

2025

# 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)

## 2025 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 25222, Version Number 7.

This formulary was updated on 10/23/2024. For more recent information or other questions, please contact Member Services at 1-800-838-8271, or, for TTY users, 711, October 1 through March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. except holidays or April 1 through September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. except holidays, or visit [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

IR\_505 H5496 Drug Formulary 6T\_C ENG 10/23/24

# Contents

What is the Imperial Senior Value (HMO C-SNP) Formulary? .....	3
Can the Formulary change? .....	3
How do I use the Formulary? .....	4
What are generic drugs?.....	4
What are original biological products and how are they related to biosimilars?.....	5
Are there any restrictions on my coverage?.....	5
What if my drug is not on the Formulary?.....	5
How do I request an exception to the Imperial Senior Value (HMO C-SNP) Formulary?.....	6
What can I do if my drug is not on the formulary or has a restriction? .....	6
For more information .....	7
Imperial Senior Value (HMO C-SNP) Formulary.....	7
Imperial CSNP 2025 6-Tier (List of Covered Drugs) List of Drugs by Medical Condition.....	16
Legend.....	20
Imperial Standard CSNP 2025 6-Tier (List of Covered Drugs) .....	22
Index of Drugs.....	331

**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 Drug List (formulary) for our plan which is current as of 10/23/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2025, and from time to time during the year.

## What is the Imperial Senior Value (HMO C-SNP) Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Imperial Senior Value (HMO C-SNP) 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. Imperial Senior Value (HMO C-SNP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a 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 change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Imperial Senior Value (HMO C-SNP) Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/23/2024. To get updated information about the drugs covered by Imperial Senior Value (HMO C-SNP) 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 22. 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 page 16. 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 331. 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 Senior Value (HMO C-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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## 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 prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Imperial Senior Value (HMO C-SNP) before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Imperial Senior Value (HMO C-SNP) limits the amount of the drug that we will cover. For example, our plan provides 30 tablets/30 days per prescription for Atorvastatin 20mg. 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 22. 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 6 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 them to prescribe a similar drug that is covered by Imperial Senior Value (HMO C-SNP).
- 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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.
- 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.

Generally, Imperial Senior Value (HMO C-SNP) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

1. Beneficiaries who are discharged from the hospital and are provided a discharge list of medications based upon the formulary of the hospital.
2. Beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert back to their Part D plan formulary.

3. Beneficiaries who give up Hospice Status to revert back to standard Medicare Part A and B benefits.
4. Beneficiaries who are discharged from Chronic Psychiatric Hospitals with medication regimens that are highly individualized.

## For more information

For more detailed information about your Imperial Senior Value (HMO C-SNP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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 (HMO C-SNP) 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 331.

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 2025

### (Lista de medicamentos cubiertos o “Lista de medicamentos”)

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

HPMS Approved Formulary File Submission ID 25222, Version Number 7.

Este formulario se actualizó el 23/10/2024. 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., excepto los días festivos, o del 1 de abril al 30 de septiembre: lunes a viernes, de 8:00 a.m. a 8:00 p.m., excepto los días festivos, o visite [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

IR\_505 H5496 Drug Formulary 6T\_C ENG

# Contenido

¿Qué es el formulario de Imperial Senior Value (HMO C-SNP)?.....	10
¿El Formulario puede cambiar?.....	10
¿Cómo utilizo el Formulario?.....	11
¿Qué son los medicamentos genéricos?.....	12
¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares? .....	12
¿Hay alguna restricción en mi cobertura?.....	12
¿Qué pasa si mi medicamento no está en el Formulario?.....	13
¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Senior Value (HMO C-SNP)?.....	13
¿Qué puedo hacer si mi medicamento no está en el Formulario o si tiene una restricción? .....	14
Para obtener más información.....	15
Formulario de Imperial Senior Value (HMO C-SNP).....	15
Imperial CSNP 2025 6-Tier (List of Covered Drugs) List of Drugs by Medical Condition.....	18
Leyenda.....	21
Imperial Standard CSNP 2025 6-Tier (Lista de medicamentos cubiertos).....	176
Índice de medicamentos.....	331

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

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

Este documento incluye una Lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 23/10/2024. Para obtener una Lista de los medicamentos (Formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de los medicamentos (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 2025 y periódicamente durante el año.

## ¿Qué es el formulario de Imperial Senior Value (HMO C-SNP)?

En este documento, los términos Lista de medicamentos y Formulario significan lo mismo. Un Formulario es una Lista de medicamentos cubiertos seleccionados por Imperial Senior Value (HMO C-SNP) con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Normalmente, Imperial Senior Value (HMO C-SNP) cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea medicamento 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.

## ¿El Formulario puede cambiar?

La mayoría de los cambios en la cobertura de los medicamentos ocurre el 1 de enero, pero nosotros podríamos agregar o quitar medicamentos del Formulario durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios. Las actualizaciones del Formulario se publican todos los meses en nuestro sitio web: [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

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

- **Sustitución inmediata de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro Formulario si lo reemplazamos con una cierta versión nueva de ese medicamento 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. Cuando agregamos una nueva versión de un medicamento a nuestro Formulario, podemos decidir mantener el medicamento de marca o productos biológicos originales en nuestro Formulario, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones.

Podemos realizar estos cambios inmediatos solo si estamos sumando una nueva versión genérica de un medicamento de marca, o si agregamos ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el Formulario (por ejemplo, agregar un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una receta nueva).

Si actualmente está tomando el medicamento de marca o el producto biológico original, quizás no le informemos con anticipación que realizaremos un cambio inmediato, 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 para usted el medicamento que se cambiará. Para obtener más información, consulte la sección a continuación titulada “¿Cómo puedo solicitar una excepción al Formulario de Imperial Senior Value (HMO C-SNP)?”

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada “¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?”.

- **Medicamentos retirados del mercado.** Si un fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que se debe retirar por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro Formulario y, luego, notificarles a los miembros que toman el medicamento.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del Formulario cuando agreguemos un equivalente genérico o eliminar un producto biológico original cuando agreguemos un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, moverlo a un nivel de costo compartido diferente, o ambas. Podemos realizar cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario; agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento; o pasamos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia el cambio. Alternativamente, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro del medicamento para 30 días y un aviso del cambio.

Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción para usted y continuemos la cobertura del medicamento que ha estado tomando. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y 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 2025 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, 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 el Formulario del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entra en vigencia el 23/10/2024. Para recibir información actualizada sobre los medicamentos cubiertos por Imperial Senior Value (HMO C-SNP) 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 22. 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 18. 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 331. 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 Senior Value (HMO C-SNP) cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (Food and Drug Administration, FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y, suelen costar menos que los de marca. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Normalmente, los medicamentos genéricos pueden sustituir a los medicamentos de marca en la farmacia sin necesidad de obtener una receta nueva, según las leyes estatales.

## ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el Formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos habituales. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden reemplazar al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir a medicamentos de marca.

- Para consultar los tipos de medicamentos, consulte la Evidencia de cobertura, Capítulo 5, Sección 3.1, “La ‘Lista de medicamentos’ indica qué medicamentos de la Parte D están cubiertos”.

## ¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** Nuestro plan exige que usted o la persona autorizada a dar recetas 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, Imperial Senior Value (HMO C-SNP) limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan proporciona 30 tabletas/30 días por receta para Atorvastatin 20mg. 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 22. 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 solicitarnos 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 solicitarle una lista de otros medicamentos similares que podrían 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 13 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, muéstrésela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede solicitar que nuestro plan haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

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

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, muéstrésela a su médico y pídale que le recete un medicamento similar que esté cubierto por Imperial Senior Value (HMO C-SNP).
- Puede solicitarnos que hagamos una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.
- 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.

Por lo general, Imperial Senior Value (HMO C-SNP) solo aprobará su solicitud de una excepción si los medicamentos alternativos incluidos en el Formulario del plan, el medicamento de menor costo compartido o la aplicación de la restricción no fueran tan efectivos para usted o pudieran causarle efectos adversos.

Usted o la persona autorizada a dar recetas deben comunicarse con nosotros para solicitar una excepción de nivel o excepción al Formulario, incluida una excepción a una restricción de cobertura. **Cuando solicita una excepción, la persona autorizada a dar recetas tendrá que explicar las razones médicas por las que necesita la excepción.** 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 pedir una decisión acelerada (rápida) si usted considera, y nosotros estamos de acuerdo, que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si aceptamos, o si la persona autorizada a dar recetas pide una decisión rápida, debemos comunicarle nuestra decisión, a más

tardar, en un período de 24 horas después de recibir la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas.

## **¿Qué puedo hacer si mi medicamento no está en el Formulario o si tiene una restricción?**

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 que está en nuestro Formulario, pero que tiene una restricción de cobertura, como la autorización previa. Debe hablar con la persona autorizada a dar recetas para solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al Formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan 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 los medicamentos que no están en nuestro Formulario o que tienen una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos del medicamento por un máximo de hasta 30 días. Si no se aprueba la cobertura, 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. Los beneficiarios que son dados de alta del hospital y reciben una lista de medicamentos del alta según el formulario del hospital.
2. Los beneficiarios que 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 Imperial Senior Value (HMO C-SNP), consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre nuestro plan, 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 (HMO C-SNP)

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos que cubre 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 331.

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 Imperial Senior Value (HMO C-SNP) tiene algún requisito especial para la cobertura del medicamento.



# Imperial CSNP 2025 6-Tier (List of Covered Drugs)

## List of Drugs by Medical Condition

<b>Analgesics .....</b>	<b>22</b>
<b>Anesthetics.....</b>	<b>25</b>
<b>Anti-Addiction/Substance Abuse Treatment Agents .....</b>	<b>25</b>
<b>Antianxiety Agents .....</b>	<b>26</b>
<b>Antibacterials .....</b>	<b>27</b>
<b>Anticancer Agents .....</b>	<b>33</b>
<b>Anticonvulsants .....</b>	<b>48</b>
<b>Antidementia Agents.....</b>	<b>52</b>
<b>Antidepressants.....</b>	<b>53</b>
<b>Antidiabetic Agents .....</b>	<b>55</b>
<b>Antifungals .....</b>	<b>60</b>
<b>Antigout Agents .....</b>	<b>62</b>
<b>Antihistamines .....</b>	<b>62</b>
<b>Anti-Infectives (Skin And Mucous Membrane).....</b>	<b>62</b>
<b>Antimigraine Agents.....</b>	<b>62</b>
<b>Antimycobacterials.....</b>	<b>63</b>
<b>Antinausea Agents .....</b>	<b>64</b>
<b>Antiparasite Agents.....</b>	<b>65</b>
<b>Antiparkinsonian Agents .....</b>	<b>66</b>
<b>Antipsychotic Agents.....</b>	<b>67</b>
<b>Antivirals (Systemic) .....</b>	<b>72</b>
<b>Blood Products/Modifiers/Volume Expanders.....</b>	<b>78</b>
<b>Caloric Agents.....</b>	<b>80</b>
<b>Cardiovascular Agents.....</b>	<b>81</b>
<b>Central Nervous System Agents.....</b>	<b>90</b>
<b>Contraceptives .....</b>	<b>93</b>
<b>Dental And Oral Agents .....</b>	<b>100</b>
<b>Dermatological Agents.....</b>	<b>100</b>
<b>Devices.....</b>	<b>104</b>

<b>Enzyme Replacement/Modifiers.....</b>	<b>141</b>
<b>Eye, Ear, Nose, Throat Agents .....</b>	<b>142</b>
<b>Gastrointestinal Agents .....</b>	<b>145</b>
<b>Genitourinary Agents .....</b>	<b>148</b>
<b>Heavy Metal Antagonists .....</b>	<b>148</b>
<b>Hormonal Agents, Stimulant/Replacement/Modifying .....</b>	<b>149</b>
<b>Immunological Agents .....</b>	<b>153</b>
<b>Inflammatory Bowel Disease Agents .....</b>	<b>162</b>
<b>Metabolic Bone Disease Agents .....</b>	<b>163</b>
<b>Miscellaneous Therapeutic Agents .....</b>	<b>164</b>
<b>Ophthalmic Agents .....</b>	<b>165</b>
<b>Replacement Preparations .....</b>	<b>166</b>
<b>Respiratory Tract Agents.....</b>	<b>167</b>
<b>Skeletal Muscle Relaxants.....</b>	<b>171</b>
<b>Sleep Disorder Agents .....</b>	<b>171</b>
<b>Vasodilating Agents .....</b>	<b>172</b>
<b>Vitamins And Minerals .....</b>	<b>172</b>

# Imperial CSNP 2025 6-Tier (List of Covered Drugs)

## List of Drugs by Medical Condition

Agentes Anti Cáncer .....	176
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias .....	190
Agentes Antiansiedad .....	191
Agentes Antidemencia .....	192
Agentes Antidiabetico .....	192
Agentes Antigota .....	197
Agentes Antimigraña.....	197
Agentes Antinausea .....	199
Agentes Antiparasitarios .....	199
Agentes Antiparkinson .....	200
Agentes Antipsicóticos.....	201
Agentes Calóricos .....	207
Agentes Cardiovasculares .....	207
Agentes De Enfermedad Intestinal Inflamatoria .....	217
Agentes De Enfermedad Ósea Metabólica .....	217
Agentes De Trastorno De Sueño .....	218
Agentes Del Sistema Nervioso Central .....	218
Agentes Del Tracto Respiratorio.....	222
Agentes Dentales Y Orales .....	226
Agentes Dermatológicos .....	226
Agentes Gastrointestinales .....	229
Agentes Genitourinarios.....	232
Agentes Hormonales, Estimulante/Reemplazo/Modificador .....	233
Agentes Inmunológicos .....	237
Agentes Oftálmicos .....	247
Agentes Para Los Ojos, Oídos, Nariz, Garganta.....	248
Agentes Terapeuticos Misceláneos .....	252
Agentes Vasodilatadores.....	253
Analgésicos .....	253

<b>Anestésicos</b> .....	<b>256</b>
<b>Antagonistas De Metales Pesados</b> .....	<b>257</b>
<b>Anti Infecciosos (Membrana Cutánea Y Mucosa)</b> .....	<b>257</b>
<b>Antibacterianos</b> .....	<b>257</b>
<b>Anticonceptivos</b> .....	<b>264</b>
<b>Anticonvulsivos</b> .....	<b>271</b>
<b>Antidepresivos</b> .....	<b>276</b>
<b>Antifúngicos</b> .....	<b>278</b>
<b>Antihistamínicos</b> .....	<b>280</b>
<b>Antimicobacteriales</b> .....	<b>280</b>
<b>Antivirales (Sitémico)</b> .....	<b>280</b>
<b>Dispositivos</b> .....	<b>286</b>
<b>Preparaciones De Reemplazo</b> .....	<b>323</b>
<b>Productos Sanguíneos/Modificadores/Expansores De Volumen</b> .....	<b>324</b>
<b>Reemplazo/Modificadores De Enzima</b> .....	<b>327</b>
<b>Relajantes Musculares Esqueléticos</b> .....	<b>328</b>
<b>Vitaminas Y Minerales</b> .....	<b>328</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

**CB:** Capped Benefit - This drug has a specified limit amount per month and does not allow early refill.

**PA3:** Prior Authorization – (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; GC; QL (6 EA per 30 days):** Excluded Drug - Enhancement covered in the Gap; Quantity Limit (amount per days)- This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards 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 may not be eligible to receive extra help to pay for this drug through other programs.

**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.

**PA2:** Prior Authorization (New Starts Only)- You (or your physician) are required to get prior authorization before you fill your prescription for this drug unless you are a previous user of the drug. If you have a history of using this medication, you will not need prior authorization.

**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.

## Leyenda

1. Genéricos preferidos
2. Genéricos
3. Marcas preferidas
4. Medicamentos no preferidos
5. Especialidad
6. Medicamento de Select Care

**CB:** Beneficio limitado: este medicamento tiene una cantidad límite específica por mes y no permite resurtidos anticipados.

**PA3:** Autorización previa (Parte B vs. Parte D) - Este medicamento recetado podría estar cubierto por la Parte B o la Parte D de Medicare, de acuerdo con las circunstancias. Es posible que tenga que entregar información que describa el uso y el contexto del medicamento para tomar la determinación.

**E; GC; QL (6 EA por 30 días):** Medicamento excluido; Mejora cubierta en el Periodo sin cobertura; Límite de cantidad (cantidad por días): Este medicamento recetado normalmente no está cubierto por un plan de medicamentos recetados de Medicare. El monto que paga cuando obtiene una receta para este medicamento no se toma en cuenta para el costo total de sus medicamentos (es decir, el monto que paga no lo ayuda a calificar para la cobertura contra catástrofes). Además, si recibe ayuda adicional para pagar sus recetas, es posible que no sea elegible para recibir ayuda adicional para pagar este medicamento a través de otros programas.

**MO:** Elegible para pedido por correo: esta receta también puede estar disponible por correo.

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

**PA2:** Autorización previa (solo nuevos comienzos): usted (o su médico) deben obtener una autorización previa antes de surtir su receta para este medicamento, a menos que haya usado el medicamento anteriormente. Si tiene antecedentes de uso de este medicamento, no necesitará autorización previa.

**QL:** Límite de cantidad: existe un límite en la cantidad de este medicamento que está cubierta por receta o dentro de un período de tiempo específico.

**ST:** Terapia escalonada: en algunos casos, es posible que deba probar primero ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección.

## Imperial Standard CSNP 2025 6-Tier (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b><i>Analgesics, Miscellaneous</i></b>		
<i>acetaminophen-codeine oral solution</i> <i>120-12 mg/5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> <i>300-15 mg, 300-30 mg</i>	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> <i>300-60 mg</i>	2	QL (180 per 30 days)
<i>buprenorphine transdermal patch</i> (Butrans) <i>weekly 10 mcg/hour, 15 mcg/hour,</i> <i>20 mcg/hour, 5 mcg/hour,</i> <i>7.5 mcg/hour</i>	2	QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral</i> <i>capsule 50-325-40-30 mg</i>	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral</i> (Fioricet) <i>capsule 50-300-40 mg</i>	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral</i> (Esgic) <i>capsule 50-325-40 mg</i>	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral</i> (Esgic) <i>tablet 50-325-40 mg</i>	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg,</i> <i>5-325 mg</i> (oxycodone-acetaminophen)	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	2	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a</i> <i>handle 1,200 mcg, 1,600 mcg,</i> <i>400 mcg, 600 mcg, 800 mcg</i>	5	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a</i> <i>handle 200 mcg</i>	2	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour</i> <i>100 mcg/hr, 12 mcg/hr, 25 mcg/hr,</i> <i>50 mcg/hr, 75 mcg/hr</i>	2	QL (10 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (300 per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 per 30 days)



Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	2	QL (1000 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	5	PA; NM; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>ANESTHETICS</b>		
<b>Local Anesthetics</b>		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	2	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	2	QL (30 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (240 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch, medicated 5 %</i> (lidocaine)	2	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	4	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	4	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone nasal spray, non-aerosol</i> (Narcan) 4 mg/actuation	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline oral tablet 0.5 mg, 1 mg</i> (56 pack)	2	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	2	QL (336 per 365 days)
<i>varenicline oral tablets, dose pack</i> (Chantix Starting Month 0.5 mg (11)- 1 mg (42) Box)	2	
<b>ANTI-ANXIETY AGENTS</b>		
<b><i>Benzodiazepines</i></b>		
<i>alprazolam oral tablet 0.25 mg,</i> (Xanax) <i>0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule</i> <i>10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet,</i> <i>disintegrating 0.125 mg, 0.25 mg,</i> <i>0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet,</i> <i>disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet</i> <i>15 mg, 3.75 mg, 7.5 mg</i>	4	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate</i> (diazepam) <i>5 mg/ml</i>	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml</i> <i>(1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg,</i> (Valium) <i>5 mg</i>	1	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	2	QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	4	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	QL (2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	2	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	QL (60 per 30 days)

## ANTIBACTERIALS

### Aminoglycosides

<i>amikacin injection solution 500 mg/2 ml</i>	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; NM; NDS; QL (235.2 per 28 days)
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NM; NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NM; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	

### Antibacterials, Miscellaneous

<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	5	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
daptomycin intravenous recon soln 350 mg, 500 mg	5	NM; NDS
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml (Zyvox)	2	
linezolid oral suspension for reconstitution 100 mg/5 ml (Zyvox)	5	NM; NDS
linezolid oral tablet 600 mg (Zyvox)	2	
methenamine hippurate oral tablet 1 gram (Hiprex)	2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml (Metro I.V.)	2	
metronidazole oral tablet 250 mg, 500 mg	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (Macrochantin)	2	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)	2	QL (60 per 30 days)
trimethoprim oral tablet 100 mg	2	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg	2	
vancomycin oral capsule 125 mg (Vancocin)	2	QL (56 per 14 days)
vancomycin oral capsule 250 mg (Vancocin)	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NM; NDS; QL (90 per 30 days)
<b>Cephalosporins</b>		
cefaclor oral capsule 250 mg, 500 mg	2	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	2	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cefepime injection recon soln 1 gram, 2 gram	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefepodoxime oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln (Tazicef) 1 gram, 2 gram, 6 gram</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram (ceftazidime)</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
<b>Macrolides</b>		
<i>azithromycin intravenous recon soln (Zithromax) 500 mg</i>	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)</i>	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg (Zithromax)</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIFICID ORAL TABLET 200 MG	5	NM; NDS; QL (20 per 10 days)
<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 oral tablet 250 mg, 500 mg</i>	4	
<b>Miscellaneous B-Lactam Antibiotics</b>		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i> (Augmentin ES-600) 600-42.9 mg/5 ml	2	
<i>amoxicillin-pot clavulanate oral tablet</i> 250-125 mg, 875-125 mg	2	
<i>amoxicillin-pot clavulanate oral tablet</i> (Augmentin) 500-125 mg	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i> 200-28.5 mg, 400-57 mg	4	
<i>ampicillin oral capsule</i> 500 mg	2	
<i>ampicillin sodium injection recon soln</i> 1 gram, 10 gram, 125 mg	2	
<i>ampicillin-sulbactam injection recon soln</i> (Unasyn) 1.5 gram, 15 gram, 3 gram	2	
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	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	4	
<i>nafcillin injection recon soln</i> 1 gram, 10 gram, 2 gram	2	
<i>penicillin g potassium injection recon soln</i> (Pfizerpen-G) 20 million unit	2	
<i>penicillin g procaine intramuscular syringe</i> 1.2 million unit/2 ml, 600,000 unit/ml	2	
<i>penicillin v potassium oral recon soln</i> 125 mg/5 ml, 250 mg/5 ml	2	
<i>penicillin v potassium oral tablet</i> 250 mg, 500 mg	1	
<i>piperacillin-tazobactam intravenous recon soln</i> 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	2	



Drug Name	Drug Tier	Requirements/Limits
<b>Quinolones</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	2	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	2	
<b>Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	4	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	
<i>doxycycline hyclate oral capsule 100 mg</i> (Vibramycin)	2	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	2	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NM; NDS
<b>ANTICANCER AGENTS</b>		
<b>Anticancer Agents</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	2	PA BvD
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; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	

Drug Name	Drug Tier	Requirements/Limits
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NM; NDS; QL (1.6 per 28 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)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NM; NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NM; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	4	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	4	PA NSO
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)

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
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), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS; QL (120 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, (Sprycel) 50 mg, 70 mg, 80 mg</i>	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg (Sprycel)</i>	5	PA NSO; NM; NDS; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln (Dacogen) 50 mg</i>	5	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	5	PA BvD; NM; NDS
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
ELREXFIO 44 MG/1.1 ML VIAL INNER, 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)
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
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 (90 per 30 days)
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA NSO; NM; NDS; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	2	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NM; NDS; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NM; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	2	
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)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NM; NDS
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; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)	5	NM; NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NM; NDS; QL (5 per 21 days)

Drug Name	Drug Tier	Requirements/Limits
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; 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 (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
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 (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NDS; QL (240 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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (300 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
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.



