayed release(dr/ec) 15 mg (Acid Reducer (lansoprazole))	2	GC
lansoprazole oral capsule, delayed release(dr/ec) 30 mg (Prevacid)	2	GC
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	GC
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg (Protonix)	1	GC
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		
betaine oral powder 1 gram/scoop (Cystadane)	5	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
<i>cromolyn oral concentrate</i> (Gastrocrom) <i>100 mg/5 ml</i>	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NM; NDS
<i>glutamine (sickle cell) oral powder in</i> (Endari) <i>packet 5 gram</i>	4	PA
<i>miglustat oral capsule 100 mg</i> (Yargesa)	5	PA; NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg,</i> (Orfadin) <i>20 mg, 5 mg</i>	5	PA; NM; NDS
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	5	PA; NM; NDS
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; NDS
<i>sapropterin oral powder in packet</i> (Javygtor) <i>100 mg, 500 mg</i>	5	PA; NM; NDS
<i>sapropterin oral tablet, soluble</i> (Javygtor) <i>100 mg</i>	5	PA; NM; NDS
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	5	PA; NM; NDS
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	5	PA; NM; NDS
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NM; NDS; QL (30 per 30 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NM; NDS
<i>yargesa oral capsule 100 mg</i> (miglustat)	5	PA; NM; NDS

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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)</i>	4	PA BvD
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	4	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	4	PA BvD
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	2	PA BvD; GC
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	2	PA BvD; GC
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD; GC
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	GC
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>		
<b><i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i></b>		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	5	PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	5	PA; NM; NDS; QL (30 per 30 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	GC
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	GC
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	GC
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	4	

Drug Name	Drug Tier	Requirements/Limits
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	4	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; NM; NDS
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		
<b>Androgens</b>		
<i>danazol oral capsule 100 mg, 50 mg</i>	2	GC
<i>danazol oral capsule 200 mg</i>	4	
<i>testosterone cypionate intramuscular (Depo-Testosterone) oil 100 mg/ml, 200 mg/ml</i>	2	GC
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	GC
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	GC
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	3	
<i>testosterone transdermal gel in (Vogelxo) metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	
<i>testosterone transdermal gel in (AndroGel) metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	
<i>testosterone transdermal gel in (AndroGel) packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	3	
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	3	
<b>Estrogens</b>		
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits
estradiol transdermal patch (Dotti) 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	2	GC
estradiol transdermal patch weekly (Climara) 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	2	GC
estradiol vaginal cream 0.01 % (Estrace) (0.1 mg/gram)	4	
estradiol vaginal tablet 10 mcg (Vagifem)	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	4	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	
PREMARIN ORAL TABLET (conjugated estrogens) 0.625 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
afirmelle oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)	1	GC
altavera (28) oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)	1	GC
alyacen 1/35 (28) oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)	1	GC
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	GC
apri oral tablet 0.15-0.03 mg (desogestrel-ethinyl estradiol)	1	GC
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	2	GC
aubra eq oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)	1	GC
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg (norethindrone ac-eth estradiol)	2	GC
aurovela 1/20 (21) oral tablet 1-20 mg-mcg (norethindrone ac-eth estradiol)	1	GC

Drug Name		Drug Tier	Requirements/Limits
<i>aurovela fe 1.5/30 (28) oral tablet</i> <i>1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>aurovela fe 1-20 (28) oral tablet</i> <i>1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>azurette (28) oral tablet</i> <i>0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	GC
<i>balziva (28) oral tablet</i> <i>0.4-35 mg-mcg</i>		2	GC
<i>blisovi fe 1.5/30 (28) oral tablet</i> <i>1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>blisovi fe 1/20 (28) oral tablet</i> <i>1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		2	GC
<i>caziant (28) oral tablet</i> <i>0.1/.125/.15-25 mg-mcg</i>		2	GC
<i>chateal eq (28) oral tablet</i> <i>0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>cryselle (28) oral tablet</i> <i>0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	GC
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>dasetta 1/35 (28) oral tablet</i> <i>1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	GC
<i>dasetta 7/7/7 (28) oral tablet</i> <i>0.5/0.75/1 mg- 35 mcg</i>		1	GC
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	2	GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	1	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	2	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	2	GC
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	GC
<i>eluryng vaginal ring</i> <i>0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	4	
<i>enilloring vaginal ring</i> <i>0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	4	

Drug Name		Drug Tier	Requirements/Limits
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	GC
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	2	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	2	GC
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	4	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	4	
<i>iclevia oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	GC
INTRAROSA VAGINAL INSERT 6.5 MG		3	PA
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>jolessa oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	GC
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	GC
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	GC
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>		2	GC
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	1	GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	1	GC
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	2	GC
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	1	GC
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	GC
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	GC

Drug Name		Drug Tier	Requirements/Limits
<i>marlissa (28) oral tablet</i> <i>0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>microgestin 1.5/30 (21) oral tablet</i> <i>1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>microgestin 1/20 (21) oral tablet</i> <i>1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC
<i>microgestin fe 1.5/30 (28) oral tablet</i> <i>1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>microgestin fe 1/20 (28) oral tablet</i> <i>1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>mono-lynh oral tablet</i> <i>0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>necon 0.5/35 (28) oral tablet</i> <i>0.5-35 mg-mcg</i>		2	GC
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	(Fyavolv)	2	GC
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	1	GC
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	1	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	1	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	1	GC
<i>nortrel 0.5/35 (28) oral tablet</i> <i>0.5-35 mg-mcg</i>		2	GC
<i>nortrel 1/35 (21) oral tablet</i> <i>1-35 mg-mcg (21)</i>		1	GC
<i>nortrel 1/35 (28) oral tablet</i> <i>1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	GC
<i>nortrel 7/7/7 (28) oral tablet</i> <i>0.5/0.75/1 mg- 35 mcg</i>		1	GC
<i>nylia 1/35 (28) oral tablet</i> <i>1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	GC
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	GC
<i>ocella oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	2	GC
OSPHENA ORAL TABLET 60 MG	3	PA
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	2	GC
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	GC
<i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethinyl estradiol)	1	GC
<i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	GC
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	GC
<i>setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	2	GC
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	2	GC
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	GC
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	GC
<i>syeda oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	2	GC
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	GC
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	1	GC
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	1	GC
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	1	GC
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	1	GC



Drug Name		Drug Tier	Requirements/Limits
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
<i>trivora (28) oral tablet 50-30</i> (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	GC
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	GC
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	GC
<i>velivet triphasic regimen (28) oral</i> <i>tablet 0.1/.125/.15-25 mg-mcg</i>		2	GC
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	1	GC
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estr adiol)	2	GC
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estr adiol)	2	GC
<i>vyfemla (28) oral tablet</i> 0.4-35 mg-mcg		2	GC
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>		2	GC
<i>zarah oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>zovia 1-35 (28) oral tablet</i> 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	GC
<i>zumandimine (28) oral tablet</i> 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	GC
<b>Progestins</b>			
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		2	GC
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>jencycla oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>lyza oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	GC
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	GC
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	GC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	GC
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	GC
<i>nora-be oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	GC
<i>norethindrone acetate oral tablet 5 mg</i>	2	GC
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	GC
<i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>tulana oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC

## HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)

### Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (levothyroxine)	1	GC
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	GC
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	GC
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	1	GC
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	GC
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	3	
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<b><i>Hormonal Agents, Suppressant (Pituitary)</i></b>		
<i>cabergoline oral tablet 0.5 mg</i>	2	GC
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA NSO; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA NSO
<i>lanreotide subcutaneous syringe 60 mg/0.2 ml</i> (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.2 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lanreotide subcutaneous syringe</i> (Somatuline Depot) 90 mg/0.3 ml	5	PA NSO; NM; NDS; QL (0.3 per 28 days)
<i>leuprolide (3 month) intramuscular suspension for reconstitution</i> 22.5 mg	4	PA NSO
<i>leuprolide subcutaneous kit</i> 1 mg/0.2 ml	4	PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA NSO; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS
<i>octreotide acetate injection solution</i> 1,000 mcg/ml	5	PA; NM; NDS
<i>octreotide acetate injection solution</i> (Sandostatin) 100 mcg/ml, 50 mcg/ml	2	PA; GC
<i>octreotide acetate injection solution</i> 200 mcg/ml	4	PA
<i>octreotide acetate injection solution</i> (Sandostatin) 500 mcg/ml	5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide)	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide)	5	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS; QL (60 per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	PA; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
<b><i>Antithyroid Agents</i></b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	1	GC
<b>IMMUNOLOGICAL AGENTS</b>		
<b><i>Angioedema Agents</i></b>		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	PA; NM; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
<b><i>Immunoglobulins</i></b>		
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	5	PA BvD; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NM; NDS
<b><i>Immunological Agents, Other</i></b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	2	GC
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NM; NDS
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)	5	PA; NM; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NM; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	5	PA; NM; NDS
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NM; NDS
<b>Immunostimulants</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NM; NDS
<b>Immunosuppressants</b>		
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	3	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD; GC
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD; GC

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD; GC
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD; GC
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD; GC
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA NSO; NM; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg, 1 mg</i> (Zortress)	5	PA BvD; NM; NDS; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i> (Zortress)	5	PA BvD; NM; NDS; QL (120 per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	PA BvD; GC
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	PA BvD; GC
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS; Only NDCs starting with 00074



Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NM; NDS; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NM; NDS; QL (180 per 30 days)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; GC
<i>mycophenolate mofetil oral capsule (CellCept) 250 mg</i>	4	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet (CellCept) 500 mg</i>	2	PA BvD; GC
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD; GC
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
REZUROCK ORAL TABLET 200 MG	5	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i>	5	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	PA BvD

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus 0.5 mg capsule (immediate release)</i> (Prograf)	2	PA BvD; GC
<i>tacrolimus 1 mg capsule (immediate release)</i> (Prograf)	4	PA BvD
<i>tacrolimus 5 mg capsule (immediate release)</i> (Prograf)	4	PA BvD
<i>tacrolimus oral capsule 0.5 mg</i> (Prograf)	2	PA BvD; GC
<i>tacrolimus oral capsule 1 mg, 5 mg</i> (Prograf)	4	PA BvD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA BvD
<b>Vaccines</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	4	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	4	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	3	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	\$0 copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	4	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	4	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	4	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	4	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	4	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	4	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	4	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	\$0 copay
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 ML toxoids-td)	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	\$0 copay
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	4	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	

Drug Name	Drug Tier	Requirements/Limits	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	\$0 copay	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	\$0 copay	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	\$0 copay	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3		
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	\$0 copay	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3		
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	\$0 copay	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	\$0 copay	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	\$0 copay	
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>			
<b><i>Aminosalicylates</i></b>			
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	GC	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	3		
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	4		
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	4		
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	4		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	4		

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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	2	GC; QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	5	PA; NM; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; NM; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NM; NDS; QL (2 per 28 days)
<b>NON-FRF</b>		
<b>Non-FRF</b>		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NM; NDS
<b>OPHTHALMIC AGENTS</b>		
<b>Ophthalmic Agents, Other</b>		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	GC
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	2	GC; QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	5	PA; NM; NDS
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NM; NDS
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	GC
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	GC
<i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	GC



Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	GC
RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS 0.05 %	3	QL (5.5 per 28 days)
RESTASIS OPTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	3	QL (60 per 30 days)
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	GC
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	2	GC
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
<b>Ophthalmic Anti-Allergy Agents</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	GC
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	GC
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	3	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	4	
<b>Ophthalmic Anti-Infectives</b>		
AZASITE OPTHALMIC (EYE) DROPS 1 %	4	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	GC
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	2	GC
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	GC
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	GC
NATACYN OPTHALMIC (EYE) DROPS, SUSPENSION 5 %	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	2	GC
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	GC
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	GC
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	GC
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	GC
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 % (brinzolamide)	3	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	2	GC
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	GC
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	3	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine-timolol)	4	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	GC
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	2	GC
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	2	GC
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	GC
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	4	
<b>Ophthalmic Prostaglandin And Prostanoid Analogs</b>		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	2	GC

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	
<b>OTIC AGENTS</b>		
<b>Otic Agents</b>		
<i>acetic acid otic (ear) solution</i> 2 %	1	GC
<i>ciprofloxacin hcl otic (ear)</i> (Cetraxal) <i>dropperette</i> 0.2 %	4	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension</i> 0.3-0.1 %	3	
<i>ciprofloxacin-fluocinolone otic (ear) solution</i> 0.3-0.025 % (0.25 ml) (Otovel)	4	
<i>fluocinolone acetonide oil otic (ear) drops</i> 0.01 % (DermOtic Oil)	2	GC
<i>neomycin-polymyxin-hc otic (ear) drops, suspension</i> 3.5-10,000-1 mg/ml-unit/ml-%	2	GC
<i>neomycin-polymyxin-hc otic (ear) solution</i> 3.5-10,000-1 mg/ml-unit/ml-%	2	GC
<i>ofloxacin otic (ear) drops</i> 0.3 %	4	
<b>RESPIRATORY TRACT/ PULMONARY AGENTS</b>		
<b>Antihistamines</b>		
<i>azelastine nasal spray, non-aerosol</i> 137 mcg (0.1 %)	2	GC; QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol</i> (Astepro Allergy) 205.5 mcg (0.15 %)	2	GC; QL (30 per 25 days)
<i>cetirizine oral solution</i> 1 mg/ml (All Day Allergy (cetirizine))	1	GC
<i>cyproheptadine oral syrup</i> 2 mg/5 ml	4	
<i>cyproheptadine oral tablet</i> 4 mg	4	
<i>levocetirizine oral solution</i> (Xyzal) 2.5 mg/5 ml	2	GC
<i>levocetirizine oral tablet</i> 5 mg (24HR Allergy Relief)	1	GC

Drug Name	Drug Tier	Requirements/Limits
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (26 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (120), 220 MCG/ACTUATION (14), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	3	QL (2 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	4	PA BvD
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	GC; QL (50 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	3	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	3	QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	GC; QL (16 per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	2	GC; QL (34 per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	2	GC; QL (30 per 30 days)
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	GC; QL (30 per 30 days)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	GC; QL (30 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	GC; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (26 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; GC
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	2	GC; QL (60 per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	GC; QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	2	GC; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	GC; QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	GC; 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>	2	PA BvD; GC
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	GC
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	GC
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	2	GC
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	GC
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA INHALATION HFA (albuterol sulfate) AEROSOL INHALER 90 MCG/ACTUATION	3	QL (36 per 30 days)
<b>Cystic Fibrosis Agents</b>		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	PA; NM; NDS
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; NDS
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NM; NDS
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NM; NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	PA; NM; NDS
<i>tobramycin in 0.225 % nacl</i> (Tobi) <i>inhalation solution for nebulization</i> <i>300 mg/5 ml</i>	5	PA BvD; NM; NDS
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; NM; NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NM; NDS
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>roflumilast oral tablet 250 mcg,</i> (Daliresp) <i>500 mcg</i>	3	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	GC
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	GC
<b>Pulmonary Antihypertensives</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; NM; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (90 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; GC; QL (90 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	5	PA; NM; NDS; QL (1 per 21 days)
<b>Pulmonary Fibrosis Agents</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NM; NDS
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	5	PA; NM; NDS
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NM; NDS
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD; GC
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	3	QL (12 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	3	QL (60 per 30 days)



Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>breyana inhalation hfa aerosol inhaler</i> (budesonide-formoterol) 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	3	QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
<i>budesonide-formoterol inhalation hfa</i> (Breyana) <i>aerosol inhaler</i> 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	3	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	4	QL (4 per 20 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD; GC
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
<i>fluticasone propion-salmeterol</i> (AirDuo RespiClick) <i>inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	3	QL (1 per 30 days)
<i>fluticasone propion-salmeterol</i> (Advair Diskus) <i>inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	3	QL (60 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; GC
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	5	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b><i>Skeletal Muscle Relaxants</i></b>		
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	2	GC
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i> (Lorzone)	2	GC
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	GC
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	GC
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	GC
<b>SLEEP DISORDER AGENTS</b>		
<b><i>Sleep Promoting Agents</i></b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	QL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	3	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	4	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	4	QL (120 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	GC; QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	2	GC; QL (30 per 30 days)
<b><i>Wakefulness Promoting Agents</i></b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	3	PA; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	4	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; NM; NDS; QL (540 per 30 days)

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

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>Anticoagulantes</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>100 mg/ml, 150 mg/ml</i>	4	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>30 mg/0.3 ml</i>	4	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>40 mg/0.4 ml</i>	4	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>60 mg/0.6 ml</i>	4	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) <i>10 mg/0.8 ml</i>	5	NM; NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) <i>2.5 mg/0.5 ml</i>	4	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) <i>5 mg/0.4 ml</i>	5	NM; NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) <i>7.5 mg/0.6 ml</i>	5	NM; NDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution</i> <i>1,000 unit/ml, 10,000 unit/ml,</i> <i>20,000 unit/ml, 5,000 unit/ml</i>	2	GC
<i>jantoven oral tablet 1 mg, 10 mg,</i> <i>2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg,</i> <i>6 mg, 7.5 mg</i> (warfarin)	1	GC
<i>warfarin oral tablet 1 mg, 10 mg,</i> <i>2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg,</i> <i>6 mg, 7.5 mg</i> (Jantoven)	1	GC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	

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

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

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



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

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

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

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

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

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GC
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	GC
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	GC; QL (30 per 30 days)
<i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)	1	GC; QL (30 per 30 days)
<i>digoxin 250 mcg tablet 250 mcg (0.25 mg)</i> (Digitek)	1	GC; QL (30 per 30 days)
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	2	GC; QL (255 per 30 days)
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	GC; QL (30 per 30 days)
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	4	QL (60 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	GC
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	2	GC
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	4	PA

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
LANOXIN ORAL TABLET 125 MCG (digoxin) (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	4	QL (30 per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1	GC
<i>losartan-hydrochlorothiazide oral tablet</i> 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	1	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> 100-25 mg, 100-50 mg, 50-25 mg	6	
<i>metyrosine oral capsule</i> 250 mg (Demser)	5	NM; NDS
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i> 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (Tribenzor)	1	GC
<i>olmesartan-hydrochlorothiazide oral tablet</i> 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT)	1	GC
<i>pentoxifylline oral tablet extended release</i> 400 mg	1	GC
<i>quinapril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	1	GC
<i>ranolazine oral tablet extended release</i> 12 hr 1,000 mg, 500 mg	3	
<i>spironolacton-hydrochlorothiaz oral tablet</i> 25-25 mg	1	GC
<i>telmisartan-amlodipine oral tablet</i> 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	GC
<i>telmisartan-hydrochlorothiazid oral tablet</i> 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis HCT)	1	GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic</i> 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	GC
<i>triamterene-hydrochlorothiazid oral capsule</i> 37.5-25 mg	1	GC
<i>triamterene-hydrochlorothiazid oral tablet</i> 37.5-25 mg, 75-50 mg	1	GC



Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	GC
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA
<b>Agonistas Alfa-Adrenérgicos</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	GC; QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	GC; QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	GC; QL (4 per 28 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NM; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	GC
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC
<b>Antagonistas De Receptores De Angiotensina II</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	1	GC
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	GC
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	GC
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	GC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	GC
<b>Antiarrítmicos</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	2	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	GC
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	4	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>lovastatin oral tablet 20 mg</i>	1	GC; QL (30 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	GC; QL (60 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC; QL (30 per 30 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>rosuvastatin oral tablet 40 mg</i> (Crestor)	1	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	GC; QL (30 per 30 days)
<b>Dislipidémicos, Otros</b>		
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	GC
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	GC
<i>colestipol oral packet 5 gram</i>	2	GC
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	GC
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	GC
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	GC
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	GC
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	GC
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i> (Vascepa)	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; NM; NDS
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	GC
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	GC
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>benazepril oral tablet 5 mg</i>	1	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	GC
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	GC
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	GC
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	GC
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
<b>Non-FRF</b>		
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	GC; QL (60 per 30 days)
<i>taztia xt oral capsule, extended release 24 hr 300 mg, 360 mg</i> (diltiazem hcl)	2	GC; QL (30 per 30 days)
<b>Vasodilatadores, De Acción Directa/Venosa</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GC
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	6	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso)	6	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	6	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	GC
<b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b> (nitroglycerin)	3	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>nitroglycerin sublingual tablet 0.3 mg, (Nitrostat) 0.4 mg, 0.6 mg</i>	6	
<i>nitroglycerin transdermal patch (Nitro-Dur) 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	6	
<i>nitroglycerin translingual spray, (Nitrolingual) non-aerosol 400 mcg/spray</i>	2	GC

## AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA

### Aminosalicilatos

<i>balsalazide oral capsule 750 mg (Colazal)</i>	2	GC
<i>LIALDA ORAL TABLET, DELAYED (mesalamine) RELEASE (DR/EC) 1.2 GRAM</i>	3	
<i>mesalamine oral capsule (with del rel (Delzicol) tablets) 400 mg</i>	4	
<i>mesalamine oral capsule, extended (Apriso) release 24hr 0.375 gram</i>	4	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	4	
<i>mesalamine rectal enema (Rowasa) 4 gram/60 ml</i>	4	
<i>sulfasalazine oral tablet 500 mg (Azulfidine)</i>	1	GC
<i>sulfasalazine oral tablet, delayed (Azulfidine EN-tabs) release (dr/ec) 500 mg</i>	1	GC

### Glucocorticoides

<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	4	
<i>budesonide oral tablet, delayed and (Uceris) ext.release 9 mg</i>	5	NM; NDS
<i>hydrocortisone rectal enema (Cortenema) 100 mg/60 ml</i>	4	

## AGENTES DE ENFERMEDAD ÓSEA METABÓLICA

### Agentes De Enfermedad Ósea Metabólica

<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	GC; QL (4 per 28 days)
<i>alendronate oral tablet 70 mg (Fosamax)</i>	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	GC; QL (4 per 28 days)
<i>calcitriol oral capsule 0.25 mcg, (Rocaltrol) 0.5 mcg</i>	1	GC

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	4	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	4	QL (120 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	GC; QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	2	GC; QL (30 per 30 days)
<b>AGENTES DEL SISTEMA NERVIOSO CENTRAL</b>		
<b>Agentes De Esclerosis Múltiple</b>		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	5	PA; NM; NDS
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	3	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)	5	PA; NM; NDS
<i>ingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NM; NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	PA; NM; NDS
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	5	PA; NM; NDS
<b>Agentes De Fibromialgia</b>		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Lyrica)	2	GC; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	GC; QL (60 per 30 days)
<i>pregabalin oral capsule 75 mg</i> (Lyrica)	2	GC; QL (120 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	GC; QL (900 per 30 days)



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (55 per 28 days)
<b>Agentes De Trastorno Por Déficit De Atención Con Hiperactividad, Anfetaminas</b>		
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	4	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	4	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	4	QL (360 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	4	QL (1800 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	4	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenzedi)	4	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 20 mg, 7.5 mg</i> (Zenzedi)	4	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)	4	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenzedi)	4	QL (150 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> (Adderall)	2	GC; QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i> (Adderall)	2	GC; QL (60 per 30 days)
<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)	4	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg</i> (Focalin)	1	GC; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg</i> (Focalin)	1	GC; QL (240 per 30 days)
<i>dexmethylphenidate oral tablet 5 mg</i> (Focalin)	1	GC; QL (120 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	4	QL (30 per 30 days)
<i>methyphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	GC; QL (90 per 30 days)
<b>Sistema Nervioso Central, Otros</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	5	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG	5	PA; NM; NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NM; NDS
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NM; NDS
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NM; NDS; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	4	PA
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	5	PA; NM; NDS; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	5	PA; NM; NDS; QL (120 per 30 days)

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

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

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>mupirocin calcium topical cream 2 %</i>	4	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	GC
<i>pimecrolimus topical cream 1 %</i> (Elidel)	4	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	4	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	4	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	3	
<i>selenium sulfide topical lotion 2.5 %</i>	1	GC
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	4	
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	PA; GC
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	4	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA; GC
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA; GC
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA; GC
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	GC
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	GC
<b>Agentes Dermatológicos, Otros</b>		
ALCOH-GLOVE TOWELETTE 70 %	6	
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	6	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	6	
ALCOHOL SWABS TOPICAL PADS, MEDICATED (Alcohol Pads)	6	
ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	6	
ALCOH-WIPE TOWELETTE 70 %	6	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
REGRANEX TOPICAL GEL 0.01 %	5	PA; NM; NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	GC
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	1	GC
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	6	
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	6	
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	6	
TRUE COMFORT PRO ALCOHOL PADS (alcohol swabs)	6	
ULTILET ALCOHOL STERL SWAB (alcohol swabs)	6	
WEBCOL ALCOHOL PREPS 20'S, LARGE (alcohol swabs)	6	
<b>Non-FRF</b>		
<i>accutane oral capsule 30 mg</i> (isotretinoin)	3	
<i>acitretin oral capsule 22.5 mg</i>	4	PA
<i>avita topical gel 0.025 %</i> (tretinoin)	2	PA; GC
<i>hydrocortisone 2.5% cream</i>	1	GC
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	1	GC
<b>Pediculicidas/Escabicidas</b>		
<i>malathion topical lotion 0.5 %</i> (Ovide)	4	
<i>permethrin topical cream 5 %</i> (Elimite)	2	GC
<b>AGENTES GASTROINTESTINALES</b>		
<i>alose tron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	5	NM; NDS; QL (60 per 30 days)
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	GC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	GC
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	GC
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	GC
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	GC



Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	GC
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	3	QL (60 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	5	NM; NDS; QL (90 per 30 days)
<b>Agentes Gastrointestinales, Otros</b>		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	5	PA; NM; NDS
BYLVAY ORAL PELLET 200 MCG, 600 MCG	5	PA; NM; NDS
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 M L, 10 MG-3.5 GRAM- 12 GRAM/175 M L	4	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM; NDS
<i>gavilyte-c oral recon soln</i> (peg 3350-electrolytes) <i>240-22.72-6.72 -5.84 gram</i>	1	GC
<i>gavilyte-g oral recon soln</i> (peg 3350-electrolytes) <i>236-22.74-6.74 -5.86 gram</i>	1	GC
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	2	GC
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	5	PA; NM; NDS
<i>metoclopramide hcl oral solution</i> <i>5 mg/5 ml</i>	1	GC
<i>metoclopramide hcl oral tablet</i> (Reglan) <i>10 mg, 5 mg</i>	1	GC
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) <i>236-22.74-6.74 -5.86 gram</i>	2	GC
<i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) <i>420 gram</i>	2	GC
<i>sodium, potassium, mag sulfates oral</i> (Suprep Bowel Prep Kit) <i>recon soln 17.5-3.13-1.6 gram</i>	4	
<i>sodium, potassium, mag sulfates oral</i> <i>recon soln 17.5-3.13-1.6 gram 2</i> <i>pack (480ml)</i>	4	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sucralfate oral suspension</i> (Carafate) 100 mg/ml	4	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	GC
<b>AGENTES GENITOURINARIOS</b>		
<b>Agentes De Hipertrofia Prostática Benigna</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	GC; QL (30 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	GC; QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	GC; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	GC; QL (30 per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	4	QL (30 per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	GC; QL (60 per 30 days)
<b>Agentes Genitourinarios, Otros</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
ELMIRON ORAL CAPSULE 100 MG	4	
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	NM; NDS
<b>Antiespasmódicos, Urinario</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	4	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	4	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	3	QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	3	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	GC; QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	GC; QL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	GC; QL (60 per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	2	GC; QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	GC; QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	GC; QL (60 per 30 days)
<i>tropium oral capsule, extended release 24hr 60 mg</i>	2	GC; QL (30 per 30 days)
<i>tropium oral tablet 20 mg</i>	2	GC; QL (60 per 30 days)
<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> (levothyroxine)	1	GC
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	1	GC
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	GC
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	GC
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	1	GC
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	GC
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	3	

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

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

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

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



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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1 GC
<i>setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estradiol)	2 GC
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estr adiol)	2 GC
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	1 GC
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2 GC
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradi ol-iron)	1 GC
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1 GC
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1 GC
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2 GC
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		2 GC
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2 GC
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	1 GC
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estr adiol)	2 GC

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	GC
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	GC
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	4	
<i>estradiol vaginal tablet 10 mcg</i> (Vagifem)	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	4	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
<b>Progestinas</b>		
<i>camila oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>deblitane oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	GC
<i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>jencycla oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC

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

### **AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR (PITUITARIO)**

#### **Agentes Hormonales, Estimulante/Reemplazo/Modificador (Pituitario)**

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	GC
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	4	
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	4	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; NM; NDS
<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>	2	GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	GC
<i>fludrocortisone oral tablet 0.1 mg</i>	1	GC
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	GC
ISTURISA ORAL TABLET 1 MG	5	PA; NM; NDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	5	PA; NM; NDS; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; NM; NDS; QL (120 per 30 days)
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	GC
<i>methylprednisolone oral tablet 32 mg</i>	2	GC
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	2	GC
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD; GC
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD; GC

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)</i>	4	PA BvD
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	4	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	4	PA BvD
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	2	PA BvD; GC
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	2	PA BvD; GC
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD; GC
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	GC
<b>AGENTES HORMONALES, SUPRESORES (PITUITARIO)</b>		
<b><i>Agentes Hormonales, Supresores (Pituitario)</i></b>		
<i>cabergoline oral tablet 0.5 mg</i>	2	GC
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA NSO; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA NSO
<i>lanreotide subcutaneous syringe 60 mg/0.2 ml</i> (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
<i>lanreotide subcutaneous syringe 90 mg/0.3 ml</i> (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.3 per 28 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>leuprolide (3 month) intramuscular suspension for reconstitution</i> 22.5 mg	4	PA NSO
<i>leuprolide subcutaneous kit</i> 1 mg/0.2 ml	4	PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA NSO; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS
<i>octreotide acetate injection solution</i> 1,000 mcg/ml	5	PA; NM; NDS
<i>octreotide acetate injection solution</i> (Sandostatin) 100 mcg/ml, 50 mcg/ml	2	PA; GC
<i>octreotide acetate injection solution</i> 200 mcg/ml	4	PA
<i>octreotide acetate injection solution</i> (Sandostatin) 500 mcg/ml	5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NM; NDS; QL (0.2 per 28 days)



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide)	5	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS; QL (60 per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	PA; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<b>AGENTES HORMONALES, SUPRESORES (TIROIDES)</b>		
<b>Agentes Antitiroideos</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	1	GC
<b>AGENTES INMUNOLÓGICOS</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; NDS
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NM; NDS
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	3	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD; GC
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NM; NDS; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	GC
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NM; NDS; QL (180 per 30 days)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; GC
<i>mycophenolate mofetil oral capsule</i> (CellCept) 250 mg	4	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution</i> (CellCept) 200 mg/ml	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet</i> (CellCept) 500 mg	2	PA BvD; GC
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD; GC

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA BvD
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NM; NDS
<b>Agentes De Angioedema</b>		
<i>icatibant subcutaneous syringe</i> (Firazyr) <i>30 mg/3 ml</i>	5	PA; NM; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
<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)	5	PA; NM; NDS
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NM; NDS
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS; Only NDCs starting with 00074
OTEZLA ORAL TABLET 20 MG	5	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tacrolimus 0.5 mg capsule (Prograf)</i> <i>(immediate release)</i>	2	PA BvD; GC
<i>tacrolimus 1 mg capsule (immediate release)</i> (Prograf)	4	PA BvD
<i>tacrolimus 5 mg capsule (immediate release)</i> (Prograf)	4	PA BvD
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML	5	PA; NM; NDS
<b>Vacunas</b>		
ABRYSCO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	4	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	4	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	3	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	4	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	4	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	4	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	4	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	4	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	\$0 copay



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	4	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	4	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	\$0 copay
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 ML toxoids-td)	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	\$0 copay
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	4	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	\$0 copay	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	\$0 copay	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	\$0 copay	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3		
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	\$0 copay	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3		
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	\$0 copay	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	\$0 copay	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	\$0 copay	
<b>AGENTES OFTÁLMICOS</b>			
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	GC	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	GC	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	GC	
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	(brinzolamide)	3	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	GC	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	(Alphagan P)	2	GC

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>brimonidine ophthalmic (eye) drops</i> 0.2 %	2	GC
<i>brimonidine-timolol ophthalmic (eye) drops</i> 0.2-0.5 % (Combigan)	3	
<i>carteolol ophthalmic (eye) drops</i> 1 %	1	GC
COMBIGAN OPHTHALMIC (EYE) (brimonidine-timolol) DROPS 0.2-0.5 %	4	
<i>dorzolamide ophthalmic (eye) drops</i> 2 %	1	GC
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> 2-0.5 % (Cosopt (PF))	2	GC
<i>dorzolamide-timolol ophthalmic (eye) drops</i> 22.3-6.8 mg/ml (Cosopt)	2	GC
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	1	GC
<i>methazolamide oral tablet</i> 25 mg, 50 mg	4	
<i>pilocarpine hcl ophthalmic (eye) drops</i> 1 %, 2 %, 4 %	2	GC
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	4	
<i>timolol maleate ophthalmic (eye) drops</i> 0.25 %, 0.5 %	1	GC
<i>timolol maleate ophthalmic (eye) drops, once daily</i> 0.5 % (Istalol)	2	GC
<i>timolol maleate ophthalmic (eye) gel forming solution</i> 0.25 %, 0.5 %	2	GC
<b>Agentes Anti-Alérgicos Oftálmicos</b>		
<i>azelastine ophthalmic (eye) drops</i> 0.05 %	2	GC
<i>cromolyn ophthalmic (eye) drops</i> 4 %	1	GC
<i>olopatadine ophthalmic (eye) drops</i> 0.1 % (Eye Allergy Itch-Redness Rlf)	3	
<i>olopatadine ophthalmic (eye) drops</i> 0.2 % (Eye Allergy Itch Relief)	4	
<b>Agentes Oftálmicos, Otros</b>		
<i>atropine ophthalmic (eye) drops</i> 1 % (Isopto Atropine)	2	GC

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	2	GC; QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	5	PA; NM; NDS
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NM; NDS
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	GC
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	GC
<i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	GC
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	GC
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	3	QL (60 per 30 days)
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	GC
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	2	GC
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
<b>Análogos De Prostaglandina Oftálmica Y Prostaglandina</b>		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	
<b>Antiinflamatorios Oftálmicos</b>		
<i>bromfenac ophthalmic (eye) drops</i> (BromSite) 0.075 %	4	
<i>bromfenac ophthalmic (eye) drops</i> 0.09 %	2	GC
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i> 0.1 %	2	GC
<i>diclofenac sodium ophthalmic (eye) drops</i> 0.1 %	2	GC
DUREZOL OPHTHALMIC (EYE) (difluprednate) DROPS 0.05 %	3	
<i>fluorometholone ophthalmic (eye) drops, suspension</i> 0.1 % (FML Liquifilm)	2	GC
<i>flurbiprofen sodium ophthalmic (eye) drops</i> 0.03 %	1	GC
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic (eye) drops</i> (Acular LS) 0.4 %	2	GC
<i>ketorolac ophthalmic (eye) drops</i> (Acular) 0.5 %	2	GC
<i>loteprednol etabonate ophthalmic (eye) drops, suspension</i> 0.5 % (Lotemax)	2	GC
<i>prednisolone acetate ophthalmic (eye) drops, suspension</i> 1 % (Pred Forte)	2	GC
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i> 1 %	2	GC
<b>Oftálmicos Antiinfecciosos</b>		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	
<i>bacitracin ophthalmic (eye) ointment</i> 500 unit/gram	2	GC
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i> 500-10,000 unit/gram (Polycin)	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	GC
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	GC
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	4	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	2	GC
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflax)	2	GC
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	GC
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	GC

## AGENTES ÓTICOS

### Agentes Óticos

<i>acetic acid otic (ear) solution 2 %</i>	1	GC
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	4	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	3	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	4	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	2	GC
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	GC
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	GC
<i>ofloxacin otic (ear) drops 0.3 %</i>	4	

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	GC; QL (1500 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	2	GC; QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	4	QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	4	QL (1080 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	2	GC; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	GC; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	GC; QL (1080 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	2	GC; QL (360 per 30 days)
<i>tramadol oral tablet 100 mg</i>	1	GC; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	GC; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	GC; QL (240 per 30 days)
<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>	4	PA NSO; QL (10 per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	2	GC; QL (240 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	2	GC; QL (90 per 30 days)
<i>oxycodone oral tablet, oral only, ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (OxyContin)	4	QL (60 per 30 days)
<b>Medicamentos No-Esteroideos Antiinflamatorios</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	GC
<i>diclofenac potassium oral tablet 50 mg</i>	2	GC



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	GC
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	GC
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	2	GC
<i>diflunisal oral tablet 500 mg</i>	2	GC
<i>ec-naproxen dr 500 mg tablet</i> (naproxen)	2	GC
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	GC
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	GC
<i>etodolac oral tablet 500 mg</i>	2	GC
<i>flurbiprofen oral tablet 100 mg</i>	1	GC
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	1	GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	GC
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	GC
<i>indomethacin oral capsule, extended release 75 mg</i>	2	GC
<i>ketorolac oral tablet 10 mg</i>	1	GC
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	GC
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	2	GC
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	GC
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	GC
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	2	GC
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> (EC-Naproxen)	2	GC
<i>naproxen sodium oral tablet 275 mg</i>	2	GC
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	2	GC
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	2	GC
<i>piroxicam oral capsule 10 mg</i>	2	GC
<i>piroxicam oral capsule 20 mg</i> (Feldene)	2	GC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>ANESTÉSICOS</b>		
<b>Anestesia Local</b>		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	4	PA; QL (90 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	GC; QL (50 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	4	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	4	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	GC; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch, medicated 5 %</i> (lidocaine)	4	PA; QL (90 per 30 days)
<i>tridacaine ii topical adhesive patch, medicated 5 %</i> (lidocaine)	4	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>	1	GC
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	GC
<i>hydroxyzine hcl oral tablet 50 mg</i>	2	GC
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	2	GC
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	2	GC
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	GC; QL (120 per 30 days)
<b>Benzodiacepinas</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	GC; QL (300 per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i> (Xanax)	2	GC; QL (120 per 30 days)
<i>alprazolam oral tablet 1 mg</i> (Xanax)	2	GC; QL (240 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	2	GC; QL (150 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>chlordiazepoxide hcl oral capsule</i> 10 mg, 25 mg, 5 mg	2	GC; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	GC; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	GC; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	GC; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	GC; QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	GC; QL (180 per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	GC; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	GC; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg</i> (Valium)	1	GC; QL (120 per 30 days)
<i>diazepam oral tablet 5 mg</i> (Valium)	1	GC; QL (240 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	2	GC; QL (240 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	2	GC; QL (240 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	2	GC; QL (150 per 30 days)

## ANTIBACTERIANOS

### Aminoglicósidos

<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA
<i>gentamicin 800 mg/20 ml vial muv, outer 40 mg/ml</i>	2	GC
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	2	GC
<i>gentamicin injection solution 40 mg/ml</i>	2	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>gentamicin topical cream 0.1 %</i>	2	GC
<i>gentamicin topical ointment 0.1 %</i>	2	GC
<i>neomycin oral tablet 500 mg</i>	2	GC
<i>paromomycin oral capsule 250 mg</i> (Humatin)	4	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	4	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	5	NM; NDS
<b>Antibacterianos, Otros</b>		
<i>aztreonam injection recon soln 1 gram</i> (Azactam)	2	GC
<i>aztreonam injection recon soln 2 gram</i> (Azactam)	4	
CLINDAMYCIN 600 MG/50 ML-NS OUTER, SINGLE-USE	4	
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i> (Cleocin HCl)	1	GC
<i>clindamycin hcl oral capsule 300 mg</i> (Cleocin HCl)	2	GC
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml</i>	4	
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML	4	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	4	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	4	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	GC
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	4	
<i>daptomycin intravenous recon soln 350 mg</i>	4	
<i>daptomycin intravenous recon soln 500 mg</i>	5	NM; NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML (vancomycin)	4	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	4	PA
<i>linezolid oral tablet 600 mg</i> (Zyvox)	4	PA

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

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	GC
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	GC
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
<b><i>Betalactámico, Penicilinas</i></b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	GC
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	2	GC
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	2	GC
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	GC