Drug Name	Drug Tier	Requirements/Limits
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
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	
LEUKERAN ORAL TABLET 2 MG	5	NM; NDS
<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	2	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	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 (90 per 30 days)
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)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	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 7.5 MG	5	PA NSO; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NM; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
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 (90 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)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS

Drug Name	Drug Tier	Requirements/Limits
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA NSO; NM; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NM; NDS
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)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	5	PA BvD; NM; NDS
<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 (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	5	NM; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NM; NDS
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	5	NM; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NM; NDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	5	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 (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 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)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 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; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NM; NDS
SCSEMBLIX ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	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, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG (dasatinib)	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)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 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; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 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)

Drug Name	Drug Tier	Requirements/Limits
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NM; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	2	
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NM; NDS
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NM; NDS; QL (64 per 28 days)
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NM; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NM; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	
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 (300 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)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 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)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 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 (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 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)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
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 (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NM; NDS; QL (20 per 28 days)



Drug Name	Drug Tier	Requirements/Limits
<b>ANTICONVULSANTS</b>		
<i>Anticonvulsants</i>		
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)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NM; NDS; QL (180 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>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NM; NDS
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NM; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	2	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	2	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	2	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet, disintegrating</i> (Lamictal ODT) 100 mg, 200 mg, 25 mg, 50 mg	2	
<i>levetiracetam intravenous solution</i> (Keppra) 500 mg/5 ml	2	
<i>levetiracetam oral solution</i> (Keppra) 100 mg/ml	2	
<i>levetiracetam oral tablet</i> 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)	2	
<i>levetiracetam oral tablet extended</i> release 24 hr 500 mg, 750 mg (Keppra XR)	2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
<i>methsuximide oral capsule</i> 300 mg (Celontin)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i> (Trileptal) 300 mg/5 ml (60 mg/ml)	2	
<i>oxcarbazepine oral tablet</i> 150 mg, 300 mg, 600 mg (Trileptal)	2	
<i>phenobarbital oral elixir</i> 20 mg/5 ml (4 mg/ml)	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet</i> 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension</i> (Dilantin-125) 125 mg/5 ml	2	
<i>phenytoin oral tablet, chewable</i> 50 mg (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral</i> capsule 100 mg (Dilantin Extended)	2	
<i>phenytoin sodium extended oral</i> capsule 200 mg, 300 mg (Phenytek)	2	
<i>phenytoin sodium intravenous</i> solution 50 mg/ml	2	
<i>phenytoin sodium intravenous</i> syringe 50 mg/ml	2	
<i>pregabalin oral capsule</i> 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule</i> 225 mg, 300 mg (Lyrica)	2	QL (60 per 30 days)
<i>pregabalin oral solution</i> 20 mg/ml (Lyrica)	2	QL (900 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NM; NDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	2	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
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)	5	NM; NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	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 powder in packet 500 mg</i> (vigabatrin)	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)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; 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	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
<i>zonisamide oral capsule 100 mg,</i> (Zonegran) <i>25 mg</i>	2	
<i>zonisamide oral capsule 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NM; NDS; QL (1080 per 30 days)
<b>ANTIDEMENTIA AGENTS</b>		
<b><i>Antidementia Agents</i></b>		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er</i> (Namenda XR) <i>24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine transdermal patch</i> (Exelon Patch) 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	2	QL (30 per 30 days)
<b>ANTIDEPRESSANTS</b>		
<b>Antidepressants</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NM; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	4	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	4	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
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	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>escitalopram oxalate oral solution</i> 5 mg/5 ml	2	
<i>escitalopram oxalate oral tablet</i> (Lexapro) 10 mg, 20 mg, 5 mg	1	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule</i> 10 mg, (Prozac) 20 mg, 40 mg	1	
<i>fluoxetine oral solution</i> 20 mg/5 ml (4 mg/ml)	2	
<i>fluvoxamine oral tablet</i> 100 mg, 25 mg, 50 mg	2	
<i>imipramine hcl oral tablet</i> 10 mg, 25 mg, 50 mg	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet</i> 15 mg, 30 mg (Remeron)	2	
<i>mirtazapine oral tablet</i> 45 mg, 7.5 mg	2	
<i>mirtazapine oral tablet, disintegrating</i> (Remeron SolTab) 15 mg, 30 mg, 45 mg	2	
<i>nefazodone oral tablet</i> 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	
<i>nortriptyline oral capsule</i> 10 mg, (Pamelor) 25 mg, 50 mg, 75 mg	1	
<i>nortriptyline oral solution</i> 10 mg/5 ml	4	
<i>paroxetine hcl oral suspension</i> (Paxil) 10 mg/5 ml	4	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet</i> 10 mg, (Paxil) 20 mg, 30 mg, 40 mg	1	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended</i> (Paxil CR) release 24 hr 12.5 mg, 25 mg, 37.5 mg	4	
<i>perphenazine-amitriptyline oral tablet</i> 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	2	
<i>phenelzine oral tablet</i> 15 mg (Nardil)	2	
<i>protriptyline oral tablet</i> 10 mg, 5 mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NM; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	4	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 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>ANTIDIABETIC AGENTS</b>		
<b><i>Antidiabetic Agents, Miscellaneous</i></b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	4	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NM; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg,</i> <i>30 mg, 45 mg</i> (Actos)	6	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	6	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet</i> <i>15-850 mg</i> (Actoplus MET)	6	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 per 30 days)	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)	
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)	
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)	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	QL (30 per 30 days)	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin)	3	QL (60 per 30 days)
<b>Insulins</b>			
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart</i> <i>subcutaneous insulin pen 100 unit/ml</i> <i>(70-30)</i> (Novolog Mix 70-30FlexPen U-100)	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart</i> <i>subcutaneous solution 100 unit/ml</i> <i>(70-30)</i> (Novolog Mix 70-30 U-100 Insuln)	2	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin)	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U-100 Insulin)	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	2	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	3	max \$35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	3	max \$35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn) 3	max \$35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn) 3	max \$35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	max \$35 copay per month supply; QL (30 per 30 days)
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
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	max \$35 copay per month supply; QL (15 per 28 days)
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	6	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 per 30 days)
<i>glipizide oral tablet extended release</i> (Glucotrol XL) <i>24hr 10 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release</i> (Glucotrol XL) <i>24hr 2.5 mg, 5 mg</i>	6	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin oral tablet</i> 2.5-250 mg	6	QL (240 per 30 days)
<i>glipizide-metformin oral tablet</i> 2.5-500 mg, 5-500 mg	6	QL (120 per 30 days)
<i>glyburide micronized oral tablet</i> 1.5 mg, 3 mg, 6 mg	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet</i> 1.25 mg, 2.5 mg, 5 mg	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet</i> 1.25-250 mg, 2.5-500 mg, 5-500 mg	6	PA-HRM; AGE (Max 64 Years)

## ANTIFUNGALS

### Antifungals

ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b injection recon soln</i> 50 mg	2	PA BvD
<i>amphotericin b liposome intravenous</i> (AmBisome) <i>suspension for reconstitution</i> 50 mg	5	PA BvD; NM; NDS
<i>ciclopirox topical cream</i> 0.77 % (Ciclodan)	2	QL (180 per 30 days)
<i>ciclopirox topical solution</i> 8 % (Ciclodan)	2	QL (19.8 per 30 days)
<i>ciclopirox topical suspension</i> 0.77 % (Loprox (as olamine))	4	QL (180 per 30 days)
<i>clotrimazole mucous membrane</i> <i>troche</i> 10 mg	2	
<i>clotrimazole topical cream</i> 1 % (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution</i> 1 %	2	
<i>clotrimazole-betamethasone topical</i> <i>cream</i> 1-0.05 %	2	QL (90 per 30 days)
<i>econazole topical cream</i> 1 %	2	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm)</i> <i>intravenous piggyback</i> 200 mg/100 ml, 400 mg/200 ml	2	
<i>fluconazole oral suspension for</i> <i>reconstitution</i> 10 mg/ml	2	
<i>fluconazole oral suspension for</i> (Diflucan) <i>reconstitution</i> 40 mg/ml	2	
<i>fluconazole oral tablet</i> 100 mg, 200 mg (Diflucan)	2	
<i>fluconazole oral tablet</i> 150 mg, 50 mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>miconazole intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	5	PA; NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; 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	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIGOUT AGENTS</b>		
<b>Antigout Agents, Other</b>		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	2	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	4	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
<b>ANTIHISTAMINES</b>		
<b>Antihistamines</b>		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>		
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	4	
<b>ANTIMIGRAINE AGENTS</b>		
<b>Antimigraine Agents</b>		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	ST; NM; NDS; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	2	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, suv</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
<b>ANTIMYCOBACTERIALS</b>		
<b><i>Antimycobacterials</i></b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	4	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	4	
<b>ANTINAUSEA AGENTS</b>		
<b><i>Antinausea Agents</i></b>		
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	4	PA; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine)	2	PA-HRM; AGE (Max 64 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine base transdermal patch</i> (Transderm-Scop) 3 day 1 mg over 3 days	4	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
<b>ANTIPARASITE AGENTS</b>		
<b>Antiparasite Agents</b>		
<i>albendazole oral tablet 200 mg</i>	5	NM; NDS
<i>atovaquone oral suspension</i> (Mepron) 750 mg/5 ml	2	
<i>atovaquone-proguanil oral tablet</i> (Malarone) 250-100 mg	2	
<i>atovaquone-proguanil oral tablet</i> (Malarone Pediatric) 62.5-25 mg	2	
<i>chloroquine phosphate oral tablet</i> 250 mg, 500 mg	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet</i> 100 mg	2	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet</i> (Plaquenil) 200 mg	2	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet</i> (Sovuna) 300 mg	2	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet</i> 400 mg	2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NM; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	NM; NDS; QL (60 per 30 days)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	2	
<i>pentamidine inhalation recon soln</i> (Nebupent) 300 mg	2	PA BvD
<i>pentamidine injection recon soln</i> (Pentam) 300 mg	2	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	2	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NM; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPARKINSONIAN AGENTS</b>		
<b><i>Antiparkinsonian Agents</i></b>		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25-250 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NM; NDS
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
<b>ANTIPSYCHOTIC AGENTS</b>		
<b><i>Antipsychotic Agents</i></b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	5	NM; NDS; QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	5	NM; NDS; QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, (Abilify) 2 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	4	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	5	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 14 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution</i> 25 mg/ml	2	
<i>chlorpromazine oral concentrate</i> 100 mg/ml, 30 mg/ml	2	
<i>chlorpromazine oral tablet 10 mg,</i> 100 mg, 200 mg, 25 mg, 50 mg	4	
<i>clozapine oral tablet 100 mg,</i> (Clozaril) 200 mg, 25 mg, 50 mg	2	
<i>clozapine oral tablet, disintegrating</i> 100 mg, 12.5 mg, 25 mg	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating</i> 150 mg	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating</i> 200 mg	4	ST; QL (120 per 30 days)
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
<i>fluphenazine decanoate injection</i> <i>solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution</i> 2.5 mg/ml	2	
<i>fluphenazine hcl oral concentrate</i> 5 mg/ml	2	
<i>fluphenazine hcl oral elixir</i> 2.5 mg/5 ml	2	
<i>fluphenazine hcl oral tablet 1 mg,</i> 10 mg, 2.5 mg, 5 mg	4	
<i>haloperidol decanoate intramuscular</i> <i>solution 100 mg/ml (1 ml),</i> 50 mg/ml(1ml)	2	
<i>haloperidol decanoate intramuscular</i> (Haldol Decanoate) <i>solution 100 mg/ml, 50 mg/ml</i>	2	
<i>haloperidol lactate injection solution</i> 5 mg/ml	2	
<i>haloperidol lactate intramuscular</i> <i>syringe 5 mg/ml</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>haloperidol lactate oral concentrate</i> 2 mg/ml	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg,</i> <i>10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NM; NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule</i> <i>10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg,</i> (Latuda) <i>40 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	5	NM; NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	
<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>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NM; NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	
<i>quetiapine oral tablet 150 mg</i>	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NM; NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> (Risperdal Consta)	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta)	5	NM; NDS; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	
<i>risperidone oral tablet 0.25 mg</i>	2	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
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)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	5	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	5	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	5	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	5	NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	5	NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	5	NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	5	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 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



Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NM; NDS; QL (1 per 28 days)
<b>ANTIVIRALS (SYSTEMIC)</b>		
<b><i>Antiretrovirals</i></b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	5	NM; NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
<i>atazanavir oral capsule 150 mg</i>	2	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NM; NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	5	NM; NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	5	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	5	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS
EDURANT ORAL TABLET 25 MG	5	NM; NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	5	NM; NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NM; NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i> (Symfi)	5	NM; NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	5	NM; NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i>	5	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	5	NM; NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NM; NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NM; NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5	NM; NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NM; NDS
SYM TUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NM; NDS
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	4	

Drug Name	Drug Tier	Requirements/Limits
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NM; NDS
VEMLIDY ORAL TABLET 25 MG	5	ST; NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
<b>Antivirals, Miscellaneous</b>		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NM; NDS
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG	2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<b>HCV Antivirals</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NM; NDS; QL (56 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET (sofosbuvir-velpatasvir) 400-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET (ledipasvir-sofosbuvir) 90-400 MG	5	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
<b>Interferons</b>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	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>Nucleosides And Nucleotides</b>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension (Zovirax) 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg (Hepsera)</i>	2	
<i>entecavir oral tablet 0.5 mg, 1 mg (Baraclude)</i>	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg (Valtrex)</i>	2	
<i>valganciclovir oral recon soln 50 mg/ml (Valcyte)</i>	5	NM; NDS
<i>valganciclovir oral tablet 450 mg (Valcyte)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS</b>		
<b><i>Anticoagulants</i></b>		
<i>dabigatran etexilate oral capsule</i> (Pradaxa) 110 mg, 150 mg, 75 mg	2	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 30 mg/0.3 ml	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 40 mg/0.4 ml	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 60 mg/0.6 ml	2	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	2	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	
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	1	
<i>warfarin oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	
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	QL (600 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
<b>Blood Formation Modifiers</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NM; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NM; NDS; QL (90 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	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
<b>Hematologic Agents, Miscellaneous</b>		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	



Drug Name	Drug Tier	Requirements/Limits
<b>Platelet-Aggregation Inhibitors</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 50 mg, 75 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
<b>CALORIC AGENTS</b>		
<b>Caloric Agents</b>		
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 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD

Drug Name	Drug Tier	Requirements/Limits
<b>CARDIOVASCULAR AGENTS</b>		
<b>Alpha-Adrenergic Agents</b>		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	2	
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	2	
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	2	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1	
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	2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	2	
prazosin oral capsule 1 mg, 2 mg, 5 mg	2	
<b>Angiotensin II Receptor Antagonists</b>		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)	6	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)	6	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro)	6	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg (Avalide)	6	
losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)	6	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	6	
olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)	6	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	6	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	6	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	6	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	6	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	6	
<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)	6	
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	6	
<i>benazepril oral tablet 5 mg</i>	6	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i> (Lotensin HCT)	6	
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	6	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	6	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	6	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	6	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	6	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	6	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	6	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	6	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	6	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	6	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	6	
<b>Antiarrhythmic Agents</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	2	
<i>sotalol oral tablet 240 mg</i> (Betapace)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
<b>Calcium-Channel Blocking Agents</b>		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	2	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	2	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<b>Cardiovascular Agents, Miscellaneous</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	2	QL (4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
icatibant subcutaneous syringe (Firazyr) 30 mg/3 ml	5	PA; NM; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg (Corlanor)	3	QL (60 per 30 days)
metyrosine oral capsule 250 mg (Demser)	5	NM; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg	2	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
<b>Dihydropyridines</b>		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	1	
amlodipine-benazepril oral capsule (Lotrel) 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	6	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg	6	
amlodipine-olmesartan oral tablet (Azor) 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	6	
amlodipine-valsartan oral tablet (Exforge) 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	6	
amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg (Exforge HCT)	2	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	2	
nifedipine oral tablet extended (Procardia XL) release 24hr 30 mg, 60 mg, 90 mg	2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	2	
<b>Diuretics</b>		
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	1	
<i>toremide oral tablet 20 mg (Soaanz)</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<b>Dyslipidemics</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg (Caduet)</i>	6	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)</i>	6	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	6	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)</i>	6	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram (Questran)</i>	2	



Drug Name		Drug Tier	Requirements/Limits
<i>cholestyramine light oral powder in packet 4 gram</i>	(cholestyramine-aspartame)	2	
<i>colesevelam oral powder in packet 3.75 gram</i>	(WelChol)	4	
<i>colesevelam oral tablet 625 mg</i>	(WelChol)	2	
<i>colestipol oral packet 5 gram</i>		2	
<i>colestipol oral tablet 1 gram</i>	(Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i>	(Zetia)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i>	(Vytorin 10-10)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i>	(Vytorin 10-20)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i>	(Vytorin 10-40)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	(Vytorin 10-80)	6	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>		2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	(Tricor)	2	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	(Fenoglide)	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>		6	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	(Lescol XL)	6	
<i>gemfibrozil oral tablet 600 mg</i>	(Lopid)	1	
<i>icosapent ethyl oral capsule 0.5 gram</i>	(Vascepa)	2	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i>	(Vascepa)	2	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>		6	
NEXLETOL ORAL TABLET 180 MG		3	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		3	ST; QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i>	(Niacor)	4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>		2	
<i>niacor oral tablet 500 mg</i>	(niacin)	4	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	(Lovaza)	2	ST; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	2	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	6	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	6	QL (30 per 30 days)
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>epplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
<b>Vasodilators</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin transdermal patch</i> (Nitro-Dur) 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>Central Nervous System Agents</b>		
<i>atomoxetine oral capsule 10 mg,</i> (Strattera) <i>18 mg, 25 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg,</i> (Strattera) <i>60 mg, 80 mg</i>	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 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 ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NM; NDS; QL (210 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
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX PEN 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)
<i>dalfampridine oral tablet extended</i> (Ampyra) <i>release 12 hr 10 mg</i>	2	PA; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine</i> (Adderall XR) <i>oral capsule, extended release 24hr</i> <i>10 mg, 15 mg, 5 mg</i>	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	5	PA; NM; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	5	PA; NM; NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	5	PA; NM; NDS; QL (60 per 30 days)
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	5	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NM; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	
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)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NM; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	5	PA; NM; NDS
<i>methylphenidate hcl oral solution 10 mg/5 ml</i> (Methylin)	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NM; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	

Drug Name	Drug Tier	Requirements/Limits
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	
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	5	PA; NM; NDS; QL (120 per 30 days)

## CONTRACEPTIVES

### Contraceptives

afirmelle oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estradiol)	2	
altavera (28) oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estradiol)	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	
amethyst (28) oral tablet 90-20 mcg (28) (levonorgestrel-ethinyl estradiol)	2	
apri oral tablet 0.15-0.03 mg (desogestrel-ethinyl estradiol)	2	
aubra eq oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estradiol)	2	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg (norethindrone ac-eth estradiol)	2	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg (norethindrone ac-eth estradiol)	2	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) (norethindrone-e.estradi ol-iron)	2	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (norethindrone-e.estradi ol-iron)	2	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (norethindrone-e.estradi ol-iron)	2	
aviane oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estradiol)	2	
ayuna oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estradiol)	2	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradiol/e.estr adiol)	2	

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	2	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	2	
<i>elimest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	4	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	

Drug Name		Drug Tier	Requirements/Limits
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>iclevia oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>jolessa oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		4
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2
<i>larissia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	2
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	2
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	2
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	2

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> (Iclevia)	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	3	
<i>lillow (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	2	
<i>lultera (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	
<i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))	2	
<i>lyza oral tablet 0.35 mg</i> (norethindrone (contraceptive))	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)	2	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	2	
<i>mili oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	4	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	2	
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	2	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	2	
<i>norlyda oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	
<i>setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))	2	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	4	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (norethindrone-e.estradiol-iron)	2	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (norethindrone-e.estradiol-iron)	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	1	

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)	2	
<i>trivora (28) oral tablet 50-30</i> (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	2	
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estr adiol)	2	
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estr adiol)	2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>xulane transdermal patch weekly</i> 150-35 mcg/24 hr	(norelgestromin-ethin.es tradiol)	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly</i> 150-35 mcg/24 hr	(norelgestromin-ethin.es tradiol)	2	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet</i> 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
<b>DENTAL AND ORAL AGENTS</b>			
<b>Dental And Oral Agents</b>			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	2	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	2	
<b>DERMATOLOGICAL AGENTS</b>			
<b>Dermatological Agents, Other</b>			
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		2	
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	4	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ammonium lactate topical cream</i> 12 %	2	
<i>ammonium lactate topical lotion</i> (AmLactin) 12 %	2	
<i>calcipotriene scalp solution</i> 0.005 %	2	QL (120 per 30 days)
<i>calcipotriene topical cream</i> 0.005 %	2	QL (120 per 30 days)
<i>calcipotriene topical ointment</i> 0.005 %	2	QL (120 per 30 days)
<i>fluorouracil topical cream</i> 5 % (Efudex)	2	
<i>fluorouracil topical solution</i> 2 %	2	
<i>fluorouracil topical solution</i> 5 %	4	
<i>imiquimod topical cream in packet</i> 5 %	2	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule,</i> <i>liqd-filled,rapid rel</i> 10 mg	5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %	5	NM; NDS; QL (60 per 28 days)
<i>podofilox topical solution</i> 0.5 %	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NM; NDS
<i>zenatane oral capsule</i> 10 mg, 20 mg, (isotretinoin) 30 mg, 40 mg	2	
<b><i>Dermatological Antibacterials</i></b>		
<i>clindamycin phosphate topical</i> <i>solution</i> 1 %	2	QL (180 per 30 days)
<i>clindamycin phosphate topical swab</i> (Clindacin ETZ) 1 %	2	
<i>clindamycin-benzoyl peroxide topical</i> <i>gel</i> 1-5 %	4	
<i>erythromycin with ethanol topical</i> <i>solution</i> 2 %	2	
<i>gentamicin topical cream</i> 0.1 %	2	QL (90 per 30 days)
<i>gentamicin topical ointment</i> 0.1 %	2	QL (120 per 30 days)
<i>metronidazole topical cream</i> 0.75 % (Rosadan)	2	
<i>metronidazole topical gel</i> 0.75 % (Rosadan)	2	
<i>metronidazole topical gel</i> 1 % (Metrogel)	4	

Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (220 per 30 days)
<i>neuc topical gel 1.2 %</i> (1 % <i>base</i> ) -5 % (clindamycin-benzoyl peroxide)	1	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	2	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	4	
<b>Dermatological Anti-Inflammatory Agents</b>		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	4	
<i>clobetasol topical ointment 0.05 %</i>	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	4	
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream</i>	2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	4	QL (100 per 30 days)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	2	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	2	
<i>triamcinolone acetonide topical ointment</i> 0.05 % (Trianex)	2	
<b>Dermatological Retinoids</b>		
<i>adapalene topical cream</i> 0.1 % (Differin)	4	
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream</i> 0.1 % (Tazorac)	2	
<i>tretinoin topical cream</i> 0.025 % (Avita)	2	PA
<i>tretinoin topical cream</i> 0.05 %, 0.1 % (Retin-A)	2	PA
<b>Scabicides And Pediculicides</b>		
<i>malathion topical lotion</i> 0.5 % (Ovide)	4	
<i>permethrin topical cream</i> 5 % (Elimite)	2	QL (60 per 30 days)
<b>DEVICES</b>		
<b>Devices</b>		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTTP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTTP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTTP 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
ALCOHOL 70% SWABS (Alcohol Pads)	1	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	1	PA; ST
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	1	PA; ST
ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	1	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	PA; ST

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

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

Drug Name	Drug Tier	Requirements/Limits
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 " (gauze bandage)	1	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD (alcohol swabs)	1	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	2	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	2	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
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"	2	PA; ST
COMFORT EZ PEN NEEDLE 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM (pen needle, diabetic) 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM (pen needle, diabetic) 33G 33 GAUGE X 5/32"	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM (pen needle, diabetic) 31G MINI 31 GAUGE X 3/16"	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM (pen needle, diabetic) 32G SINGLE USE, MINI,HRI 32 GAUGE X 3/16"	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM (pen needle, diabetic) 33G 33 GAUGE X 3/16"	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM (pen needle, diabetic) 33G 33 GAUGE X 1/4"	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM (pen needle, diabetic) 31G SHORT 31 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM (pen needle, diabetic) 32G 32 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic, 4MM 31 GAUGE X 5/32" safety)	2	PA; ST
COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	2	PA; ST
COMFORT EZ SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X 1/2" u-100)	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ SYR 1 ML 28GX1/2" (insulin syringe-needle 1 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
COMFORT EZ SYR 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X 5/16 u-100)	2	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	2	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	2	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 4MM 31 GAUGE X 5/32"	2	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	2	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	2	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	2	PA; ST
CURAD GAUZE PADS 2" X 2" 2 X 2 (gauze bandage) "	1	PA; ST
CURITY ALCOHOL PREPS 2 PLY, (alcohol swabs) MEDIUM	1	PA; ST
CURITY GAUZE SPONGES (12 (PLY)-200/BAG 2 X 2 "	1	PA; ST
CURITY GAUZE PADS 1'S(12 PLY) (gauze bandage) 2 X 2 "	1	PA; ST



Drug Name	Drug Tier	Requirements/Limits
DERMACEA 2"X2" GAUZE 12 PLY, (gauze bandage) USP TYPE VII 2 X 2 "	1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM (insulin syringe-needle 0.3 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	2	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	2	PA; ST
DROPLET INS SYR 0.3 ML (insulin syringe-needle 30GX8MM 0.3 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX6MM 0.3 ML 31 GAUGE X u-100) 15/64"	2	PA; ST
DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX8MM 0.3 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
DROPLET INS SYR 1 ML (insulin syringe-needle 29GX12.5MM 1 ML 29 GAUGE X u-100) 1/2"	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	2	PA; ST
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	2	PA; ST
DROPLET PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	2	PA; ST
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	2	PA; ST
DROPLET PEN NEEDLE 30GX5/16" (pen needle, diabetic) 30 GAUGE X 5/16"	2	PA; ST
DROPLET PEN NEEDLE 31GX1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	2	PA; ST
DROPLET PEN NEEDLE 31GX3/16" (pen needle, diabetic) 31 GAUGE X 3/16"	2	PA; ST
DROPLET PEN NEEDLE 31GX5/16" (pen needle, diabetic) 31 GAUGE X 5/16"	2	PA; ST
DROPLET PEN NEEDLE 32GX1/4" (pen needle, diabetic) 32 GAUGE X 1/4"	2	PA; ST
DROPLET PEN NEEDLE 32GX3/16" (pen needle, diabetic) 32 GAUGE X 3/16"	2	PA; ST
DROPLET PEN NEEDLE 32GX5/16" (pen needle, diabetic) 32 GAUGE X 5/16"	2	PA; ST
DROPLET PEN NEEDLE 32GX5/32" (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS (alcohol swabs)	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	2	PA; ST

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

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	2	PA; ST
EASY COMFORT ALCOHOL 70% PAD (alcohol swabs)	1	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT PEN ND 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN ND 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN ND 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN ND 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN ND 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN ND 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN ND 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH ALCOHOL 70% (alcohol swabs) PADS GAMMA-STERILIZED	1	PA; ST
EASY TOUCH FLIPIK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	2	PA; ST
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"	2	PA; ST
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"	2	PA; ST
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	2	PA; ST
EASY TOUCH INSULIN SYR 1 ML (insulin syringe-needle RETRACTABLE 1 ML 30 GAUGE X u-100) 1/2"	2	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INSULIN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULIN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULIN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH INSULIN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH LUER LOK INSUL (insulin syringe 1 ML needleless)	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 30GX5/16 30 GAUGE X 5/16"	2	PA; ST

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

Drug Name	Drug Tier	Requirements/Limits
EMBRACE PEN NEEDLE 31G 6MM (pen needle, diabetic) 31 GAUGE X 1/4"	2	PA; ST
EMBRACE PEN NEEDLE 31G 8MM (pen needle, diabetic) 31 GAUGE X 5/16"	2	PA; ST
EMBRACE PEN NEEDLE 32G 4MM (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
EQL INSULIN 0.3 ML SYRINGE (Ultra Comfort Insulin SHORT NEEDLE 0.3 ML 30 Syringe)	2	PA; ST
EQL INSULIN 0.5 ML SYRINGE (Ultra Comfort Insulin SHORT NEEDLE 1/2 ML 30 GAUGE Syringe)	2	PA; ST
EQL INSULIN 1 ML SYRINGE (Ultra Comfort Insulin SHORT NEEDLE 1 ML 30 GAUGE X Syringe) 7/16"	2	PA; ST
EXEL INSULIN SYRINGE 27G-1 ML (insulin syringe-needle 1 ML 27 GAUGE X 1/2" u-100)	2	PA; ST
FIFTY50 INS 0.5 ML 31GX5/16" (Advocate Syringes) SHORT NEEDLE (OTC) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
FIFTY50 INS SYR 1 ML 31GX5/16" (Advocate Syringes) SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16"	2	PA; ST
FIFTY50 PEN 31G X 3/16" NEEDLE (pen needle, diabetic) (OTC) 31 GAUGE X 3/16"	2	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML (Ultra Comfort Insulin 28 GAUGE Syringe)	2	PA; ST
FREESTYLE PREC 0.5 ML (insulin syringe-needle 30GX5/16 0.5 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
FREESTYLE PREC 0.5 ML (insulin syringe-needle 31GX5/16 0.5 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" (insulin syringe-needle 1 ML 30 GAUGE X 5/16 u-100)	2	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 (gauze bandage) X 2 "	1	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
GNP ULTRA COMFORT 0.5 ML (insulin syringe-needle SYR 1/2 ML 29 , 1/2 ML 30 GAUGE u-100)	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
GNP ULTRA COMFORT 1 ML (insulin syringe-needle SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" u-100)	2	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE	2	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 (insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"	2	PA; ST
HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)	1	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST



Drug Name	Drug Tier	Requirements/Limits
INCONTROL PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	PA; ST
INCONTROL PEN NEEDLE 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	2	PA; ST
INCONTROL PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	2	PA; ST
INCONTROL PEN NEEDLE 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	2	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INSULIN SYR 0.3 ML 31GX1/4(1/2) (UltiCare Insulin 0.3 ML 31 GAUGE X 1/4" Syr(half unit))	2	PA; ST
INSULIN SYRIN 0.3 ML 30GX1/2" (Comfort EZ Insulin SHORT NEEDLE 0.3 ML 30 GAUGE Syringe) X 1/2"	2	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (Comfort EZ Insulin (OTC) 1/2 ML 28 GAUGE X 1/2" Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (Comfort EZ Insulin (OTC) 0.5 ML 29 GAUGE X 1/2" Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (Comfort EZ Insulin SHORT NEEDLE (OTC) 0.5 ML 30 Syringe) GAUGE X 1/2"	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" (Advocate Syringes) SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
INSULIN SYRINGE 0.5 ML 27G 1/2" (Easy Touch Insulin INNER (OTC) 1/2 ML 27 GAUGE X Syringe) 1/2"	2	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML (insulin syringe-needle 29 GAUGE u-100)	2	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 (Sure Comfort Insulin 0.3 ML 31 GAUGE X 1/4" Syringe)	2	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML (insulin syringe-needle 29 u-100)	2	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 (Sure Comfort Insulin 1/2 ML 31 GAUGE X 1/4" Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	2	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" (BD Eclipse Luer-Lok) (RX) 1 ML 30 GAUGE X 1/2"	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML 30GX5/16" (Advocate Syringes) SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	2	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" (Sure Comfort Insulin 1 ML 31 GAUGE X 1/4" Syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 (Ultilet Insulin Syringe) SYRINGE 0.3 ML 29 GAUGE	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 (Comfort EZ Insulin SYRINGE 1 ML 29 GAUGE X 1/2" Syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 (Monoject Syringe) SYRINGE 1/2 ML 28 GAUGE	2	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE (pen needle, diabetic) 30 GAUGE X 5/16"	2	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE (pen needle, diabetic) 31 GAUGE X 1/4", 31 GAUGE X 5/16"	2	PA; ST
INSUPEN 32G 6MM PEN NEEDLE (pen needle, diabetic) 32 GAUGE X 1/4"	2	PA; ST
INSUPEN 32G 8MM PEN NEEDLE (pen needle, diabetic) 32 GAUGE X 5/16"	2	PA; ST
INSUPEN PEN NEEDLE (pen needle, diabetic) 29GX12MM 29 GAUGE X 1/2"	2	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" (pen needle, diabetic) 31 GAUGE X 3/16"	2	PA; ST
INSUPEN PEN NEEDLE 32GX4MM (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
INSUPEN PEN NEEDLE 33GX4MM (pen needle, diabetic) 33 GAUGE X 5/32"	2	PA; ST
IV ANTISEPTIC WIPES (alcohol swabs)	1	PA; ST
KENDALL ALCOHOL 70% PREP (alcohol swabs) PAD	1	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "	1	PA; ST
LITE TOUCH 31GX1/4" PEN (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	2	PA; ST
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	2	PA; ST
LITE TOUCH INSULIN 1 ML SYR (insulin syringe-needle 1 ML 28 GAUGE, 1 ML 30 GAUGE X u-100) 7/16"	2	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	2	PA; ST

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

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

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) (insulin syringes (disposable))	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"	2	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
NOVOFINE 30 NEEDLE	2	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	2	PA; ST
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	2	PA; ST
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" (Embrace Pen Needle)	2	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" (CareFine Pen Needle)	2	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips Plus)	2	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4" (1st Tier Unifine Pentips)	2	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	PA; ST
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs) 1	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 2	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic) 2	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic) 2	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic) 2	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	2	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle) 2	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	2	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	2	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF) 2	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF) 2	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF) 2	PA; ST
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Utileit Insulin Syringe) 2	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	PA; ST
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic) 2	PA; ST
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic) 2	PA; ST
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic) 2	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	PA; ST



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

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)	2	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	1	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT INS 1 ML 31GX1/4 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
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)	2	PA; ST
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)	2	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSUL SYR U100 1 ML (insulin syringe-needle 1 ML 29 GAUGE X 1/2", 1 ML 30 u-100) GAUGE X 5/16	2	PA; ST
SURE-JECT INSULIN SYRINGE (insulin syringe-needle 1 ML 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
SURE-PREP ALCOHOL PREP (alcohol swabs) PADS	1	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	2	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 29GX12MM 1 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX12MM 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX8MM 1 ML 30 GAUGE X 5/16 u-100)	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX6MM 1 ML 31 GAUGE X u-100) 15/64"	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX8MM 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	2	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLE 31GX1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" (pen needle, diabetic) 32 GAUGE X 1/4"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
TECHLITE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
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"	2	PA; ST
TERUMO INS SYRINGE U100-1 ML (Thinpro Insulin Syringe) 1 ML 30 GAUGE X 3/8"	2	PA; ST
TERUMO INS SYRINGE (insulin syringe-needle U100-1/2 ML 1/2 ML 30 X 3/8" u-100)	2	PA; ST
TERUMO INS SYRINGE (insulin syringe-needle U100-1/3 ML 0.3 ML 30 X 3/8" u-100)	2	PA; ST
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"	2	PA; ST
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"	2	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"	2	PA; ST
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"	2	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"	2	PA; ST
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"	2	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
TOPCARE CLICKFINE 31G X 1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	2	PA; ST
TOPCARE CLICKFINE 31G X 5/16" (pen needle, diabetic) 31 GAUGE X 5/16"	2	PA; ST
TOPCARE ULTRA COMFORT (insulin syringe-needle SYRINGE 0.3 ML 29 GAUGE X 1/2", u-100) 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	2	PA; ST
TRUE CMFRT PRO 0.5 ML 30G (insulin syringe-needle 5/16" 0.5 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	2	PA; ST
TRUE CMFT SFTY PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
TRUE COMFORT 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
TRUE COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	PA; ST
TRUE COMFORT PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT PEN NDL (pen needle, diabetic) 31GX5MM 31 GAUGE X 3/16"	2	PA; ST
TRUE COMFORT PEN NDL (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	2	PA; ST

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

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

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



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

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

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

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

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

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)	2	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE,3PLY 2 X 2 "	1	PA; ST
V-GO 20 DEVICE	3	QL (30 per 30 days)
V-GO 30 DEVICE	3	QL (30 per 30 days)
V-GO 40 DEVICE	3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S, (alcohol swabs) LARGE	1	PA; ST
<b>ENZYME REPLACEMENT/MODIFIERS</b>		
<i>Enzyme Replacement/Modifiers</i>		
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>javygtor oral tablet, soluble 100 mg</i> (sapropterin)	5	PA; NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
<i>sapropterin oral tablet, soluble</i> (Javygtor) <i>100 mg</i>	5	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; LA; 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	

Drug Name	Drug Tier	Requirements/Limits
<b>EYE, EAR, NOSE, THROAT AGENTS</b>		
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	4	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	2	
<b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	2	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(Neo-Polycin HC) 2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	(Neo-Polycin) 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	(Maxitrol) 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	(Maxitrol) 2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(neomycin-bacitracin-pol y-hc) 2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	(neomycin-bacitracin-pol ymyxin) 2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	(Ocuflox) 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	(bacitracin-polymyxin b) 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	



Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin ophthalmic (eye) drops</i> 0.3 %	1	
<i>tobramycin-dexamethasone</i> <i>ophthalmic (eye) drops, suspension</i> 0.3-0.1 %	2	
<i>trifluridine ophthalmic (eye) drops</i> 1 %	2	
XDEMZY OPTHALMIC (EYE) DROPS 0.25 %	5	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	3	
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>		
ALREX OPTHALMIC (EYE) (loteprednol etabonate) DROPS, SUSPENSION 0.2 %	3	ST
<i>bromfenac ophthalmic (eye) drops</i> (Prolensa) 0.07 %	2	
<i>bromfenac ophthalmic (eye) drops</i> (BromSite) 0.075 %	2	
<i>bromfenac ophthalmic (eye) drops</i> 0.09 %	4	
<i>cyclosporine ophthalmic (eye)</i> (Restasis) <i>dropperette</i> 0.05 %	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate</i> <i>ophthalmic (eye) drops</i> 0.1 %	2	
<i>diclofenac sodium ophthalmic (eye)</i> <i>drops</i> 0.1 %	2	
<i>difluprednate ophthalmic (eye) drops</i> (Durezol) 0.05 %	4	
EYSUVIS OPTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray, non-aerosol</i> 25 mcg (0.025 %)	4	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops</i> 0.01 %	2	
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops, suspension</i> 0.1 %	4	
<i>flurbiprofen sodium ophthalmic (eye)</i> <i>drops</i> 0.03 %	2	
<i>fluticasone propionate nasal spray,</i> (24 Hour Allergy Relief) <i>suspension</i> 50 mcg/actuation	1	QL (16 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops</i> (Acular) 0.5 %	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops,gel 0.5 %</i>	4	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic</i> (Alrex) <i>(eye) drops, suspension 0.2 %</i>	2	ST
<i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops, suspension 0.5 %</i>	4	QL (15 per 19 days)
<i>mometasone nasal spray,</i> (Allergy Nasal <i>non-aerosol 50 mcg/actuation</i> (mometasone))	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic</i> (Pred Forte) <i>(eye) drops, suspension 1 %</i>	4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)

## GASTROINTESTINAL AGENTS

### Antiulcer Agents And Acid Suppressants

<i>amoxicil-clarithromy-lansopraz oral</i> <i>combo pack 500-500-30 mg</i>	4	
<i>cimetidine hcl oral solution</i> <i>300 mg/5 ml</i>	2	
<i>esomeprazole magnesium oral</i> (Acid Reducer <i>capsule, delayed release(dr/ec)</i> (esomeprazole)) <i>20 mg</i>	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium) <i>capsule, delayed release(dr/ec)</i> <i>40 mg</i>	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium Packet) <i>granules dr for susp in packet 10 mg,</i> <i>20 mg</i>	4	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium Packet) <i>granules dr for susp in packet 40 mg</i>	4	ST; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	2	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
<b>Gastrointestinal Agents, Other</b>		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NM; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	2	QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)	5	NM; NDS
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
XERMELO ORAL TABLET 250 MG	5	PA; NM; NDS; QL (84 per 28 days)
<b>Laxatives</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 M L, 10 MG-3.5 GRAM- 12 GRAM/175 M L	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	2	
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	3	
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
<b>GENITOURINARY AGENTS</b>		
<b>Antispasmodics, Urinary</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	2	
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	4	
<i>tropium oral tablet 20 mg</i>	2	
<b>Genitourinary Agents, Miscellaneous</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	2	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin oral capsule 10 mg</i>	1	
<b>HEAVY METAL ANTAGONISTS</b>		
<b>Heavy Metal Antagonists</b>		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
deferasirox oral tablet 180 mg, 360 mg, 90 mg (Jadenu)	2	PA
penicillamine oral tablet 250 mg (Depen Titratabs)	5	PA; NM; NDS
trientine oral capsule 250 mg (Syprine)	5	PA; NM; NDS; QL (240 per 30 days)

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING

### Androgens

danazol oral capsule 100 mg, 200 mg, 50 mg	2	
oxandrolone oral tablet 10 mg, 2.5 mg (Oxandrin)	2	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml (Depo-Testosterone)	2	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	2	PA
testosterone enanthate intramuscular oil 200 mg/ml	2	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %) (Vogelxo)	4	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)	4	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) (AndroGel)	4	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)

### Estrogens And Antiestrogens

DUAVEE ORAL TABLET 0.45-20 MG	3	PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)	1	PA-HRM; AGE (Max 64 Years)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara)	2	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	4	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Mimvey)	2	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	3	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	4	QL (18 per 28 days)
<b>Glucocorticoids/Mineralocorticoids</b>		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablet 32 mg</i>	2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	1	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	2	
<b>Pituitary</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	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NM; NDS



Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NM; NDS
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
<i>octreotide acetate injection solution</i> 1,000 mcg/ml, 200 mcg/ml	4	
<i>octreotide acetate injection solution</i> (Sandostatin) 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS
<b>Progestins</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone oral tablet 10 mg</i> (Provera)	1	
<i>medroxyprogesterone oral tablet 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
<b>Thyroid And Antithyroid Agents</b>		
<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	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
<b>IMMUNOLOGICAL AGENTS</b>		
<b>Immunological Agents</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NM; NDS
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
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus)	4	PA BvD
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 5 MG (tacrolimus)	5	PA BvD; NM; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD
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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (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
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS; Only NDCs starting with 00074

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NM; NDS; Only NDCs starting with 00074
<i>infliximab intravenous recon soln</i> (Remicade) 100 mg	5	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl)</i> (CellCept Intravenous) <i>intravenous recon soln 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule</i> (CellCept) 250 mg	2	PA BvD
<i>mycophenolate mofetil oral</i> (CellCept) <i>suspension for reconstitution</i> 200 mg/ml	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet</i> (CellCept) 500 mg	2	PA BvD
<i>mycophenolate sodium oral tablet,</i> (Myfortic) <i>delayed release (dr/ec) 180 mg,</i> <i>360 mg</i>	4	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS
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
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD

Drug Name	Drug Tier	Requirements/Limits
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS; QL (360 per 30 days)
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>	2	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	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 INTRAVENOUS SOLUTION 130 MG/26 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, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NM; NDS; QL (180 per 30 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS
<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	3	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$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	3	\$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	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
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	3	
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	3	
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	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
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 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	3	
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)	3		
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3		
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; QL (2 per 365 days)	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(tetanus-diphtheria toxoids-td)	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	\$0 copay	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	\$0 copay	
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3		
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
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	\$0 copay

## INFLAMMATORY BOWEL DISEASE AGENTS

### *Inflammatory Bowel Disease Agents*

<i>alose tron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	2	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	4	
<i>budesonide rectal foam</i> (Uceris) <i>2 mg/actuation</i>	2	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone rectal enema 100 mg/60 ml (Cortenema)	2	
mesalamine oral capsule, extended release 500 mg (Pentasa)	2	
mesalamine oral capsule, extended release 24hr 0.375 gram (Apriso)	4	
mesalamine oral tablet, delayed release (dr/ec) 1.2 gram (Lialda)	4	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg (Azulfidine)	2	
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)	4	

## METABOLIC BONE DISEASE AGENTS

### Metabolic Bone Disease Agents

alendronate oral solution 70 mg/75 ml	4	QL (300 per 28 days)
alendronate oral tablet 10 mg	1	QL (30 per 30 days)
alendronate oral tablet 35 mg	1	QL (4 per 28 days)
alendronate oral tablet 70 mg (Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation	2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)	2	
cinacalcet oral tablet 30 mg, 60 mg (Sensipar)	2	QL (60 per 30 days)
cinacalcet oral tablet 90 mg (Sensipar)	5	NM; NDS; QL (120 per 30 days)
ibandronate oral tablet 150 mg	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM; NDS; QL (2 per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg (Zempar)	4	
paricalcitol oral capsule 4 mcg	4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)	5	PA; NM; NDS; QL (2.48 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
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
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>Miscellaneous Therapeutic Agents</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NM; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NM; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NM; NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	5	PA; NM; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	1	
<i>hydroxyzine pamoate oral capsule 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
MESNEX ORAL TABLET 400 MG	5	NM; NDS
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	2	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	2	

Drug Name	Drug Tier	Requirements/Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	5	PA; NM; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
<b>OPHTHALMIC AGENTS</b>		
<b>Antiglaucoma Agents</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	4	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops (Alphagan P) 0.1 %, 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>brimonidine-timolol ophthalmic (eye) (Combigan) drops 0.2-0.5 %</i>	4	
<i>brinzolamide ophthalmic (eye) drops, (Azopt) suspension 1 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) (Zioptan (PF)) dropperette 0.0015 %</i>	4	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>travoprost ophthalmic (eye) drops (Travatan Z) 0.004 %</i>	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)

## REPLACEMENT PREPARATIONS

### Replacement Preparations

<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>klor-con m10 oral tablet, er (potassium chloride) particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet, er (potassium chloride) particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet, er (potassium chloride) particles/crystals 20 meq</i>	2	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	4	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral tablet extended release 10 meq (Klor-Con 10)	2	
potassium chloride oral tablet extended release 20 meq (K-Tab)	2	
potassium chloride oral tablet extended release 8 meq (Klor-Con 8)	2	
potassium chloride oral tablet, er particles/crystals 10 meq (Klor-Con M10)	2	
potassium chloride oral tablet, er particles/crystals 15 meq (Klor-Con M15)	2	
potassium chloride oral tablet, er particles/crystals 20 meq (Klor-Con M20)	2	
potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)	2	
potassium citrate oral tablet extended release 15 meq (Urocit-K 15)	2	
potassium citrate oral tablet extended release 5 meq (540 mg)	2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	2	
sodium chloride 0.9 % intravenous parenteral solution	2	
sodium chloride 0.9% solution mini-bag, single use	2	

## RESPIRATORY TRACT AGENTS

### Anti-Inflammatories, Inhaled Corticosteroids

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)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 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>breylna inhalation hfa aerosol inhaler</i> (budesonide-formoterol) 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	2	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization</i> (Pulmicort) 0.25 mg/2 ml, 0.5 mg/2 ml	2	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization</i> (Pulmicort) 1 mg/2 ml	2	PA BvD; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i> (Breyna) 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	2	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler</i> 110 mcg/actuation	2	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler</i> 220 mcg/actuation	2	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler</i> 44 mcg/actuation	2	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i> (Wixela Inhub) 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	2	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device</i> (fluticasone propion-salmeterol) 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	2	QL (60 per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast oral tablet</i> 10 mg (Singulair)	1	
<i>montelukast oral tablet, chewable</i> (Singulair) 4 mg, 5 mg	2	
<i>zafirlukast oral tablet</i> 10 mg, 20 mg (Accolate)	4	
<b>Bronchodilators</b>		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler</i> (Ventolin HFA) 90 mcg/actuation	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler</i> 90 mcg/actuation (nda020503)	2	QL (13.4 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	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
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	4	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	2	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
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)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NM; NDS; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NM; NDS; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	2	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	2	QL (30 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)
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>SKELETAL MUSCLE RELAXANTS</b>		
<b><i>Skeletal Muscle Relaxants</i></b>		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	4	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
<b>SLEEP DISORDER AGENTS</b>		
<b><i>Sleep Disorder Agents</i></b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; NM; LA; NDS; QL (540 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	QL (30 per 30 days)
<b>VASODILATING AGENTS</b>		
<b><i>Vasodilating Agents</i></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>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; NM; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (360 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	2	EX; CB (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	2	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	2	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; NDS
<b>VITAMINS AND MINERALS</b>		
<b><i>Vitamins And Minerals</i></b>		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	2	
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>completenate tablet chew 29 mg iron- 1 mg</i>	2	
<i>folivane-ob capsule 85-1 mg</i>	2	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	2	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	2	
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv, calcium 72-iron-folic acid)	2	
<i>mynatal advance oral tablet 90-1-50 mg</i>	2	
<i>mynatal capsule 65 mg iron- 1 mg</i>	2	
<i>mynatal oral tablet 90-1-50 mg</i>	2	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	2	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	2	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	2	
<i>newgen tablet 32-1,000 mg-mcg</i>	2	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	2	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	2	
<i>obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg</i>	2	
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	2	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	2	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i> (pnv, calcium 72-iron-folic acid)	2	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	2	
<i>pnv-omega softgel 28-1-300 mg</i>	2	
<i>pr natal 400 combo pack 29-1-400 mg</i>	2	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	2	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	
<i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prenaissance oral capsule</i> 29-1.25-55-325 mg	2	
<i>prenaissance plus oral capsule</i> 28-1-50-250 mg	2	
<i>prenatabs fa tablet 29-1 mg</i>	2	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	(pnv, calcium 72-iron, carb-folic)	2
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	(pnv, calcium 72-iron-folic acid)	2
<i>prenatal-u capsule 106.5-1 mg</i>	2	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	(pnv, calcium 72-iron-folic acid)	2
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>taron-c dha capsule 35-1-200 mg</i>	2	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	2	
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	2	
<i>vinate care oral tablet, chewable 40 mg iron- 1 mg</i>	2	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	2	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	2	
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	2	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	2	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	2	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	2	
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	2	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	2	
<i>zatean-pn plus softgel 28-1-300 mg</i>	2	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	2	



## Imperial Standard CSNP 2025 6-Tier (Lista de medicamentos cubiertos)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>AGENTES ANTI CÁNCER</b>		
<b><i>Agentes Anti Cáncer</i></b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	2	PA BvD
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; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NM; NDS; QL (1.6 per 28 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)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NM; NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NM; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NDS

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
<i>bleomycin injection recon soln</i> 15 unit, 30 unit	2	
<i>bortezomib injection recon soln</i> 1 mg, 2.5 mg	4	PA NSO
<i>bortezomib injection recon soln</i> (Velcade) 3.5 mg	4	PA NSO
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, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
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), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)

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<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS; QL (120 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	5	PA NSO; NM; NDS; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	NM; NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	5	PA BvD; NM; NDS
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
ELREXFIO 44 MG/1.1 ML VIAL INNER, 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)
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
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 (90 per 30 days)
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA NSO; NM; NDS; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	2	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NM; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NM; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	2	
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe</i> (Faslodex) <i>250 mg/5 ml</i>	5	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NM; NDS
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; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE (lomustine) 10 MG	4	
GLEOSTINE ORAL CAPSULE (lomustine) 100 MG, 40 MG	5	NM; NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i> (Ifex) <i>1 gram</i>	2	
<i>ifosfamide intravenous solution</i> <i>1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; 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)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
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 (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NDS; QL (240 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 (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (300 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
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<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)
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
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	
LEUKERAN ORAL TABLET 2 MG	5	NM; NDS
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	4	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	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 (90 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
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)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	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 7.5 MG	5	PA NSO; NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NM; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
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 (90 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)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA NSO; NM; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NM; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	5	PA BvD; NM; NDS
<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 (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	5	NM; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NM; NDS
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	5	NM; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	5	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 (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 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)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 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; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NM; NDS
SCSEMBLIX ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	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, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG (dasatinib)	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> <i>12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TAFINLAR ORAL CAPSULE 50 MG, 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; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 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)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NM; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	2	
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NM; NDS
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NM; NDS; QL (64 per 28 days)
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NM; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (300 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
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	
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)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (300 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)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 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)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 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 (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 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)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
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 (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NM; NDS; QL (20 per 28 days)

## AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS

### Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias

<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	4	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	4	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline oral tablet 0.5 mg, 1 mg (56 pack)</i>	2	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	2	QL (336 per 365 days)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	2	
<b>AGENTES ANTIANSIEDAD</b>		
<b>Benzodiacepinas</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	4	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	2	QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	4	QL (2 per 30 days)



Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>lorazepam injection syringe 2 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	2	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	QL (60 per 30 days)
<b>AGENTES ANTIDEMENCIA</b>		
<b>Agentes Antidemencia</b>		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	2	QL (30 per 30 days)
<b>AGENTES ANTIDIABETICO</b>		
<b>Agentes Antidiabeticos, Varios</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	4	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NM; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	QL (90 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	6	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	6	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	6	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
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)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	QL (30 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin) 3	QL (60 per 30 days)
<b>Insulinas</b>		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70-30FlexPen U-100) 2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insulin) 2	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin) 2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin) 2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart) 2	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine) 3	max \$35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine) 3	max \$35 copay per month supply

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn) 3	max \$35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn) 3	max \$35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	max \$35 copay per month supply; QL (30 per 30 days)
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

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	max \$35 copay per month supply; QL (15 per 28 days)
<b>Sulfonilureas</b>		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	6	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 per 30 days)
<i>glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release (Glucotrol XL) 24hr 2.5 mg, 5 mg</i>	6	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	PA-HRM; AGE (Max 64 Years)
<b>AGENTES ANTIGOTA</b>		
<b>Agentes Antigota, Otros</b>		
<i>allopurinol oral tablet 100 mg (Zyloprim)</i>	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg (Mitigare)</i>	2	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg (Colcrys)</i>	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg (Uloric)</i>	4	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
<b>AGENTES ANTIMIGRAÑA</b>		
<b>Agentes Antimigraña</b>		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal spray,</i> (Migranal) <i>non-aerosol 0.5 mg/pump act.</i> <i>(4 mg/ml)</i>	5	ST; NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> (Maxalt-MLT) <i>10 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> <i>5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer,</i> (Imitrex STATdose Pen) <i>suv</i>	2	QL (4 per 28 days)
<i>sumatriptan nasal spray, non-aerosol</i> <i>20 mg/actuation, 5 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet</i> (Imitrex) <i>100 mg</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet</i> (Imitrex) <i>25 mg, 50 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose <i>cartridge 6 mg/0.5 ml</i> Refill)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose Pen) <i>pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex) <i>solution 6 mg/0.5 ml</i>	2	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>AGENTES ANTINAUSEA</b>		
<b>Agentes Antinausea</b>		
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	4	PA; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine)	2	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	4	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
<b>AGENTES ANTIPARASITARIOS</b>		
<b>Agentes Antiparasitarios</b>		
<i>albendazole oral tablet 200 mg</i>	5	NM; NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	



Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>atovaquone-proguanil oral tablet</i> (Malarone Pediatric) 62.5-25 mg	2	
<i>chloroquine phosphate oral tablet</i> 250 mg, 500 mg	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet</i> 100 mg	2	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet</i> (Plaquenil) 200 mg	2	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet</i> (Sovuna) 300 mg	2	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet</i> 400 mg	2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NM; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	NM; NDS; QL (60 per 30 days)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	2	
<i>pentamidine inhalation recon soln</i> (Nebupent) 300 mg	2	PA BvD
<i>pentamidine injection recon soln</i> (Pentam) 300 mg	2	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	2	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NM; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	

## AGENTES ANTIPARKINSON

### Agentes Antiparkinson

<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution</i> 50 mg/5 ml	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25-250 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NM; NDS
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	4	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
<b>AGENTES ANTIPSICÓTICOS</b>		
<b>Agentes Antipsicóticos</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	NM; NDS; QL (2.4 per 42 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	5	NM; NDS; QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	5	NM; NDS; QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, (Abilify) 2 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	4	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	5	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet (Saphris) 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	4	ST; QL (120 per 30 days)
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
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NM; NDS; QL (3.5 per 166 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NM; NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, (Latuda) 40 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg (Latuda)</i>	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	5	NM; NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i> (Zyprexa) 10 mg	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	
<i>olanzapine oral tablet, disintegrating</i> (Zyprexa Zydis) 10 mg, 15 mg, 20 mg, 5 mg	2	
<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>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NM; NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	
<i>quetiapine oral tablet 150 mg</i>	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NM; NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> (Risperdal Consta)	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta)	5	NM; NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	
<i>risperidone oral tablet 0.25 mg</i>	2	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>risperidone oral tablet, disintegrating</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	4	
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)
<i>thioridazine oral tablet 10 mg,</i> <i>100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg,</i> <i>10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg,</i> <i>10 mg, 2 mg, 5 mg</i>	2	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	5	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	5	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	5	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	5	NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	5	NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	5	NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	5	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 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
<i>ziprasidone hcl oral capsule 20 mg,</i> (Geodon) <i>40 mg, 60 mg, 80 mg</i>	2	
<i>ziprasidone mesylate intramuscular</i> (Geodon) <i>recon soln 20 mg/ml (final conc.)</i>	2	QL (6 per 28 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NM; NDS; QL (1 per 28 days)

## AGENTES CALÓRICOS

### Agentes Calóricos

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 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD

## AGENTES CARDIOVASCULARES

### Agentes Alfa-Adrenérgicos

<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly (Catapres-TTS-1) 0.1 mg/24 hr</i>	2	