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



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	4	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	4	
<b>Macrólidos</b>		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	GC
<i>azithromycin oral packet 1 gram</i> (Zithromax)	2	GC
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	GC
<i>azithromycin oral tablet 250 mg</i> (Zithromax)	1	GC
<i>azithromycin oral tablet 250 mg (6 pack)</i>	1	GC
<i>azithromycin oral tablet 500 mg</i> (Zithromax)	2	GC
<i>azithromycin oral tablet 500 mg (3 pack), 600 mg</i>	2	GC
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	GC
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	GC
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	PA; NM; NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	5	PA; NM; NDS; QL (20 per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG (erythromycin lactobionate)	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	4	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	4	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	4	
<b>Quinolonas</b>		
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	GC
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	4	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	GC
<i>moxifloxacin 400 mg/250 ml bag</i>	4	
<i>moxifloxacin oral tablet 400 mg</i>	4	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	4	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	GC
<b>Sulfonamidas</b>		
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	GC
<i>sulfadiazine oral tablet 500 mg</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	GC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	GC
<b>Tetraciclinas</b>		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	4	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	GC
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	GC
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	GC
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	GC
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	GC
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	2	GC
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	GC
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	GC
<i>mondoxyne nl oral capsule 100 mg</i> (doxycycline monohydrate)	1	GC
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	GC

## **ANTICONVULSIVOS**

### **Agentes De Aumento De Ácido Gamma-Aminobutírico (GABA)**

<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	4	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	4	QL (60 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	GC
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	GC; QL (180 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	ST; NM; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	ST
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<b>Agentes De Canal De Sodio</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NM; NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	GC
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	GC
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	GC
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	GC
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	GC
DILANTIN ORAL CAPSULE 30 MG	4	ST
<i>epilex oral tablet 200 mg</i> (carbamazepine)	2	GC
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	4	QL (1395 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	4	QL (60 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	GC
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	GC
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	GC

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	GC
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	GC
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	NM; NDS; QL (2760 per 30 days)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	4	QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	NM; NDS; QL (240 per 30 days)
<b>Agentes Modificadores De Canal De Calcio</b>		
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	GC
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	GC
<i>methsuximide oral capsule 300 mg</i> (Celontin)	4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	QL (900 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	GC
<i>zonisamide oral capsule 50 mg</i>	2	GC
<b>Anticonvulsivos, Otros</b>		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA NSO
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA NSO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA NSO
<i>felbamate oral suspension 600 mg/5 ml</i>	5	NM; NDS
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA NSO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	GC
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	2	GC
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	2	GC
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	2	GC
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	GC
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	4	
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit)	2	GC
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	2	GC
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	2	GC
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	GC
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	GC
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	GC
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	GC; QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	GC; QL (90 per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	2	GC; QL (120 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	GC; QL (300 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	GC
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	GC
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (90 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	GC
<i>valproic acid oral capsule 250 mg</i>	2	GC
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	QL (28 per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NM; NDS; QL (1100 per 30 days)
<b>ANTIDEPRESIVOS</b>		
<i>citalopram oral capsule 30 mg</i>	1	GC; QL (30 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	2	GC; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i> (Celexa)	1	GC; QL (30 per 30 days)
<i>citalopram oral tablet 20 mg</i> (Celexa)	1	GC; QL (60 per 30 days)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	4	QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	4	QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	GC; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	GC; QL (60 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>escitalopram oxalate oral solution</i> 5 mg/5 ml	2	GC; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet</i> (Lexapro) 10 mg	1	GC; QL (45 per 30 days)
<i>escitalopram oxalate oral tablet</i> (Lexapro) 20 mg	1	GC; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i> (Lexapro)	1	GC; QL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 per 30 days)
<i>fluoxetine oral capsule</i> 10 mg, 20 mg, 40 mg (Prozac)	1	GC; QL (60 per 30 days)
<i>fluoxetine oral solution</i> 20 mg/5 ml (4 mg/ml)	2	GC; QL (600 per 30 days)
<i>fluoxetine oral tablet</i> 10 mg	2	GC; QL (60 per 30 days)
<i>fluoxetine oral tablet</i> 20 mg	2	GC; QL (120 per 30 days)
<i>fluvoxamine oral tablet</i> 100 mg, 25 mg, 50 mg	2	GC; QL (90 per 30 days)
<i>nefazodone oral tablet</i> 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
<i>paroxetine hcl oral suspension</i> (Paxil) 10 mg/5 ml	4	QL (900 per 30 days)
<i>paroxetine hcl oral tablet</i> 10 mg, 20 mg (Paxil)	1	GC; QL (30 per 30 days)
<i>paroxetine hcl oral tablet</i> 30 mg, 40 mg (Paxil)	1	GC; QL (60 per 30 days)
<i>sertraline oral capsule</i> 150 mg, 200 mg	2	GC; QL (30 per 30 days)
<i>sertraline oral concentrate</i> 20 mg/ml (Zoloft)	1	GC; QL (300 per 30 days)
<i>sertraline oral tablet</i> 100 mg (Zoloft)	1	GC; QL (60 per 30 days)
<i>sertraline oral tablet</i> 25 mg, 50 mg (Zoloft)	1	GC; QL (90 per 30 days)
<i>trazodone oral tablet</i> 100 mg, 150 mg, 50 mg	1	GC
<i>trazodone oral tablet</i> 300 mg	2	GC
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (30 per 30 days)



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	2	GC; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	1	GC; QL (60 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GC; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	GC; QL (30 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	3	QL (30 per 30 days)
<b>Antidepresivos, Otros</b>		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	4	ST; QL (60 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	GC; QL (180 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	GC; QL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> (Wellbutrin XL)	2	GC; QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> (Wellbutrin XL)	2	GC; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	3	QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i> (Wellbutrin SR)	1	GC; QL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i> (Wellbutrin SR)	1	GC; QL (90 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 200 mg</i> (Wellbutrin SR)	1	GC; QL (60 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	GC; QL (30 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	1	GC; QL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	GC; QL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	GC; QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	4	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-50 mg</i> (Symbyax)	4	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i> (Symbyax)	4	QL (90 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NM; NDS; QL (14 per 14 days)
<b><i>Inhibidores De Monoamino Oxidasa</i></b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NM; NDS; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	4	ST; QL (180 per 30 days)
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	GC
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	4	
<b><i>Non-FRF</i></b>		
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	QL (30 per 30 days)
<b><i>Tricíclicos</i></b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	GC
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	4	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	2	GC
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	GC
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC
<i>doxepin oral concentrate 10 mg/ml</i>	2	GC
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	GC
<i>nortriptyline oral capsule 10 mg</i> (Pamelor)	1	GC
<i>nortriptyline oral capsule 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	GC
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	GC
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>ANTIEMÉTICOS</b>		
<b>Antieméticos, Otros</b>		
<i>meclizine oral tablet 12.5 mg</i>	1	GC
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	GC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	GC
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	GC
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Promethegan)	2	GC
<i>promethazine rectal suppository 50 mg</i> (Promethegan)	4	
<i>promethegan rectal suppository 12.5 mg</i> (promethazine)	2	GC
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	4	
<b>Complementos De Terapia Emetógena</b>		
<i>aprepitant oral capsule 125 mg, 40 mg</i>	4	PA BvD; QL (30 per 30 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	4	PA BvD; QL (30 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	4	PA BvD; QL (12 per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	4	PA; QL (60 per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	4	PA BvD; QL (60 per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA BvD; GC
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA BvD; GC
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD; GC
VARUBI ORAL TABLET 90 MG	3	PA BvD

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>ANTIFÚNGICOS</b>		
<b>Antifúngicos</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	4	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	5	PA BvD; NM; NDS
<i>casprofungin intravenous recon soln 50 mg</i> (Cancidas)	5	NM; NDS
<i>casprofungin intravenous recon soln 70 mg</i> (Cancidas)	4	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	GC
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	2	GC
<i>clotrimazole mucous membrane troche 10 mg</i>	2	GC
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	GC
<i>clotrimazole topical solution 1 %</i>	2	GC
<i>econazole topical cream 1 %</i>	2	GC
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	5	NM; NDS
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	GC
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	GC
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	2	GC
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	2	GC
<i>fluconazole oral tablet 150 mg, 50 mg</i>	2	GC
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NM; NDS

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	GC
<i>griseofulvin microsize oral tablet 500 mg</i>	2	GC
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	GC
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	4	PA
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	4	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	4	
<i>ketoconazole oral tablet 200 mg</i>	1	GC
<i>ketoconazole topical cream 2 %</i>	2	GC
<i>ketoconazole topical shampoo 2 %</i>	1	GC
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	5	PA; NM; NDS
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	3	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	GC
<i>nystatin oral tablet 500,000 unit</i>	2	GC
<i>nystatin topical cream 100,000 unit/gram</i>	1	GC
<i>nystatin topical ointment 100,000 unit/gram</i>	1	GC
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	GC
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	3	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	5	PA; NM; NDS
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	4	PA
<i>terbinafine hcl oral tablet 250 mg</i>	2	GC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	GC
<i>terconazole vaginal suppository 80 mg</i>	2	GC
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA; NM; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	4	PA
<b>ANTIMICOBACTERIALES</b>		
<b>Antimicobacterianos, Otros</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	GC
PRIFTIN ORAL TABLET 150 MG	4	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	4	
<b>Antituberculosos</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	GC
<i>isoniazid oral solution 50 mg/5 ml</i>	1	GC
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
<i>pyrazinamide oral tablet 500 mg</i>	2	GC
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	GC
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	4	
<b>ANTINEOPLÁSICOS</b>		
<b>Agentes Alquilantes</b>		
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	PA BvD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	PA BvD; GC
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	4	PA NSO
LEUKERAN ORAL TABLET 2 MG	4	
MATULANE ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NM; NDS; QL (60 per 14 days)
<b>Agentes Antiangiogénicos</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NM; NDS; QL (28 per 28 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<b>Antiandrógenos</b>		
<i>abiraterone oral tablet 250 mg,</i> <i>500 mg</i> (Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	GC
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NM; NDS; QL (60 per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<b>Antiestrógenos/Modificadores</b>		
EMCYT ORAL CAPSULE 140 MG	3	
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	PA NSO
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	GC
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	PA NSO; NM; NDS
<b>Antimetabolitos</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	GC
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	GC
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	PA NSO
<b>Antineoplásicos, Otros</b>		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NM; NDS; QL (1.6 per 28 days)
ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML	5	PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NM; NDS; QL (9.5 per 28 days)
IDHIFA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	GC
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA NSO; NM; NDS
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NM; NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LYNPARZA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)



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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b><i>Inhibidores De Objetivo Molecular</i></b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS
ALUNBRIG ORAL TABLET 180 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; NDS; QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA NSO; NM; NDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA NSO; NM; NDS; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (63 per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg</i> (Afinitor Disperz)	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i> (Afinitor Disperz)	5	PA NSO; NM; NDS; QL (60 per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NM; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>imatinib oral tablet 100 mg</i> (Gleevec)	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	5	PA NSO; NM; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NM; NDS; QL (180 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA NSO; NM; NDS; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA NSO; NM; NDS; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA NSO; NM; NDS; QL (140 per 28 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	PA NSO; NM; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	5	PA NSO; NM; NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NM; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule</i> (Sutent) <i>12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA NSO; NM; NDS; QL (28 per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NM; NDS; QL (900 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (30 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NM; NDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA NSO
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; NDS
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	3	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (310 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (150 per 30 days)
<b>Retinoides</b>		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NDS; QL (300 per 30 days)
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NM; NDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NM; NDS
<b>ANTIPARASITARIOS</b>		
<b>Antihelmínticos</b>		
<i>albendazole oral tablet 200 mg</i>	4	
EMVERM ORAL TABLET, CHEWABLE 100 MG (mebendazole)	5	NM; NDS
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	PA; GC
<b>Antiprotozoarios</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	5	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	GC



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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	2	GC
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	2	GC
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	4	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	GC
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	2	GC
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	GC
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	GC
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	GC
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	GC
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
<b>2da Generación/Atípico</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	5	NM; NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	5	NM; NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	5	NM; NDS
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	4	QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>aripiprazole oral tablet, disintegrating</i> 10 mg	5	NM; NDS; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i> 15 mg	5	NM; NDS; QL (60 per 30 days)
<i>asenapine maleate sublingual tablet</i> (Saphris) 10 mg, 2.5 mg, 5 mg	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	NM; NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST; QL (60 per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	5	NM; NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	NM; NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	5	NM; NDS
<i>lurasidone oral tablet</i> 120 mg, 20 mg, (Latuda) 40 mg, 60 mg, 80 mg	5	NM; NDS
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	ST; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NDS
<i>olanzapine intramuscular recon soln</i> (Zyprexa) 10 mg	4	QL (60 per 30 days)
<i>olanzapine oral tablet</i> 10 mg, 15 mg, (Zyprexa) 2.5 mg, 5 mg, 7.5 mg	1	GC; QL (30 per 30 days)
<i>olanzapine oral tablet</i> 20 mg (Zyprexa)	1	GC; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating</i> (Zyprexa Zydis) 10 mg, 5 mg	4	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating</i> (Zyprexa Zydis) 15 mg, 20 mg	4	QL (30 per 30 days)

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST; NM; NDS; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST; QL (7 per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	GC; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	4	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	4	ST
<b>Resistente-Tratamiento</b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	GC; QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	4	QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	5	NM; NDS; QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
<b>ANTIVIRALES</b>		
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS; QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg</i>	4	QL (60 per 30 days)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	4	QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	4	QL (30 per 30 days)
<i>darunavir oral tablet 600 mg</i> (Prezista)	5	NM; NDS; QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i> (Prezista)	5	NM; NDS; QL (30 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS; QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	5	NM; NDS; QL (120 per 30 days)
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>lopinavir-ritonavir oral solution</i> (Kaletra) 400-100 mg/5 ml	4	QL (400 per 30 days)
<i>lopinavir-ritonavir oral tablet</i> (Kaletra) 100-25 mg	4	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet</i> (Kaletra) 200-50 mg	4	QL (150 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	QL (360 per 30 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG	3	\$0 copay; QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	3	\$0 copay; QL (30 per 5 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	4	QL (180 per 30 days)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	3	QL (360 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	NM; NDS; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	NM; NDS; QL (120 per 30 days)
<b>Agentes Anti-Citomegalovirus (CMV)</b>		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NM; NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
<i>valganciclovir oral recon soln</i> (Valcyte) 50 mg/ml	4	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
<b>Agentes Anti-Hepatitis B (HBV)</b>		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	4	QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	NM; NDS; QL (600 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	4	QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>lamivudine oral tablet 100 mg</i>	2	GC; QL (90 per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
<b>Agentes Anti-Hepatitis C (HCV)</b>		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	5	PA; NM; NDS
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS
<i>ribavirin oral capsule 200 mg</i>	4	
<i>ribavirin oral tablet 200 mg</i>	2	GC
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	5	PA; NM; NDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS
<b>Agentes Antiherpéticos</b>		
<i>acyclovir oral capsule 200 mg</i>	1	GC
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	GC
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	GC
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD; GC
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	GC
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	GC
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	GC
<b>Agentes Anti-Influenza</b>		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu)	2	GC
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	GC
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	GC
XOFLUZA ORAL TABLET 20 MG, 80 MG	3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XOFLUZA ORAL TABLET 40 MG	3	
<b>Agentes Anti-VIH, Inhibidores De Integrasa (INSTI)</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; NDS; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS; QL (30 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS; QL (30 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS; QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	4	QL (180 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS; QL (30 per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	QL (360 per 30 days)
<b>Agentes Anti-VIH, Inhibidores De Transcriptasa Inversa No-Nucleósido (NNRTI)</b>		
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS; QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (360 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 per 30 days)
<i>etravirine oral tablet 100 mg</i> (Intelligence)	5	NM; NDS; QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i> (Intelligence)	5	NM; NDS; QL (60 per 30 days)
INTELLIGENCE ORAL TABLET 25 MG	4	QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	GC; QL (60 per 30 days)



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	QL (120 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS; QL (30 per 30 days)
<b>Agentes Anti-VIH, Inhibidores De Transcriptasa Inversa Nucleósido Y Nucleótido (NRTI)</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	4	QL (960 per 30 days)
<i>abacavir oral tablet 300 mg</i>	4	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NM; NDS; QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	5	NM; NDS; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NM; NDS; QL (30 per 30 days)
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i> (Symfi)	5	NM; NDS; QL (30 per 30 days)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	4	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	5	NM; NDS; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	4	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 per 28 days)
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	4	QL (900 per 30 days)
<i>lamivudine oral tablet 150 mg</i> (EpiVir)	3	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (EpiVir)	3	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS; QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	4	QL (30 per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NM; NDS; QL (60 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS; QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	GC; QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	GC; QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>	2	GC; QL (60 per 30 days)
<b>Agentes Anti-VIH, Otros</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS; QL (60 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NM; NDS; QL (120 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NM; NDS; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	NM; NDS; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300 MG	5	NM; NDS; QL (5 per 180 days)
SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)	5	NM; NDS; QL (4 per 180 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NM; NDS; QL (180 per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
<b>Non-FRF</b>		
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1575 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>ELECTROLITOS/MINERALES/METALES/VITAMINAS</b>		
<i>Electrolitos/Minerales/Metales/Vitaminas</i>		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	GC
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	2	GC
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	PA BvD
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	GC
<i>completenate tablet chew 29 mg iron- 1 mg</i>	2	GC
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	3	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	PA BvD; GC
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	GC
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	GC
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	3	
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	5	PA; NM; NDS
<i>folivane-ob capsule 85-1 mg</i>	2	GC
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	2	GC
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	2	GC

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>	2	GC
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	2	GC
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	2	GC
<i>prenatabs fa tablet 29-1 mg</i>	2	GC
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	GC
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	GC
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	GC
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv, calcium 72-iron, carb-folic)	2	GC
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv, calcium 72-iron-folic acid)	2	GC
<i>prenatal-u capsule 106.5-1 mg</i>	2	GC
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> (pnv, calcium 72-iron-folic acid)	2	GC
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	GC
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	GC
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	GC
<i>taron-c dha capsule 35-1-200 mg</i>	2	GC
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	2	GC
TPN ELECTROLYTES II INTRAVENOUS SOLUTION 18-18-5-4.5-35 MEQ/20 ML	2	GC
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	2	GC

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VELPHORO ORAL TABLET, CHEWABLE 500 MG	4	
<b>Modificadores De Electrolitos/Minerales/Metales</b>		
<i>deferasirox oral granules in packet</i> (Jadenu Sprinkle) 180 mg, 360 mg, 90 mg	5	PA; NM; NDS
<i>deferasirox oral tablet 180 mg,</i> (Jadenu) <i>360 mg</i>	5	PA; NM; NDS
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	4	PA
<i>deferasirox oral tablet, dispersible</i> (Exjade) <i>125 mg</i>	4	PA
<i>deferasirox oral tablet, dispersible</i> (Exjade) <i>250 mg, 500 mg</i>	5	PA; NM; NDS
<i>deferiprone oral tablet 1,000 mg,</i> (Ferriprox) <i>500 mg</i>	5	PA; NM; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NM; NDS
FERRIPROX ORAL TABLET (deferiprone) 1,000 MG	5	PA; NM; NDS
<i>kionex (with sorbitol) oral suspension</i> <i>15-20 gram/60 ml</i>	3	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	
<i>sodium polystyrene sulfonate oral</i> <i>powder</i>	2	GC
<i>sps (with sorbitol) oral suspension</i> <i>15-20 gram/60 ml</i>	3	
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	5	PA; NM; NDS; QL (120 per 30 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	5	PA; NM; NDS; QL (60 per 30 days)
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NM; NDS
<b>Sustituto De Electrolitos/Minerales</b>		
<i>carglumic acid oral tablet, dispersible</i> (Carbaglu) <i>200 mg</i>	5	PA; NM; NDS
<i>electrolyte-148 intravenous</i> <i>parenteral solution</i>	3	
<i>fluoride (sodium) oral tablet 1 mg</i> <i>(2.2 mg sod. fluoride)</i>	2	GC



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

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	GC
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	GC
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	GC
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	GC
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	GC
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	2	GC
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	2	GC
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	1	GC
<i>sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml</i> (SoluVita)	2	GC
<b>EXCLUDED DRUG</b>		
<b>Excluded Drug</b>		
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	2	GC; EX; QL (6 per 30 days)
<b>NON-FRF</b>		
<b>Non-FRF</b>		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NM; NDS
<b>REGULADORES DE GLUCOSA EN SANGRE</b>		
<b>Agentes Antidiabetico</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	GC
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	GC
<i>glipizide oral tablet 2.5 mg</i>	2	GC
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	1	GC
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	GC

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>pioglitazone-metformin oral tablet</i> 15-500 mg	1	GC
<i>pioglitazone-metformin oral tablet</i> (Actoplus MET) 15-850 mg	1	GC
<i>repaglinide oral tablet</i> 0.5 mg, 1 mg, 2 mg	1	GC
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	3	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN (liraglutide) INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	4	PA; QL (9 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	max \$35 copay per month supply
<b>Agentes Glucémicos</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
<i>diazoxide oral suspension</i> 50 mg/ml (Proglycem)	5	NM; NDS
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	

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

<b>Nombre del Medicamento</b>		<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	6	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		6	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		6	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		6	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		6	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		6	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		6	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		6	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	6	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	6	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	6	
BD ECLIPSE 30GX1/2" SYRINGE (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	6	
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	6	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	6	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	6	
BD INS SYRN UF 1 ML (insulin syringe-needle 12.7MMX30G NOT FOR RETAIL u-100) SALE 1 ML 30 GAUGE X 1/2"	6	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	6	
BD INSULIN SYR 1 ML 25GX5/8" (insulin syringe-needle 1 ML 25 GAUGE X 5/8" u-100)	6	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	6	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	6	
BD INSULIN SYR 1 ML 28GX1/2" (Comfort EZ Insulin (OTC) 1 ML 28 GAUGE X 1/2" Syringe)	6	
BD INSULIN SYRINGE 1 ML W/O (insulin syringe NEEDLE needleless)	6	
BD LUER-LOK SYRINGE 1 ML (Easy Touch Luer Lock Insulin)	6	
BD NANO 2 GEN PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	6	
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	6	
BD SAFETGLD INS 0.5 ML (insulin syringe-needle 13MMX29G 0.5 ML 29 GAUGE X u-100) 1/2"	6	
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	6	



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

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

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

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

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

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

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

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



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
EASY TOUCH 0.3 ML SYR (insulin syringe-needle 30GX1/2" 0.3 ML 30 GAUGE X 1/2" u-100)	6	
EASY TOUCH 0.5 ML SYR (insulin syringe-needle 27GX1/2" 1/2 ML 27 GAUGE X 1/2" u-100)	6	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	6	
EASY TOUCH 0.5 ML SYR (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X 1/2" u-100)	6	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	6	
EASY TOUCH 1 ML SYR 27GX1/2" (insulin syringe-needle 1 ML 27 GAUGE X 1/2" u-100)	6	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	6	
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	6	
EASY TOUCH FLIPIK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	6	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	6	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	6	
EASY TOUCH INSULIN SYR 0.3 ML (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16", 0.3 ML u-100) 31 GAUGE X 5/16"	6	
EASY TOUCH INSULIN SYR 0.5 ML (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16", 0.5 ML u-100) 31 GAUGE X 5/16"	6	
EASY TOUCH INSULIN SYR 1 ML (insulin syringe-needle 1 ML 30 GAUGE X 5/16, 1 ML 31 u-100) GAUGE X 5/16	6	
EASY TOUCH INSULIN SYR 1 ML (insulin syringe-needle RETRACTABLE 1 ML 30 GAUGE X u-100) 1/2"	6	
EASY TOUCH INSULIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	6	
EASY TOUCH INSULIN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	6	
EASY TOUCH INSULIN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	6	
EASY TOUCH INSULIN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	6	

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

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

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

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

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
INSULIN SYRINGE 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe) 6	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100) 6	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe) 6	
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100) 6	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe) 6	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	6	
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok) 6	
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes) 6	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe) 6	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultillet Insulin Syringe) 6	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe) 6	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe) 6	
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic) 6	
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic) 6	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic) 6	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic) 6	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic) 6	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic) 6	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 6	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic) 6	

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 6	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 6	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) 6	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	6	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	6	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	6	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	6	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	6	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic) 6	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) 6	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 6	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) 6	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 6	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	6	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	6	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic) 6	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 6	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic) 6	
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	6	
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips) 6	
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle) 6	



Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (BD Ultra-Fine Micro Pen Needle)	6	
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" (Comfort EZ Pen Needles)	6	
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" (Advocate Pen Needle)	6	
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" (Comfort EZ Pen Needles)	6	
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4" (Comfort EZ Pen Needles)	6	
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16" (pen needle, diabetic)	6	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	6	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" (insulin syringe-needle u-100)	6	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) (insulin syringes (disposable))	6	
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"	6	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	6	
NOVOFINE 30 NEEDLE	6	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)	6	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	6	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	max \$35 copay per month supply
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	max \$35 copay per month supply
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	max \$35 copay per month supply
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart u-100)	3	max \$35 copay per month supply
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	3	max \$35 copay per month supply
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	3	max \$35 copay per month supply

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

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	6	
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	6	
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	6	
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	6	
RAYA SURE PEN NEEDLE 31G (Comfort Touch Pen 4MM 31 GAUGE X 5/32" Needle)	6	
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	6	
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	6	
RELION INS SYR 0.3 ML 31GX6MM (BD Veo Insulin Syringe 0.3 ML 31 GAUGE X 15/64" UF)	6	
RELION INS SYR 0.5 ML 31GX6MM (BD Veo Insulin Syringe 1/2 ML 31 GAUGE X 15/64" UF)	6	
RELION INS SYR 1 ML 31GX15/64" (BD Veo Insulin Syringe 1 ML 31 GAUGE X 15/64" UF)	6	
RELI-ON INSULIN 0.5 ML SYR (Ultilet Insulin Syringe) 1/2 ML 29	6	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	6	
RELION MINI PEN 31G X 1/4" NDL (pen needle, diabetic) 31 GAUGE X 1/4"	6	
RELION NEEDLES NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4"	6	
RELION PEN NEEDLES NEEDLE (pen needle, diabetic) 32 GAUGE X 5/32"	6	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	6	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	6	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	6	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	6	

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

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

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



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

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	6	
TRUEPLUS SYR 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	6	
TRUEPLUS SYR 0.3 ML 30GX5/16" (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	6	
TRUEPLUS SYR 0.3 ML 31GX5/16" (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100)	6	
TRUEPLUS SYR 0.5 ML 28GX1/2" (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	6	
TRUEPLUS SYR 0.5 ML 29GX1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	6	
TRUEPLUS SYR 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	6	
TRUEPLUS SYR 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	6	
TRUEPLUS SYR 1 ML 28GX1/2" (insulin syringe-needle 1 ML 28 GAUGE X 1/2" u-100)	6	
TRUEPLUS SYR 1 ML 29GX1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	6	
TRUEPLUS SYR 1 ML 30GX5/16" (insulin syringe-needle 1 ML 30 GAUGE X 5/16" u-100)	6	
TRUEPLUS SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16" u-100)	6	
ULTICAR INS 0.3 ML 31GX1/4(1/2) (insulin syr/ndl u100 half 0.3 ML 31 GAUGE X 1/4" mark)	6	
ULTICARE INS 1 ML 31GX1/4" 1 ML (insulin syringe-needle 31 GAUGE X 1/4" u-100)	6	
ULTICARE INS SYR 0.3 ML 30G (Advocate Syringes) 8MM 0.3 ML 30 GAUGE X 5/16"	6	
ULTICARE INS SYR 0.3 ML 31G (insulin syringe-needle 6MM 0.3 ML 31 GAUGE X 1/4" u-100)	6	
ULTICARE INS SYR 0.3 ML 31G (Advocate Syringes) 8MM 0.3 ML 31 GAUGE X 5/16"	6	
ULTICARE INS SYR 0.5 ML 31G (insulin syringe-needle 6MM 1/2 ML 31 GAUGE X 1/4" u-100)	6	
ULTICARE INS SYR 1 ML 30GX1/2" (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	6	
ULTICARE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	6	
ULTICARE PEN NEEDLE 6MM 31G (pen needle, diabetic) 31 GAUGE X 1/4"	6	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
ULTICARE PEN NEEDLE 8MM 31G (pen needle, diabetic) 31 GAUGE X 5/16"	6	
ULTICARE PEN NEEDLES 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	6	
ULTICARE PEN NEEDLES 4MM (pen needle, diabetic) 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	6	
ULTICARE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	6	
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	6	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	6	
ULTICARE SYR 0.3 ML 29G (Comfort EZ Insulin 12.7MM 0.3 ML 29 GAUGE X 1/2" Syringe)	6	
ULTICARE SYR 0.3 ML 30GX1/2" (insulin syringe-needle 0.3 ML 30 GAUGE X 1/2" u-100)	6	
ULTICARE SYR 0.3 ML 31GX5/16" (insulin syringe-needle SHORT NDL 0.3 ML 31 GAUGE X u-100) 5/16"	6	
ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	6	
ULTICARE SYR 0.5 ML 31GX5/16" (insulin syringe-needle SHORT NDL 0.5 ML 31 GAUGE X u-100) 5/16"	6	
ULTICARE SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	6	
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	6	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	6	
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	6	
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	6	
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	6	
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	6	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	6	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	6	

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	6	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	6	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	6	

<b>Nombre del Medicamento</b>		<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	6	
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
ULTRA-THIN II PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	6	
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	6	
UNIFINE PENTIPS 31GX3/16" 31GX5MM, STRL, MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	6	
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	6	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	6	
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	6	



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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	6	
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	6	
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	6	
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	6	
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	6	
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	6	
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	6	
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	6	
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	6	
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	6	
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	6	
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	6	
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	6	
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VERIFINE SYRNG 0.5 ML 31G 5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	6	
VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE,3PLY 2 X 2 "	6	
<b>RELAJANTES MUSCULARES ESQUELÉTICOS</b>		
<b>Relajantes Musculares Esqueléticos</b>		
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	2	GC
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i> (Lorzone)	2	GC
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	GC
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	GC
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	GC
<b>VÍA RESPIRATORIA/AGENTES PULMONARES</b>		
<b>Agentes De Fibrosis Pulmonar</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NM; NDS
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	5	PA; NM; NDS
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NM; NDS
<b>Agentes De Fibrosis Quística</b>		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	PA; NM; NDS
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; NDS
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NM; NDS
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	PA; NM; NDS
<i>tobramycin in 0.225 % nacl</i> (Tobi) <i>inhalation solution for nebulization</i> <i>300 mg/5 ml</i>	5	PA BvD; NM; NDS
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; NM; NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NM; NDS
<b>Agentes Del Tracto Respiratorio, Otros</b>		
<i>acetylcysteine solution 100 mg/ml</i> <i>(10 %), 200 mg/ml (20 %)</i>	2	PA BvD; GC
ADVAIR HFA INHALATION HFA (fluticasone AEROSOL INHALER propion-salmeterol) 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION (fluticasone BLISTER WITH DEVICE furoate-vilanterol) 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>breynd inhalation hfa aerosol inhaler</i> (budesonide-formoterol) <i>160-4.5 mcg/actuation,</i> <i>80-4.5 mcg/actuation</i>	3	QL (10.3 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
<i>budesonide-formoterol inhalation hfa</i> (Breyna) <i>aerosol inhaler</i> 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	3	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	4	QL (4 per 20 days)
<i>cromolyn inhalation solution for nebulization</i> 20 mg/2 ml	2	PA BvD; GC
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i> 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation (AirDuo RespiClick)	3	QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (Advair Diskus)	3	QL (60 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization</i> 0.5 mg-3 mg(2.5 mg base)/3 ml	2	PA BvD; GC
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	5	PA; NM; NDS
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
<b>Antihipertensivos Pulmonares</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; NDS; QL (90 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; NM; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (90 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; GC; QL (90 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	5	PA; NM; NDS; QL (1 per 21 days)
<b>Antihistamínicos</b>		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	GC; QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	2	GC; QL (30 per 25 days)
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	1	GC
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	4	
<i>cyproheptadine oral tablet 4 mg</i>	4	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	2	GC
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	GC
<b>Antiinflamatorios, Corticoesteroides Inhalados</b>		
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (26 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (120), 220 MCG/ACTUATION (14), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	3	QL (2 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	4	PA BvD
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	GC; QL (50 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	3	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	3	QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	GC; QL (16 per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	2	GC; QL (34 per 30 days)
<b>Antileucotrinos</b>		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	2	GC; QL (30 per 30 days)
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	GC; QL (30 per 30 days)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	GC; QL (30 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	GC; QL (60 per 30 days)
<b>Broncodilatadores, Anticolinérgicos</b>		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (26 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; GC
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	2	GC; QL (60 per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	GC; QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)	3	QL (30 per 30 days)
<b>Broncodilatadores, Simpaticomiméticos</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	2	GC; QL (17 per 30 days)

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



# Index of Drugs / Índice de drogas

## 1

1ST TIER UNIFINE PENTIPS ....  
 .....72, 293  
 1ST TIER UNIFINE PENTIPS  
 PLUS .....72, 293

## A

*abacavir* .....65, 280  
*abacavir-lamivudine* .....65, 280  
 ABELCET.....41, 259  
 ABILIFY ASIMTUFII .....59, 273  
 ABILIFY MAINTENA .....59, 273  
*abiraterone*.....46, 262  
 ABOUTTIME PEN NEEDLE .....  
 .....72, 293  
 ABRYSCO (PF).....161, 229  
*acamprosate* .....23, 181  
*acarbose* .....69, 290  
*accutane* .....124, 202, 207  
*acebutolol*.....112, 188  
*acetaminophen-codeine* ..21, 238  
*acetazolamide* .....170, 233  
*acetic acid*.....171, 237  
*acetylcysteine*.....175, 331  
*acitretin* .....124, 202, 207  
 ACTEMRA .....157, 224, 228  
 ACTEMRA ACTPEN .....156, 224  
 ACTHAR .....144, 220  
 ACTHAR SELFJECT .....144, 220  
 ACTHIB (PF).....161, 229  
 ACTIMMUNE .....158, 224  
*acyclovir*.....63, 278  
*acyclovir sodium*.....63, 278  
 ADACEL(TDAP  
 ADOLESN/ADULT)(PF) .....  
 .....161, 229  
*adefovir* .....62, 277  
 ADEMPAS .....175, 332  
 ADVAIR HFA.....175, 331  
 ADVOCATE PEN NEEDLE .....  
 .....73, 294  
 ADVOCATE SYRINGES ..72, 73,  
 .....293, 294  
*afirmelle* .....146, 212  
 AKEEGA .....49, 265  
*albendazole*.....56, 271  
*albuterol sulfate*.....173, 334, 335  
*alclometasone* .....125, 202

ALCOH-GLOVE .....127, 205  
 ALCOHOL PADS .....127, 205  
 ALCOHOL PREP PADS.....  
 .....128, 206  
 ALCOHOL PREP SWABS.....  
 .....127, 205  
 ALCOHOL SWABS .....127, 205  
 ALCOHOL WIPES.....127, 205  
 ALCOH-WIPE .....127, 205  
 ALECENSA .....49, 265  
*alendronate* .....166, 197  
*alfuzosin*.....142, 210  
*aliskiren*.....115, 189  
*allopurinol*.....43, 183  
*alosetron* .....138, 207  
*alprazolam* .....68, 241  
 ALPRAZOLAM INTENSOL.....  
 .....68, 241  
*altavera (28)*.....146, 212  
 ALUNBRIG.....49, 265  
*alyacen 1/35 (28)* .....146, 212  
*alyacen 7/7/7 (28)*.....146, 212  
*amantadine hcl*.....57, 185  
*ambrisentan* .....175, 333  
*amcinonide*.....125, 202  
*amikacin*.....24, 242  
*amiloride* .....118, 195  
*amiloride-hydrochlorothiazide*  
 .....115, 189  
*amiodarone* .....112, 192  
*amitriptyline*.....40, 257  
*amlodipine*.....113, 186  
*amlodipine-atorvastatin* .115, 189  
*amlodipine-benazepril* ...115, 189  
*amlodipine-olmesartan* ..115, 189  
*amlodipine-valsartan* .....115, 189  
*ammonium lactate* .....125, 202  
*amnestem* .....124, 202  
*amoxapine* .....40, 257  
*amoxicillin* .....28, 246  
*amoxicillin-pot clavulanate*.....  
 .....28, 246  
*amphotericin b*.....41, 259  
*amphotericin b liposome*..41, 259  
*ampicillin* .....28, 247  
*ampicillin sodium*.....29, 247  
*ampicillin-sulbactam* .....29, 247  
*anagrelide* .....110, 178  
*anastrozole* .....49, 264  
 ANKTIVA.....47, 263

ANORO ELLIPTA.....175, 331  
*apraclonidine*.....170, 233  
*aprepitant*.....41, 258  
*apri*.....146, 212  
 APTIOM.....35, 251  
 APTIVUS.....66, 276  
 AQINJECT PEN NEEDLE .....  
 .....73, 294  
*aranella (28)*.....146, 212  
 ARCALYST .....157, 224  
 AREXVY (PF).....161, 229  
 AREXVY ANTIGEN  
 COMPONENT .....161, 229  
 ARIKAYCE .....24, 242  
*aripiprazole* .....59, 273, 274  
*armodafinil* .....177, 198  
 ARNUITY ELLIPTA .....172, 333  
*asenapine maleate*.....59, 274  
 ASMANEX HFA .....172, 333  
 ASMANEX TWISTHALER.....  
 .....172, 333  
*aspirin-dipyridamole* .....110, 179  
 ASSURE ID DUO PRO SFTY  
 PEN NDL .....73, 294  
 ASSURE ID DUO-SHIELD .....  
 .....73, 294  
 ASSURE ID INSULIN SAFETY  
 .....73, 74, 294, 295  
 ASSURE ID PEN NEEDLE.....  
 .....73, 294  
 ASSURE ID PRO PEN NEEDLE  
 .....73, 294  
*atazanavir* .....66, 276  
*atenolol* .....113, 188  
*atenolol-chlorthalidone* .....  
 .....115, 189, 190  
*atomoxetine* .....122, 200  
*atorvastatin* .....119, 193  
*atovaquone* .....56, 271  
*atovaquone-proguanil*.....  
 .....56, 271, 272  
*atropine*.....167, 234  
 ATROVENT HFA.....173, 334  
*aubra eq*.....146, 212  
 AUGTYRO .....49, 265  
*aurovela 1.5/30 (21)* .....146, 212  
*aurovela 1/20 (21)* .....146, 212  
*aurovela fe 1.5/30 (28)* ..147, 212  
*aurovela fe 1-20 (28)* .....147, 212  
 AURYXIA .....137, 286

AUSTEDO..... 122, 201  
 AUSTEDO XR..... 122, 201  
 AUSTEDO XR TITRATION  
 KT(WK1-4)..... 122, 201  
 AUVELITY..... 37, 256  
*aviane* ..... 147, 212  
*avita*..... 124, 207  
 AVONEX..... 123, 199  
*ayuna*..... 147, 212  
 AYVAKIT..... 49, 265  
 AZASITE..... 168, 236  
*azathioprine* ..... 158, 224  
*azelastine*..... 168, 171, 234, 333  
*azithromycin*..... 30, 248  
 AZOPT..... 170, 233  
*aztreonam*..... 25, 243  
*azurette (28)*..... 147, 212

## B

*bacitracin*..... 168, 236  
*bacitracin-polymyxin b*... 168, 236  
*baclofen* ..... 62, 183  
*bal-care dha* ..... 133, 282  
*bal-care dha essential* ... 133, 282  
*balsalazide*..... 165, 197  
 BALVERSA ..... 49, 50, 265  
*balziva (28)* ..... 147, 212  
 BAQSIMI..... 71, 292  
 BARACLUDE ..... 63, 277  
 BCG VACCINE, LIVE (PF) .....  
 ..... 161, 229  
 BD ALCOHOL SWABS .....  
 ..... 127, 206  
 BD AUTOSHIELD DUO PEN  
 NEEDLE..... 74, 295  
 BD ECLIPSE LUER-LOK .....  
 ..... 74, 295  
 BD INSULIN SYRINGE ... 74, 295  
 BD INSULIN SYRINGE (HALF  
 UNIT) ..... 74, 295  
 BD INSULIN SYRINGE SLIP TIP  
 ..... 74, 295  
 BD INSULIN SYRINGE U-500....  
 ..... 74, 295  
 BD INSULIN SYRINGE ULTRA-  
 FINE..... 74, 295  
 BD NANO 2ND GEN PEN  
 NEEDLE..... 74, 295  
 BD SAFETYGLIDE INSULIN  
 SYRINGE..... 74, 75, 295, 296  
 BD SAFETYGLIDE SYRINGE....  
 ..... 75, 296  
 BD ULTRA-FINE MICRO PEN  
 NEEDLE..... 75, 296