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<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>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<b>Agentes Antiarrítmicos</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<b>Agentes Bloqueadores Beta-Adrenérgicos</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	2	
<i>sotalol oral tablet 240 mg</i> (Betapace)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
<b>Agentes Bloqueadores Da Canal De Calcio</b>		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	2	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	4	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	2	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<b>Agentes Cardiovasculares, Varios</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	2	QL (4 per 30 days)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	PA; NM; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	3	QL (60 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>metyrosine oral capsule 250 mg</i> (Demser)	5	NM; NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
<b>Antagonistas De Receptores De Angiotensina II</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	6	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	6	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	6	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	6	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	6	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	6	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	6	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	6	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	6	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	6	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	6	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<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)	6	
<b>Dihidropiridinas</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	6	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	6	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	6	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	6	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
<b>Dislipidémicos</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	6	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	6	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	6	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	6	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	

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<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	4	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	6	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	6	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	6	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	2	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	2	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	
NEXLETOL ORAL TABLET 180 MG	3	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	ST; QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>niacor oral tablet 500 mg</i> (niacin)	4	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	ST; QL (120 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	2	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	6	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	6	QL (30 per 30 days)
<b>Diuréticos</b>		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>torse mide oral tablet 10 mg, 100 mg, 5 mg</i>	1	
<i>torse mide oral tablet 20 mg</i> (Soaanz)	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<b><i>Inhibidores De Enzima Convertidoras De Angiotensina</i></b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	6	
<i>benazepril oral tablet 5 mg</i>	6	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i> (Lotensin HCT)	6	
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	6	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	6	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	6	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	6	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	6	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	6	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	6	

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<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>perindopril erbumine oral tablet</i> 2 mg, 4 mg, 8 mg	6	
<i>quinapril oral tablet 10 mg, 20 mg,</i> <i>40 mg, 5 mg</i> (Accupril)	6	
<i>quinapril-hydrochlorothiazide oral</i> <i>tablet 10-12.5 mg, 20-12.5 mg,</i> <i>20-25 mg</i> (Accuretic)	6	
<i>ramipril oral capsule 1.25 mg, 10 mg,</i> <i>2.5 mg, 5 mg</i> (Altace)	6	
<i>trandolapril oral tablet 1 mg, 2 mg,</i> <i>4 mg</i>	6	
<i>trandolapril-verapamil oral tablet,</i> <i>ir - er, biphasic 24hr 1-240 mg,</i> <i>2-180 mg, 2-240 mg, 4-240 mg</i>	6	
<b>Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
<b>Vasodilatadores</b>		
<i>isosorbide dinitrate oral tablet 10 mg,</i> <i>20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso)	2	
<i>isosorbide mononitrate oral tablet</i> <i>10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet</i> <i>extended release 24 hr 120 mg,</i> <i>30 mg, 60 mg</i>	1	
<i>minitran transdermal patch 24 hour</i> <i>0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr,</i> <i>0.6 mg/hr</i> (nitroglycerin)	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg,</i> <i>0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch</i> <i>24 hour 0.1 mg/hr, 0.2 mg/hr,</i> <i>0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA</b>		
<b>Agentes De Enfermedad Intestinal Inflamatoria</b>		
<i>alose tron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	2	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	4	
<i>budesonide rectal foam</i> (Uceris) <i>2 mg/actuation</i>	2	
<i>hydrocortisone rectal enema</i> (Cortenema) <i>100 mg/60 ml</i>	2	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	4	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	4	QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	4	
<b>AGENTES DE ENFERMEDAD ÓSEA METABÓLICA</b>		
<b>Agentes De Enfermedad Ósea Metabólica</b>		
<i>alendronate oral solution</i> <i>70 mg/75 ml</i>	4	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	2	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>	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM; NDS; QL (2 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 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

## AGENTES DE TRASTORNO DE SUEÑO

### Agentes De Trastorno De Sueño

<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; NM; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	QL (30 per 30 days)

## AGENTES DEL SISTEMA NERVIOSO CENTRAL

### Agentes Del Sistema Nervioso Central

<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 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 ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NM; NDS; QL (210 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
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX PEN 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	5	PA; NM; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	5	PA; NM; NDS

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<b>Nombre del Medicamento</b>		<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	(Tecfidera)	5	PA; NM; NDS; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	(Gilenya)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	(Glatopa)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	(Glatopa)	5	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	(glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	(glatiramer)	5	PA; NM; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	(Intuniv ER)	2	
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)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		5	PA; NM; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		1	
<i>lithium carbonate oral tablet 300 mg</i>		1	
<i>lithium carbonate oral tablet extended release 300 mg</i>	(Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>		2	
<i>lithium citrate oral solution 8 meq/5 ml</i>		2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS

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<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	5	PA; NM; NDS
<i>methylphenidate hcl oral solution</i> (Methylin) <i>10 mg/5 ml</i>	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet</i> (Ritalin) <i>10 mg, 20 mg, 5 mg</i>	2	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NM; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	
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	
<i>tetrabenazine oral tablet 12.5 mg,</i> (Xenazine) <i>25 mg</i>	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	5	PA; NM; NDS; QL (120 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>AGENTES DEL TRACTO RESPIRATORIO</b>		
<b>Agentes Del Tracto Respiratorio, Otros</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
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)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NM; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NM; NDS; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	2	QL (28 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	2	QL (30 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)
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>Antiinflamatorios, Corticoesteroides Inhalados</b>		
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)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 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>breyina inhalation hfa aerosol inhaler</i> (budesonide-formoterol) <i>160-4.5 mcg/actuation,</i> <i>80-4.5 mcg/actuation</i>	2	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for</i> (Pulmicort) <i>nebulization 0.25 mg/2 ml,</i> <i>0.5 mg/2 ml</i>	2	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for</i> (Pulmicort) <i>nebulization 1 mg/2 ml</i>	2	PA BvD; QL (60 per 30 days)



Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>budesonide-formoterol inhalation hfa</i> (Breyna) <i>aerosol inhaler</i> 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	2	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa</i> <i>aerosol inhaler 110 mcg/actuation</i>	2	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa</i> <i>aerosol inhaler 220 mcg/actuation</i>	2	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa</i> <i>aerosol inhaler 44 mcg/actuation</i>	2	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol</i> (Wixela Inhub) <i>inhalation blister with device</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	2	QL (60 per 30 days)
<i>wixela inhub inhalation blister with</i> (fluticasone <i>device 100-50 mcg/dose,</i> propion-salmeterol) <i>250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 per 30 days)
<b>Antileucotrinos</b>		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable</i> (Singulair) 4 mg, 5 mg	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	4	
<b>Broncodilatadores</b>		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa</i> (Ventolin HFA) <i>aerosol inhaler 90 mcg/actuation</i>	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa</i> <i>aerosol inhaler 90 mcg/actuation</i> (nda020503)	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa</i> <i>aerosol inhaler 90 mcg/actuation</i> (nda020983)	2	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution</i> <i>for nebulization 0.63 mg/3 ml,</i> <i>1.25 mg/3 ml, 2.5 mg /3 ml</i> (0.083 %), 2.5 mg/0.5 ml	2	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	4	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
<i>tiotropium bromide inhalation</i> (Spiriva with <i>capsule, w/inhalation device 18 mcg</i> HandiHaler)	2	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>AGENTES DENTALES Y ORALES</b>		
<b>Agentes Dentales Y Orales</b>		
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq)	2	
<b>AGENTES DERMATOLÓGICOS</b>		
<b>Agentes Antiinflamatorios Dermatológicos</b>		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	4	
<i>clobetasol topical ointment 0.05 %</i>	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	4	
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream</i>	2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	4	QL (100 per 30 days)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	2	
<b>Agentes Dermatológicos, Otros</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	4	QL (30 per 30 days)
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	2	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %</i>	2	
<i>fluorouracil topical solution 5 %</i>	4	
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled,rapid rel 10 mg</i>	5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %	5	NM; NDS; QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i>	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NM; NDS

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)	2	
<b>Antibacterianos Dermatológicos</b>		
clindamycin phosphate topical solution 1 %	2	QL (180 per 30 days)
clindamycin phosphate topical swab 1 % (Clindacin ETZ)	2	
clindamycin-benzoyl peroxide topical gel 1-5 %	4	
erythromycin with ethanol topical solution 2 %	2	
gentamicin topical cream 0.1 %	2	QL (90 per 30 days)
gentamicin topical ointment 0.1 %	2	QL (120 per 30 days)
metronidazole topical cream 0.75 % (Rosadan)	2	
metronidazole topical gel 0.75 % (Rosadan)	2	
metronidazole topical gel 1 % (Metrogel)	4	
mupirocin topical ointment 2 % (Centany)	1	QL (220 per 30 days)
neuac topical gel 1.2 % (1 % base) -5 % (clindamycin-benzoyl peroxide)	1	
rosadan topical cream 0.75 % (metronidazole)	2	
selenium sulfide topical lotion 2.5 %	2	
silver sulfadiazine topical cream 1 % (SSD)	2	
ssd topical cream 1 % (silver sulfadiazine)	4	
<b>Escabicidas Y Pediculicidas</b>		
malathion topical lotion 0.5 % (Ovide)	4	
permethrin topical cream 5 % (Elimite)	2	QL (60 per 30 days)
<b>Retinoides Dermatológicos</b>		
adapalene topical cream 0.1 % (Differin)	4	
ALTRENO TOPICAL LOTION 0.05 %	4	PA
tazarotene topical cream 0.1 % (Tazorac)	2	
tretinoin topical cream 0.025 % (Avita)	2	PA
tretinoin topical cream 0.05 %, 0.1 % (Retin-A)	2	PA
<b>AGENTES GASTROINTESTINALES</b>		
<b>Agentes Antiúlceras Y Supresores De Ácidos</b>		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	4	

<b>Nombre del Medicamento</b>		<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>cimetidine hcl oral solution</i> 300 mg/5 ml		2	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i> 20 mg	(Acid Reducer (esomeprazole))	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i> 40 mg	(Nexium)	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg,</i> 20 mg	(Nexium Packet)	4	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	(Nexium Packet)	4	ST; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg</i>	(Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i>	(Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	(Acid Reducer (lansoprazole))	2	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	(Prevacid)	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg,</i> 200 mcg	(Cytotec)	2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>		1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	(Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	(Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	(AcipHex)	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i>	(Carafate)	2	
<b>Agentes Gastrointestinales, Otros</b>			
<i>carglumic acid oral tablet, dispersible</i> 200 mg	(Carbaglu)	5	PA; NM; NDS
<i>constulose oral solution</i> 10 gram/15 ml	(lactulose)	2	
<i>cromolyn oral concentrate</i> 100 mg/5 ml	(Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i>		2	
<i>dicyclomine oral solution 10 mg/5 ml</i>		2	
<i>dicyclomine oral tablet 20 mg</i>		2	
<i>diphenoxylate-atropine oral tablet</i> 2.5-0.025 mg	(Lomotil)	2	PA-HRM; AGE (Max 64 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	2	QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)	5	NM; NDS
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
XERMELO ORAL TABLET 250 MG	5	PA; NM; NDS; QL (84 per 28 days)
<b>Laxantes</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 M L, 10 MG-3.5 GRAM- 12 GRAM/175 M L	3	



Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>gavilyte-c oral recon soln</i> (peg 3350-electrolytes) 240-22.72-6.72 -5.84 gram	2	
<i>gavilyte-g oral recon soln</i> (peg 3350-electrolytes) 236-22.74-6.74 -5.86 gram	2	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	2	
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) 236-22.74-6.74 -5.86 gram	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	2	
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	3	
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	2	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	

## AGENTES GENITOURINARIOS

### Agentes Genitourinarios, Varios

<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	2	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin oral capsule 10 mg</i>	1	

### Antiespasmódicos, Urinario

<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	2	
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	4	
<i>tropium oral tablet 20 mg</i>	2	
<b>AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR</b>		
<b>Agentes Tiroideos Y Antitiroideos</b>		
<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	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
<b>Andrógenos</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i> (Vogelxo)	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	4	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	4	PA; QL (300 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
<b>Estrógenos Y Antiestrógenos</b>		
DUAVEE ORAL TABLET 0.45-20 MG	3	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	PA-HRM; AGE (Max 64 Years)
<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	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<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	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	4	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Mimvey)	2	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET (conjugated estrogens) 0.625 MG, 1.25 MG	3	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	4	QL (18 per 28 days)
<b>Glucocorticoides/Mineralocorticoides</b>		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablet 32 mg</i>	2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	1	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	2	
<b>Pituitario</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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NM; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	4	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	4	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS
ORLISSA ORAL TABLET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
ORLISSA ORAL TABLET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	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 SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide)	5	PA NSO; NM; NDS; QL (0.2 per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
<b>Progestinas</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg</i> (Provera)	1	
<i>medroxyprogesterone oral tablet 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
<b>AGENTES INMUNOLÓGICOS</b>		
<b>Agentes Inmunológicos</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NM; NDS
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ASTAGRAF XL ORAL CAPSULE, (tacrolimus) EXTENDED RELEASE 24HR 0.5 MG, 1 MG	4	PA BvD
ASTAGRAF XL ORAL CAPSULE, (tacrolimus) EXTENDED RELEASE 24HR 5 MG	5	PA BvD; NM; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) <i>250 mg/5 ml</i>	2	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) <i>100 mg, 25 mg</i>	2	PA BvD
<i>cyclosporine modified oral capsule</i> <i>50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) <i>100 mg/ml</i>	2	PA BvD
<i>cyclosporine oral capsule 100 mg,</i> (Sandimmune) <i>25 mg</i>	2	PA BvD

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 RECON SOLN 25 MG (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
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD; NM; NDS
<i>engraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	PA BvD
<i>engraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	PA BvD
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



Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
<i>infliximab intravenous recon soln</i> (Remicade) 100 mg	5	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl)</i> (CellCept Intravenous) <i>intravenous recon soln 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule</i> (CellCept) 250 mg	2	PA BvD
<i>mycophenolate mofetil oral</i> (CellCept) <i>suspension for reconstitution</i> 200 mg/ml	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet</i> (CellCept) 500 mg	2	PA BvD
<i>mycophenolate sodium oral tablet,</i> (Myfortic) <i>delayed release (dr/ec) 180 mg,</i> <i>360 mg</i>	4	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
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
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS; QL (360 per 30 days)
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>	2	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	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 INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg,</i> (Prograf) <i>1 mg, 5 mg</i>	2	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NM; NDS; QL (180 per 30 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS
<b>Vacunas</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	3	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$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	3	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	\$0 copay

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
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	3	
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
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	3	

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
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	3	
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	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
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; QL (2 per 365 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	\$0 copay
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	\$0 copay

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
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>		
<b>Agentes Antiglaucoma</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	4	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops (Alphagan P) 0.1 %, 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>brimonidine-timolol ophthalmic (eye) (Combigan) drops 0.2-0.5 %</i>	4	
<i>brinzolamide ophthalmic (eye) drops, (Azopt) suspension 1 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye)</i> (Zioptan (PF)) <i>dropperette 0.0015 %</i>	4	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye)</i> <i>drops 0.25 %, 0.5 %</i>	1	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) <i>0.004 %</i>	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
<b>AGENTES PARA LOS OJOS, OÍDOS, NARIZ, GARGANTA</b>		
<b>Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta</b>		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>bacitracin ophthalmic (eye) ointment</i> <i>500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic</i> (Polycin) <i>(eye) ointment 500-10,000 unit/gram</i>	2	
<i>ciprofloxacin hcl ophthalmic (eye)</i> <i>drops 0.3 %</i>	2	
<i>ciprofloxacin-dexamethasone otic</i> <i>(ear) drops, suspension 0.3-0.1 %</i>	2	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye)</i> <i>ointment 5 mg/gram (0.5 %)</i>	2	QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment</i> <i>0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops</i> <i>0.3 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear)</i> <i>drops 1-2 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i> (Vigamox) <i>0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc</i> (Neo-Polycin HC) <i>ophthalmic (eye) ointment</i> <i>3.5-400-10,000 mg-unit/g-1%</i>	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i> 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin) 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension</i> 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol) 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i> 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol) 2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i> 1.75 mg-10,000 unit-0.025mg/ml	2	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension</i> 3.5-10,000-1 mg/ml-unit/ml-%	2	
<i>neomycin-polymyxin-hc otic (ear) solution</i> 3.5-10,000-1 mg/ml-unit/ml-%	2	
<i>neo-polycin hc ophthalmic (eye) ointment</i> 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-pol y-hc) 2	
<i>neo-polycin ophthalmic (eye) ointment</i> 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-pol ymyxin) 2	
<i>ofloxacin ophthalmic (eye) drops</i> 0.3 %	(Ocuflox) 2	
<i>ofloxacin otic (ear) drops</i> 0.3 %	2	
<i>polycin ophthalmic (eye) ointment</i> 500-10,000 unit/gram	(bacitracin-polymyxin b) 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i> 10,000 unit- 1 mg/ml	1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i> 10 %	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i> 10 %	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i> 10 %-0.23 % (0.25 %)	2	
<i>tobramycin ophthalmic (eye) drops</i> 0.3 %	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension</i> 0.3-0.1 %	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>trifluridine ophthalmic (eye) drops</i> 1 %	2	
XDEMVI OPTHALMIC (EYE) DROPS 0.25 %	5	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	3	
<b>Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta</b>		
ALREX OPTHALMIC (EYE) (loteprednol etabonate) DROPS, SUSPENSION 0.2 %	3	ST
<i>bromfenac ophthalmic (eye) drops</i> (Prolensa) 0.07 %	2	
<i>bromfenac ophthalmic (eye) drops</i> (BromSite) 0.075 %	2	
<i>bromfenac ophthalmic (eye) drops</i> 0.09 %	4	
<i>cyclosporine ophthalmic (eye)</i> (Restasis) <i>dropperette</i> 0.05 %	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate</i> <i>ophthalmic (eye) drops</i> 0.1 %	2	
<i>diclofenac sodium ophthalmic (eye)</i> <i>drops</i> 0.1 %	2	
<i>difluprednate ophthalmic (eye) drops</i> (Durezol) 0.05 %	4	
EYSUVIS OPTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray, non-aerosol</i> 25 mcg (0.025 %)	4	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops</i> 0.01 %	2	
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops, suspension</i> 0.1 %	4	
<i>flurbiprofen sodium ophthalmic (eye)</i> <i>drops</i> 0.03 %	2	
<i>fluticasone propionate nasal spray,</i> (24 Hour Allergy Relief) <i>suspension</i> 50 mcg/actuation	1	QL (16 per 30 days)
ILEVRO OPTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	3	
INVELTYS OPTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	QL (5.6 per 14 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>ketorolac ophthalmic (eye) drops</i> (Acular) 0.5 %	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops,gel 0.5 %</i>	4	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic</i> (Alrex) <i>(eye) drops, suspension 0.2 %</i>	2	ST
<i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops, suspension 0.5 %</i>	4	QL (15 per 19 days)
<i>mometasone nasal spray,</i> (Allergy Nasal <i>non-aerosol 50 mcg/actuation</i> (mometasone))	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic</i> (Pred Forte) <i>(eye) drops, suspension 1 %</i>	4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
<b>Agentes De Ojos, Oídos, Nariz Y Garganta, Varios</b>		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal spray, non-aerosol</i> <i>137 mcg (0.1 %)</i>	2	QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol</i> (Astepro Allergy) <i>205.5 mcg (0.15 %)</i>	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops</i> <i>0.05 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>epinastine ophthalmic (eye) drops</i> <i>0.05 %</i>	4	
<i>ipratropium bromide nasal spray,</i> <i>non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,</i> <i>non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops</i> (Eye Allergy <i>0.1 %</i> Itch-Redness Rlf)	2	
<i>olopatadine ophthalmic (eye) drops</i> (Eye Allergy Itch Relief) <i>0.2 %</i>	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>AGENTES TERAPEUTICOS MISCELÁNEOS</b>		
<b>Agentes Terapeuticos Misceláneos</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NM; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NM; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NM; NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	5	PA; NM; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	1	
<i>hydroxyzine pamoate oral capsule 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
MESNEX ORAL TABLET 400 MG	5	NM; NDS
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	2	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	5	PA; NM; NDS; QL (12 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
<b>AGENTES VASODILATADORES</b>		
<b>Agentes Vasodilatadores</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>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; NM; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (360 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	2	EX; CB (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	2	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	2	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; NDS
<b>ANALGÉSICOS</b>		
<b>Agentes Antiinflamatorios No Esteroideos</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 per 30 days)

<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>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	2	QL (1000 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	5	PA; NM; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>Analgésicos, Varios</b>		
<i>acetaminophen-codeine oral solution</i> 120-12 mg/5 ml	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-15 mg, 300-30 mg	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-60 mg	2	QL (180 per 30 days)
<i>buprenorphine transdermal patch</i> (Butrans) weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	2	QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral</i> capsule 50-325-40-30 mg	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral</i> (Fioricet) capsule 50-300-40 mg	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral</i> (Esgic) capsule 50-325-40 mg	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral</i> (Esgic) tablet 50-325-40 mg	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminop hen)	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg,</i> <i>5-325 mg</i> (oxycodone-acetaminop hen)	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminop hen)	2	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a</i> <i>handle 1,200 mcg, 1,600 mcg,</i> <i>400 mcg, 600 mcg, 800 mcg</i>	5	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a</i> <i>handle 200 mcg</i>	2	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour</i> <i>100 mcg/hr, 12 mcg/hr, 25 mcg/hr,</i> <i>50 mcg/hr, 75 mcg/hr</i>	2	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral</i> <i>solution 10-325 mg/15 ml,</i> <i>7.5-325 mg/15 ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral</i> <i>tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 per 30 days)



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (300 per 30 days)
<b>ANESTÉSICOS</b>		
<b>Anestesia Local</b>		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	2	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	2	QL (30 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	2	PA; QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (240 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch, medicated 5 %</i> (lidocaine)	2	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	PA; QL (90 per 30 days)

## ANTAGONISTAS DE METALES PESADOS

### *Antagonistas De Metales Pesados*

<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NM; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	2	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NM; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NM; NDS; QL (240 per 30 days)

## ANTI INFECCIOSOS (MEMBRANA CUTÁNEA Y MUCOSA)

### *Anti Infecciosos (Membrana Cutánea Y Mucosa)*

<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	4	

## ANTIBACTERIANOS

### *Aminoglicósidos*

<i>amikacin injection solution 500 mg/2 ml</i>	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; NM; NDS; QL (235.2 per 28 days)
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NM; NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NM; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<b>Antibacteriales, Misceláneos</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	5	NM; NDS
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	5	NM; NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	2	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NM; NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	2	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	2	QL (60 per 30 days)
<i>trimethoprim oral tablet 100 mg</i>	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>vancomycin intravenous recon soln</i> 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg	2	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	2	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NM; NDS; QL (90 per 30 days)
<b>Antibióticos B-Lactam Misceláneos</b>		
<i>aztreonam injection recon soln</i> (Azactam) 1 gram, 2 gram	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; LA; NDS
<i>ertapenem injection recon soln</i> 1 gram	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
<i>meropenem intravenous recon soln</i> 1 gram, 500 mg	2	
<b>Cefalosporinas</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln</i> 1 gram, 2 gram	2	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefoxitin intravenous recon soln</i> 1 gram, 10 gram, 2 gram	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	4	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln</i> (Tazicef) <i>1 gram, 2 gram, 6 gram</i>	2	
<i>ceftriaxone injection recon soln</i> <i>1 gram, 10 gram, 2 gram, 250 mg,</i> <i>500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg,</i> <i>500 mg</i>	2	
<i>cefuroxime sodium injection recon</i> <i>soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous</i> <i>recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg,</i> <i>500 mg</i>	1	
<i>cephalexin oral suspension for</i> <i>reconstitution 125 mg/5 ml,</i> <i>250 mg/5 ml</i>	2	
<i>tazicef injection recon soln 1 gram,</i> (ceftazidime) <i>2 gram, 6 gram</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
<b>Macrólidos</b>		
<i>azithromycin intravenous recon soln</i> (Zithromax) <i>500 mg</i>	2	
<i>azithromycin oral suspension for</i> (Zithromax) <i>reconstitution 100 mg/5 ml,</i> <i>200 mg/5 ml</i>	2	
<i>azithromycin oral tablet 250 mg (6</i> <i>pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 250 mg,</i> (Zithromax) <i>500 mg</i>	1	
<i>clarithromycin oral suspension for</i> <i>reconstitution 125 mg/5 ml,</i> <i>250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg,</i> <i>500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	NM; NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral</i> (E.E.S. Granules) <i>suspension for reconstitution</i> <i>200 mg/5 ml</i>	4	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	
<b>Penicilinas</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	4	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	
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 250 mg, 500 mg</i>	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	4	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
<b>Quinolonas</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	2	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod.chloride(iso) (Avelox in NaCl intravenous piggyback (iso-osmotic)) 400 mg/250 ml</i>	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>Sulfonamidas</b>		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<b>Tetraciclinas</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	4	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	
<i>doxycycline hyclate oral capsule 100 mg</i> (Vibramycin)	2	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	2	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	



Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
tetracycline oral capsule 250 mg, 500 mg	4	
tigecycline intravenous recon soln 50 mg (Tygacil)	5	NM; NDS
<b>ANTICONCEPTIVOS</b>		
<b>Anticonceptivos</b>		
afirmelle oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)	2	
altavera (28) oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	
amethyst (28) oral tablet 90-20 mcg (28) (levonorgestrel-ethinyl estrad)	2	
apri oral tablet 0.15-0.03 mg (desogestrel-ethinyl estradiol)	2	
aubra eq oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)	2	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg (norethindrone ac-eth estradiol)	2	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg (norethindrone ac-eth estradiol)	2	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) (norethindrone-e.estradiol-iron)	2	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (norethindrone-e.estradiol-iron)	2	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (norethindrone-e.estradiol-iron)	2	
aviane oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)	2	
ayuna oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)	2	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradiol/e.estradiol)	2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) (norethindrone-e.estradiol-iron)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (norethindrone-e.estradiol-iron)	2	

<b>Nombre del Medicamento</b>		<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	2	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	2	
<i>elimest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	4	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>iclevia oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>jolessa oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

<b>Nombre del Medicamento</b>		<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<b>KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG</b>		4	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	2	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	2	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	2	

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<b>Nombre del Medicamento</b>		<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		3	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>lultera (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		4	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
NEXPLANON SUBDERMAL IMPLANT 68 MG		3	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	2	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	2	

<b>Nombre del Medicamento</b>		<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	2	
<i>norlyda oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)

<b>Nombre del Medicamento</b>		<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		4	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	2	
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
<i>turqoz (28) oral tablet</i> 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
<i>vienva oral tablet</i> 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
<i>vylibra oral tablet</i> 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
<i>xulane transdermal patch weekly</i> 150-35 mcg/24 hr	(norelgestromin-ethin.es tradiol)	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly</i> 150-35 mcg/24 hr	(norelgestromin-ethin.es tradiol)	2	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet</i> 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	

## ANTICONVULSIVOS

### *Anticonvulsivos*

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)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i> 100 mg, 200 mg, 300 mg	(Carbatrol)	2	
<i>carbamazepine oral suspension</i> 100 mg/5 ml	(Tegretol)	2	
<i>carbamazepine oral tablet</i> 200 mg	(Epilex)	2	
<i>carbamazepine oral tablet extended release</i> 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	2	



Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>carbamazepine oral tablet, chewable</i> 100 mg	2	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>diazepam rectal kit</i> 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	4	
<i>divalproex oral capsule, delayed rel</i> (Depakote Sprinkles) <i>sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended</i> (Depakote ER) <i>release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed</i> (Depakote) <i>release (dr/ec) 125 mg, 250 mg,</i> <i>500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution</i> (Zarontin) <i>250 mg/5 ml</i>	2	
<i>felbamate oral suspension</i> <i>600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg,</i> (Felbatol) <i>600 mg</i>	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NM; NDS
<i>fosphephenytoin injection solution</i> (Cerebyx) <i>100 mg pe/2 ml, 500 mg pe/10 ml</i>	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NM; NDS; QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NM; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	2	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	2	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	2	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	PA NSO-HRM; AGE (Max 64 Years)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NM; NDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	2	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
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)	5	NM; NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	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 powder in packet 500 mg</i> (vigabatrin)	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)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; 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	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NM; NDS; QL (1080 per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>ANTIDEPRESIVOS</b>		
<b>Antidepresivos</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NM; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	4	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	4	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
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	QL (60 per 30 days)
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)

<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	
<i>escitalopram oxalate oral tablet</i> (Lexapro) 10 mg, 20 mg, 5 mg	1	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule</i> 10 mg, (Prozac) 20 mg, 40 mg	1	
<i>fluoxetine oral solution</i> 20 mg/5 ml (4 mg/ml)	2	
<i>fluvoxamine oral tablet</i> 100 mg, 25 mg, 50 mg	2	
<i>imipramine hcl oral tablet</i> 10 mg, 25 mg, 50 mg	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet</i> 15 mg, 30 mg (Remeron)	2	
<i>mirtazapine oral tablet</i> 45 mg, 7.5 mg	2	
<i>mirtazapine oral tablet, disintegrating</i> (Remeron SolTab) 15 mg, 30 mg, 45 mg	2	
<i>nefazodone oral tablet</i> 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	
<i>nortriptyline oral capsule</i> 10 mg, (Pamelor) 25 mg, 50 mg, 75 mg	1	
<i>nortriptyline oral solution</i> 10 mg/5 ml	4	
<i>paroxetine hcl oral suspension</i> (Paxil) 10 mg/5 ml	4	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet</i> 10 mg, (Paxil) 20 mg, 30 mg, 40 mg	1	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended</i> (Paxil CR) release 24 hr 12.5 mg, 25 mg, 37.5 mg	4	
<i>perphenazine-amitriptyline oral tablet</i> 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	2	
<i>phenelzine oral tablet</i> 15 mg (Nardil)	2	
<i>protriptyline oral tablet</i> 10 mg, 5 mg	4	
<i>sertraline oral concentrate</i> 20 mg/ml (Zoloft)	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NM; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	4	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 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>ANTIFÚNGICOS</b>		
<b><i>Antifúngicos</i></b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	5	PA BvD; NM; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	4	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i>	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	2	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	2	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	QL (60 per 30 days)

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>nystatin-triamcinolone topical cream</i> 100,000-0.1 unit/g-%	2	
<i>nystop topical powder</i> 100,000 unit/gram (nystatin)	2	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	5	PA; NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln</i> 200 mg (Vfend IV)	5	PA BvD; NM; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml</i> (40 mg/ml) (Vfend)	5	PA; NM; NDS
<i>voriconazole oral tablet 200 mg,</i> 50 mg (Vfend)	4	
<b>ANTIHISTAMÍNICOS</b>		
<b>Antihistamínicos</b>		
<i>hydroxyzine hcl oral tablet 10 mg,</i> 25 mg, 50 mg	2	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
<b>ANTIMICOBACTERIALES</b>		
<b>Antimicobacteriales</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg,</i> 400 mg	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	4	
<i>rifampin intravenous recon soln</i> 600 mg (Rifadin)	2	
<i>rifampin oral capsule 150 mg,</i> 300 mg	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	4	
<b>ANTIVIRALES (SITÉMICO)</b>		
<b>Antirretrovirales</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	5	NM; NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
<i>atazanavir oral capsule 150 mg</i>	2	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NM; NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	5	NM; NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	5	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	5	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS
EDURANT ORAL TABLET 25 MG	5	NM; NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	5	NM; NDS

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NM; NDS
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i> (Symfi)	5	NM; NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	5	NM; NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i>	5	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (EpiVir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>lopinavir-ritonavir oral solution</i> 400-100 mg/5 ml (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet</i> 100-25 mg (Kaletra)	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet</i> 200-50 mg (Kaletra)	2	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg,</i> 300 mg (Selzentry)	5	NM; NDS
<i>nevirapine oral suspension</i> 50 mg/5 ml	2	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended</i> <i>release 24 hr 100 mg</i>	2	QL (90 per 30 days)
<i>nevirapine oral tablet extended</i> <i>release 24 hr 400 mg</i>	2	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	5	NM; NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS
<i>rilpivirine intramuscular suspension,</i> <i>extended release 600 mg/2 ml</i> <i>(300 mg/ml), 900 mg/3 ml</i> <i>(300 mg/ml)</i>	5	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NM; NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5	NM; NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NM; NDS
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	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NM; NDS
VEMLIDY ORAL TABLET 25 MG	5	ST; NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>Antivirales HCV</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	5	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
<b>Antivirales, Varios</b>		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NM; NDS
oseltamivir oral capsule 30 mg (Tamiflu)	2	QL (84 per 180 days)
oseltamivir oral capsule 45 mg (Tamiflu)	2	QL (48 per 180 days)
oseltamivir oral capsule 75 mg (Tamiflu)	2	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG	2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>Interferones</b>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	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>Nucleósidos Y Nucleótidos</b>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension</i> (Zovirax) <i>200 mg/5 ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln</i> (Valcyte) <i>50 mg/ml</i>	5	NM; NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	
<b>DISPOSITIVOS</b>		
<b>Dispositivos</b>		
1ST TIER UNIFINE PENTP 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	2	PA; ST
1ST TIER UNIFINE PNTIP 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	PA; ST
1ST TIER UNIFINE PNTIP 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	2	PA; ST
1ST TIER UNIFINE PNTIP 8MM (pen needle, diabetic) 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16"	2	PA; ST
1ST TIER UNIFINE PNTIP 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	2	PA; ST

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
1ST TIER UNIFINE PNTD 31GX3/16 (pen needle, diabetic) 31 GAUGE X 3/16"	2	PA; ST
1ST TIER UNIFINE PNTD 32GX5/32 (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
ABOUTTIME PEN NEEDLE 30G X (pen needle, diabetic) 8MM 30 GAUGE X 5/16"	2	PA; ST
ABOUTTIME PEN NEEDLE 31G X (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
ABOUTTIME PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
ABOUTTIME PEN NEEDLE 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
ADVOCATE INS 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
ADVOCATE INS SYR 0.3 ML (insulin syringe-needle 29GX1/2 0.3 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
ADVOCATE INS SYR 0.5 ML (insulin syringe-needle 29GX1/2 0.5 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML (insulin syringe-needle 29GX1/2" 1 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML (insulin syringe-needle 30GX5/16 1 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
ADVOCATE PEN NDL 12.7MM 29G (pen needle, diabetic) 29 GAUGE X 1/2"	2	PA; ST
ADVOCATE PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
ADVOCATE PEN NEEDLE 4MM (pen needle, diabetic) 33G 33 GAUGE X 5/32"	2	PA; ST
ADVOCATE PEN NEEDLES 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	2	PA; ST
ADVOCATE PEN NEEDLES 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	2	PA; ST
ALCOHOL 70% SWABS (Alcohol Pads)	1	PA; ST



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	1	PA; ST
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	1	PA; ST
ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	1	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	2	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	2	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	2	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	PA; ST
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	2	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST

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

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

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
CARETOUCH ALCOHOL 70% PREP PAD (alcohol swabs)	1	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	2	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	2	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
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)	2	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI,HRI 32 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST

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

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

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



<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"	2	PA; ST
DROPLET PEN NEEDLE 32GX3/16" (pen needle, diabetic) 32 GAUGE X 3/16"	2	PA; ST
DROPLET PEN NEEDLE 32GX5/16" (pen needle, diabetic) 32 GAUGE X 5/16"	2	PA; ST
DROPLET PEN NEEDLE 32GX5/32" (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
DROPSAFE ALCOHOL 70% PREP (alcohol swabs) PADS	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	2	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	2	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
DROPSAFE PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	2	PA; ST
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
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	2	PA; ST
EASY CMFT SFTY PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	2	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites	
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	2	PA; ST	
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		2	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		2	PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	1	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2 PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2 PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2 PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2 PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		2 PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2 PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		2 PA; ST
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2 PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		2 PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		2 PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	1 PA; ST
EASY TOUCH FLIPIK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		2 PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		2 PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		2 PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2 PA; ST
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2 PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2 PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2 PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		2 PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>	
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	2	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		2	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	2	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	2	PA; ST
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	2	PA; ST
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Ultra Comfort Insulin Syringe)	2	PA; ST

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"	2	PA; ST
HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)	1	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (UltiCare Insulin Syr(half unit))	2	PA; ST
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	2	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

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



<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
INSUPEN PEN NEEDLE 32GX4MM (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
INSUPEN PEN NEEDLE 33GX4MM (pen needle, diabetic) 33 GAUGE X 5/32"	2	PA; ST
IV ANTISEPTIC WIPES (alcohol swabs)	1	PA; ST
KENDALL ALCOHOL 70% PREP (alcohol swabs) PAD	1	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "	1	PA; ST
LITE TOUCH 31GX1/4" PEN (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	2	PA; ST
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	2	PA; ST
LITE TOUCH INSULIN 1 ML SYR (insulin syringe-needle 1 ML 28 GAUGE, 1 ML 30 GAUGE X u-100) 7/16"	2	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	2	PA; ST
LITE TOUCH INSULIN SYR 1 ML (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 (pen needle, diabetic) GAUGE X 1/2"	2	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 (pen needle, diabetic) GAUGE X 3/16", 31 GAUGE X 5/16"	2	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" (insulin syringe-needle 1 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	2	PA; ST

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

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
NOVOFINE 30 NEEDLE	2	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	2	PA; ST
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	2	PA; ST
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" (Embrace Pen Needle)	2	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" (CareFine Pen Needle)	2	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips Plus)	2	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" (pen needle, diabetic)	2	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>	
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	2	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		2	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST

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<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	2	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort Touch Pen Needle)	2	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	2	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	2	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	2	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	2	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	2	PA; ST

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<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
RELI-ON INSULIN 0.5 ML SYR (Ultilet Insulin Syringe) 1/2 ML 29	2	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	PA; ST
RELION MINI PEN 31G X 1/4" NDL (pen needle, diabetic) 31 GAUGE X 1/4"	2	PA; ST
RELION NEEDLES NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4"	2	PA; ST
RELION PEN NEEDLES NEEDLE (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	2	PA; ST
SAFETY PEN NEEDLE 31G 4MM (Comfort EZ PRO 31 GAUGE X 5/32" Safety Pen Ndl)	2	PA; ST
SAFETY PEN NEEDLE 5MM X 31G (pen needle, diabetic, 31 GAUGE X 3/16" safety)	2	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	2	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	2	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 0.5 ML SYRINGE (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 u-100) GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
SURE COMFORT 1 ML SYRINGE (insulin syringe-needle 1 ML 28 GAUGE X 1/2", 1 ML 29 u-100) 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	2	PA; ST
SURE COMFORT 3/10 ML (insulin syringe-needle SYRINGE 0.3 ML 29 GAUGE X 1/2", u-100) 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
SURE COMFORT 3/10 ML (insulin syringe-needle SYRINGE INSULIN SYRINGE u-100) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
SURE COMFORT 30G PEN (pen needle, diabetic)	2	PA; ST
NEEDLE 30 GAUGE X 5/16"		
SURE COMFORT ALCOHOL PREP (alcohol swabs)	1	PA; ST
PADS		
SURE COMFORT INS 0.3 ML (insulin syringe-needle 31GX1/4 0.3 ML 31 GAUGE X 1/4" u-100)	2	PA; ST
SURE COMFORT INS 0.5 ML (insulin syringe-needle 31GX1/4 1/2 ML 31 GAUGE X 1/4" u-100)	2	PA; ST
SURE COMFORT INS 1 ML (insulin syringe-needle 31GX1/4" 1 ML 31 GAUGE X 1/4" u-100)	2	PA; ST
SURE COMFORT PEN NDL (pen needle, diabetic)	2	PA; ST
29GX1/2" 12.7MM 29 GAUGE X 1/2"		
SURE COMFORT PEN NDL 31G (pen needle, diabetic)	2	PA; ST
5MM 31 GAUGE X 3/16"		
SURE COMFORT PEN NDL 31G (pen needle, diabetic)	2	PA; ST
8MM 31 GAUGE X 5/16"		
SURE COMFORT PEN NDL 32G (pen needle, diabetic)	2	PA; ST
4MM 32 GAUGE X 5/32"		



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

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 29GX12MM 1 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX12MM 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX8MM 1 ML 30 GAUGE X 5/16 u-100)	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX6MM 1 ML 31 GAUGE X 15/64" u-100)	2	PA; ST
TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX8MM 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	2	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	2	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" (pen needle, diabetic) 32 GAUGE X 1/4"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16"	2	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
TECHLITE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
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"	2	PA; ST
TERUMO INS SYRINGE U100-1 ML (Thinpro Insulin Syringe) 1 ML 30 GAUGE X 3/8"	2	PA; ST
TERUMO INS SYRINGE (insulin syringe-needle U100-1/2 ML 1/2 ML 30 X 3/8" u-100)	2	PA; ST
TERUMO INS SYRINGE (insulin syringe-needle U100-1/3 ML 0.3 ML 30 X 3/8" u-100)	2	PA; ST

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
TERUMO INS SYRNG U100-1/2 ML (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	PA; ST
THINPRO INS SYRIN U100-0.3 ML (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	2	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"	2	PA; ST
THINPRO INS SYRIN U100-0.5 ML (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	2	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"	2	PA; ST
THINPRO INS SYRIN U100-1 ML (insulin syringe-needle 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	2	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	2	PA; ST
TOPCARE CLICKFINE 31G X 1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	2	PA; ST
TOPCARE CLICKFINE 31G X 5/16" (pen needle, diabetic) 31 GAUGE X 5/16"	2	PA; ST
TOPCARE ULTRA COMFORT (insulin syringe-needle SYRINGE 0.3 ML 29 GAUGE X 1/2", u-100) 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	2	PA; ST
TRUE CMFRT PRO 0.5 ML 30G (insulin syringe-needle 5/16" 0.5 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	2	PA; ST
TRUE CMFT SFTY PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites	
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST	
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST	
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST	
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	1	PA; ST

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

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

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	2	PA; ST
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	2	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	2	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	2	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	2	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	2	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	2	PA; ST
ULTILET ALCOHOL STERL SWAB (alcohol swabs)	1	PA; ST
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)	2	PA; ST
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)	2	PA; ST
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)	2	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	2	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST

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

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.



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

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

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

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

You can find information on what the symbols and abbreviations on this table mean by going to beginning of the drug list table. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla al principio de la tabla de la lista de medicamentos.

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VERIFINE PEN NEEDLE 32G 6MM (pen needle, diabetic) 32 GAUGE X 1/4"	2	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	2	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" (insulin syringe-needle u-100) 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" (insulin syringe-needle u-100) 1 ML 31 GAUGE X 5/16"	2	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" (insulin syringe-needle u-100) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" (insulin syringe-needle u-100) 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE,3PLY 2 X 2 "	1	PA; ST
V-GO 20 DEVICE	3	QL (30 per 30 days)
V-GO 30 DEVICE	3	QL (30 per 30 days)
V-GO 40 DEVICE	3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S, (alcohol swabs) LARGE	1	PA; ST

## PREPARACIONES DE REEMPLAZO

### Preparaciones De Reemplazo

<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i> (potassium chloride)	2	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i> (potassium chloride)	2	

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i> (potassium chloride)	2	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	4	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	4	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	2	
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	2	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	2	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	
<b>PRODUCTOS SANGUÍNEOS/MODIFICADORES/EXPANSORES DE VOLUMEN</b>		
<b>Agentes Hematológicos, Varios</b>		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>Anticoagulantes</b>		
<i>dabigatran etexilate oral capsule</i> (Pradaxa) 110 mg, 150 mg, 75 mg	2	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 30 mg/0.3 ml	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 40 mg/0.4 ml	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 60 mg/0.6 ml	2	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	2	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	
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	1	
<i>warfarin oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	
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	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
<b><i>Inhibidores De Agregación De Plaquetas</i></b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 50 mg, 75 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
<b><i>Modificadores De Formación De Sangre</i></b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NM; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NM; NDS; QL (90 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	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NM; NDS; QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
<b>REEMPLAZO/MODIFICADORES DE ENZIMA</b>		
<i>Reemplazo/Modificadores De Enzima</i>		
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>javygtor oral tablet, soluble 100 mg</i> (sapropterin)	5	PA; NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	5	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; LA; 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	



Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<b>RELAJANTES MUSCULARES ESQUELÉTICOS</b>		
<b>Relajantes Musculares Esqueléticos</b>		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	4	
<i>dantrolene oral capsule 25 mg (Dantrium)</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg (Zanaflex)</i>	2	
<b>VITAMINAS Y MINERALES</b>		
<b>Vitaminas Y Minerales</b>		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	2	
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	2	
<i>folivane-ob capsule 85-1 mg</i>	2	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	2	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	2	
<i>m-natal plus tablet 27 mg iron- 1 mg (pnv, calcium 72-iron-folic acid)</i>	2	
<i>mynatal advance oral tablet 90-1-50 mg</i>	2	
<i>mynatal capsule 65 mg iron- 1 mg</i>	2	
<i>mynatal oral tablet 90-1-50 mg</i>	2	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	2	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	2	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	2	
<i>newgen tablet 32-1,000 mg-mcg</i>	2	

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

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<b>Nombre del Medicamento</b>	<b>Nivel del Medicamento</b>	<b>Requerimientos/ Límites</b>
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>taron-c dha capsule 35-1-200 mg</i>	2	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	2	
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	2	
<i>vinate care oral tablet, chewable 40 mg iron- 1 mg</i>	2	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	2	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	2	
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	2	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	2	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	2	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	2	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	2	
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	2	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	2	
<i>zatean-pn plus softgel 28-1-300 mg</i>	2	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	2	

# Index of Drugs / Índice de medicamentos

## 1

1ST TIER UNIFINE PENTIPS  
 ..... 104, 286  
 1ST TIER UNIFINE PENTIPS  
 PLUS..... 104, 286, 287

## A

*abacavir* ..... 72, 280, 281  
*abacavir-lamivudine* ..... 72, 281  
 ABELCET..... 60, 278  
 ABILIFY ASIMTUFII .....  
 ..... 67, 201, 202  
 ABILIFY MAINTENA ..... 67, 202  
*abiraterone* ..... 33, 176  
 ABOUTTIME PEN NEEDLE .....  
 ..... 104, 105, 287  
 ABRYSVO (PF)..... 158, 242  
*acamprosate* ..... 25, 190  
*acarbose* ..... 55, 192  
*acebutolol*..... 83, 208  
*acetaminophen-codeine* .. 22, 255  
*acetazolamide* ..... 165, 247  
*acetazolamide sodium*... 165, 247  
*acetic acid*..... 142, 248  
*acetylcysteine*..... 170, 222  
*acitretin* ..... 100, 228  
 ACTEMRA ..... 153, 237  
 ACTEMRA ACTPEN ..... 153, 237  
 ACTHAR ..... 151, 235  
 ACTHAR SELFJECT ..... 151, 235  
 ACTHIB (PF)..... 158, 242  
 ACTIMMUNE ..... 164, 252  
*acyclovir*..... 77, 100, 228, 286  
*acyclovir sodium*..... 77, 286  
 ADACEL(TDAP  
 ADOLESN/ADULT)(PF).....  
 ..... 158, 242  
*adapalene* ..... 104, 229  
*adefovir* ..... 77, 286  
 ADEMPAS ..... 172, 253  
*adrucil* ..... 33, 176  
 ADVAIR HFA..... 167, 223  
 ADVOCATE PEN NEEDLE .....  
 ..... 105, 287  
 ADVOCATE SYRINGES .....  
 ..... 105, 287  
*afirmelle* ..... 93, 264

AIRSUPRA.... 167, 168, 223, 224  
 AJOVY AUTOINJECTOR.....  
 ..... 62, 197  
 AJOVY SYRINGE ..... 62, 198  
 AKEEGA ..... 33, 176  
*ala-cort*..... 102, 226  
*albendazole*..... 65, 199  
*albuterol sulfate*..... 168, 169, 224  
 ALCOHOL PADS ..... 105, 288  
 ALCOHOL PREP PADS.....  
 ..... 121, 304  
 ALCOHOL PREP SWABS.....  
 ..... 105, 288  
 ALCOHOL SWABS ..... 105, 287  
 ALCOHOL WIPES..... 105, 288  
 ALECENSA ..... 33, 176  
*alendronate* ..... 163, 217  
*alfuzosin*..... 148, 232  
*aliskiren*..... 89, 216  
*allopurinol*..... 62, 197  
*alosepron* ..... 162, 217  
*alprazolam* ..... 26, 191  
 ALREX ..... 144, 250  
*altavera (28)*..... 93, 264  
 ALTRENO ..... 104, 229  
 ALUNBRIG..... 33, 176  
 ALVAIZ ..... 79, 326  
*alyacen 1/35 (28)* ..... 93, 264  
*alyacen 7/7/7 (28)*..... 93, 264  
*alyq*..... 172, 253  
*amantadine hcl*..... 66, 200  
*amethyst (28)* ..... 93, 264  
*amikacin*..... 27, 257  
*amiloride* ..... 86, 214  
*amiloride-hydrochlorothiazide*.....  
 ..... 86, 214  
*amiodarone* ..... 83, 208  
*amitriptyline*..... 53, 276  
*amlodipine*..... 86, 212  
*amlodipine-atorvastatin* ... 87, 212  
*amlodipine-benazepril* ..... 86, 212  
*amlodipine-olmesartan* ..... 86, 212  
*amlodipine-valsartan* ..... 86, 212  
*amlodipine-valsartan-hcthiazid*  
 ..... 86, 212  
*ammonium lactate* ..... 101, 228  
*amoxapine* ..... 53, 276  
*amoxicil-clarithromy-lansopraz*  
 ..... 145, 229

*amoxicillin* ..... 30, 261  
*amoxicillin-pot clavulanate*.....  
 ..... 30, 31, 261  
*amphotericin b*..... 60, 278  
*amphotericin b liposome*.....  
 ..... 60, 278  
*ampicillin* ..... 31, 261  
*ampicillin sodium* ..... 31, 261  
*ampicillin-sulbactam* ..... 31, 261  
*anagrelide* ..... 79, 324  
*anastrozole* ..... 33, 176  
 ANKTIVA..... 34, 176  
 ANORO ELLIPTA..... 169, 224  
*aprepitant*..... 64, 199  
 APRETUDE ..... 72, 281  
*apri*..... 93, 264  
 APTIOM ..... 48, 271  
 APTIVUS..... 72, 281  
 AQINJECT PEN NEEDLE .....  
 ..... 105, 288  
 ARCALYST ..... 153, 237  
 AREXVY (PF)..... 158, 242  
 AREXVY ANTIGEN  
 COMPONENT ..... 158, 242  
 ARIKAYCE..... 27, 257  
*aripiprazole* ..... 67, 202  
 ARISTADA ..... 67, 202  
 ARISTADA INITIO..... 67, 202  
*armodafinil* ..... 171, 218  
 ARNUITY ELLIPTA ..... 167, 223  
*asenapine maleate* ..... 68, 202  
*aspirin-dipyridamole* ..... 80, 326  
 ASSURE ID DUO PRO SFTY  
 PEN NDL..... 105, 288  
 ASSURE ID DUO-SHIELD .....  
 ..... 106, 288  
 ASSURE ID INSULIN SAFETY  
 ..... 106, 288  
 ASSURE ID PEN NEEDLE.....  
 ..... 106, 288  
 ASSURE ID PRO PEN NEEDLE  
 ..... 106, 288  
 ASTAGRAF XL ..... 153, 238  
*atazanavir* ..... 72, 281  
*atenolol* ..... 83, 208  
*atenolol-chlorthalidone* ..... 84, 208  
*atomoxetine* ..... 90, 218  
*atorvastatin* ..... 87, 212  
*atovaquone* ..... 65, 199

*atovaquone-proguanil*.....  
 ..... 65, 199, 200  
*atropine*..... 142, 251  
 ATROVENT HFA..... 169, 225  
*aubra eq*..... 93, 264  
 AUGTYRO ..... 34, 176  
*aurovela 1.5/30 (21)* ..... 93, 264  
*aurovela 1/20 (21)* ..... 93, 264  
*aurovela 24 fe* ..... 93, 264  
*aurovela fe 1.5/30 (28)* ..... 93, 264  
*aurovela fe 1-20 (28)* ..... 93, 264  
 AUSTEDO..... 90, 219  
 AUSTEDO XR..... 90, 219  
 AUSTEDO XR TITRATION  
 KT(WK1-4) ..... 90, 219  
 AUVELITY ..... 53, 276  
*aviane* ..... 93, 264  
 AVONEX ..... 90, 219  
*ayuna* ..... 93, 264  
 AYVAKIT..... 34, 176  
*azacitidine* ..... 34, 176  
*azathioprine* ..... 153, 238  
*azathioprine sodium* ..... 154, 238  
*azelastine*..... 142, 251  
*azithromycin*..... 29, 260  
*aztreonam* ..... 30, 259  
*azurette (28)*..... 93, 264

## B

*bacitracin*..... 142, 248  
*bacitracin-polymyxin b*... 142, 248  
*baclofen* ..... 171, 328  
*bal-care dha* ..... 172, 328  
*bal-care dha essential* ... 172, 328  
*balsalazide* ..... 162, 217  
 BALVERSA ..... 34, 176  
 BCG VACCINE, LIVE (PF) .....  
 ..... 158, 242  
 BD ALCOHOL SWABS .....  
 ..... 107, 290  
 BD AUTOSHIELD DUO PEN  
 NEEDLE ..... 106, 288  
 BD ECLIPSE LUER-LOK .....  
 ..... 106, 288  
 BD INSULIN SYRINGE . 106, 289  
 BD INSULIN SYRINGE (HALF  
 UNIT) ..... 106, 288  
 BD INSULIN SYRINGE SLIP TIP  
 ..... 107, 289  
 BD INSULIN SYRINGE U-500  
 ..... 106, 289  
 BD INSULIN SYRINGE ULTRA-  
 FINE..... 106, 289  
 BD NANO 2ND GEN PEN  
 NEEDLE ..... 107, 289