BD ULTRA-FINE MINI PEN  
 NEEDLE..... 75, 296  
 BD ULTRA-FINE NANO PEN  
 NEEDLE..... 75, 296  
 BD ULTRA-FINE ORIG PEN  
 NEEDLE..... 75, 296  
 BD ULTRA-FINE SHORT PEN  
 NEEDLE..... 75, 296  
 BD VEO INSULIN SYR (HALF  
 UNIT) ..... 75, 296  
 BD VEO INSULIN SYRINGE UF  
 ..... 75, 296  
 BELSOMRA ..... 177, 198  
*benazepril* ..... 111, 195, 196  
*benazepril-hydrochlorothiazide*  
 ..... 116, 190  
 BENLYSTA ..... 158, 224  
*benznidazole*..... 56, 272  
*benztropine* ..... 57, 186  
 BESREMI..... 158, 224  
*betaine* ..... 140, 178  
*betamethasone dipropionate* .....  
 ..... 125, 202  
*betamethasone valerate*.....  
 ..... 125, 202, 203  
*betamethasone, augmented*.....  
 ..... 125, 203  
 BETASERON..... 123, 199  
*betaxolol*..... 113, 169, 188, 233  
*bethanechol chloride* ..... 143, 210  
*bexarotene* ..... 56, 271  
 BEXSERO..... 161, 229  
*bicalutamide*..... 46, 262  
 BICILLIN L-A..... 29, 247  
 BIKTARVY ..... 63, 279  
*bisoprolol fumarate*..... 113, 188  
*bisoprolol-hydrochlorothiazide*  
 ..... 116, 190  
*blisovi fe 1.5/30 (28)* ..... 147, 212  
*blisovi fe 1/20 (28)* ..... 147, 212  
 BOOSTRIX TDAP ..... 161, 229  
 BORDERED GAUZE..... 75, 296  
*bosentan* ..... 175, 333  
 BOSULIF..... 50, 265  
 BRAFTOVI ..... 50, 265  
 BREO ELLIPTA..... 175, 176, 331  
*breyana*..... 176, 331  
 BREZTRI AEROSPHERE .....  
 ..... 176, 332  
*briellyn* ..... 147, 212  
 BRILINTA..... 110, 179  
*brimonidine* ..... 170, 233, 234  
*brimonidine-timolol* ..... 170, 234  
 BRIVIACT ..... 32, 252  
*bromfenac* ..... 169, 236

*bromocriptine* ..... 57, 185  
 BRONCHITOL..... 174, 330  
 BRUKINSA..... 50, 265  
*budesonide* ... 166, 172, 197, 334  
*budesonide-formoterol*... 176, 332  
*bumetanide* ..... 118, 195  
*buprenorphine hcl*..... 23, 181  
*buprenorphine-naloxone*... 23, 181  
*bupropion hcl*..... 37, 256  
*bupropion hcl (smoking deter)* ....  
 ..... 24, 181  
*buspirone* ..... 68, 241  
*butalbital-acetaminophen-caff*.....  
 ..... 20, 238  
*butalbital-aspirin-caffeine*.....  
 ..... 20, 238  
 BYLVAY ..... 139, 208

## C

*cabergoline* ..... 154, 222  
 CABLIVI ..... 110, 179  
 CABOMETYX..... 50, 265  
*calcipotriene*..... 127, 206  
*calcitonin (salmon)* ..... 166, 197  
*calcitriol*..... 166, 197, 198  
*calcium acetate(phosphat bind)*  
 ..... 137, 138, 286  
 CALQUENCE..... 50, 265  
 CALQUENCE (ACALABRUTINIB  
 MAL) ..... 50, 265  
*camila* ..... 152, 219  
 CAMZYOS ..... 116, 190  
*candesartan* ..... 111, 192  
*candesartan-hydrochlorothiazid*  
 ..... 116, 190  
 CAPLYTA..... 60, 274  
 CAPRELSA ..... 50, 266  
*captopril* ..... 112, 196  
*carbamazepine*..... 35, 251  
*carbidopa* ..... 57, 185  
*carbidopa-levodopa*... 57, 58, 185  
*carbidopa-levodopa-entacapone*  
 ..... 57, 185  
 CARDURA XL..... 143, 210  
 CAREFINE PEN NEEDLE.....  
 ..... 75, 76, 296, 297  
 CARETOUCH ALCOHOL PREP  
 PAD ..... 127, 206  
 CARETOUCH INSULIN  
 SYRINGE..... 76, 297  
 CARETOUCH PEN NEEDLE .....  
 ..... 76, 297  
*carglumic acid* ..... 129, 287  
*carteolol* ..... 169, 234  
*cartia xt* ..... 114, 187

<i>carvedilol</i> .....	113, 188	CLINDAMYCIN IN 0.9 % SOD	<i>codeine-butalbital-asa-caff</i> .....	
<i>carvedilol phosphate</i> .....	113, 188	CHLOR .....	.....	20, 238
<i>caspofungin</i> .....	41, 259	<i>clindamycin in 5 % dextrose</i> .....	<i>colchicine</i> .....	43, 183
CAYSTON.....	174, 330	.....	<i>colestipol</i> .....	120, 194
<i>caziant (28)</i> .....	147, 212	CLINDAMYCIN IN 5 %	<i>colistin (colistimethate na)</i> .....	
<i>cefaclor</i> .....	26, 244	DEXTROSE .....	.....	25, 243
<i>cefadroxil</i> .....	26, 27, 245	<i>clindamycin pediatric</i> .....	COMBIGAN .....	170, 234
<i>cefazolin</i> .....	27, 245	<i>clindamycin phosphate</i> ... ..	COMBIVENT RESPIMAT .....	
<i>cefdinir</i> .....	27, 245	.....	.....	176, 332
<i>cefepime</i> .....	27, 245	<i>clindamycin-benzoyl peroxide</i>	COMETRIQ.....	50, 266
<i>cefixime</i> .....	27, 245	.....	COMFORT EZ INSULIN	
<i>cefotetan</i> .....	27, 245	CLINIMIX 5%/D15W SULFITE	SYRINGE.....	77, 78, 298, 299
<i>cefotetan in dextrose, iso-osm</i> ....		FREE .....	COMFORT EZ PEN NEEDLES	
.....	27, 245	CLINIMIX 4.25%/D10W SULF	.....	77, 78, 298, 299
<i>cefoxitin</i> .....	27, 245	FREE .....	COMFORT EZ PRO SAFETY	
<i>cefpodoxime</i> .....	27, 245	CLINIMIX 4.25%/D5W SULFIT	PEN NDL .....	78, 299
<i>cefprozil</i> .....	27, 245	FREE .....	COMFORT TOUCH PEN	
<i>ceftazidime</i> .....	27, 245	CLINIMIX 5%-D20W(SULFITE-	NEEDLE.....	78, 79, 299, 300
<i>ceftriaxone</i> .....	27, 245	FREE) .....	COMPLERA.....	64, 279
<i>cefuroxime axetil</i> .....	27, 245	CLINIMIX 6%-D5W (SULFITE-	<i>completenate</i> .....	134, 283
<i>cefuroxime sodium</i> ....	27, 28, 246	FREE) .....	<i>constulose</i> .....	138, 207
<i>celecoxib</i> .....	20, 239	CLINIMIX 8%-D10W(SULFITE-	COPAXONE.....	123, 199
<i>cephalexin</i> .....	28, 246	FREE) .....	COPIKTRA.....	50, 266
<i>cetirizine</i> .....	171, 333	CLINIMIX 8%-D14W(SULFITE-	COSENTYX .....	157, 225, 228
<i>chateal eq (28)</i> .....	147, 213	FREE) .....	COSENTYX (2 SYRINGES).....	
<i>chlordiazepoxide hcl</i> .....	68, 242	CLINIMIX E 2.75%/D5W SULF	.....	157, 224
<i>chlorhexidine gluconate</i> .....		FREE .....	COSENTYX PEN (2 PENS) .....	
.....	124, 202	CLINIMIX E 4.25%/D10W SUL	.....	157, 224
<i>chloroquine phosphate</i> ....	56, 272	FREE .....	COSENTYX UNOREADY PEN	
<i>chlorpromazine</i> .....	58, 272	CLINIMIX E 4.25%/D5W SULF	.....	157, 225
<i>chlorthalidone</i> .....	118, 195	FREE .....	COTELLIC .....	50, 266
<i>chlorzoxazone</i> .....	177, 330	CLINIMIX E 5%/D15W SULFIT	CREON.....	141, 178
<i>cholestyramine (with sugar)</i> .....		FREE .....	<i>cromolyn</i> .....	141, 168, 176,
.....	119, 194	CLINIMIX E 5%/D20W SULFIT	.....	178, 234, 332
<i>cholestyramine light</i> .....	120, 194	FREE .....	<i>cryselle (28)</i> .....	147, 213
<i>ciclopirox</i> ... ..	41, 42, 129, 203, 259	CLINIMIX E 8%-D10W	CURAD GAUZE PAD.....	79, 300
<i>cilostazol</i> .....	110, 179	SULFITEFREE .....	CURITY ALCOHOL SWABS .....	
CIMDUO .....	65, 280	CLINIMIX E 8%-D14W	.....	128, 206
<i>cinacalcet</i> .....	166, 198	SULFITEFREE .....	CURITY GAUZE .....	79, 300
<i>ciprofloxacin hcl</i> .....	31, 171,	<i>clobazam</i> .....	<i>cyclobenzaprine</i> .....	177, 330
.....	237, 249	<i>clobetasol</i> .....	<i>cyclophosphamide</i> .....	46, 261
<i>ciprofloxacin in 5 % dextrose</i> .....		<i>clobetasol-emollient</i> .....	<i>cyclosporine</i> ..	159, 167, 225, 235
.....	31, 249	<i>clomipramine</i> .....	<i>cyclosporine modified</i> .....	
<i>ciprofloxacin-dexamethasone</i>		<i>clonazepam</i> .....	.....	158, 159, 225
.....	171, 237	<i>clonidine</i> .....	<i>cyproheptadine</i> .....	171, 333
<i>ciprofloxacin-fluocinolone</i> .....		<i>clonidine hcl</i> .....	<i>cyred eq</i> .....	147, 213
.....	171, 237	<i>clopidogrel</i> .....	CYSTADROPS .....	167, 235
<i>citalopram</i> .....	38, 254	<i>clorazepate dipotassium</i> ..	CYSTAGON.....	141, 178
<i>claravis</i> .....	124, 203	<i>clotrimazole</i> .....	CYSTARAN .....	167, 235
<i>clarithromycin</i> .....	30, 248	<i>clotrimazole-betamethasone</i> .....		
CLENPIQ .....	139, 208	.....		
CLICKFINE PEN NEEDLE .....		<i>clozapine</i> .....		
.....	77, 297, 298	<i>c-nate dha</i> .....		
<i>clindamycin hcl</i> .....	25, 243	COARTEM .....		
		<i>codeine sulfate</i> .....		

## D

*d10 %-0.45 % sodium chloride*  
..... 134, 283  
*d2.5 %-0.45 % sodium chloride*  
..... 134, 283  
*d5 % and 0.9 % sodium chloride*  
..... 134, 283  
*d5 %-0.45 % sodium chloride*  
..... 134, 283  
*dalfampridine*..... 123, 199  
*danazol* ..... 145, 218  
*dapsone* ..... 45, 261  
DAPTACEL (DTAP PEDIATRIC)  
(PF)..... 162, 229  
*daptomycin*..... 25, 243  
*darifenacin* ..... 142, 210  
*darunavir*..... 66, 276  
*dasetta 1/35 (28)*..... 147, 213  
*dasetta 7/7/7 (28)*..... 147, 213  
DAURISMO..... 50, 266  
*deblitane* ..... 152, 219  
*deferasirox* ..... 132, 287  
*deferiprone*..... 132, 287  
DELSTRIGO ..... 65, 280  
DEPO-SUBQ PROVERA 104  
..... 152, 219  
DERMACEA..... 79, 300  
DERMACEA NON-WOVEN.....  
..... 79, 300  
*dermacinrx lidocan* ..... 23, 241  
DESCOVY ..... 65, 280  
*desipramine* ..... 40, 257  
*desmopressin*..... 144, 220, 221  
*desog-e.estradiol/e.estradiol*.....  
..... 147, 213  
*desogestrel-ethinyl estradiol*.....  
..... 147, 213  
*desonide* ..... 126, 203  
*desoximetasone* ..... 126, 203  
*desvenlafaxine* ..... 38, 254  
*desvenlafaxine succinate* .....  
..... 38, 254  
*dexamethasone*..... 143, 221  
*dexamethasone sodium*  
*phosphate* ..... 169, 236  
*dexlansoprazole* ..... 140, 209  
*dexmethylphenidate* ..... 122, 200  
*dextroamphetamine sulfate* .....  
..... 121, 200  
*dextroamphetamine-*  
*amphetamine* ..... 121, 200  
*dextrose 10 % and 0.2 % nacl*  
..... 134, 283

*dextrose 10 % in water (d10w)*  
..... 134, 283  
*dextrose 5 % in water (d5w)*.....  
..... 134, 283  
*dextrose 5%-0.2 % sod chloride*  
..... 134, 283  
DIACOMIT ..... 32, 252  
*diazepam* ..... 34, 69, 242, 250  
*diazepam intensol* ..... 68, 242  
*diazoxide*..... 71, 292  
*diclofenac potassium*..... 20, 239  
*diclofenac sodium*... 20, 128, 169,  
..... 206, 236, 240  
*dicloxacillin*..... 29, 247  
*dicyclomine* ..... 139, 209  
DIFICID ..... 30, 248  
*diflunisal* ..... 20, 240  
*digitek* ..... 116, 190  
*digox* ..... 116, 190  
*digoxin* ..... 116, 190  
DIGOXIN..... 116, 190  
*dihydroergotamine*..... 44, 184  
DILANTIN..... 35, 251  
*diltiazem hcl* ..... 114, 187  
*dilt-xr* ..... 114, 187  
*dimethyl fumarate*..... 123, 199  
*diphenoxylate-atropine* .. 138, 207  
*disopyramide phosphate* .....  
..... 112, 192  
*disulfiram*..... 23, 181  
*divalproex*..... 69, 186  
*dofetilide*..... 112, 192  
DOJOLVI..... 134, 283  
*donepezil*..... 36, 182  
*dorzolamide* ..... 170, 234  
*dorzolamide-timolol* ..... 170, 234  
*dorzolamide-timolol (pf)*.....  
..... 170, 234  
DOVATO ..... 63, 279  
*doxazosin*..... 111, 188  
*doxepin* ..... 40, 257  
*doxy-100* ..... 31, 249  
*doxycycline hyclate* ..... 32, 250  
*doxycycline monohydrate* .....  
..... 32, 250  
DRIZALMA SPRINKLE.... 38, 254  
*dronabinol* ..... 41, 258  
DROPLET INSULIN SYR(HALF  
UNIT) ..... 79, 80, 300  
DROPLET INSULIN SYRINGE  
..... 79, 80, 300, 301  
DROPLET MICRON PEN  
NEEDLE..... 80, 301  
DROPLET PEN NEEDLE .....  
..... 80, 81, 301, 302

DROPSAFE ALCOHOL PREP  
PADS ..... 128, 206  
DROPSAFE INSULIN SYRINGE  
..... 81, 302  
DROPSAFE PEN NEEDLE .....  
..... 81, 302  
*drospirenone-ethinyl estradiol*  
..... 147, 213  
DROXIA ..... 47, 262  
*droxidopa* ..... 111, 192  
DUAVEE ..... 145, 218  
*duloxetine*..... 38, 254  
DUPIXENT PEN..... 157, 225  
DUPIXENT SYRINGE ... 157, 225  
DUREZOL..... 169, 236  
*dutasteride* ..... 143, 210  
*dutasteride-tamsulosin* .. 143, 210

## E

EASY COMFORT ALCOHOL  
PAD ..... 128, 206  
EASY COMFORT INSULIN  
SYRINGE..... 82, 302, 303  
EASY COMFORT PEN  
NEEDLES ..... 82, 303  
EASY COMFORT SAFETY PEN  
NEEDLE..... 81, 302  
EASY GLIDE INSULIN  
SYRINGE..... 82, 303  
EASY GLIDE PEN NEEDLE.....  
..... 83, 303  
EASY TOUCH..... 84, 305  
EASY TOUCH ALCOHOL PREP  
PADS ..... 128, 206  
EASY TOUCH FLIPLOCK  
INSULIN..... 83, 84, 304, 305  
EASY TOUCH FLIPLOCK  
SYRINGE..... 83, 304  
EASY TOUCH INSULIN  
SAFETY SYR..... 83, 304  
EASY TOUCH INSULIN  
SYRINGE..... 83, 84, 304, 305  
EASY TOUCH LUER LOCK  
INSULIN..... 84, 305  
EASY TOUCH PEN NEEDLE.....  
..... 84, 305  
EASY TOUCH SAFETY PEN  
NEEDLE..... 84, 85, 305, 306  
EASY TOUCH SHEATHLOCK  
INSULIN..... 83, 84, 304, 305  
EASY TOUCH UNI-SLIP .....  
..... 85, 305  
*ec-naproxen* ..... 20, 240  
*econazole*..... 42, 259  
EDURANT ..... 64, 279

<i>efavirenz</i> .....	64, 279	ERAXIS(WATER DILUENT).....		<i>felodipine</i> .....	113, 187
<i>efavirenz-emtricitabin-tenofov</i> .....	42, 259	.....		<i>fenofibrate</i> .....	119, 193
.....	65, 280	<i>ergotamine-caffeine</i> .....	44, 184	<i>fenofibrate micronized</i> ...	119, 193
<i>efavirenz-lamivu-tenofov disop</i>		ERIVEDGE .....	50, 266	<i>fenofibrate nanocrystallized</i> .....	
.....	65, 280	ERLEADA .....	46, 262	.....	119, 193
<i>electrolyte-148</i> .....	129, 287	<i>erlotinib</i> .....	50, 266	<i>fenofibric acid (choline)</i> ..	119, 193
ELIGARD .....	154, 222	<i>errin</i> .....	152, 219	<i>fentanyl</i> .....	21, 239
ELIGARD (3 MONTH) ...	154, 222	<i>ertapenem</i> .....	29, 247	<i>fentanyl citrate</i> .....	22, 238
ELIGARD (4 MONTH) ...	154, 222	<i>ery pads</i> .....	129, 203	FERRIPROX .....	132, 287
ELIGARD (6 MONTH) ...	154, 222	ERYTHROCIN .....	30, 248	FERRIPROX (2 TIMES A DAY)	
<i>elimest</i> .....	147, 213	<i>erythromycin</i> .....	30, 31, 168,	.....	132, 287
ELIQUIS.....	109, 180	.....	237, 248, 249	<i>fesoterodine</i> .....	142, 210
ELIQUIS DVT-PE TREAT 30D		<i>erythromycin ethylsuccinate</i> .....		FETZIMA.....	39, 255
START .....	109, 180	.....	30, 248	FIASP FLEXTOUCH U-100	
ELMIRON.....	143, 210	<i>erythromycin with ethanol</i> .....		INSULIN.....	85, 306
ELREXFIO .....	47, 263	.....	129, 204	FIASP PENFILL U-100 INSULIN	
<i>eluryng</i> .....	147, 213	<i>erythromycin-benzoyl peroxide</i>		.....	85, 306
EMBRACE PEN NEEDLE .....		.....	124, 204	FIASP U-100 INSULIN ...	85, 306
.....	85, 306	<i>escitalopram oxalate</i> .	38, 39, 255	FILSPARI .....	116, 190
EMCYT .....	47, 262	<i>esomeprazole magnesium</i> .....		<i>finasteride</i> .....	143, 210
EMGALITY PEN.....	44, 184	.....	140, 209	<i>ingolimod</i> .....	123, 199
EMGALITY SYRINGE ....	44, 184	<i>estarylla</i> .....	148, 213	FINTEPLA.....	32, 252
EMSAM.....	38, 257	<i>estradiol</i> .....	145, 146, 219	FIRMAGON KIT W DILUENT	
<i>emtricitabine</i> .....	65, 280	<i>ethambutol</i> .....	45, 261	SYRINGE.....	154, 222
<i>emtricitabine-tenofovir (tdf)</i> .....		<i>ethosuximide</i> .....	34, 252	FIRVANQ.....	25, 243
.....	65, 280	<i>ethynodiol diac-eth estradiol</i> .....		<i>flecainide</i> .....	112, 193
EMTRIVA.....	65, 280	.....	148, 213	<i>fluconazole</i> .....	42, 259
EMVERM .....	56, 271	<i>etodolac</i> .....	20, 240	<i>fluconazole in nacl (iso-osm)</i> .....	
<i>enalapril maleate</i> .....	112, 196	<i>etonogestrel-ethinyl estradiol</i> .....		.....	42, 259
<i>enalapril-hydrochlorothiazide</i> .....		.....	148, 213	<i>flucytosine</i> .....	42, 259
.....	116, 190	<i>etravirine</i> .....	64, 279	<i>fludrocortisone</i> .....	143, 221
ENBREL.....	159, 225	EUCRISA .....	126, 204	<i>flunisolide</i> .....	172, 334
ENBREL MINI .....	159, 225	<i>euthyrox</i> .....	153, 211	<i>fluocinolone</i> .....	126, 204
ENBREL SURECLICK...	159, 225	<i>everolimus (antineoplastic)</i> .....		<i>fluocinolone acetone oil</i> .....	
ENGERIX-B (PF).....	162, 230	.....	51, 266	.....	171, 237
ENGERIX-B PEDIATRIC (PF)		<i>everolimus (immunosuppressive)</i>		<i>fluocinonide</i> .....	126, 204
.....	162, 230	.....	159, 225	<i>fluocinonide-emollient</i> ....	126, 204
<i>enilloring</i> .....	147, 213	EVOTAZ.....	66, 276	<i>fluoride (sodium)</i> ..	130, 132, 287,
<i>enoxaparin</i> .....	109, 180	EVRYSDI .....	122, 201	.....	288, 290
<i>enpresse</i> .....	148, 213	EXEL INSULIN.....	85, 306	<i>fluritab</i> .....	130, 288
<i>enskyce</i> .....	148, 213	<i>exemestane</i> .....	49, 264	<i>fluorometholone</i> .....	169, 236
ENSPRYNG .....	159, 225	EXKIVITY .....	51, 266	<i>fluorouracil</i> .....	128, 206
<i>entacapone</i> .....	57, 185	EYSUVIS .....	167, 235	<i>fluoxetine</i> .....	39, 255
<i>entecavir</i> .....	63, 277	<i>ezetimibe</i> .....	120, 194	<i>fluphenazine decanoate</i> ..	58, 272
ENTRESTO .....	116, 190	<i>ezetimibe-simvastatin</i> ....	120, 194	<i>fluphenazine hcl</i> .....	58, 272
ENTRESTO SPRINKLE .....				<i>flurbiprofen</i> .....	20, 240
.....	116, 190			<i>flurbiprofen sodium</i> .....	169, 236
<i>enulose</i> .....	138, 207			<i>fluticasone propionate</i> ..	126, 172,
ENVARBUS XR .....	159, 225			.....	204, 334
EPIDIOLEX .....	32, 252			<i>fluticasone propion-salmeterol</i>	
<i>epinephrine</i> .....	173, 335			.....	176, 332
<i>epitol</i> .....	35, 251			<i>fluvastatin</i> .....	119, 193
<i>eplerenone</i> .....	118, 195			<i>fluvoxamine</i> .....	39, 255
EPRONTIA.....	44, 184			<i>folivane-ob</i> .....	134, 283
				<i>fondaparinux</i> .....	109, 180

## F

<i>falmina (28)</i> .....	148, 213
<i>famciclovir</i> .....	63, 278
<i>famotidine</i> .....	140, 209
FANAPT .....	60, 274
FASENRA .....	176, 332
FASENRA PEN.....	176, 332
<i>febuxostat</i> .....	43, 183
<i>felbamate</i> .....	32, 252

fosamprenavir .....67, 276  
 fosinopril..... 112, 196  
 fosinopril-hydrochlorothiazide  
 ..... 116, 190  
 FOTIVDA .....51, 266  
 FREESTYLE PRECISION.....86,  
 307  
 FRUZAQLA .....51, 266  
 furosemide ..... 118, 195  
 FUZEON .....66, 281  
 FYCOMPA ..... 32, 33, 252

## G

*gabapentin* .....34, 35, 250  
 GALAFOLD..... 141, 178  
 galantamine .....37, 182  
 GARDASIL 9 (PF) ..... 162, 230  
 gatifloxacin ..... 168, 237  
 GATTEX 30-VIAL..... 139, 208  
 GAUZE PAD .....86, 307  
 gavilyte-c..... 139, 208  
 gavilyte-g..... 139, 208  
 gavilyte-n..... 139, 208  
 GAVRETO .....51, 266  
 gefitinib .....51, 266  
 gemfibrozil..... 119, 193  
 generlac ..... 138, 207  
 gengraf..... 159, 225  
 gentamicin..... 24, 168, 237,  
 .....242, 243  
 gentamicin in nacl (iso-osm).....  
 .....24, 242  
 GENVOYA .....63, 279  
 GILOTRIF .....51, 266  
 GLEOSTINE.....46, 261  
 glimepiride.....69, 290  
 glipizide.....69, 290  
 glipizide-metformin .....70, 290  
 GLUCAGEN DIAGNOSTIC KIT  
 .....71, 292  
 glutamine (sickle cell) .... 141, 178  
 glyburide .....70, 291  
 glyburide micronized .....70, 291  
 glyburide-metformin.....70, 291  
 glycopyrrolate..... 139, 209  
 granisetron hcl.....41, 258  
 griseofulvin microsize .....42, 260  
 griseofulvin ultramicrosize .....  
 .....42, 260  
 guanfacine .... 111, 122, 192, 201  
 GVOKE .....72, 293  
 GVOKE HYOPEN 2-PACK .....  
 .....71, 292  
 GVOKE PFS 1-PACK SYRINGE  
 .....72, 292

## H

*hailey* ..... 148, 214  
 hailey fe 1.5/30 (28)..... 148, 213  
 hailey fe 1/20 (28)..... 148, 213  
 halobetasol propionate .....  
 ..... 126, 204  
 haloette ..... 148, 214  
 haloperidol .....59, 273  
 haloperidol decanoate .....58, 273  
 haloperidol lactate .....59, 273  
 HAVRIX (PF)..... 162, 230  
 HEALTHWISE INSULIN  
 SYRINGE.....86, 307  
 HEALTHWISE PEN NEEDLE.....  
 ..... 87, 307, 308  
 HEALTHY ACCENTS UNIFINE  
 PENTIP .....87, 308  
 heather..... 152, 219  
 heparin (porcine) ..... 109, 180  
 HEPLISAV-B (PF) ..... 162, 230  
 HIBERIX (PF)..... 162, 230  
 HUMIRA..... 159, 226  
 HUMIRA PEN..... 159, 226  
 HUMIRA PEN CROHNS-UC-HS  
 START ..... 159, 228  
 HUMIRA PEN PSOR-UEITS-  
 ADOL HS ..... 159, 228  
 HUMIRA(CF)..... 160, 226  
 HUMIRA(CF) PEDI CROHNS  
 STARTER ..... 159, 228  
 HUMIRA(CF) PEN..... 160, 226  
 HUMIRA(CF) PEN CROHNS-  
 UC-HS ..... 160, 226  
 HUMIRA(CF) PEN PEDIATRIC  
 UC ..... 160, 226  
 HUMIRA(CF) PEN PSOR-UV-  
 ADOL HS ..... 160, 226  
 hydralazine..... 120, 196  
 hydrochlorothiazide ..... 118, 195  
 hydrocodone-acetaminophen .....  
 .....22, 238  
 hydrocodone-ibuprofen....22, 238  
 hydrocortisone..... 126, 143, 166,  
 ..... 197, 204, 207, 221  
 HYDROCORTISONE LOTION  
 COMPLETE ..... 126, 207  
 hydrocortisone valerate .....  
 ..... 127, 204  
 hydrocortisone-pramoxine .....  
 ..... 128, 206  
 hydromorphone .....22, 238  
 hydroxychloroquine .....56, 272  
 hydroxyurea .....47, 263  
 hydroxyzine hcl .....68, 241

*hydroxyzine pamoate* .....68, 241  
 HYFTOR ..... 128, 206

## I

*ibandronate* ..... 166, 198  
 IBRANCE ..... 51, 266, 267  
 ibu .....20, 240  
 ibuprofen .....20, 240  
 icatibant..... 156, 228  
 iclevia ..... 148, 214  
 ICLUSIG.....51, 267  
 icosapent ethyl ..... 120, 194  
 IDHIFA ..... 47, 48, 263  
 ILEVRO..... 169, 236  
 imatinib .....51, 267  
 IMBRUVICA .....51, 267  
 imipenem-cilastatin.....30, 248  
 imipramine hcl.....40, 257  
 imiquimod..... 128, 206  
 IMOVAX RABIES VACCINE (PF)  
 ..... 162, 230  
 IMVEXXY MAINTENANCE  
 PACK..... 146, 219  
 IMVEXXY STARTER PACK.....  
 ..... 146, 219  
 INBRIJA .....58, 185  
 incassia..... 153, 219  
 INCONTROL ALCOHOL PADS  
 ..... 128, 206  
 INCONTROL PEN NEEDLE.....  
 .....87, 308  
 INCRELEX ..... 144, 221  
 indapamide ..... 118, 195  
 indomethacin.....20, 240  
 INFANRIX (DTAP) (PF).....  
 ..... 162, 230  
 INGREZZA..... 122, 201  
 INGREZZA INITIATION  
 PK(TARDIV)..... 122, 201  
 INGREZZA SPRINKLE.. 123, 201  
 INLYTA ..... 51, 267  
 INQOVI .....47, 263  
 INREBIC .....52, 267  
 insulin glargine .....87, 308  
 INSULIN SYR/NDL U100 HALF  
 MARK .....87, 308  
 INSULIN SYRINGE .....74, 295  
 INSULIN SYRINGE MICROFINE  
 ..... 74, 295  
 INSULIN SYRINGE  
 NEEDLELESS.....74, 295  
 INSULIN SYRINGE-NEEDLE U-  
 100.....74, 85, 86, 87, 88, 95, 99,  
 ..... 102, 103, 295, 306, 307, 308,  
 ..... 309, 316, 320, 323, 324

INSUPEN PEN NEEDLE ..... 88, 89, 309  
 INTELENCE ..... 64, 279  
 INTRALIPID ..... 135, 283  
 INTRAROSA ..... 148, 214  
 INVEGA HAFYERA ..... 60, 274  
 INVEGA SUSTENNA ..... 60, 274  
 INVEGA TRINZA ..... 60, 274  
 INVOKAMET ..... 70, 291  
 INVOKAMET XR ..... 70, 291  
 INVOKANA ..... 70, 291  
 IPOL ..... 162, 230  
*ipratropium bromide* ..... 173, 334  
*ipratropium-albuterol* ..... 176, 332  
*irbesartan* ..... 111, 192  
*irbesartan-hydrochlorothiazide*  
 ..... 116, 190  
 ISENTRESS ..... 64, 279  
 ISENTRESS HD ..... 64, 279  
*isibloom* ..... 148, 214  
 ISOLYTE S PH 7.4 ..... 130, 288  
 ISOLYTE-P IN 5 % DEXTROSE  
 ..... 135, 283  
 ISOLYTE-S ..... 130, 288  
*isoniazid* ..... 45, 261  
 ISOPROPYL ALCOHOL .....  
 ..... 128, 206  
*isosorbide dinitrate* ..... 120, 196  
*isosorbide mononitrate* .....  
 ..... 120, 121, 196  
*isosorbide-hydralazine*... 116, 190  
*isotretinoin* ..... 125, 204  
*isradipine* ..... 113, 187  
 ISTURISA ..... 143, 221  
*itraconazole* ..... 42, 260  
 IV PREP WIPES ..... 128, 206  
*ivabradine* ..... 116, 190  
*ivermectin* ..... 56, 271  
 IWILFIN ..... 48, 263  
 IXCHIQ (PF) ..... 162, 230  
 IXIARO (PF) ..... 162, 230

## J

JAKAFI ..... 52, 267  
*jantoven* ..... 109, 180  
 JANUMET ..... 70, 291  
 JANUMET XR ..... 70, 291  
 JANUVIA ..... 70, 291  
 JARDIANCE ..... 70, 291  
*jasmiel (28)* ..... 148, 214  
 JAYPIRCA ..... 52, 267  
*jencycla* ..... 153, 219  
*jolessa* ..... 148, 214  
 JUBLIA ..... 42, 260  
*juleber* ..... 148, 214

JULUCA ..... 65, 280  
*junel 1.5/30 (21)* ..... 148, 214  
*junel 1/20 (21)* ..... 148, 214  
*junel fe 1.5/30 (28)* ..... 148, 214  
*junel fe 1/20 (28)* ..... 148, 214  
 JUXTAPID ..... 120, 194  
 JYLAMVO ..... 48, 263  
 JYNNEOS (PF) ..... 162, 230

## K

*kalliga* ..... 149, 214  
 KALYDECO ..... 174, 330  
*kariva (28)* ..... 149, 214  
 KATERZIA ..... 113, 187  
*kelnor 1/35 (28)* ..... 149, 214  
*kelnor 1/50 (28)* ..... 149, 214  
 KERENDIA ..... 118, 195  
 KESIMPTA PEN ..... 123, 199  
*ketoconazole* ..... 42, 260  
*ketorolac* ..... 21, 169, 236, 240  
 KINERET ..... 160, 226  
 KINRIX (PF) ..... 163, 230  
*kionex (with sorbitol)* ..... 132, 287  
 KISQALI ..... 52, 267  
 KISQALI FEMARA CO-PACK ....  
 ..... 48, 263  
 KLOR-CON ..... 130, 288  
 KLOR-CON 10 ..... 130, 288  
 KLOR-CON 8 ..... 130, 288  
*klor-con m10* ..... 130, 288  
*klor-con m15* ..... 130, 288  
*klor-con m20* ..... 130, 288  
 KLOXXADO ..... 23, 181  
 KOSELUGO ..... 52, 267  
*kosher prenatal plus iron* .....  
 ..... 135, 283  
 KOURZEQ ..... 124, 202  
 KRAZATI ..... 52, 267  
*kurvelo (28)* ..... 149, 214

## L

*labetalol* ..... 113, 188  
*lacosamide* ..... 35, 251  
*lactulose* ..... 138, 207  
*lagevrio (eua)* ..... 67, 276  
*lamivudine* ..... 63, 65, 278, 280  
*lamivudine-zidovudine* ..... 65, 280  
*lamotrigine* ..... 33, 253  
 LAMPIT ..... 56, 272  
 LANOXIN ..... 117, 191  
*lanreotide* ..... 154, 155, 222  
*lansoprazole* ..... 140, 209  
 LANTUS SOLOSTAR U-100  
 INSULIN ..... 89, 310

LANTUS U-100 INSULIN 89, 310  
*lapatinib* ..... 52, 267  
*larin 1.5/30 (21)* ..... 149, 214  
*larin 1/20 (21)* ..... 149, 214  
*larin fe 1.5/30 (28)* ..... 149, 214  
*larin fe 1/20 (28)* ..... 149, 214  
*latanoprost* ..... 170, 235  
*leena 28* ..... 149, 215  
*leflunomide* ..... 157, 226  
*lenalidomide* ..... 47, 261  
 LENVIMA ..... 52, 268  
*lessina* ..... 149, 215  
*letrozole* ..... 49, 264  
*leucovorin calcium* ..... 48, 263  
 LEUKERAN ..... 46, 261  
 LEUKINE ..... 110, 178  
*leuprolide* ..... 155, 223  
*leuprolide (3 month)* ..... 155, 223  
 LEVEMIR FLEXPEN ..... 89, 310  
 LEVEMIR U-100 INSULIN .....  
 ..... 89, 310  
*levetiracetam* ..... 33, 253  
*levobunolol* ..... 169, 234  
*levocarnitine* ..... 135, 284  
*levocarnitine (with sugar)* .....  
 ..... 135, 283  
*levocetirizine* ..... 171, 333  
*levofloxacin* ..... 31, 249  
*levofloxacin in d5w* ..... 31, 249  
*levonest (28)* ..... 149, 215  
*levonorgestrel-ethinyl estrad* .....  
 ..... 149, 215  
*levonorg-eth estrad triphasic* .....  
 ..... 149, 215  
*levora-28* ..... 149, 215  
 LEVO-T ..... 153, 211  
*levothyroxine* ..... 154, 211  
 LEVOXYL ..... 154, 211  
 LEXIVA ..... 67, 281  
 LIALDA ..... 165, 197  
 LIBERVANT ..... 33, 253  
*lidocaine* ..... 23, 241  
*lidocaine hcl* ..... 23, 241  
*lidocaine viscous* ..... 23, 241  
*lidocaine-prilocaine* ..... 23, 241  
*lidocan iii* ..... 23, 241  
*linezolid* ..... 25, 243  
*linezolid in dextrose 5%* ..... 25, 243  
 LINZESS ..... 138, 208  
*liothyronine* ..... 154, 211  
 LISCO ..... 89, 310  
*lisinopril* ..... 112, 196  
*lisinopril-hydrochlorothiazide* .....  
 ..... 117, 191

LITE TOUCH INSULIN PEN  
 NEEDLES .....89, 310  
 LITE TOUCH INSULIN  
 SYRINGE..... 89, 90, 310, 311  
*lithium carbonate*.....69, 186  
*lithium citrate*.....69, 186  
 LIVALO ..... 119, 193  
 LIVMARLI..... 139, 208  
 LIVTENCITY .....62, 277  
 LOKELMA ..... 133, 287  
 LONSURF .....48, 263  
*loperamide* ..... 138, 208  
*lopinavir-ritonavir*.....67, 277  
 LOQTORZI.....48, 263  
*lorazepam* .....69, 242  
*lorazepam intensol*.....69, 242  
 LORBRENA .....52, 268  
*loryna (28)*..... 149, 215  
*losartan* ..... 111, 192  
*losartan-hydrochlorothiazide*.....  
 ..... 117, 191  
*loteprednol etabonate*.... 169, 236  
*lovastatin*..... 119, 193, 194  
*low-ogestrel (28)* ..... 149, 215  
*loxapine succinate*.....59, 273  
*lo-zumandimine (28)*..... 149, 215  
*lubiprostone* ..... 138, 208  
*ludent fluoride*..... 130, 288  
 LUMAKRAS .....48, 263  
 LUMIGAN..... 171, 236  
 LUPKYNIS ..... 160, 226  
 LUPRON DEPOT ..... 155, 223  
 LUPRON DEPOT (3 MONTH)  
 ..... 155, 223  
 LUPRON DEPOT (4 MONTH)  
 ..... 155, 223  
 LUPRON DEPOT (6 MONTH)  
 ..... 155, 223  
 LUPRON DEPOT-PED.. 155, 223  
 LUPRON DEPOT-PED  
 (3 MONTH) ..... 155, 223  
*lurasidone* .....60, 274  
*lutea (28)*..... 149, 215  
 LYBALVI .....60, 274  
*lyleq* ..... 153, 220  
 LYNPARZA ..... 48, 263, 264  
 LYSODREN .....46, 262  
 LYTGOBI .....52, 268  
*lyza* ..... 153, 220

## M

MAGELLAN INSULIN SAFETY  
 SYRNG .....90, 311  
 MAGELLAN SYRINGE.....90, 311  
*magnesium sulfate* ..... 130, 288

*malathion* ..... 129, 207  
*maraviroc* .....66, 281  
*marlissa (28)* ..... 150, 215  
*marnatal-f*..... 135, 284  
 MARPLAN.....38, 257  
 MATULANE .....46, 261  
*matzim la*..... 114, 187  
 MAVYRET.....63, 278  
 MAXICOMFORT II PEN  
 NEEDLE.....90, 311  
 MAXI-COMFORT INSULIN  
 SYRINGE.....90, 311  
 MAXICOMFORT INSULIN  
 SYRINGE..... 90  
 MAXICOMFORT INSULIN  
 SYRINGE..... 90  
 MAXICOMFORT INSULIN  
 SYRINGE.....311  
 MAXICOMFORT INSULIN  
 SYRINGE.....311  
 MAXICOMFORT SAFETY PEN  
 NEEDLE.....90, 311  
 MAYZENT ..... 124, 199  
 MAYZENT STARTER(FOR 1MG  
 MAINT) ..... 124, 199  
 MAYZENT STARTER(FOR 2MG  
 MAINT) ..... 124, 199  
*meclizine* .....40, 258  
*medroxyprogesterone* ... 153, 220  
*mefloquine* .....56, 272  
*megestrol* ..... 153, 220  
 MEKINIST .....52, 53, 268  
 MEKTOVI.....53, 268  
*meloxicam*.....21, 240  
*memantine* .....36, 182  
 MENACTRA (PF) ..... 163, 231  
 MENEST ..... 146, 219  
 MENQUADFI (PF)..... 163, 231  
 MENVEO A-C-Y-W-135-DIP (PF)  
 ..... 163, 231  
*mercaptopurine* .....47, 263  
*meropenem* .....30, 248  
*mesalamine*..... 165, 197  
 MESNEX.....48, 264  
*metformin* .....70, 291  
*methadone* .....21, 239  
*methazolamide*..... 170, 234  
*methenamine hippurate*...25, 244  
*methimazole*..... 156, 224  
*methocarbamol* ..... 177, 330  
*methotrexate sodium*..... 160, 226  
*methotrexate sodium (pf)*.....  
 ..... 160, 226  
*methsuximide* .....34, 252  
*methylphenidate hcl* ..... 122, 201