BD SAFETYGLIDE INSULIN  
 SYRINGE ..... 107, 289, 290  
 BD SAFETYGLIDE SYRINGE  
 ..... 107, 289  
 BD ULTRA-FINE MICRO PEN  
 NEEDLE ..... 107, 290  
 BD ULTRA-FINE MINI PEN  
 NEEDLE ..... 107, 290  
 BD ULTRA-FINE NANO PEN  
 NEEDLE ..... 107, 290  
 BD ULTRA-FINE ORIG PEN  
 NEEDLE ..... 108, 290  
 BD ULTRA-FINE SHORT PEN  
 NEEDLE ..... 108, 290  
 BD VEO INSULIN SYR (HALF  
 UNIT) ..... 108, 290  
 BD VEO INSULIN SYRINGE UF  
 ..... 108, 290  
 BELSOMRA ..... 171, 218  
*benazepril* ..... 82, 215  
*benazepril-hydrochlorothiazide*  
 ..... 82, 215  
*bendamustine*..... 34, 176  
 BENDAMUSTINE ..... 34, 176  
 BENDEKA ..... 34, 176  
 BENLYSTA ..... 154, 238  
*benztropine* ..... 66, 200  
 BESREMI ..... 154, 238  
*betaine* ..... 164, 252  
*betamethasone dipropionate* .....  
 ..... 102, 226  
*betamethasone valerate* .....  
 ..... 102, 226  
*betamethasone, augmented*.....  
 ..... 102, 226  
 BETASERON ..... 90, 219  
*betaxolol*..... 165, 247  
*bethanechol chloride* ..... 148, 232  
*bexarotene* ..... 34, 176, 177  
 BEXSERO..... 158, 242  
*bicalutamide*..... 34, 177  
 BICILLIN L-A ..... 31, 261  
 BIKTARVY ..... 72, 281  
*bimatoprost* ..... 165, 247  
*bisoprolol fumarate* ..... 84, 209  
*bisoprolol-hydrochlorothiazide* .....  
 ..... 84, 209  
*bleomycin*..... 34, 177  
*blisovi 24 fe* ..... 94, 264  
*blisovi fe 1.5/30 (28)* ..... 94, 264  
*blisovi fe 1/20 (28)* ..... 94, 265  
 BOOSTRIX TDAP ..... 158, 243  
 BORDERED GAUZE ..... 108, 290  
*bortezomib* ..... 34, 177  
*bosentan* ..... 172, 253

BOSULIF..... 34, 177  
 BRAFTOVI ..... 34, 177  
 BREO ELLIPTA..... 167, 168, 223  
*breyna* ..... 168, 223  
 BREZTRI AEROSPHERE ... 169,  
 225 .....  
 BRILINTA..... 80, 326  
*brimonidine* ..... 165, 247  
*brimonidine-timolol* ..... 165, 247  
*brinzolamide*..... 165, 247  
 BRIVIACT ..... 48, 271  
*bromfenac* ..... 144, 250  
*bromocriptine* ..... 66, 200  
 BRONCHITOL..... 170, 222  
 BRUKINSA..... 34, 177  
*budesonide* ... 162, 168, 217, 223  
*budesonide-formoterol*... 168, 224  
*bumetanide* ..... 86, 214  
*buprenorphine* ..... 22, 255  
*buprenorphine hcl*..... 25, 190  
*buprenorphine-naloxone*.. 25, 190  
*bupropion hcl*..... 53, 276  
*bupropion hcl (smoking deter)* ....  
 ..... 25, 190  
*buspirone* ..... 164, 252  
*butalbital-acetaminop-caf-cod*.....  
 ..... 22, 255  
*butalbital-acetaminophen-caff*.....  
 ..... 22, 255

## C

CABENUVA ..... 72, 281  
*cabergoline* ..... 66, 201  
 CABOMETYX..... 35, 177  
*cabotegravir* ..... 72, 281  
*calcipotriene*..... 101, 228  
*calcitonin (salmon)* ..... 163, 217  
*calcitriol*..... 163, 217  
 CALQUENCE ..... 35, 177  
 CALQUENCE (ACALABRUTINIB  
 MAL) ..... 35, 177  
*camila* ..... 94, 265  
*candesartan* ..... 81, 211  
*candesartan-hydrochlorothiazid*  
 ..... 81, 211  
 CAPLYTA..... 68, 202  
 CAPRELSA ..... 35, 177  
*captopril* ..... 82, 215  
*carbamazepine*..... 48, 271, 272  
*carbidopa-levodopa*..... 66, 201  
 CAREFINE PEN NEEDLE .....  
 ..... 108, 290  
 CARETOUCH ALCOHOL PREP  
 PAD..... 108, 291

CARETOUCH INSULIN			
SYRINGE .....	109, 291		
CARETOUCH PEN NEEDLE			
.....	108, 109, 291		
<i>carglumic acid</i> .....	146, 230		
<i>carteolol</i> .....	165, 247		
<i>cartia xt</i> .....	84, 209		
<i>carvedilol</i> .....	84, 209		
CAYSTON .....	30, 259		
<i>cefaclor</i> .....	28, 259		
<i>cefadroxil</i> .....	28, 259		
<i>cefazolin</i> .....	28, 259		
<i>cefdinir</i> .....	28, 259		
<i>cefepime</i> .....	28, 259		
<i>cefixime</i> .....	29, 259		
<i>cefoxitin</i> .....	29, 259		
<i>cefpodoxime</i> .....	29, 259		
<i>cefprozil</i> .....	29, 260		
<i>ceftazidime</i> .....	29, 260		
<i>ceftriaxone</i> .....	29, 260		
<i>cefuroxime axetil</i> .....	29, 260		
<i>cefuroxime sodium</i> .....	29, 260		
<i>celecoxib</i> .....	23, 253		
<i>cephalexin</i> .....	29, 260		
<i>cevimeline</i> .....	100, 226		
<i>chateal eq (28)</i> .....	94, 265		
<i>chlordiazepoxide hcl</i> .....	26, 191		
<i>chlorhexidine gluconate</i> .....			
.....	100, 226		
<i>chloroquine phosphate</i> .....	65, 200		
<i>chlorpromazine</i> .....	68, 202, 203		
<i>chlorthalidone</i> .....	87, 214		
<i>cholestyramine (with sugar)</i> .....			
.....	87, 212		
<i>cholestyramine light</i> .....	88, 212		
<i>ciclopirox</i> .....	60, 278		
<i>cilostazol</i> .....	80, 326		
CIMDUO .....	72, 281		
<i>cimetidine hcl</i> .....	145, 230		
CIMZIA .....	154, 238		
CIMZIA POWDER FOR			
RECONST .....	154, 238		
<i>cinacalcet</i> .....	163, 217		
CINQAIR .....	170, 222		
<i>ciprofloxacin hcl</i> .....	32, 142,		
.....	248, 262		
<i>ciprofloxacin in 5 % dextrose</i> .....			
.....	32, 262		
<i>ciprofloxacin-dexamethasone</i> .....			
.....	142, 248		
<i>citalopram</i> .....	53, 276		
<i>clarithromycin</i> .....	29, 260		
CLENPIQ .....	147, 231		
CLICKFINE PEN NEEDLE .....			
.....	109, 291		
<i>clindamycin hcl</i> .....	27, 258		
<i>clindamycin phosphate</i> .....	27, 62,		
.....	101, 229, 257, 258		
<i>clindamycin-benzoyl peroxide</i> .....			
.....	101, 229		
CLINIMIX 6%-D5W (SULFITE-			
FREE) .....	80, 207		
CLINIMIX 8%-D10W(SULFITE-			
FREE) .....	80, 207		
CLINIMIX 8%-D14W(SULFITE-			
FREE) .....	80, 207		
CLINIMIX E 8%-D10W			
SULFITEFREE .....	80, 207		
CLINIMIX E 8%-D14W			
SULFITEFREE .....	80, 207		
<i>clobazam</i> .....	48, 272		
<i>clobetasol</i> .....	102, 226, 227		
<i>clobetasol-emollient</i> .....	102, 227		
<i>clomipramine</i> .....	53, 276		
<i>clonazepam</i> .....	26, 191		
<i>clonidine</i> .....	81, 207, 208		
<i>clonidine hcl</i> .....	81, 207		
<i>clopidogrel</i> .....	80, 326		
<i>clorazepate dipotassium</i> .....	26, 191		
<i>clotrimazole</i> .....	60, 278		
<i>clotrimazole-betamethasone</i> .....			
.....	60, 279		
<i>clozapine</i> .....	68, 203		
<i>c-nate dha</i> .....	172, 328		
COARTEM .....	65, 200		
<i>colchicine</i> .....	62, 197		
<i>colesevelam</i> .....	88, 213		
<i>colestipol</i> .....	88, 213		
<i>colistin (colistimethate na)</i> .....			
.....	27, 258		
COMBIVENT RESPIMAT .....			
.....	169, 225		
COMETRIQ .....	35, 177		
COMFORT EZ INSULIN			
SYRINGE .....	109, 110, 111,		
.....	291, 292, 293		
COMFORT EZ PEN NEEDLES			
.....	110, 292		
COMFORT EZ PRO SAFETY			
PEN NDL .....	110, 293		
COMFORT TOUCH PEN			
NEEDLE .....	111, 293, 294		
COMPLERA .....	73, 281		
<i>completenate</i> .....	173, 328		
<i>compro</i> .....	64, 199		
<i>constulose</i> .....	146, 230		
COPIKTRA .....	35, 177		
CORLANOR .....	85, 210		
COSENTYX ..	154, 164, 238, 252		
COSENTYX (2 SYRINGES) .....			
.....	154, 238		
COSENTYX PEN (2 PENS) .....			
.....	154, 238		
COSENTYX UNOREADY PEN			
.....	154, 238		
COTELLIC .....	35, 177		
CREON .....	141, 327		
<i>cromolyn</i> .....	142, 146, 170,		
.....	222, 230, 251		
<i>cryselle (28)</i> .....	94, 265		
CURAD GAUZE PAD .....	111, 294		
CURITY ALCOHOL SWABS .....			
.....	111, 294		
CURITY GAUZE .....	111, 294		
<i>cyclafem 1/35 (28)</i> .....	94, 265		
<i>cyclafem 7/7/7 (28)</i> .....	94, 265		
<i>cyclobenzaprine</i> .....	171, 328		
<i>cyclophosphamide</i> .....	35, 178		
<i>cyclosporine</i> ..	144, 154, 238, 250		
<i>cyclosporine modified</i> .....	154, 238		
<i>cyred eq</i> .....	94, 265		
<b>D</b>			
<i>d5 % and 0.9 % sodium chloride</i>			
.....	166, 323		
<i>d5 %-0.45 % sodium chloride</i>			
.....	166, 323		
<i>dabigatran etexilate</i> .....	78, 325		
<i>dalfampridine</i> .....	90, 219		
<i>danazol</i> .....	149, 233		
<i>dantrolene</i> .....	171, 328		
DANYELZA .....	35, 178		
<i>dapsone</i> .....	63, 280		
DAPTACEL (DTAP PEDIATRIC)			
(PF) .....	158, 243		
<i>daptomycin</i> .....	28, 258		
<i>darunavir</i> .....	73, 281		
<i>dasatinib</i> .....	35, 178		
<i>dasetta 1/35 (28)</i> .....	94, 265		
<i>dasetta 7/7/7 (28)</i> .....	94, 265		
DAURISMO .....	35, 178		
<i>deblitane</i> .....	94, 265		
<i>decitabine</i> .....	35, 178		
<i>deferasirox</i> .....	148, 149, 257		
DELSTRIGO .....	73, 281		
<i>demeclocycline</i> .....	32, 263		
DENGVAXIA (PF) .....	159, 243		
DEPO-SUBQ PROVERA 104			
.....	152, 237		
DERMACEA .....	112, 294		
DERMACEA NON-WOVEN .....			
.....	112, 294		
<i>dermacinrx lidocan</i> .....	25, 256		
DESCOVY .....	73, 281		

*desipramine* .....53, 276  
*desmopressin*..... 151, 235, 236  
*desog-e.estradiol/e.estradiol*.....  
 .....94, 265  
*desogestrel-ethinyl estradiol*.....  
 .....94, 265  
*desvenlafaxine succinate* .....  
 .....53, 276  
*dexamethasone*..... 150, 234, 235  
*dexamethasone sodium*  
*phosphate* ..... 144, 150,  
 .....235, 250  
*dextroamphetamine-*  
*amphetamine*.....90, 91, 219  
*dextrose 5 % in water (d5w)* .....  
 .....80, 207  
 DIACOMIT .....48, 272  
*diazepam* ..... 26, 48, 191, 272  
*diazepam intensol* .....26, 191  
*diazoxide*..... 164, 252  
*diclofenac potassium*.....23, 253  
*diclofenac sodium*.....24, 144,  
 ..... 250, 254  
*diclofenac-misoprostol*.....24, 254  
*dicloxacillin*.....31, 261  
*dicyclomine* ..... 146, 230  
*didanosine*.....73, 281  
 DIFICID .....30, 260  
*difluprednate* ..... 144, 250  
*digoxin* .....85, 210  
*dihydroergotamine*.....62, 198  
*diltiazem hcl* ..... 84, 85, 209, 210  
*dilt-xr* .....85, 210  
*dimethyl fumarate*.....91, 219, 220  
*diphenoxylate-atropine* ..146, 230  
*dipyridamole*.....80, 326  
*disulfiram*.....25, 190  
*divalproex*..... 48, 49, 272  
*dofetilide*.....83, 208  
*dolishale*.....94, 265  
*donepezil*.....52, 192  
*dorzolamide* ..... 165, 247  
*dorzolamide-timolol* ..... 165, 247  
 DOVATO .....73, 281  
*doxazosin*.....81, 208  
*doxepin* .....53, 276  
*doxorubicin, peg-liposomal*.....  
 .....36, 178  
*doxy-100* .....32, 263  
*doxycycline hyclate* ... 32, 33, 263  
*doxycycline monohydrate*.....  
 .....33, 263  
 DRIZALMA SPRINKLE.....53, 276  
*dronabinol* .....64, 199

DROPLET INSULIN SYR(HALF  
 UNIT) ..... 112, 294  
 DROPLET INSULIN SYRINGE  
 ..... 112, 113, 294, 295  
 DROPLET MICRON PEN  
 NEEDLE ..... 113, 295  
 DROPLET PEN NEEDLE .....  
 ..... 113, 295, 296  
 DROPSAFE ALCOHOL PREP  
 PADS ..... 113, 296  
 DROPSAFE INSULIN SYRINGE  
 ..... 113, 114, 296  
 DROPSAFE PEN NEEDLE .....  
 ..... 114, 296  
*droxidopa* .....81, 208  
 DUAVEE ..... 149, 234  
*duloxetine*.....53, 276  
 DUPIXENT PEN..... 154, 239  
 DUPIXENT SYRINGE ... 154, 239  
*dutasteride* ..... 148, 232

## E

EASY COMFORT ALCOHOL  
 PAD..... 115, 297  
 EASY COMFORT INSULIN  
 SYRINGE ..... 114, 115, 297  
 EASY COMFORT PEN  
 NEEDLES ..... 115, 297  
 EASY COMFORT SAFETY PEN  
 NEEDLE ..... 114, 296  
 EASY GLIDE INSULIN  
 SYRINGE ..... 115, 297, 298  
 EASY GLIDE PEN NEEDLE.....  
 ..... 115, 298  
 EASY TOUCH..... 116, 117, 299  
 EASY TOUCH ALCOHOL PREP  
 PADS ..... 116, 298  
 EASY TOUCH FLIPLOCK  
 INSULIN ..... 116, 298, 299  
 EASY TOUCH FLIPLOCK  
 SYRINGE ..... 116, 298  
 EASY TOUCH INSULIN  
 SAFETY SYR... 115, 116, 298  
 EASY TOUCH INSULIN  
 SYRINGE ..... 115, 116, 117,  
 .....298, 299, 300  
 EASY TOUCH LUER LOCK  
 INSULIN ..... 116, 299  
 EASY TOUCH PEN NEEDLE  
 ..... 116, 299  
 EASY TOUCH SAFETY PEN  
 NEEDLE ..... 117, 299, 300  
 EASY TOUCH SHEATHLOCK  
 INSULIN ..... 116, 298, 299

EASY TOUCH UNI-SLIP .....  
 ..... 117, 300  
*econazole*.....60, 279  
 EDURANT .....73, 281  
*efavirenz* .....73, 281  
*efavirenz-emtricitabin-tenofov*.....  
 .....73, 281  
*efavirenz-lamivu-tenofov disop*  
 .....73, 282  
 ELIGARD .....36, 178  
 ELIGARD (3 MONTH) ....36, 178  
 ELIGARD (4 MONTH) ....36, 178  
 ELIGARD (6 MONTH) ....36, 178  
*elimest* .....94, 265  
 ELIQUIS.....78, 325  
 ELIQUIS DVT-PE TREAT 30D  
 START .....78, 325  
 ELREXFIO .....36, 178  
*eluryng* .....94, 265  
 EMBRACE PEN NEEDLE .....  
 ..... 117, 118, 300  
 EMCYT .....36, 178  
 EMGALITY PEN.....63, 198  
 EMGALITY SYRINGE ....63, 198  
*emoquette*.....94, 265  
 EMSAM.....54, 276  
*emtricitabine*.....73, 282  
*emtricitabine-tenofovir (tdf)*.....  
 .....73, 282  
 EMTRIVA.....73, 282  
*emzahn* .....94, 265  
*enalapril maleate*.....82, 215  
*enalapril-hydrochlorothiazide*.....  
 .....82, 215  
 ENBREL..... 155, 239  
 ENBREL MINI ..... 154, 239  
 ENBREL SURECLICK...155, 239  
*endocet* .....22, 255  
 ENGERIX-B (PF)..... 159, 243  
 ENGERIX-B PEDIATRIC (PF)  
 ..... 159, 243  
*enilloring*.....94, 265  
*enoxaparin* .....78, 325  
*enpresse* .....94, 265  
*enskyce*.....95, 265  
*entacapone* .....66, 201  
*entecavir* .....77, 286  
 ENTRESTO .....81, 211  
 ENTRESTO SPRINKLE ..81, 211  
*enulose* ..... 146, 231  
 EPCLUSA ..... 76, 77, 285  
 EPIDIOLEX .....49, 272  
*epinastine*..... 142, 251  
*epinephrine* .....85, 210  
*epitol* .....49, 272

EPIVIR HBV ..... 73, 282  
 EPKINLY ..... 36, 178  
*eplerenone* ..... 89, 216  
 EPRONTIA ..... 49, 272  
 ERBITUX ..... 36, 178  
*ergoloid* ..... 52, 192  
 ERIVEDGE ..... 36, 179  
 ERLEADA ..... 36, 179  
*erlotinib* ..... 36, 179  
*errin* ..... 95, 265  
*ertapenem* ..... 30, 259  
*erythromycin* ..... 30, 142, 248, 261  
*erythromycin ethylsuccinate* .....  
 ..... 30, 260, 261  
*erythromycin with ethanol* .....  
 ..... 101, 229  
*escitalopram oxalate* ..... 54, 277  
*esomeprazole magnesium* .....  
 ..... 145, 230  
*estarylla* ..... 95, 266  
*estradiol* ..... 149, 150, 234  
*estradiol-norethindrone acet* .....  
 ..... 150, 234  
*eszopiclone* ..... 171, 218  
*ethambutol* ..... 63, 280  
*ethosuximide* ..... 49, 272  
*ethynodiol diac-eth estradiol* .....  
 ..... 95, 266  
*etodolac* ..... 24, 254  
*etonogestrel-ethinyl estradiol* .....  
 ..... 95, 266  
 ETOPOPHOS ..... 36, 179  
*etoposide* ..... 36, 179  
*etravirine* ..... 73, 282  
 EUCRISA ..... 102, 227  
*everolimus (antineoplastic)* .....  
 ..... 36, 37, 179  
*everolimus (immunosuppressive)*  
 ..... 155, 239  
 EVOTAZ ..... 73, 282  
 EXEL INSULIN ..... 118, 300  
*exemestane* ..... 37, 179  
 EXKIVITY ..... 37, 179  
 EXTENCILLINE ..... 31, 262  
 EYSUVIS ..... 144, 250  
*ezetimibe* ..... 88, 213  
*ezetimibe-simvastatin* ..... 88, 213

## F

*falmina (28)* ..... 95, 266  
*famciclovir* ..... 77, 286  
*famotidine* ..... 145, 230  
 FANAPT ..... 68, 203  
 FARXIGA ..... 55, 193  
 FASENRA ..... 170, 222

FASENRA PEN ..... 170, 222  
*febuxostat* ..... 62, 197  
*felbamate* ..... 49, 272  
*felodipine* ..... 86, 212  
*femynor* ..... 95, 266  
*fenofibrate* ..... 88, 213  
*fenofibrate micronized* ..... 88, 213  
*fenofibrate nanocrystallized* .....  
 ..... 88, 213  
*fentanyl* ..... 22, 255  
*fentanyl citrate* ..... 22, 255  
*fesoterodine* ..... 148, 232  
 FETZIMA ..... 54, 277  
 FIASP FLEXTOUCH U-100  
 INSULIN ..... 57, 195  
 FIASP PENFILL U-100 INSULIN  
 ..... 57, 195  
 FIASP U-100 INSULIN ..... 57, 195  
*finasteride* ..... 148, 232  
*fingolimod* ..... 91, 220  
 FINTEPLA ..... 49, 272  
 FIRMAGON KIT W DILUENT  
 SYRINGE ..... 37, 179  
*flavoxate* ..... 148, 232  
*flecainide* ..... 83, 208  
*floxuridine* ..... 37, 179  
*fluconazole* ..... 60, 279  
*fluconazole in nacl (iso-osm)* .....  
 ..... 60, 279  
*flucytosine* ..... 61, 279  
*fludrocortisone* ..... 150, 235  
*flunisolide* ..... 144, 250  
*fluocinolone* ..... 102, 103, 227  
*fluocinolone acetonide oil* .....  
 ..... 144, 250  
*fluocinonide* ..... 103, 227  
*fluorometholone* ..... 144, 250  
*fluorouracil* ..... 37, 101, 179, 228  
*fluoxetine* ..... 54, 277  
*fluphenazine decanoate* ..... 68, 203  
*fluphenazine hcl* ..... 68, 203  
*flurbiprofen* ..... 24, 254  
*flurbiprofen sodium* ..... 144, 250  
*flutamide* ..... 37, 179  
*fluticasone propionate* ..... 103, 144,  
 ..... 168, 224, 227, 250  
*fluticasone propion-salmeterol*  
 ..... 168, 224  
*fluvastatin* ..... 88, 213  
*fluvoxamine* ..... 54, 277  
*folivane-ob* ..... 173, 328  
*fondaparinux* ..... 78, 325  
*fosamprenavir* ..... 73, 282  
*fosinopril* ..... 82, 215

*fosinopril-hydrochlorothiazide* .....  
 ..... 82, 215  
*fosphenytoin* ..... 49, 272  
 FOTIVDA ..... 37, 179  
 FREESTYLE PRECISION .....  
 ..... 118, 301  
 FRUZAQLA ..... 37, 179, 180  
*fulvestrant* ..... 37, 180  
*furosemide* ..... 87, 214  
 FUZEON ..... 73, 282  
 FYARRO ..... 37, 180  
 FYCOMPA ..... 49, 272, 273

## G

*gabapentin* ..... 49, 273  
*galantamine* ..... 52, 192  
*gallifrey* ..... 152, 237  
 GAMUNEX-C ..... 155, 239  
 GARDASIL 9 (PF) ..... 159, 243  
 GAUZE PAD ..... 118, 301  
*gavilyte-c* ..... 147, 232  
*gavilyte-g* ..... 147, 232  
*gavilyte-n* ..... 147, 232  
 GAVRETO ..... 37, 180  
*gefitinib* ..... 37, 180  
*gemfibrozil* ..... 88, 213  
*generlac* ..... 146, 231  
*gengraf* ..... 155, 239  
*gentak* ..... 142, 248  
*gentamicin* ..... 27, 101, 142,  
 ..... 229, 248, 257  
*gentamicin sulfate (ped) (pf)* .....  
 ..... 27, 258  
*gentamicin sulfate (pf)* ..... 27, 258  
 GENVOYA ..... 73, 282  
 GILOTRIF ..... 37, 180  
*glatiramer* ..... 91, 220  
*glatopa* ..... 91, 220  
 GLEOSTINE ..... 37, 180  
*glimepiride* ..... 59, 197  
*glipizide* ..... 59, 197  
*glipizide-metformin* ..... 60, 197  
*glutamine (sickle cell)* ..... 164, 252  
*glyburide* ..... 60, 197  
*glyburide micronized* ..... 60, 197  
*glyburide-metformin* ..... 60, 197  
*glycopyrrolate* ..... 146, 231  
*glydo* ..... 25, 256  
 GLYXAMBI ..... 55, 193  
*griseofulvin microsize* ..... 61, 279  
*griseofulvin ultramicrosize* .....  
 ..... 61, 279  
*guanfacine* ..... 81, 91, 208, 220  
 GVOKE ..... 164, 252



GVOKE HYPOPEN 2-PACK .....  
 ..... 164, 252  
 GVOKE PFS 1-PACK SYRINGE  
 ..... 164, 252  
 GVOKE PFS 2-PACK SYRINGE  
 ..... 164, 252

## H

HAEGARDA.....79, 326  
*hailey 24 fe*.....95, 266  
*hailey fe 1.5/30 (28)*.....95, 266  
*hailey fe 1/20 (28)*.....95, 266  
*halobetasol propionate* .. 103, 227  
*haloette* .....95, 266  
*haloperidol* .....69, 203  
*haloperidol decanoate* ....68, 203  
*haloperidol lactate* .... 68, 69, 203  
 HARVONI.....77, 285  
 HAVRIX (PF).....159, 243  
 HEALTHWISE INSULIN  
 SYRINGE ..... 119, 301  
 HEALTHWISE PEN NEEDLE  
 ..... 119, 301, 302  
 HEALTHY ACCENTS UNIFINE  
 PENTIP ..... 119, 302  
*heather*.....95, 266  
*heparin (porcine)* .....78, 325  
 HEPLISAV-B (PF) ..... 159, 243  
 HERCEPTIN HYLECTA ..37, 180  
 HERZUMA .....38, 180  
 HIBERIX (PF)..... 159, 243  
 HUMIRA..... 155, 239  
 HUMIRA PEN..... 155, 239  
 HUMIRA PEN CROHNS-UC-HS  
 START ..... 155, 239  
 HUMIRA PEN PSOR-UEVITS-  
 ADOL HS ..... 155, 239  
 HUMIRA(CF)..... 156, 240  
 HUMIRA(CF) PEDI CROHNS  
 STARTER ..... 155, 239  
 HUMIRA(CF) PEN..... 156, 240  
 HUMIRA(CF) PEN CROHNS-  
 UC-HS..... 155, 240  
 HUMIRA(CF) PEN PEDIATRIC  
 UC..... 155, 240  
 HUMIRA(CF) PEN PSOR-UV-  
 ADOL HS ..... 155, 240  
 HUMULIN R U-500 (CONC)  
 INSULIN.....58, 195  
 HUMULIN R U-500 (CONC)  
 KWIKPEN.....58, 195  
*hydralazine*.....86, 210  
*hydrochlorothiazide* .....87, 214  
*hydrocodone-acetaminophen* .....  
 ..... 23, 255, 256

*hydrocortisone*..... 103, 150, 163,  
 ..... 217, 227, 235  
*hydrocortisone valerate* .....  
 ..... 103, 227  
*hydrocortisone-acetic acid*.....  
 ..... 142, 248  
*hydromorphone* .....23, 256  
*hydroxychloroquine* .....65, 200  
*hydroxyurea* .....38, 180  
*hydroxyzine hcl* .....62, 280  
*hydroxyzine pamoate* .... 164, 252