*methylprednisolone* ..... 143, 221  
*metoclopramide hcl* ..... 139, 208  
*metolazone* ..... 118, 195  
*metoprolol succinate* ..... 113, 188  
*metoprolol ta-hydrochlorothiaz*  
 ..... 117, 191  
*metoprolol tartrate* . 113, 188, 189  
*metronidazole*.....26, 244  
*metronidazole in nacl (iso-os)*.....  
 .....26, 244  
*metyrosine* ..... 117, 191  
*mexiletine*..... 112, 193  
 MICRODOT INSULIN PEN  
 NEEDLE.....90, 311  
 MICRODOT READYGARD PEN  
 NEEDLE.....90, 311  
*microgestin 1.5/30 (21)*.....  
 ..... 150, 215  
*microgestin 1/20 (21)*..... 150, 215  
*microgestin fe 1.5/30 (28)*.....  
 ..... 150, 215  
*microgestin fe 1/20 (28)*.....  
 ..... 150, 215  
*midodrine* ..... 111, 192  
*mifepristone* .....72, 293  
*miglitol*.....70, 291  
*miglustat*..... 141, 178  
*mili* ..... 150, 215  
 MINI ULTRA-THIN II .....91, 312  
*minocycline* .....32, 250  
*minoxidil*..... 121, 196  
*mirtazapine* .....37, 256  
*misoprostol*..... 140, 209  
 M-M-R II (PF) ..... 163, 231  
*m-natal plus* ..... 135, 284  
*modafinil*..... 177, 198  
*moexipril*..... 112, 196  
*molindone* .....59, 273  
*mometasone* ..... 127, 172,  
 .....204, 334  
*mondoxylene nl*.....32, 250  
 MONOJECT INSULIN SAFETY  
 SYRING ..... 91, 92, 312, 313  
 MONOJECT INSULIN SYRINGE  
 ..... 91, 92, 312, 313  
 MONOJECT SYRINGE ...91, 312  
 MONOJECT ULTRA COMFORT  
 INSULIN..... 104, 325  
*mono-linyah* ..... 150, 215  
*montelukast*..... 172, 334  
*morphine* ..... 21, 22, 238, 239  
 MORPHINE.....22, 239  
*morphine concentrate*.....22, 238  
 MOUNJARO.....70, 291  
 MOVANTIK ..... 138, 208



*moxifloxacin* .... 31, 168, 237, 249  
*moxifloxacin-sod.ace,sul-water*  
 ..... 31, 249  
*moxifloxacin-sod.chloride(iso)* ....  
 ..... 31, 249  
 MRESVIA (PF) ..... 163, 231  
 MULTAQ ..... 112, 193  
*mupirocin* ..... 129, 205  
*mupirocin calcium*..... 129, 205  
*mycophenolate mofetil*... 160, 226  
*mycophenolate sodium*.. 160, 226  
*mynatal* ..... 135, 284  
*mynatal advance* ..... 135, 284  
*mynatal plus*..... 135, 284  
*mynatal-z* ..... 135, 284  
*mynate 90 plus*..... 135, 284  
 MYRBETRIQ..... 142, 210

## N

*nabumetone* ..... 21, 240  
*nadolol* ..... 113, 189  
*nafcillin*..... 29, 247  
*naloxone* ..... 24, 181  
*naltrexone* ..... 23, 182  
 NAMZARIC ..... 36, 182  
*naproxen*..... 21, 240  
*naproxen sodium*..... 21, 240  
*naratriptan*..... 44, 183  
 NARCAN..... 24, 181  
 NATACYN..... 168, 237  
*nateglinide*..... 70, 291  
 NATPARA ..... 166, 198  
 NAYZILAM ..... 35, 250  
*nebivolol*..... 113, 189  
*necon 0.5/35 (28)* ..... 150, 215  
*nefazodone* ..... 39, 255  
*neomycin*..... 25, 243  
*neomycin-bacitracin-poly-hc*.....  
 ..... 167, 235  
*neomycin-bacitracin-polymyxin*  
 ..... 169, 237  
*neomycin-polymyxin b-dexameth*  
 ..... 167, 235  
*neomycin-polymyxin-gramicidin*  
 ..... 167, 235  
*neomycin-polymyxin-hc*.....  
 ..... 167, 171, 235, 237  
 NERLYNX ..... 53, 268  
 NEUPRO..... 57, 185  
*nevirapine* ..... 64, 279, 280  
*newgen* ..... 135, 284  
*niacin* ..... 120, 194  
*nicardipine*..... 114, 187  
 NICOTROL ..... 24, 181  
*nifedipine*..... 114, 187

*nikki (28)* ..... 150, 215  
*nilutamide*..... 46, 262  
 NINLARO ..... 48, 264  
*nitazoxanide*..... 56, 272  
*nitisinone*..... 141, 178  
 NITRO-BID..... 121, 196  
*nitrofurantoin macrocrystal* .....  
 ..... 26, 244  
*nitrofurantoin monohyd/m-cryst*  
 ..... 26, 244  
*nitroglycerin*..... 121, 196, 197  
*niva-plus*..... 135, 284  
*nizatidine*..... 140, 209  
 NOCDURNA (MEN) ..... 144, 221  
 NOCDURNA (WOMEN) .....  
 ..... 145, 221  
*nora-be* ..... 153, 220  
*norethindrone (contraceptive)*  
 ..... 153, 220  
*norethindrone acetate* ... 153, 220  
*norethindrone ac-eth estradiol*  
 ..... 150, 216  
*norethindrone-e.estradiol-iron*  
 ..... 150, 216  
*norgestimate-ethinyl estradiol*  
 ..... 150, 216  
*nortrel 0.5/35 (28)*..... 150, 216  
*nortrel 1/35 (21)*..... 150, 216  
*nortrel 1/35 (28)*..... 150, 216  
*nortrel 7/7/7 (28)*..... 150, 216  
*nortriptyline* ..... 40, 257  
 NORVIR..... 67, 277  
 NOVOFINE 30 ..... 92, 313  
 NOVOFINE 32 ..... 92, 313  
 NOVOFINE PLUS ..... 92, 313  
 NOVOLIN 70/30 U-100 INSULIN  
 ..... 92, 313  
 NOVOLIN 70-30 FLEXPEN U-  
 100..... 92, 313  
 NOVOLIN N FLEXPEN ... 92, 313  
 NOVOLIN N NPH U-100  
 INSULIN..... 92, 313  
 NOVOLIN R FLEXPEN ... 92, 313  
 NOVOLIN R REGULAR U100  
 INSULIN..... 92, 313  
 NOVOLOG FLEXPEN U-100  
 INSULIN..... 92, 313  
 NOVOLOG MIX 70-30 U-100  
 INSULN..... 92, 313  
 NOVOLOG MIX 70-30FLEXPEN  
 U-100 ..... 92, 313  
 NOVOLOG PENFILL U-100  
 INSULIN..... 93, 314  
 NOVOLOG U-100 INSULIN  
 ASPART..... 93, 314

NOVOTWIST ..... 93, 314  
 NOXAFIL..... 42, 260  
 NUBEQA ..... 46, 262  
 NUCALA ..... 176, 332  
 NUDEXTA ..... 123, 201  
 NUPLAZID ..... 60, 274  
 NUTRILIPID ..... 135, 284  
*nyamyc* ..... 43, 260  
*nylia 1/35 (28)* ..... 150, 216  
*nylia 7/7/7 (28)* ..... 151, 216  
*nymyo* ..... 151, 216  
*nystatin* ..... 43, 260  
*nystatin-triamcinolone* ... 128, 206  
*nystop* ..... 43, 260

## O

*obstetrix dha*..... 135, 284  
*obstetrix dha prenatal duo*.....  
 ..... 135, 284  
*o-cal prenatal* ..... 135, 284  
*ocella* ..... 151, 216  
*octreotide acetate*..... 155, 223  
 ODEFSEY ..... 65, 280  
 ODOMZO..... 53, 268  
 OFEV ..... 175, 330  
*ofloxacin*.. 31, 169, 171, 237, 249  
 OGSIVEO ..... 48, 264  
 OJEMDA ..... 48, 264  
 OJJAARA..... 53, 268  
*olanzapine*..... 60, 274  
*olanzapine-fluoxetine* .....  
 ..... 37, 38, 256  
*olmesartan* ..... 111, 192  
*olmesartan-amlodipin-hcthiiazid*  
 ..... 117, 191  
*olmesartan-hydrochlorothiazide*  
 ..... 117, 191  
*olopatadine* ..... 168, 234  
*omega-3 acid ethyl esters* .....  
 ..... 120, 194  
*omeprazole* ..... 140, 209  
 OMNITROPE ..... 145, 221  
*ondansetron* ..... 41, 258  
*ondansetron hcl*..... 41, 258  
 ONUREG ..... 47, 263  
 OPSUMIT..... 175, 333  
 OPVEE ..... 24, 181  
*oralone*..... 124, 202  
 ORGOVYX..... 48, 264  
 ORKAMBI ..... 174, 330, 331  
*orphenadrine citrate* ..... 177, 330  
 ORSERDU ..... 47, 262  
*oseltamivir*..... 67, 278  
 OSPHENA ..... 151, 216  
 OTEZLA..... 157, 227, 228

OTEZLA STARTER.....  
 ..... 157, 227, 228  
 oxacillin .....29, 247  
 oxacillin in dextrose(iso-osm) .....  
 .....29, 247  
 oxaprozin .....21, 240  
 oxazepam .....68, 241  
 oxcarbazepine.....36, 251  
 OXLUMO ..... 167, 290  
 oxybutynin chloride..... 142, 210  
 oxycodone..... 21, 22, 239  
 oxycodone-acetaminophen.....  
 .....22, 239  
 OZEMPIC.....70, 291

## P

paliperidone .....60, 275  
 PANRETIN..... 128, 206  
 pantoprazole ..... 140, 209  
 PANZYGA..... 156, 227  
 paricalcitol..... 166, 198  
 paroex oral rinse ..... 124, 202  
 paromomycin.....25, 243  
 paroxetine hcl.....39, 255  
 PAXLOVID ..... 67, 68, 277  
 pazopanib .....53, 268  
 PEDIARIX (PF) ..... 163, 231  
 PEDVAX HIB (PF)..... 163, 231  
 peg 3350-electrolytes .... 139, 208  
 PEGASYS..... 158, 227  
 peg-electrolyte soln ..... 139, 208  
 PEMAZYRE .....53, 268  
 PEN NEEDLE ..... 86, 93, 95,  
 .....306, 314, 316  
 PEN NEEDLE, DIABETIC .....  
 ..... 78, 90, 91, 93, 95,  
 ..... 299, 311, 312, 314, 316  
 PEN NEEDLE, DIABETIC,  
 SAFETY .....96, 317  
 PENBRAYA (PF)..... 163, 231  
 PENBRAYA MENACWY  
 COMPONENT(PF) ..... 163, 231  
 PENBRAYA MENB  
 COMPONENT (PF) ..... 163, 231  
 penicillamine ..... 143, 210  
 penicillin g pot in dextrose .....  
 .....29, 247  
 penicillin g potassium .....29, 247  
 penicillin g procaine.....29, 247  
 penicillin g sodium .....29, 247  
 penicillin v potassium .....29, 247  
 PENTACEL (PF) ..... 163, 231  
 pentamidine .....56, 272  
 PENTIPS.....93, 314  
 pentoxifylline ..... 117, 191

perindopril erbumine..... 112, 196  
 periogard..... 124, 202  
 permethrin..... 129, 207  
 perphenazine .....59, 273  
 pfizerpen-g.....29, 247  
 phenelzine.....38, 257  
 phenobarbital .....33, 253  
 phenytoin .....36, 251  
 phenytoin sodium extended.....  
 .....36, 252  
 philith ..... 151, 216  
 PIFELTRO .....64, 280  
 pilocarpine hcl ..... 124, 170,  
 .....202, 234  
 pimecrolimus ..... 127, 205  
 pimozone.....59, 273  
 pimtree (28)..... 151, 216  
 pindolol ..... 113, 189  
 pioglitazone .....71, 291  
 pioglitazone-metformin ....71, 292  
 PIP PEN NEEDLE ..... 93, 94,  
 .....314, 315  
 piperacillin-tazobactam....29, 247  
 PIQRAY .....53, 268  
 pifenidone ..... 175, 330  
 pirmella ..... 151, 216  
 piroxicam.....21, 240  
 PLASMA-LYTE A ..... 130, 288  
 pnv 29-1 ..... 135, 284  
 pnv-dha + docusate..... 135, 284  
 pnv-omega ..... 135, 284  
 podofilox..... 128, 206  
 polymyxin b sulf-trimethoprim  
 ..... 168, 235  
 POMALYST .....47, 262  
 portia 28..... 151, 216  
 posaconazole .....43, 260  
 potassium chlorid-d5-0.45%nacl  
 ..... 130, 288  
 potassium chloride ..... 131, 289  
 potassium chloride in 0.9%nacl  
 ..... 131, 288  
 potassium chloride in 5 % dex  
 ..... 131, 289  
 potassium chloride in lr-d5.....  
 ..... 131, 289  
 potassium chloride in water.....  
 ..... 131, 289  
 potassium chloride-0.45 % nacl  
 ..... 131, 289  
 potassium chloride-d5-0.2%nacl  
 ..... 131, 289  
 potassium chloride-d5-0.9%nacl  
 ..... 131, 289  
 potassium citrate ... 132, 289, 290

pr natal 400 ..... 135, 284  
 pr natal 400 ec ..... 136, 284  
 pr natal 430 ..... 136, 284  
 pr natal 430 ec ..... 136, 284  
 pramipexole .....57, 186  
 prasugrel..... 110, 179  
 pravastatin ..... 119, 194  
 prazosin ..... 111, 188  
 prednisolone ..... 143, 221  
 prednisolone acetate .... 169, 236  
 prednisolone sodium phosphate  
 ..... 143, 144, 169, 221, 222, 236  
 prednisone ..... 144, 222  
 PREDNISONE INTENSOL.....  
 ..... 144, 222  
 pregabalin ..... 123, 199  
 PREHEVBRIO (PF)..... 163, 231  
 PREMARIN ..... 146, 219  
 PREMASOL 10 % ..... 136, 284  
 PREMPHASE..... 151, 217  
 PREMPRO ..... 151, 217  
 prena1 true..... 136, 285  
 prenaissance..... 136, 285  
 prenaissance plus ..... 136, 285  
 prenatalabs fa ..... 136, 285  
 prenatal 19..... 136, 285  
 prenatal 19 (with docusate) .....  
 ..... 136, 285  
 prenatal low iron..... 136, 285  
 prenatal plus..... 136, 285  
 prenatal plus (calcium carb).....  
 ..... 135, 284  
 prenatal vitamin plus low iron ....  
 ..... 136, 285  
 prenatal-u..... 136, 285  
 preplus ..... 136, 285  
 pretab..... 136, 285  
 PREVENT DROPSAFE PEN  
 NEEDLE.....94, 315  
 PREVYMIS .....62, 277  
 PREZCOBIX .....67, 277  
 PREZISTA .....67, 277  
 PRIFTIN.....45, 261  
 PRIMAQUINE .....57, 272  
 primidone .....33, 253  
 PRIORIX (PF) ..... 163, 231  
 PRIVIGEN..... 156, 227  
 PRO COMFORT ALCOHOL  
 PADS..... 128, 206  
 PRO COMFORT INSULIN  
 SYRINGE.....94, 315  
 PRO COMFORT PEN NEEDLE  
 .....94, 315  
 probenecid .....43, 183  
 probenecid-colchicine.....43, 183

*prochlorperazine* .....40, 258  
*prochlorperazine maleate* .....  
 .....40, 258  
*procto-med hc* ..... 127, 205  
*proctosol hc*..... 127, 205  
*proctozone-hc* ..... 127, 205  
 PRODIGY INSULIN SYRINGE  
 .....94, 315  
*progesterone micronized*.....  
 ..... 153, 220  
 PROGRAF ..... 160, 227  
 PROLASTIN-C ..... 141, 178  
 PROLIA..... 166, 198  
 PROMACTA..... 110, 178  
*promethazine* ..... 40, 41, 258  
*promethegan*.....41, 258  
*propafenone*..... 112, 193  
*propranolol*..... 44, 113, 184, 189  
*propylthiouracil* ..... 156, 224  
 PROQUAD (PF) ..... 164, 232  
 PROSOL 20 % ..... 136, 285  
*protriptyline* .....40, 257  
 PULMOZYME ..... 174, 331  
 PURE COMFORT ALCOHOL  
 PADS ..... 128, 206  
 PURE COMFORT PEN NEEDLE  
 ..... 94, 95, 315, 316  
 PURE COMFORT SAFETY PEN  
 NEEDLE.....94, 315  
 PURIXAN .....47, 263  
*pyrazinamide*.....45, 261  
*pyridostigmine bromide* ...45, 183

## Q

QINLOCK.....53, 268  
 QUADRACEL (PF) ..... 164, 232  
*quetiapine* .....61, 275  
*quinapril* ..... 112, 196  
*quinapril-hydrochlorothiazide*.....  
 ..... 117, 191  
*quinidine sulfate* ..... 112, 193  
*quinine sulfate* .....57, 272

## R

RABAERT (PF) ..... 164, 232  
*raloxifene* ..... 166, 198  
*ramipril*..... 112, 196  
*ranolazine* ..... 117, 191  
*rasagiline*.....58, 186  
 RAVICTI..... 141, 178  
*reclipsen (28)* ..... 151, 217  
 RECOMBIVAX HB (PF).....  
 ..... 164, 232  
 REGRANEX ..... 128, 207

RELENZA DISKHALER...67, 278  
 RELION NEEDLES .....95, 316  
 RELION PEN NEEDLES .....  
 .....95, 316  
*repaglinide* ..... 71, 292  
 REPATHA PUSHTRONEX.....  
 ..... 120, 194  
 REPATHA SURECLICK .....  
 ..... 120, 194  
 REPATHA SYRINGE ... 120, 195  
 RESTASIS ..... 168, 235  
 RESTASIS MULTIDOSE.....  
 ..... 168, 235  
 RETACRIT ..... 110, 178  
 RETEVMO ..... 53, 268, 269  
 REXULTI.....61, 275  
 REYATAZ .....67, 277  
 REZLIDHIA .....53, 269  
 REZUROCK ..... 160, 227  
 RHOPRESSA..... 170, 234  
*ribavirin* .....63, 278  
*rifabutin* .....45, 261  
*rifampin* .....45, 261  
*riluzole* ..... 123, 201  
*rimantadine* .....67, 278  
 RINVOQ..... 157, 227  
*risedronate* ..... 166, 167, 198  
*risperidone* .....61, 275  
*risperidone microspheres* .....  
 .....61, 275  
*ritonavir* .....67, 277  
*rivastigmine*.....37, 182  
*rivastigmine tartrate*.....37, 182  
*rizatriptan* .....44, 183  
*r-natal ob*..... 136, 285  
 ROCKLATAN ..... 170, 234  
*roflumilast*..... 174, 335  
*ropinirole* .....57, 186  
*rosadan*.....26, 244  
*rosuvastatin*..... 119, 194  
 ROTARIX..... 164, 232  
 ROTATEQ VACCINE .... 164, 232  
 ROZLYTREK.....53, 269  
 RUBRACA .....53, 269  
*rufinamide* .....36, 252  
 RUKOBIA.....66, 281  
 RYBELSUS ..... 71, 292  
 RYDAPT ..... 53, 269  
 RYTARY ..... 58, 185