## I

*ibandronate* ..... 163, 217  
 IBRANCE .....38, 180  
*ibu*.....24, 254  
*ibuprofen* .....24, 254  
*icatibant*.....86, 210  
*iclevia*.....95, 266  
 ICLUSIG.....38, 180  
*icosapent ethyl* .....88, 213  
 IDHIFA .....38, 180  
*ifosfamide*.....38, 180  
 ILEVRO..... 145, 250  
*imatinib* .....38, 180  
 IMBRUVICA .....38, 180, 181  
 IMDELLTRA .....38, 181  
*imipenem-cilastatin*.....30, 259  
*imipramine hcl*.....54, 277  
*imiquimod*..... 101, 228  
 IMJUDO .....38, 181  
 IMOVAX RABIES VACCINE (PF)  
 ..... 159, 243  
 IMPAVIDO .....65, 200  
*incassia*.....95, 266  
 INCONTROL ALCOHOL PADS  
 ..... 119, 302  
 INCONTROL PEN NEEDLE .....  
 ..... 119, 120, 302  
 INCRELEX ..... 151, 236  
*indapamide* .....87, 214  
*indomethacin*.....24, 254  
 INFANRIX (DTAP) (PF).....  
 ..... 159, 243  
*infliximab*..... 156, 240  
 INGREZZA.....91, 220  
 INGREZZA INITIATION  
 PK(TARDIV).....91, 220  
 INGREZZA SPRINKLE....91, 220  
 INLYTA .....38, 181  
 INPEN (FOR HUMALOG) BLUE  
 ..... 120, 302  
 INPEN (NOVOLOG OR FIASP)  
 BLUE..... 120, 302  
 INQOVI .....38, 181

INREBIC .....38, 181  
*insulin asp prt-insulin aspart*.....  
 .....58, 195  
*insulin aspart u-100*.....58, 195  
 INSULIN SYR/NDL U100 HALF  
 MARK..... 120, 302  
 INSULIN SYRINGE ..... 107, 289  
 INSULIN SYRINGE MICROFINE  
 ..... 107, 289  
 INSULIN SYRINGE  
 NEEDLELESS..... 107, 289  
 INSULIN SYRINGE-NEEDLE U-  
 100.. 107, 118, 120, 121, 127,  
 ..... 131, 134, 135, 289, 300,  
 ..302, 303, 309, 310, 313, 317  
 INSUPEN PEN NEEDLE .....  
 ..... 121, 303, 304  
 INTELENCE .....73, 282  
 INTRON A.....77, 286  
 INVEGA HAFYERA.....  
 ..... 69, 203, 204  
 INVEGA SUSTENNA .....69, 204  
 INVEGA TRINZA.....69, 204  
 INVELTYS..... 145, 250  
 IPOL..... 159, 244  
*ipratropium bromide* .... 142, 169,  
 ..... 225, 251  
*ipratropium-albuterol* .... 169, 225  
*irbesartan*.....81, 211  
*irbesartan-hydrochlorothiazide* ...  
 .....81, 211  
 ISENTRESS.....74, 282  
 ISENTRESS HD.....73, 282  
*isibloom*.....95, 266  
*isoniazid*.....63, 280  
 ISOPROPYL ALCOHOL.....  
 ..... 101, 228  
*isosorbide dinitrate* .....89, 216  
*isosorbide mononitrate* ....89, 216  
*itraconazole*.....61, 279  
 IV PREP WIPES ..... 121, 304  
*ivabradine* .....86, 210  
*ivermectin*.....65, 200  
 IWILFIN.....38, 181  
 IXCHIQ (PF)..... 159, 244  
 IXIARO (PF)..... 159, 244

## J

JAKAFI.....38, 181  
*jantoven* .....78, 325  
 JANUMET .....55, 193  
 JANUMET XR .....55, 193  
 JANUVIA.....55, 193  
 JARDIANCE.....56, 193  
*javygtor* ..... 141, 327

JAYPIRCA ..... 39, 181  
 JEMPERLI ..... 39, 181  
*jencycla* ..... 95, 266  
 JENTADUETO ..... 56, 193  
 JENTADUETO XR ..... 56, 193  
*jolessa* ..... 95, 266  
*juleber* ..... 95, 266  
 JULUCA ..... 74, 282  
*junel 1.5/30 (21)* ..... 95, 266  
*junel 1/20 (21)* ..... 95, 266  
*junel fe 1.5/30 (28)* ..... 96, 266  
*junel fe 1/20 (28)* ..... 96, 266  
*junel fe 24* ..... 96, 267  
 JYLAMVO ..... 39, 181  
 JYNNEOS (PF) ..... 159, 244

## K

KALYDECO ..... 170, 222  
*kariva (28)* ..... 96, 267  
*kelnor 1/35 (28)* ..... 96, 267  
*kelnor 1/50 (28)* ..... 96, 267  
 KERENDIA ..... 89, 216  
 KESIMPTA PEN ..... 91, 220  
*ketoconazole* ..... 61, 279  
*ketorolac* ..... 24, 145, 251, 254  
 KEYTRUDA ..... 39, 181  
 KIMMTRAK ..... 39, 181  
 KINERET ..... 156, 240  
 KINRIX (PF) ..... 160, 244  
*kionex (with sorbitol)* ..... 146, 231  
 KISQALI ..... 39, 181, 182  
 KISQALI FEMARA CO-PACK .....  
 ..... 39, 181  
 KLISYRI ..... 101, 228  
*klor-con m10* ..... 166, 323  
*klor-con m15* ..... 166, 323  
*klor-con m20* ..... 166, 324  
 KLOXXADO ..... 25, 190  
 KOSELUGO ..... 39, 182  
*kosher prenatal plus iron* .....  
 ..... 173, 328  
 KRAZATI ..... 39, 182  
*kurvelo (28)* ..... 96, 267  
 KYLEENA ..... 96, 267  
 KYNMOBI ..... 66, 201

## L

*labetalol* ..... 84, 209  
*lacosamide* ..... 49, 273  
*lactulose* ..... 146, 231  
*lamivudine* ..... 74, 282  
*lamivudine-zidovudine* ..... 74, 282  
*lamotrigine* ..... 49, 50, 273  
*lanreotide* ..... 151, 236

*lansoprazole* ..... 146, 230  
 LANTUS SOLOSTAR U-100  
 INSULIN ..... 58, 195  
 LANTUS U-100 INSULIN .....  
 ..... 58, 195  
*lapatinib* ..... 39, 182  
*larin 1.5/30 (21)* ..... 96, 267  
*larin 1/20 (21)* ..... 96, 267  
*larin 24 fe* ..... 96, 267  
*larin fe 1.5/30 (28)* ..... 96, 267  
*larin fe 1/20 (28)* ..... 96, 267  
*larissia* ..... 96, 267  
*latanoprost* ..... 165, 247  
 LAZCLUZE ..... 39, 182  
*leflunomide* ..... 156, 240  
*lenalidomide* ..... 39, 182  
 LENTOCILIN S ..... 31, 262  
 LENVIMA ..... 40, 182  
*lessina* ..... 96, 267  
*letrozole* ..... 40, 182  
*leucovorin calcium* ..... 164, 252  
 LEUKERAN ..... 40, 182  
*leuprolide* ..... 40, 182  
*leuprolide (3 month)* ..... 40, 182  
*levetiracetam* ..... 50, 273  
*levobunolol* ..... 165, 247  
*levocetirizine* ..... 62, 280  
*levofloxacin* ..... 32, 262  
*levofloxacin in d5w* ..... 32, 262  
*levonest (28)* ..... 96, 267  
*levonorgest-eth.estradiol-iron* .....  
 ..... 96, 267  
*levonorgestrel-ethinyl estrad* .....  
 ..... 96, 97, 267  
*levonorg-eth estrad triphasic* .....  
 ..... 97, 267  
*levora-28* ..... 97, 268  
*levothyroxine* ..... 153, 233  
 LEXIVA ..... 74, 282  
 LIBERVANT ..... 50, 273  
*lidocaine* ..... 25, 256, 257  
*lidocaine hcl* ..... 25, 256  
*lidocaine viscous* ..... 25, 257  
*lidocaine-prilocaine* ..... 25, 257  
*lidocan iii* ..... 25, 257  
 LILETTA ..... 97, 268  
*lillow (28)* ..... 97, 268  
*linezolid* ..... 28, 258  
*linezolid in dextrose 5%* ..... 28, 258  
 LINZESS ..... 146, 231  
*liothyronine* ..... 153, 233  
 LISCO ..... 121, 304  
*lisinopril* ..... 82, 215  
*lisinopril-hydrochlorothiazide* .....  
 ..... 83, 215

LITE TOUCH INSULIN PEN  
 NEEDLES ..... 121, 122, 304  
 LITE TOUCH INSULIN  
 SYRINGE ..... 121, 122,  
 ..... 304, 305  
*lithium carbonate* ..... 91, 220  
*lithium citrate* ..... 92, 220  
 LIVTENCITY ..... 76, 285  
 LOKELMA ..... 146, 231  
 LONSURF ..... 40, 182  
*loperamide* ..... 146, 231  
*lopinavir-ritonavir* ..... 74, 283  
 LOQTORZI ..... 40, 182  
*lorazepam* ..... 26, 27, 191, 192  
*lorazepam intensol* ..... 27, 192  
 LOREBENA ..... 40, 182  
*losartan* ..... 81, 211  
*losartan-hydrochlorothiazide* .....  
 ..... 81, 211  
 LOTEMAX ..... 145, 251  
 LOTEMAX SM ..... 145, 251  
*loteprednol etabonate* ..... 145, 251  
*lovastatin* ..... 88, 213  
*low-ogestrel (28)* ..... 97, 268  
*loxapine succinate* ..... 69, 204  
*lubiprostone* ..... 147, 231  
 LUMAKRAS ..... 40, 183  
 LUMIGAN ..... 166, 247  
 LUNSUMIO ..... 40, 183  
 LUPRON DEPOT ..... 40, 151,  
 ..... 183, 236  
 LUPRON DEPOT (3 MONTH) .....  
 ..... 40, 151, 183, 236  
 LUPRON DEPOT (4 MONTH) .....  
 ..... 40, 183  
 LUPRON DEPOT (6 MONTH) .....  
 ..... 40, 183  
 LUPRON DEPOT-PED .....  
 ..... 152, 236  
 LUPRON DEPOT-PED  
 (3 MONTH) ..... 151, 236  
*lurasidone* ..... 69, 204  
*lutera (28)* ..... 97, 268  
 LYBALVI ..... 69, 204  
*lyleq* ..... 97, 268  
 LYNPARZA ..... 41, 183  
 LYSODREN ..... 41, 183  
 LYTGOBI ..... 41, 183  
*lyza* ..... 97, 268

## M

MAGELLAN INSULIN SAFETY  
 SYRNG ..... 122, 305  
 MAGELLAN SYRINGE .....  
 ..... 122, 305  
*magnesium sulfate* ..... 166, 324  
*malathion* ..... 104, 229  
*maraviroc* ..... 74, 283  
 MARGENZA ..... 41, 183  
*marlissa (28)* ..... 97, 268  
*marnatal-f* ..... 173, 328  
 MARPLAN ..... 54, 277  
 MATULANE ..... 41, 183  
 MAVENCLAD (10 TABLET  
 PACK) ..... 92, 220  
 MAVENCLAD (4 TABLET PACK)  
 ..... 92, 220  
 MAVENCLAD (5 TABLET PACK)  
 ..... 92, 220  
 MAVENCLAD (6 TABLET PACK)  
 ..... 92, 220  
 MAVENCLAD (7 TABLET PACK)  
 ..... 92, 221  
 MAVENCLAD (8 TABLET PACK)  
 ..... 92, 221  
 MAVENCLAD (9 TABLET PACK)  
 ..... 92, 221  
 MAXICOMFORT II PEN  
 NEEDLE ..... 122, 305  
 MAXI-COMFORT INSULIN  
 SYRINGE ..... 122, 123, 305  
 MAXICOMFORT INSULIN  
 SYRINGE ..... 122  
 MAXICOMFORT INSULIN  
 SYRINGE ..... 123  
 MAXICOMFORT INSULIN  
 SYRINGE ..... 305  
 MAXICOMFORT INSULIN  
 SYRINGE ..... 305  
 MAXICOMFORT SAFETY PEN  
 NEEDLE ..... 123, 305  
 MAYZENT ..... 92, 221  
 MAYZENT STARTER (FOR  
 1MG MAINT) ..... 92, 221  
 MAYZENT STARTER(FOR 2MG  
 MAINT) ..... 92, 221  
*meclizine* ..... 64, 199  
*medroxyprogesterone* .....  
 ..... 152, 153, 237  
*mefloquine* ..... 65, 200  
*megestrol* ..... 41, 153, 183, 237  
 MEKINIST ..... 41, 183  
 MEKTOVI ..... 41, 183  
*meloxicam* ..... 24, 254

*memantine* ..... 52, 192  
 MENACTRA (PF) ..... 160, 244  
 MENQUADFI (PF) ..... 160, 244  
 MENVEO A-C-Y-W-135-DIP (PF)  
 ..... 160, 244  
*mercaptopurine* ..... 41, 183  
*meropenem* ..... 30, 259  
*mesalamine* ..... 163, 217  
 MESNEX ..... 164, 252  
*metformin* ..... 56, 193  
*methadone* ..... 23, 256  
*methazolamide* ..... 166, 247  
*methenamine hippurate* ..... 28, 258  
*methimazole* ..... 153, 233  
*methocarbamol* ..... 171, 328  
*methotrexate sodium* ..... 41, 184  
*methotrexate sodium (pf)* .....  
 ..... 41, 183  
*methoxsalen* ..... 101, 228  
*methsuximide* ..... 50, 273  
*methylphenidate hcl* ..... 92, 221  
*methylprednisolone* ..... 150, 235  
*metoclopramide hcl* ..... 147, 231  
*metolazone* ..... 87, 215  
*metoprolol succinate* ..... 84, 209  
*metoprolol tartrate* ..... 84, 209  
*metronidazole* ..... 28, 62, 101,  
 ..... 229, 257, 258  
*metronidazole in nacl (iso-os)* .....  
 ..... 28, 258  
*metryosine* ..... 86, 211  
*miconazole* ..... 61, 279  
*miconazole-3* ..... 61, 279  
 MICRODOT INSULIN PEN  
 NEEDLE ..... 123, 305  
 MICRODOT READYGARD PEN  
 NEEDLE ..... 123, 305  
*microgestin 1.5/30 (21)* ..... 97, 268  
*microgestin 1/20 (21)* ..... 97, 268  
*microgestin 24 fe* ..... 97, 268  
*microgestin fe 1.5/30 (28)* .....  
 ..... 97, 268  
*microgestin fe 1/20 (28)* ..... 97, 268  
*midodrine* ..... 81, 208  
*mifepristone* ..... 56, 193  
*mili* ..... 97, 268  
*mimvey* ..... 150, 234  
 MINI ULTRA-THIN II ..... 123, 306  
*minitran* ..... 89, 216  
*minocycline* ..... 33, 263  
*minoxidil* ..... 89, 216  
 MIRENA ..... 97, 268  
*mirtazapine* ..... 54, 277  
*misoprostol* ..... 146, 230  
*mitoxantrone* ..... 41, 184

M-M-R II (PF) ..... 160, 244  
*m-natal plus* ..... 173, 328  
*modafinil* ..... 171, 218  
*moexipril* ..... 83, 215  
*molindone* ..... 70, 204  
*mometasone* . 103, 145, 227, 251  
 MONOJECT INSULIN SAFETY  
 SYRING ..... 124, 306  
 MONOJECT INSULIN SYRINGE  
 ..... 123, 124, 306, 307  
 MONOJECT SYRINGE .....  
 ..... 123, 306  
 MONOJECT ULTRA COMFORT  
 INSULIN ..... 136, 319  
*mono-lynyah* ..... 97, 268  
*montelukast* ..... 168, 224  
*morphine* ..... 23, 256  
 MORPHINE ..... 23, 256  
*morphine concentrate* ..... 23, 256  
 MOUNJARO ..... 56, 193  
 MOVANTIK ..... 147, 231  
*moxifloxacin* .... 32, 142, 248, 262  
*moxifloxacin-sod.ace,sul-water*  
 ..... 32, 262  
*moxifloxacin-sod.chloride(iso)* ....  
 ..... 32, 262  
 MRESVIA (PF) ..... 160, 244  
 MULTAQ ..... 83, 208  
*mupirocin* ..... 102, 229  
 MVASI ..... 41, 184  
*mycophenolate mofetil*... 156, 240  
*mycophenolate mofetil (hcl)* .....  
 ..... 156, 240  
*mycophenolate sodium*.. 156, 240  
*mynatal* ..... 173, 328  
*mynatal advance* ..... 173, 328  
*mynatal plus* ..... 173, 328  
*mynatal-z* ..... 173, 328  
*mynate 90 plus* ..... 173, 328  
 MYRBETRIQ ..... 148, 232

## N

*nabumetone* ..... 24, 254  
*nafcillin* ..... 31, 262  
*naloxone* ..... 25, 26, 190, 191  
*naltrexone* ..... 26, 191  
*naproxen* ..... 24, 254  
*naratriptan* ..... 63, 198  
 NATACYN ..... 143, 248  
*nateglinide* ..... 56, 193  
 NATPARA ..... 163, 217  
 NAYZILAM ..... 50, 273  
*nebivolol* ..... 84, 209  
*nefazodone* ..... 54, 277  
*neomycin* ..... 27, 258

*neomycin-bacitracin-poly-hc* ..... 143, 248  
*neomycin-bacitracin-polymyxin* ..... 143, 249  
*neomycin-polymyxin b-dexameth* ..... 143, 249  
*neomycin-polymyxin-gramicidin* ..... 143, 249  
*neomycin-polymyxin-hc* ..... 143, 249  
*neo-polycin* ..... 143, 249  
*neo-polycin hc* ..... 143, 249  
 NERLYNX ..... 41, 184  
*neuac* ..... 102, 229  
 NEULASTA ONPRO ..... 79, 326  
*nevirapine* ..... 74, 283  
*newgen* ..... 173, 328  
 NEXLETOL ..... 88, 213  
 NEXLIZET ..... 88, 213  
 NEXPLANON ..... 97, 268  
*niacin* ..... 88, 213  
*niacor* ..... 88, 213  
 NICOTROL NS ..... 26, 191  
*nifedipine* ..... 86, 212  
*nilutamide* ..... 41, 184  
 NINLARO ..... 41, 184  
*nitazoxanide* ..... 65, 200  
*nitisinone* ..... 141, 327  
*nitrofurantoin macrocrystal* ..... 28, 258  
*nitrofurantoin monohyd/m-cryst* ..... 28, 258  
*nitroglycerin* ..... 89, 90, 164, 216, 252  
*niva-plus* ..... 173, 329  
 NIVESTYM ..... 79, 326  
 NORDITROPIN FLEXP ..... 152, 236  
*norelgestromin-ethin.estradiol* ..... 98, 268  
*norethindrone (contraceptive)* ..... 98, 268  
*norethindrone acetate* ... 153, 237  
*norethindrone-e.estradiol-iron* ..... 98, 269  
*norgestimate-ethinyl estradiol* ..... 98, 269  
*norlyda* ..... 98, 269  
*nortrel 1/35 (21)* ..... 98, 269  
*nortrel 1/35 (28)* ..... 98, 269  
*nortrel 7/7/7 (28)* ..... 98, 269  
*nortriptyline* ..... 54, 277  
 NORVIR ..... 74, 283  
 NOVOFINE 30 ..... 124, 307  
 NOVOFINE 32 ..... 124, 307

NOVOFINE PLUS ..... 124, 307  
 NOVOLIN 70/30 U-100 INSULIN ..... 58, 196  
 NOVOLIN 70-30 FLEXPEN U-100 ..... 58, 196  
 NOVOLIN N FLEXPEN ... 58, 196  
 NOVOLIN N NPH U-100 INSULIN ..... 58, 196  
 NOVOLIN R FLEXPEN ... 58, 196  
 NOVOLIN R REGULAR U100 INSULIN ..... 59, 196  
 NOVOTWIST ..... 124, 307  
 NUBEQA ..... 41, 184  
 NUCALA ..... 170, 222  
 NULOJIX ..... 156, 240  
 NUPLAZID ..... 70, 204, 205  
 NURTEC ODT ..... 63, 198  
*nyamyc* ..... 61, 279  
*nylia 1/35 (28)* ..... 98, 269  
*nylia 7/7/7 (28)* ..... 98, 269  
*nymyo* ..... 98, 269  
*nystatin* ..... 61, 279  
*nystatin-triamcinolone* .... 61, 280  
*nystop* ..... 61, 280  
 NYVEPRIA ..... 79, 326

## O

*obstetrix dha* ..... 173, 329  
*obstetrix dha prenatal duo* ..... 173, 329  
*o-cal prenatal* ..... 173, 329  
 OCREVUS ..... 92, 221  
*octreotide acetate* ..... 152, 236  
 ODEFSEY ..... 74, 283  
 ODOMZO ..... 41, 184  
 OFEV ..... 170, 222  
*ofloxacin* ..... 143, 249  
 OGIVRI ..... 42, 184  
 OGSIVEO ..... 42, 184  
 OJEMDA ..... 42, 184  
 OJJAARA ..... 42, 184  
*olanzapine* ..... 70, 205  
*olmesartan* ..... 81, 211  
*olmesartan-amlodipin-hcthiiazid* ..... 82, 211  
*olmesartan-hydrochlorothiazide* ..... 82, 211  
*olopatadine* ..... 142, 251  
*omega-3 acid ethyl esters* 88, 213  
*omeprazole* ..... 146, 230  
 OMNIPOD 5 G6-G7 INTRO KT(GEN5) ..... 124, 307  
 OMNIPOD 5 G6-G7 PODS (GEN 5) ..... 124, 307

OMNIPOD CLASSIC PDM KIT(GEN 3) ..... 125, 307  
 OMNIPOD CLASSIC PODS (GEN 3) ..... 125, 307  
 OMNIPOD DASH INTRO KIT (GEN 4) ..... 125, 307  
 OMNIPOD DASH PDM KIT (GEN 4) ..... 125, 307  
 OMNIPOD DASH PODS (GEN 4) ..... 125, 307  
*ondansetron* ..... 64, 199  
*ondansetron hcl* ..... 64, 199  
 ONTRUZANT ..... 42, 184  
 ONUREG ..... 42, 184  
 OPDIVO ..... 42, 184  
 OPDUALAG ..... 42, 184  
 OPSUMIT ..... 172, 253  
 ORENCIA ..... 156, 240  
 ORENCIA (WITH MALTOSE) ..... 156, 240  
 ORENCIA CLICKJECT ..... 156, 240  
 ORFADIN ..... 141, 327  
 ORGOVYX ..... 152, 236  
 ORLISSA ..... 152, 236  
 ORKAMBI ..... 170, 222  
 ORSERDU ..... 42, 184, 185  
*oseltamivir* ..... 76, 285  
 OTEZLA ..... 156, 241  
 OTEZLA STARTER ..... 156, 241  
*oxandrolone* ..... 149, 233  
*oxcarbazepine* ..... 50, 273  
*oxybutynin chloride* ..... 148, 232, 233  
*oxycodone* ..... 23, 256  
*oxycodone-acetaminophen* ..... 23, 256  
 OZEMPIC ..... 56, 194

## P

*pacerone* ..... 83, 208  
*paclitaxel protein-bound* .. 42, 185  
*paliperidone* ..... 70, 205  
 PANRETIN ..... 101, 228  
*pantoprazole* ..... 146, 230  
*paricalcitol* ..... 163, 218  
*paromomycin* ..... 65, 200  
*paroxetine hcl* ..... 54, 277  
 PAXLOVID ..... 76, 285  
*pazopanib* ..... 42, 185  
 PEDIARIX (PF) ..... 160, 244  
 PEDVAX HIB (PF) ..... 160, 244  
*peg 3350-electrolytes* .... 147, 232  
 PEGASYS ..... 77, 286  
*peg-electrolyte soln* ..... 147, 232

PEMAZYRE .....	42, 185	<i>podofilox</i> .....	101, 228	PRIORIX (PF) .....	160, 245
<i>pemetrexed</i> .....	42, 185	<i>polycin</i> .....	143, 249	PRO COMFORT ALCOHOL	
<i>pemetrexed disodium</i> .....	42, 185	<i>polymyxin b sulf-trimethoprim</i>		PADS .....	126, 308
PEMRYDI RTU .....	42, 185	.....	143, 249	PRO COMFORT INSULIN	
PEN NEEDLE .....	118, 125, 127,	POMALYST .....	43, 185	SYRINGE .....	126, 308
.....	300, 307, 308, 310	<i>portia 28</i> .....	98, 269	PRO COMFORT PEN NEEDLE	
PEN NEEDLE, DIABETIC .....	111,	<i>posaconazole</i> .....	61, 280	.....	126, 308, 309
.....	123, 125, 127, 293,	<i>potassium chloride</i> .....		<i>probenecid</i> .....	62, 197
.....	305, 306, 307, 308, 309	.....	166, 167, 324	<i>probenecid-colchicine</i> .....	62, 197
PEN NEEDLE, DIABETIC,		<i>potassium citrate</i> .....	167, 324	PROCALAMINE 3% .....	80, 207
SAFETY .....	128, 310	<i>pr natal 400</i> .....	173, 329	<i>prochlorperazine</i> .....	64, 199
PENBRAYA (PF).....	160, 244	<i>pr natal 400 ec</i> .....	173, 329	<i>prochlorperazine edisylate</i> .....	
PENBRAYA MENACWY		<i>pr natal 430</i> .....	173, 329	.....	64, 70, 199, 205
COMPONENT(PF) ...	160, 244	<i>pr natal 430 ec</i> .....	173, 329	<i>prochlorperazine maleate</i> .....	
PENBRAYA MENB		<i>pramipexole</i> .....	66, 201	.....	64, 199
COMPONENT (PF) ..	160, 244	<i>prasugrel</i> .....	80, 326	<i>procto-med hc</i> .....	103, 227
<i>penicillamine</i> .....	149, 257	<i>pravastatin</i> .....	89, 214	<i>proctosol hc</i> .....	103, 227
<i>penicillin g potassium</i> .....	31, 262	<i>praziquantel</i> .....	65, 200	<i>proctozone-hc</i> .....	103, 227
<i>penicillin g procaine</i> .....	31, 262	<i>prazosin</i> .....	81, 208	PRODIGY INSULIN SYRINGE	
<i>penicillin v potassium</i> .....	31, 262	<i>prednisolone</i> .....	150, 235	.....	126, 309
PENTACEL (PF) .....	160, 245	<i>prednisolone acetate</i> .....	145, 251	<i>progesterone micronized</i> .....	
<i>pentamidine</i> .....	65, 200	<i>prednisolone sodium phosphate</i>		.....	153, 237
PENTIPS.....	125, 308	.....	150, 151, 235	PROGRAF .....	156, 157, 241
<i>pentoxifylline</i> .....	80, 326	<i>prednisone</i> .....	151, 235	PROLIA.....	163, 218
<i>perindopril erbumine</i> .....	83, 216	<i>pregabalin</i> .....	50, 274	PROMACTA.....	79, 326, 327
<i>periogard</i> .....	100, 226	PREHEVBRIO (PF).....	160, 245	<i>promethazine</i> .....	64, 199
<i>permethrin</i> .....	104, 229	PREMARIN .....	150, 234	<i>promethegan</i> .....	64, 199
<i>perphenazine</i> .....	70, 205	PREMPHASE.....	150, 234	<i>propafenone</i> .....	83, 208
<i>perphenazine-amitriptyline</i> .....		PREMPRO .....	150, 234	<i>propranolol</i> .....	84, 209
.....	54, 277	<i>prena 1 true</i> .....	173, 329	<i>propylthiouracil</i> .....	153, 233
PERSERIS.....	70, 205	<i>prenaissance</i> .....	174, 329	PROQUAD (PF) .....	161, 245
<i>phenelzine</i> .....	54, 277	<i>prenaissance plus</i> .....	174, 329	<i>protriptyline</i> .....	54, 277
<i>phenobarbital</i> .....	50, 273, 274	<i>prenatabs fa</i> .....	174, 329	PULMOZYME .....	141, 327
<i>phenytoin</i> .....	50, 274	<i>prenatal 19</i> .....	174, 329	PURE COMFORT ALCOHOL	
<i>phenytoin sodium</i> .....	50, 274	<i>prenatal 19 (with docusate)</i> .....		PADS .....	127, 309
<i>phenytoin sodium extended</i> .....		.....	174, 329	PURE COMFORT PEN NEEDLE	
.....	50, 274	<i>prenatal low iron</i> .....	174, 329	.....	127, 309
PIFELTRO .....	74, 283	<i>prenatal plus</i> .....	174, 329	PURE COMFORT SAFETY PEN	
<i>pilocarpine hcl</i> .....	100, 166,	<i>prenatal plus (calcium carb)</i> .....		NEEDLE .....	126, 127, 309
.....	226, 247	.....	173, 329	PURIXAN.....	43, 185
<i>pimecrolimus</i> .....	103, 227	<i>prenatal vitamin plus low iron</i> .....		<i>pyrazinamide</i> .....	64, 280
<i>pimozide</i> .....	70, 205	.....	174, 329	<i>pyridostigmine bromide</i> .....	
<i>pimtree (28)</i> .....	98, 269	<i>prenatal-u</i> .....	174, 329	.....	164, 252
<i>pioglitazone</i> .....	56, 194	<i>preplus</i> .....	174, 329	<i>pyrimethamine</i> .....	65, 200
<i>pioglitazone-metformin</i> .....	56, 194	<i>pretab</i> .....	174, 330		
PIP PEN NEEDLE .....	126, 308	<i>prevalite</i> .....	89, 214		
<i>piperacillin-tazobactam</i> .....	31, 262	PREVENT DROPSAFE PEN			
PIQRAY .....	43, 185	NEEDLE .....	126, 308		
<i>pirfenidone</i> .....	170, 171, 222	<i>previfem</i> .....	98, 269		
<i>pirmella</i> .....	98, 269	PREVYMIS .....	76, 285		
<i>pitavastatin calcium</i> .....	89, 214	PREZCOBIX .....	74, 283		
PLEGRIDY .....	92, 221	PREZISTA .....	75, 283		
<i>pnv 29-1</i> .....	173, 329	PRIFTIN.....	64, 280		
<i>pnv-dha + docusate</i> .....	173, 329	PRIMAQUINE .....	65, 200		
<i>pnv-omega</i> .....	173, 329	<i>primidone</i> .....	51, 274		