## S

SAFESNAP INSULIN SYRINGE  
 ..... 95, 96, 316, 317  
 SAFETY PEN NEEDLE...96, 317  
 SANTYL ..... 128, 207

*sapropterin* ..... 141, 179  
 SAVELLA ..... 123, 200  
 SCEMBLIX .....53, 269  
*scopolamine base* .....41, 258  
 SECUADO .....61, 276  
 SECURESAFE INSULIN  
 SYRINGE .....96, 317  
 SECURESAFE PEN NEEDLE....  
 .....96, 317  
*select-ob* ..... 136, 285  
*select-ob (folic acid)* ..... 136, 285  
*selegiline hcl*.....58, 186  
*selenium sulfide* ..... 127, 205  
 SELZENTRY .....66, 281  
*se-natal 19 chewable* .... 136, 285  
 SEREVENT DISKUS..... 173, 335  
*sertraline* .....39, 255  
*setlakin*..... 151, 217  
*sevelamer carbonate*..... 138, 286  
*sharobel* ..... 153, 220  
 SHINGRIX (PF) ..... 164, 232  
 SIGNIFOR..... 155, 223  
*sildenafil*..... 138, 290  
*sildenafil (pulm.hypertension)*  
 ..... 175, 333  
*silodosin*..... 143, 210  
*silver sulfadiazine*..... 128, 207  
 SIMBRINZA ..... 170, 234  
*simliya (28)*..... 151, 217  
*simvastatin*..... 119, 194  
*sirolimus*..... 160, 227  
 SIRTURO..... 46, 261  
 SKY SAFETY PEN NEEDLE .....  
 .....96, 317  
 SKYRIZI ..... 157, 158, 227  
*sodium chloride* ..... 132, 290  
*sodium chloride 0.45 %* .....  
 ..... 132, 290  
*sodium chloride 0.9 %* ... 132, 290  
*sodium chloride 3 % hypertonic*  
 ..... 132, 290  
*sodium chloride 5 % hypertonic*  
 ..... 132, 290  
*sodium oxybate* ..... 177, 198  
*sodium polystyrene sulfonate*  
 ..... 133, 287  
*sodium,potassium,mag sulfates*  
 ..... 139, 208  
*sofosbuvir-velpatasvir*.....63, 278  
*solifenacin* ..... 142, 210  
 SOLIQUA 100/33 .....96, 317  
 SOLTAMOX .....47, 262  
 SOMATULINE DEPOT.....  
 ..... 156, 223, 224  
 SOMAVERT ..... 156, 224

<i>sorafenib</i> .....	54, 269	SYMLINPEN 60 .....	71, 292	TEPMETKO .....	54, 270
<i>sotalol</i> .....	112, 193	SYMPAZAN .....	35, 250	<i>terazosin</i> .....	111, 188
<i>sotalol af</i> .....	112, 193	SYMTUZA.....	64, 279	<i>terbinafine hcl</i> .....	43, 260
SPIRIVA RESPIMAT .....	173, 334	SYNAREL .....	156, 224	<i>terbutaline</i> .....	173, 335
SPIRIVA WITH HANDIHALER		SYNJARDY .....	71, 292	<i>terconazole</i> .....	43, 260
.....	173, 334	SYNJARDY XR .....	71, 292	<i>teriparatide</i> .....	167, 198
<i>spironolactone</i> .....	118, 195	SYNRIBO.....	48, 264	TERUMO INSULIN SYRINGE....	
<i>spironolacton-hydrochlorothiaz</i>		SYNTHROID.....	154, 211	.....	99, 320
.....	117, 191	SYRINGE WITH NEEDLE,		<i>testosterone</i> .....	145, 218
<i>sprintec (28)</i> .....	151, 217	SAFETY .....	96, 317	<i>testosterone cypionate</i> ..	145, 218
SPRITAM.....	34, 253, 254			<i>testosterone enanthate</i> .....	
SPRYCEL .....	54, 269			.....	145, 218
<i>sps (with sorbitol)</i> .....	133, 287			TETANUS,DIPHThERIA TOX	
<i>sronyx</i> .....	151, 217			PED(PF).....	164, 232
<i>ssd</i> .....	128, 207			<i>tetrabenazine</i> .....	123, 201
STELARA.....	158, 227			<i>tetracycline</i> .....	32, 250
STERILE PADS .....	96, 317			THALOMID .....	47, 262
STIVARGA.....	54, 269			<i>theophylline</i> .....	175, 335
STRIBILD.....	64, 279			THINPRO INSULIN SYRINGE	
SUBOXONE.....	23, 181			.....	99, 320
<i>sucralfate</i> .....	140, 210			<i>thioridazine</i> .....	59, 273
<i>sulfacetamide sodium</i> ....	169, 237			<i>thiothixene</i> .....	59, 273
<i>sulfacetamide sodium (acne)</i> .....				<i>tiadylt er</i> .....	115, 188
.....	31, 249			<i>tiagabine</i> .....	35, 250
<i>sulfacetamide-prednisolone</i> .....				TIBSOVO.....	54, 270
.....	168, 235			TICOVAC.....	164, 165, 232, 233
<i>sulfadiazine</i> .....	31, 249			<i>tigecycline</i> .....	26, 244
<i>sulfamethoxazole-trimethoprim</i>				<i>timolol maleate</i> .....	113, 170,
.....	31, 249			.....	189, 234
<i>sulfasalazine</i> .....	166, 197			<i>tinidazole</i> .....	26, 244
<i>sulindac</i> .....	21, 240			TIVICAY.....	64, 279
<i>sumatriptan</i> .....	44, 183			TIVICAY PD.....	64, 279
<i>sumatriptan succinate</i> .....	45, 184			<i>tizanidine</i> .....	62, 183
<i>sunitinib malate</i> .....	54, 269			TOBI PODHALER .....	174, 331
SUNLENCA .....	66, 281			<i>tobramycin</i> .....	169, 237
SURE COMFORT ALCOHOL				<i>tobramycin in 0.225 % nacl</i> .....	
PREP PADS.....	129, 207			.....	174, 331
SURE COMFORT INS. SYR. U-				<i>tobramycin sulfate</i> .....	25, 243
100.....	96, 317			<i>tobramycin-dexamethasone</i> .....	
SURE COMFORT INSULIN				.....	168, 235
SYRINGE.....	96, 97, 317, 318			<i>tolterodine</i> .....	142, 211
SURE COMFORT PEN NEEDLE				<i>tolvaptan</i> .....	133, 287
.....	97, 318			TOPCARE CLICKFINE ...	99, 320
SURE COMFORT SAFETY PEN				TOPCARE ULTRA COMFORT	
NEEDLE.....	96, 317			.....	100, 321
SURE-FINE PEN NEEDLES .....				<i>topiramate</i> .....	44, 184
.....	97, 318			<i>toremifene</i> .....	47, 262
SURE-JECT INSULIN SYRINGE				<i>torpenz</i> .....	54, 270
.....	97, 98, 318, 319			<i>torsemide</i> .....	118, 195
SURE-PREP ALCOHOL PREP				TOUJEO MAX U-300	
PADS.....	129, 207			SOLOSTAR .....	100, 321
SUTAB.....	139, 209			TOUJEO SOLOSTAR U-300	
<i>syeda</i> .....	151, 217			INSULIN.....	100, 321
SYMDEKO .....	174, 331			TPN ELECTROLYTES..	137, 285
SYMLINPEN 120.....	71, 292				

## T

TABLOID.....	47, 263
TABRECTA.....	54, 269
<i>tacrolimus</i> .....	127, 161,
.....	205, 227, 229
TAFINLAR.....	54, 269
TAGRISSO .....	54, 270
TAKHZYRO .....	156, 228
TALTZ AUTOINJECTOR.....	
.....	158, 227
TALTZ SYRINGE ..	158, 227, 229
TALVEY .....	49, 264
TALZENNA .....	54, 270
<i>tamoxifen</i> .....	47, 262
<i>tamsulosin</i> .....	143, 210
<i>tarina fe 1-20 eq (28)</i> .....	151, 217
<i>taron-c dha</i> .....	136, 285
<i>taron-prex prenatal-dha</i> .....	
.....	137, 285
TASIGNA .....	54, 270
TAVNEOS.....	158, 227
<i>tazarotene</i> .....	125, 205
TAZORAC.....	125, 205
<i>taztia xt</i> .....	114, 115, 196
TAZVERIK .....	54, 270
TDVAX.....	164, 232
TECHLITE INSULIN SYRINGE	
.....	98, 319
TECHLITE INSULN SYR(HALF	
UNIT) .....	98, 319
TECHLITE PEN NEEDLE .....	
.....	98, 99, 319, 320
TECHLITE PLUS PEN NEEDLE	
.....	99, 320
TEFLARO .....	28, 246
TEGSEDI .....	141, 179
<i>telmisartan</i> .....	111, 192
<i>telmisartan-amlodipine</i> ..	117, 191
<i>telmisartan-hydrochlorothiazid</i>	
.....	117, 191
<i>temazepam</i> .....	177, 198, 199
TENIVAC (PF).....	164, 232
<i>tenofovir disoproxil fumarate</i> .....	
.....	65, 281

TPN ELECTROLYTES II ..... 137, 285  
*tramadol* ..... 22, 239  
*tramadol-acetaminophen* ..... 23, 239  
*trandolapril* ..... 112, 196  
*trandolapril-verapamil* ..... 117, 191  
*tranexamic acid* ..... 110, 179  
*tranylcypromine* ..... 38, 257  
TRAVASOL 10 % ..... 137, 286  
*travoprost* ..... 171, 236  
*trazodone* ..... 39, 255  
TRECATOR ..... 46, 261  
TRELEGY ELLIPTA ..... 177, 332  
TRELSTAR ..... 156, 224  
TRESIBA FLEXTOUCH U-100 ..... 100, 321  
TRESIBA FLEXTOUCH U-200 ..... 100, 321  
TRESIBA U-100 INSULIN ..... 100, 321  
*tretinoin* ..... 125, 205  
*tretinoin (antineoplastic)* ..... 56, 271  
TREXALL ..... 161, 228  
*triamcinolone acetonide* ..... 124, 127, 202, 205  
*triamterene-hydrochlorothiazid* ..... 117, 191  
*tridacaine ii* ..... 23, 241  
*trientine* ..... 133, 287  
*tri-estarylla* ..... 151, 217  
*trifluoperazine* ..... 59, 273  
*trifluridine* ..... 63, 278  
*trihexyphenidyl* ..... 57, 186  
TRIKAFTA ..... 174, 331  
*tri-lynyah* ..... 151, 217  
*trimethoprim* ..... 26, 244  
*tri-mili* ..... 151, 217  
*trimipramine* ..... 40, 257  
TRINTELLIX ..... 39, 255  
*tri-nymyo* ..... 151, 217  
*tri-sprintec (28)* ..... 152, 217  
TRIUMEQ ..... 66, 281  
TRIUMEQ PD ..... 66, 281  
*triveen-duo dha* ..... 137, 286  
*trivora (28)* ..... 152, 217  
*tri-vylibra* ..... 152, 217  
TRIZIVIR ..... 65, 281  
TROPHAMINE 10 % ..... 137, 286  
*tropium* ..... 142, 211  
TRUE COMFORT ALCOHOL PADS ..... 129, 207  
TRUE COMFORT INSULIN SYRINGE ..... 100, 321

TRUE COMFORT PEN NEEDLE ..... 101, 322  
TRUE COMFORT PRO ALCOHOL PADS ..... 129, 207  
TRUE COMFORT PRO INS SYRINGE ..... 100, 101, 321, 322  
TRUE COMFORT SAFE INSULIN SYRG ..... 100, 101, 321, 322  
TRUE COMFORT SAFETY PEN NEEDLE ..... 100, 321  
TRUEPLUS INSULIN ..... 102, 323  
TRUEPLUS PEN NEEDLE ..... 101, 102, 322, 323  
TRULICITY ..... 71, 292  
TRUMENBA ..... 165, 233  
TRUQAP ..... 54, 270  
TUKYSA ..... 54, 270  
*tulana* ..... 153, 220  
TURALIO ..... 55, 270  
*turqoz (28)* ..... 152, 217  
TWINRIX (PF) ..... 165, 233  
TYBOST ..... 66, 281  
TYMLOS ..... 167, 198  
TYPHIM VI ..... 165, 233

## U

UBRELVY ..... 44, 185  
ULTICARE ..... 102, 103, 323, 324  
ULTICARE INSULIN SYRINGE ..... 102, 323  
ULTICARE INSULIN SYR (HALF UNIT) ..... 102, 323  
ULTICARE PEN NEEDLE ..... 102, 103, 323, 324  
ULTICARE SAFETY PEN NEEDLE ..... 103, 324  
ULTIGUARD SAFEPAK-INSULIN SYR ..... 103, 104, 324, 325  
ULTIGUARD SAFEPAK-PEN NEEDLE ..... 103, 104, 324, 325  
ULTILET ALCOHOL SWAB ..... 129, 207  
ULTILET INSULIN SYRINGE ..... 88, 104, 309, 325  
ULTILET PEN NEEDLE ..... 104, 325  
ULTRA CMFT INS SYR (HALF UNIT) ..... 86, 96, 307, 317  
ULTRA COMFORT INSULIN SYRINGE ..... 81, 86, 104, 302, 307, 325  
ULTRA FLO INSUL SYR (HALF UNIT) ..... 104, 325

ULTRA FLO INSULIN SYRINGE ..... 105, 326  
ULTRA FLO PEN NEEDLE ..... 105, 326  
ULTRA THIN PEN NEEDLE ..... 105, 326  
ULTRACARE INSULIN SYRINGE ..... 105, 326  
ULTRACARE PEN NEEDLE ..... 105, 106, 326, 327  
ULTRA-THIN II (SHORT) INS SYR ..... 106, 327  
ULTRA-THIN II (SHORT) PEN NDL ..... 106, 327  
ULTRA-THIN II INS PEN NEEDLES ..... 106, 327  
ULTRA-THIN II INSULIN SYRINGE ..... 106, 327  
UNIFINE PEN NEEDLE ..... 106, 327  
UNIFINE PENTIPS ..... 93, 106, 107, 314, 327, 328  
UNIFINE PENTIPS MAXFLOW ..... 107, 328  
UNIFINE PENTIPS PLUS ..... 107, 328  
UNIFINE PENTIPS PLUS MAXFLOW ..... 107, 328  
UNIFINE PROTECT ..... 107, 328  
UNIFINE SAFECONTROL ..... 107, 328  
UNIFINE SAFECONTROL PEN NEEDLE ..... 107, 328  
UNIFINE ULTRA PEN NEEDLE ..... 107, 108, 328, 329  
UNITHROID ..... 154, 211  
*ursodiol* ..... 139, 140, 209

## V

*valacyclovir* ..... 63, 278  
VALCHLOR ..... 46, 261  
*valganciclovir* ..... 62, 277  
*valproic acid* ..... 34, 254  
*valproic acid (as sodium salt)* ..... 34, 254  
*valsartan* ..... 111, 192  
*valsartan-hydrochlorothiazide* ..... 118, 192  
VALTOCO ..... 35, 251  
*vancomycin* ..... 26, 244  
VANFLYTA ..... 55, 270  
VANISHPOINT INSULIN SYRINGE ..... 108, 329  
VANISHPOINT SYRINGE ..... 108, 329  
VAQTA (PF) ..... 165, 233

*varenicline*.....24, 181  
 VARIVAX (PF)..... 165, 233  
 VARUBI.....41, 258  
 VASCEPA..... 120, 195  
*velivet triphasic regimen (28)*.....  
 ..... 152, 217  
 VELPHORO..... 138, 287  
 VEMLIDY..... 63, 278  
 VENCLEXTA.....55, 270  
 VENCLEXTA STARTING PACK  
 .....55, 270  
*venlafaxine*..... 39, 40, 256  
*venlafaxine besylate*.....39, 256  
 VENTOLIN HFA..... 174, 335  
*verapamil*..... 115, 188  
 VERIFINE INSULIN SYRINGE  
 ..... 108, 109, 329, 330  
 VERIFINE PEN NEEDLE .....  
 ..... 108, 329  
 VERIFINE PLUS PEN NEEDLE  
 ..... 108, 329  
 VERIFINE PLUS PEN NEEDLE-  
 SHARP ..... 108, 329  
 VERQUVO..... 118, 192  
 VERSACLOZ.....62, 276  
 VERSALON..... 109, 330  
 VERZENIO.....55, 270  
*vestura (28)*..... 152, 217  
 VICTOZA..... 71, 292  
*vienna* ..... 152, 217  
*vigabatrin* .....35, 251  
*vigadrone* .....35, 251  
 VIIBRYD.....40, 257  
 VIJOICE..... 141, 179  
*vilazodone*.....40, 256  
*vinate care* ..... 137, 286  
*viorele (28)*..... 152, 217  
 VIRACEPT .....67, 277  
 VIREAD..... 65, 66, 281  
*virt-c dha*..... 137, 286  
*virt-nate dha* ..... 137, 286  
*virt-pn dha* ..... 137, 286  
*virt-pn plus* ..... 137, 286  
*vitafol gummies* ..... 137, 286  
*vitafol nano*..... 137, 286

*vitafol-ob+dha* ..... 137, 286  
 VITRAKVI.....55, 270  
 VIVITROL.....23, 182  
 VIZIMPRO.....55, 270  
*volnea (28)*..... 152, 218  
 VONJO ..... 55, 271  
*voriconazole*..... 43, 260, 261  
 VOSEVI.....63, 278  
*vp-ch-pnv* ..... 137, 286  
*vp-pnv-dha* ..... 137, 286  
 VRAYLAR ..... 61, 62, 276  
*vyfemla (28)* ..... 152, 218  
*vylibra* ..... 152, 218  
 VYNDAMAX..... 141, 179  
 VYZULTA..... 171, 236

## W

*warfarin* ..... 109, 180  
 WEBCOL ..... 129, 207  
 WELIREG ..... 49, 264  
*wera (28)*..... 152, 218  
 WINREVAIR..... 175, 333

## X

XALKORI .....55, 271  
 XARELTO ..... 110, 180  
 XARELTO DVT-PE TREAT 30D  
 START ..... 109, 180  
 XATMEP .....49, 264  
 XCOPRI ..... 34, 49, 254, 264  
 XCOPRI MAINTENANCE PACK  
 .....34, 254  
 XCOPRI TITRATION PACK.....  
 .....34, 254  
 XERMELO ..... 138, 208  
 XGEVA ..... 167, 198  
 XIFAXAN.....26, 244  
 XIIDRA..... 168, 235  
 XOFLUZA ..... 67, 278, 279  
 XOLAIR.....158, 228  
 XOSPATA..... 55, 271  
 XPOVIO .....49, 264  
 XTANDI.....46, 262

XULTOPHY 100/3.6 .....71, 292  
 XURIDEN..... 141, 179

## Y

*yargesa* ..... 141, 179  
 YF-VAX (PF) ..... 165, 233  
 YONSA .....46, 262

## Z

*zafirlukast*..... 172, 334  
*zaleplon*..... 177, 199  
*zarah*..... 152, 218  
 ZARXIO..... 110, 179  
*zatean-pn dha* ..... 137, 286  
*zatean-pn plus*..... 137, 286  
 ZEGALOGUE AUTOINJECTOR  
 .....72, 293  
 ZEGALOGUE SYRINGE .....  
 .....72, 293  
 ZEJULA.....55, 271  
 ZELBORAF .....55, 271  
 ZEMDRI .....25, 243  
 ZENPEP..... 142, 179  
*zidovudine*.....66, 281  
 ZIEXTENZO..... 110, 179  
 ZIMHI .....24, 181  
*zingiber* ..... 137, 286  
*ziprasidone hcl*.....62, 276  
*ziprasidone mesylate*.....62, 276  
 ZIRGAN .....62, 277  
 ZOKINVY ..... 142, 179  
 ZOLINZA.....49, 264  
*zolmitriptan*.....45, 184  
*zolpidem*..... 177, 199  
 ZONISADE.....34, 252  
*zonisamide*.....34, 252  
*zovia 1-35 (28)* ..... 152, 218  
 ZTALMY.....34, 254  
*zumandimine (28)*..... 152, 218  
 ZURZUVAE.....38, 257  
 ZYDELIG.....55, 271  
 ZYKADIA.....55, 271  
 ZYPREXA RELPREVV....62, 276

**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.)

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