## Q

QINLOCK.....	43, 185
QUADRACEL (PF) .....	161, 245
<i>quetiapine</i> .....	70, 205
<i>quinapril</i> .....	83, 216
<i>quinapril-hydrochlorothiazide</i> .....	
.....	83, 216
<i>quinidine sulfate</i> .....	83, 208
<i>quinine sulfate</i> .....	65, 200
QULIPTA.....	63, 198

## R

RABAVERT (PF).....	161, 245
<i>rabeprazole</i> .....	146, 230
<i>raloxifene</i> .....	150, 234
<i>ramipril</i> .....	83, 216
<i>ranolazine</i> .....	86, 211
<i>rasagiline</i> .....	66, 201
RASUVO (PF).....	157, 241
RAYALDEE.....	163, 218
<i>reclipsen (28)</i> .....	99, 269
RECOMBIVAX HB (PF).....	
.....	161, 245
RELENZA DISKHALER...76, 285	
RELION NEEDLES.....	127, 310
RELION PEN NEEDLES.....	
.....	127, 310
<i>repaglinide</i> .....	56, 194
REPATHA PUSHTRONEX.....	
.....	89, 214
REPATHA SURECLICK.....	
.....	89, 214
REPATHA SYRINGE.....	89, 214
RETACRIT.....	79, 327
RETEVMO.....	43, 185
RETROVIR.....	75, 283
REXULTI.....	70, 205
REYATAZ.....	75, 283
REZLIDHIA.....	43, 185
REZUROCK.....	157, 241
RHOPRESSA.....	166, 248
RIABNI.....	43, 185
<i>ribavirin</i> .....	77, 286
<i>rifabutin</i> .....	64, 280
<i>rifampin</i> .....	64, 280
<i>rilpivirine</i> .....	75, 283
<i>riluzole</i> .....	92, 221
RINVOQ.....	157, 241
RINVOQ LQ.....	157, 241
<i>risperidone</i> .....	71, 205, 206
<i>risperidone microspheres</i> .....	
.....	70, 205
<i>ritonavir</i> .....	75, 283
RITUXAN HYCELA.....	43, 186
<i>rivastigmine</i> .....	53, 192
<i>rivastigmine tartrate</i> .....	52, 192
<i>rizatriptan</i> .....	63, 198
<i>r-natal ob</i> .....	174, 330
ROCKLATAN.....	166, 248
<i>roflumilast</i> .....	171, 222, 223
<i>ropinirole</i> .....	66, 201
<i>rosadan</i> .....	102, 229
<i>rosuvastatin</i> .....	89, 214
ROTARIX.....	161, 245
ROTATEQ VACCINE....	161, 245

ROZLYTREK.....	43, 186
RUBRACA.....	43, 186
<i>rufinamide</i> .....	51, 274
RUKOBIA.....	75, 283
RUXIENCE.....	43, 186
RYBELSUS.....	57, 194
RYBREVANT.....	43, 186
RYDAPT.....	43, 186
RYTELO.....	44, 186

## S

SAFESNAP INSULIN SYRINGE.....	127, 128, 310
SAFETY PEN NEEDLE.....	
.....	128, 310
SANTYL.....	101, 228
<i>sapropterin</i> .....	141, 327
SAVELLA.....	93, 221
SCEMBLIX.....	44, 186
<i>scopolamine base</i> .....	65, 199
SECUADO.....	71, 206
SECURESAFE INSULIN SYRINGE.....	128, 310
SECURESAFE PEN NEEDLE.....	
.....	128, 310
<i>select-ob</i> .....	174, 330
<i>select-ob (folic acid)</i> .....	174, 330
<i>selegiline hcl</i> .....	66, 201
<i>selenium sulfide</i> .....	102, 229
SELZENTRY.....	75, 283, 284
SEMGLEE (INSULIN GLARGINE-YFGN).....	59, 196
SEMGLEE (INSULIN GLARG-YFGN)PEN.....	59, 196
<i>se-natal 19 chewable</i> ....	174, 330
SEREVENT DISKUS.....	169, 225
SEROSTIM.....	152, 236
<i>sertraline</i> .....	55, 277, 278
<i>setlakin</i> .....	99, 269
SEZABY.....	51, 274
<i>sharobel</i> .....	99, 270
SHINGRIX (PF).....	161, 245
SIGNIFOR.....	152, 236
<i>sildenafil</i> .....	172, 253
<i>sildenafil (pulm.hypertension)</i> .....	
.....	172, 253
<i>silver sulfadiazine</i> .....	102, 229
SIMBRINZA.....	166, 248
<i>simliya (28)</i> .....	99, 270
<i>simvastatin</i> .....	89, 214
<i>sirolimus</i> .....	157, 241
SIRTURO.....	64, 280
SKY SAFETY PEN NEEDLE.....	
.....	128, 310
SKYLA.....	99, 270

SKYRIZI.....	157, 241
<i>sodium chloride 0.45 %</i> .....	
.....	167, 324
<i>sodium chloride 0.9 %</i> ...167, 324	
<i>sodium oxybate</i> .....	171, 218
<i>sodium polystyrene sulfonate</i> .....	
.....	147, 231
<i>sodium,potassium,mag sulfates</i> .....	
.....	147, 232
<i>solifenacin</i> .....	148, 233
SOLQUA 100/33.....	59, 196
SOLTAMOX.....	44, 186
SOMATULINE DEPOT.....	
.....	152, 236, 237
SOMAVERT.....	152, 237
<i>sorafenib</i> .....	44, 186
<i>sorine</i> .....	84, 209
<i>sotalol</i> .....	84, 209
<i>sotalol af</i> .....	84, 209
SPIRIVA RESPIMAT.....	169, 225
<i>spironolactone</i> .....	87, 215
<i>spironolacton-hydrochlorothiaz</i> .....	
.....	87, 215
SPRAVATO.....	55, 278
<i>sprintec (28)</i> .....	99, 270
SPRITAM.....	51, 274
SPRYCEL.....	44, 186
<i>sps (with sorbitol)</i> .....	147, 231
<i>sronyx</i> .....	99, 270
<i>ssd</i> .....	102, 229
<i>stavudine</i> .....	75, 284
STELARA.....	157, 241, 242
STERILE PADS.....	128, 311
STIOLTO RESPIMAT....	169, 225
STIVARGA.....	44, 186
STRENSIQ.....	141, 327
<i>streptomycin</i> .....	27, 258
STRIBILD.....	75, 284
STRIVERDI RESPIMAT.....	
.....	169, 225
<i>subvenite</i> .....	51, 274
<i>sucrafate</i> .....	146, 230
<i>sulfacetamide sodium</i> ....	143, 249
<i>sulfacetamide-prednisolone</i> .....	
.....	143, 249
<i>sulfadiazine</i> .....	32, 263
<i>sulfamethoxazole-trimethoprim</i> .....	
.....	32, 263
<i>sulfasalazine</i> .....	163, 217
<i>sulindac</i> .....	24, 254
<i>sumatriptan</i> .....	63, 198
<i>sumatriptan succinate</i> ....	63, 198
<i>sunitinib malate</i> .....	44, 186
SUNLENCA.....	75, 284

SURE COMFORT ALCOHOL PREP PADS.....	129, 311	TECHLITE PLUS PEN NEEDLE .....	131, 313	<i>tolterodine</i> .....	148, 233
SURE COMFORT INS. SYR. U- 100.....	128, 311	TECVAYLI.....	45, 187	TOPCARE CLICKFINE .....	132, 314
SURE COMFORT INSULIN SYRINGE .....	128, 129, 311	TEFLARO .....	29, 260	TOPCARE ULTRA COMFORT .....	132, 314
SURE COMFORT PEN NEEDLE .....	129, 311, 312	<i>telmisartan</i> .....	82, 211	<i>topiramate</i> .....	51, 274
SURE COMFORT SAFETY PEN NEEDLE.....	128, 311	<i>telmisartan-hydrochlorothiazid</i> ....	82, 211	<i>toposar</i> .....	45, 187
SURE-FINE PEN NEEDLES .....	129, 312	<i>temazepam</i> .....	27, 192	<i>toremifene</i> .....	45, 187
SURE-JECT INSULIN SYRINGE .....	129, 130, 312	TEMIXYS .....	75, 284	<i>torpenz</i> .....	45, 187
SURE-PREP ALCOHOL PREP PADS .....	130, 312	TENIVAC (PF).....	161, 246	<i>torsemide</i> .....	87, 215
SUTAB.....	148, 232	<i>tenofovir disoproxil fumarate</i> .....	75, 284	TOUJEO MAX U-300 SOLOSTAR.....	59, 196
SYMPAZAN .....	51, 274	TEPMETKO .....	45, 187	TOUJEO SOLOSTAR U-300 INSULIN.....	59, 196
SYMTUZA.....	75, 284	<i>terazosin</i> .....	148, 232	TRADJENTA .....	57, 194
SYNJARDY .....	57, 194	<i>terbinafine hcl</i> .....	61, 280	<i>tramadol</i> .....	23, 256
SYNJARDY XR .....	57, 194	<i>terconazole</i> .....	62, 257	<i>tramadol-acetaminophen</i> .....	23, 256
SYNRIBO.....	44, 186	<i>teriparatide</i> .....	163, 218	<i>trandolapril</i> .....	83, 216
SYRINGE WITH NEEDLE, SAFETY .....	128, 310	TERUMO INSULIN SYRINGE .....	131, 313, 314	<i>trandolapril-verapamil</i> .....	83, 216
<b>T</b>					
TABLOID.....	44, 186	<i>testosterone</i> .....	149, 233	<i>tranexamic acid</i> .....	79, 324
TABRECTA.....	44, 186	<i>testosterone cypionate</i> ..	149, 233	<i>tranylcypromine</i> .....	55, 278
<i>tacrolimus</i> .....	103, 157, 228, 242	<i>testosterone enanthate</i> ..	149, 233	<i>travoprost</i> .....	166, 248
<i>tadalafil</i> .....	172, 253	TETANUS,DIPHThERIA TOX PED(PF).....	161, 246	TRAZIMERA .....	45, 187
TAFINLAR.....	44, 187	<i>tetrabenazine</i> .....	93, 221	<i>trazodone</i> .....	55, 278
<i>tafluprost (pf)</i> .....	166, 248	<i>tetracycline</i> .....	33, 264	TRECTOR .....	64, 280
TAGRISO .....	44, 187	TEVIMBRA.....	45, 187	TRELEGY ELLIPTA .....	170, 225
TALVEY .....	44, 187	THALOMID .....	165, 252	TRELSTAR .....	45, 188
TALZENNA .....	44, 187	<i>theophylline</i> .....	169, 225	TREMFYA.....	157, 158, 242
<i>tamoxifen</i> .....	44, 187	THINPRO INSULIN SYRINGE .....	131, 314	TRESIBA FLEXTOUCH U-100 .....	59, 196
<i>tamsulosin</i> .....	148, 232	<i>thioridazine</i> .....	71, 206	TRESIBA FLEXTOUCH U-200 .....	59, 196
<i>tarina 24 fe</i> .....	99, 270	<i>thiothixene</i> .....	71, 206	TRESIBA U-100 INSULIN.....	59, 196
<i>tarina fe 1-20 eq (28)</i> .....	99, 270	<i>tiadylt er</i> .....	85, 210	<i>tretinoin</i> .....	104, 229
<i>taron-c dha</i> .....	174, 330	<i>tiagabine</i> .....	51, 274	<i>tretinoin (antineoplastic)</i> ..	45, 188
<i>taron-prex prenatal-dha</i> .....	174, 330	TIBSOVO.....	45, 187	<i>tri femynor</i> .....	99, 270
TASIGNA .....	44, 187	TICE BCG .....	45, 187	<i>triamcinolone acetonide</i> .....	100, 103, 104, 151, 226, 228, 235
TAVNEOS.....	157, 242	TICOVAC.....	161, 162, 246	<i>triamterene-hydrochlorothiazid</i> .....	87, 215
<i>tazarotene</i> .....	104, 229	<i>tigecycline</i> .....	33, 264	<i>triazolam</i> .....	27, 192
<i>tazicef</i> .....	29, 260	<i>tillia fe</i> .....	99, 270	<i>trientine</i> .....	149, 257
<i>taztia xt</i> .....	85, 210	<i>timolol maleate</i> .....	84, 166, 209, 248	<i>tri-estarylla</i> .....	99, 270
TAZVERIK .....	44, 187	<i>tinidazole</i> .....	65, 200	<i>trifluoperazine</i> .....	71, 206
TDVAX.....	161, 246	<i>tiotropium bromide</i> .....	170, 225	<i>trifluridine</i> .....	144, 250
TECHLITE INSULIN SYRINGE .....	130, 313	TIVDAK.....	45, 187	<i>trihexyphenidyl</i> .....	67, 201
TECHLITE INSULN SYR(HALF UNIT) .....	130, 312, 313	TIVICAY .....	75, 284	TRIJARDY XR.....	57, 194
TECHLITE PEN NEEDLE .....	130, 131, 313	TIVICAY PD.....	75, 284	<i>tri-legest fe</i> .....	99, 270
		<i>tizanidine</i> .....	171, 328	<i>tri-linyah</i> .....	99, 270
		TOBI PODHALER .....	27, 258	<i>tri-lo-estarylla</i> .....	99, 270
		<i>tobramycin</i> .....	144, 249	<i>tri-lo-marzia</i> .....	99, 270
		<i>tobramycin in 0.225 % nacl</i> .....	27, 258	<i>tri-lo-mili</i> .....	99, 270
		<i>tobramycin sulfate</i> .....	27, 258	<i>tri-lo-sprintec</i> .....	99, 270
		<i>tobramycin-dexamethasone</i> .....	144, 249		

*trimethoprim* .....28, 258  
*tri-mili* .....99, 270  
*trimipramine* .....55, 278  
 TRINTELLIX.....55, 278  
*tri-nymyo* .....99, 270  
*tri-previfem (28)*.....99, 270  
*tri-sprintec (28)*.....100, 270  
 TRIUMEQ .....75, 284  
 TRIUMEQ PD.....75, 284  
*triveen-duo dha* .....174, 330  
*trivora (28)*.....100, 270  
*tri-vylibra* .....100, 271  
*tri-vylibra lo*.....100, 271  
 TRIZIVIR .....76, 284  
 TROGARZO.....76, 284  
*trospium* .....148, 233  
 TRUE COMFORT ALCOHOL  
 PADS .....132, 315  
 TRUE COMFORT INSULIN  
 SYRINGE .....132, 315  
 TRUE COMFORT PEN NEEDLE  
 .....132, 133, 315  
 TRUE COMFORT PRO  
 ALCOHOL PADS .....133, 315  
 TRUE COMFORT PRO INS  
 SYRINGE .....132, 133, 314,  
 .....315, 316  
 TRUE COMFORT SAFE  
 INSULIN SYRG .....132, 133,  
 .....315, 316  
 TRUE COMFORT SAFETY PEN  
 NEEDLE .....132, 314, 315  
 TRUEPLUS INSULIN ....134, 316  
 TRUEPLUS PEN NEEDLE.....  
 .....133, 316  
 TRULICITY .....57, 194  
 TRUMENBA .....162, 246  
 TRUQAP .....45, 188  
 TRUSELTIQ .....45, 188  
 TRUXIMA .....45, 188  
 TUKYSA .....45, 188  
 TURALIO .....45, 188  
*turqoz (28)*.....100, 271  
 TWINRIX (PF) .....162, 246  
 TYBOST .....165, 252  
 TYMLOS .....164, 218  
 TYPHIM VI .....162, 246

## U

UBRELVY .....63, 198  
 ULTICARE ....134, 135, 317, 318  
 ULTICARE INSULIN SYRINGE  
 .....134, 317  
 ULTICARE INSULN SYR(HALF  
 UNIT) .....134, 317

ULTICARE PEN NEEDLE .....  
 .....134, 135, 317  
 ULTICARE SAFETY PEN  
 NEEDLE .....135, 317  
 ULTIGUARD SAFEPAK-  
 INSULIN SYR...135, 136, 318  
 ULTIGUARD SAFEPAK-PEN  
 NEEDLE .....135, 136, 318  
 ULTILET ALCOHOL SWAB.....  
 .....136, 318  
 ULTILET INSULIN SYRINGE  
 .....120, 136, 303, 318  
 ULTILET PEN NEEDLE .....  
 .....136, 318  
 ULTRA CMFT INS SYR (HALF  
 UNIT) .....118, 128, 301, 311  
 ULTRA COMFORT INSULIN  
 SYRINGE .....114, 118, 119,  
 .....136, 296, 301, 319  
 ULTRA FLO INSUL SYR(HALF  
 UNIT) .....136, 319  
 ULTRA FLO INSULIN SYRINGE  
 .....137, 319  
 ULTRA FLO PEN NEEDLE .....  
 .....137, 319  
 ULTRA THIN PEN NEEDLE .....  
 .....137, 319  
 ULTRACARE INSULIN  
 SYRINGE .....137, 319, 320  
 ULTRACARE PEN NEEDLE .....  
 .....137, 138, 320  
 ULTRA-THIN II (SHORT) INS  
 SYR.....138, 320, 321  
 ULTRA-THIN II (SHORT) PEN  
 NDL.....138, 321  
 ULTRA-THIN II INS PEN  
 NEEDLES .....138, 321  
 ULTRA-THIN II INSULIN  
 SYRINGE .....138, 320  
 UNIFINE PEN NEEDLE .....  
 .....138, 321  
 UNIFINE PENTIPS.....125, 138,  
 .....139, 307, 321  
 UNIFINE PENTIPS MAXFLOW  
 .....139, 321  
 UNIFINE PENTIPS PLUS .....  
 .....139, 321  
 UNIFINE PENTIPS PLUS  
 MAXFLOW .....139, 321  
 UNIFINE PROTECT .....139, 322  
 UNIFINE SAFECONTROL .....  
 .....139, 322  
 UNIFINE SAFECONTROL PEN  
 NEEDLE .....139, 322

UNIFINE ULTRA PEN NEEDLE  
 .....139, 140, 322  
 UPTRAVI .....172, 253  
*ursodiol* .....147, 231  
 UZEDY.....71, 206

## V

*valacyclovir* .....77, 286  
 VALCHLOR.....101, 228  
*valganciclovir*.....77, 286  
*valproate sodium*.....51, 275  
*valproic acid* .....51, 275  
*valproic acid (as sodium salt)* .....  
 .....51, 275  
*valsartan* .....82, 211  
*valsartan-hydrochlorothiazide*.....  
 .....82, 212  
 VALTOCO.....51, 275  
*vancomycin* .....28, 259  
 VANFLYTA .....46, 188  
 VANISHPOINT INSULIN  
 SYRINGE .....140, 322  
 VANISHPOINT SYRINGE ....140,  
 322 .....  
 VAQTA (PF).....162, 246  
*varenicline*.....26, 191  
 VARIVAX (PF).....162, 246  
 VAXCHORA VACCINE .....  
 .....162, 246  
 VEGZELMA .....46, 188  
 VELTASSA .....147, 231  
 VEMLIDY .....76, 284  
 VENCLEXTA.....46, 188  
 VENCLEXTA STARTING PACK  
 .....46, 188  
*venlafaxine*.....55, 278  
 VEOZAH .....165, 252  
*verapamil* .....85, 210  
 VERIFINE INSULIN SYRINGE  
 .....140, 141, 322, 323  
 VERIFINE PEN NEEDLE .....  
 .....140, 322, 323  
 VERIFINE PLUS PEN NEEDLE  
 .....140, 323  
 VERIFINE PLUS PEN NEEDLE-  
 SHARP .....140, 323  
 VERQUVO .....86, 211  
 VERSACLOZ .....71, 206  
 VERSALON .....141, 323  
 VERZENIO.....46, 188  
 V-GO 20.....141, 323  
 V-GO 30.....141, 323  
 V-GO 40.....141, 323  
*vienna* .....100, 271  
*vigabatrin* .....51, 275



<i>vigadrone</i> .....	51, 275
<i>vigpoder</i> .....	51, 275
<i>vilazodone</i> .....	55, 278
<i>vinate care</i> .....	174, 330
<i>vinorelbine</i> .....	46, 188
<i>viorele (28)</i> .....	100, 271
VIRACEPT .....	76, 284
VIREAD .....	76, 284
<i>virt-c dha</i> .....	174, 330
<i>virt-nate dha</i> .....	174, 330
<i>virt-pn dha</i> .....	174, 330
<i>virt-pn plus</i> .....	174, 330
<i>vitafol gummies</i> .....	175, 330
<i>vitafol nano</i> .....	175, 330
<i>vitafol-ob+dha</i> .....	175, 330
VITRAKVI .....	46, 188, 189
VIZIMPRO .....	46, 189
VOCABRIA .....	76, 284
<i>volnea (28)</i> .....	100, 271
VONJO .....	46, 189
VORANIGO .....	46, 189
<i>voriconazole</i> .....	61, 280
VOSEVI .....	77, 285
VOWST .....	165, 252
<i>vp-ch-pnv</i> .....	175, 330
<i>vp-pnv-dha</i> .....	175, 330
VRAYLAR .....	71, 206
VUMERITY .....	93, 221
<i>vylibra</i> .....	100, 271
VYZULTA .....	166, 248

## W

<i>warfarin</i> .....	78, 325
WEBCOL .....	141, 323
WELIREG .....	46, 189
WINREVAIR .....	171, 223

<i>wixela inhub</i> .....	168, 224
---------------------------	----------

## X

XALKORI .....	46, 189
XARELTO .....	78, 79, 325, 326
XARELTO DVT-PE TREAT 30D START .....	78, 325
XATMEP .....	46, 189
XCOPRI .....	52, 275
XCOPRI MAINTENANCE PACK .....	52, 275
XCOPRI TITRATION PACK .....	52, 275
XDEMVY .....	144, 250
XELJANZ .....	158, 242
XELJANZ XR .....	158, 242
XERMELO .....	147, 231
XGEVA .....	164, 218
XIFAXAN .....	28, 259
XIGDUO XR .....	57, 194, 195
XIIDRA .....	145, 251
XOLAIR .....	171, 223
XOSPATA .....	46, 189
XPOVIO .....	47, 189
XTANDI .....	47, 189
<i>xulane</i> .....	100, 271
XULTOPHY 100/3.6 .....	59, 197
XYOSTED .....	149, 234

## Y

YERVOY .....	47, 189
YF-VAX (PF) .....	162, 247
YONSA .....	47, 190
<i>yuvafem</i> .....	150, 234

## Z

<i>zafemy</i> .....	100, 271
<i>zafirlukast</i> .....	168, 224
<i>zaleplon</i> .....	172, 218
<i>zatean-pn dha</i> .....	175, 330
<i>zatean-pn plus</i> .....	175, 330
ZEGALOGUE AUTOINJECTOR .....	165, 253
ZEGALOGUE SYRINGE .....	165, 253
ZEJULA .....	47, 190
ZELBORAF .....	47, 190
<i>zenatane</i> .....	101, 229
ZENPEP .....	141, 327
<i>zidovudine</i> .....	76, 284
<i>zingiber</i> .....	175, 330
<i>ziprasidone hcl</i> .....	72, 206
<i>ziprasidone mesylate</i> .....	72, 206
ZIRABEV .....	47, 190
ZIRGAN .....	144, 250
ZOLADEX .....	47, 190
ZOLINZA .....	47, 190
<i>zolpidem</i> .....	172, 218
ZONISADE .....	52, 275
<i>zonisamide</i> .....	52, 275
<i>zovia 1-35 (28)</i> .....	100, 271
ZTALMY .....	52, 275
ZTLIDO .....	25, 257
ZURZUVAE .....	55, 278
ZYDELIG .....	47, 190
ZYKADIA .....	47, 190
ZYLET .....	144, 250
ZYNLONTA .....	47, 190
ZYNYZ .....	47, 190
ZYPREXA RELPREVV .....	72, 207

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

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

This formulary was updated on 10/23/2024. For more recent information or other questions, please contact Member Services at 1-800-838-8271, or, for TTY users, 711, October 1 through March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. except holidays or April 1 through September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. except holidays, or visit [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

Este formulario se actualizó el 23/10/2024. 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., excepto los días festivos, o del 1 de abril al 30 de septiembre: lunes a viernes, de 8:00 a.m. a 8:00 p.m., excepto los días festivos, o visite [www.imperialhealthplan.com](http://www.imperialhealthplan.com).